



CCS Consultants

The Resonance Factor Training Programme Evaluation Report

Prepared for

HSE Social Inclusion-Addiction Services, Community
Healthcare Organisation Dublin North City & County

Prepared by Breege Dolan, CCS Consultants.
February 2023



CCS Consultants

“The resonance factor is a therapeutic tool, developed by Janus Solutions to engage the Shadow Side of the substance using client, or clients that have stopped yet may return to, or are vulnerable to, returning to substances.”

“This approach is designed to take the client from a mindset of ‘I have no control,’ to a mindset that suggests that ‘I have autonomy over the direction of my life’. At the heart of this is the client’s coming to terms with, or exploring, that he or she has ‘choice!’”

Training Manual, Janus Solutions



Acknowledgment

CCS Consultants express appreciation to the HSE CHO DNCC managers, Bernadette Rooney and Richie Stafford for entrusting this important project to us and for their cooperation in working with us to complete this evaluation. We also wish to thank all of the participants of Janus Solutions Resonance Factor Training Programme who provided experiential feedback and generously gave their time and shared their expertise with us during the evaluation process. Thank you also to the other training participants who engaged with us in our consultation; the feedback provided was most important. To other managers and staff who shared related service information with us – this greatly helped us with our research. Additionally to the members of the oversight group, your time and feedback in relation to the draft of this report was most appreciated. Finally thank you to Kenneth Robinson of Janus Solutions who kindly facilitated my attendance at a segment of one of his training sessions with the group and also for the very useful and informative follow up discussion.

We wish each of the services every success in their ongoing work.

Breege Dolan

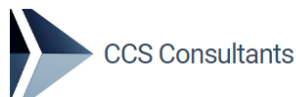


Table of Contents

Table of Figures	5
Introduction and Background Information	11
1.1 The Resonance Factor Training Programme Background Information	11
1.2 The Resonance Factor Training Programme	12
2. Methodology.....	15
3. The Evaluation	17
3.1 Evaluation of Training Programme Outputs.....	17
3.2 Evaluation of Outcomes	18
3.3 Reaction – participants’ experience of the Training Programme.....	20
3.4 Learning – participants’ learning achieved from the training	23
3.5 Behaviour – application of learning to work.....	28
3.6 Results – effect the training has had for clients.	33
4. Summary & Recommendations	39
4.1 Our key findings.....	39
4.2 Recommendations.....	41
Bibliography.....	45
Appendices.....	46



Table of Figures

	Page
Fig. 1 Motivation for Enrolling in Training	19
Fig. 2 Participants' initial reaction to training.	20
Fig. 3 Quality Ratings of Course Materials	21
Fig. 4 Trainer Style:Learning Style Match Ratings	22
Fig. 5 How well the training met participants' expectations	22
Fig. 6 Extent to which RF approach was applied prior to training	23
Fig. 7 Average confidence rating in working with cocaine users before and after the training	25
Fig. 8 Self-rated understanding of evidence base behind treatment & engagement before/after the training.	25
Fig. 9 Self-rated understanding of how cocaine impacts an individual biologically, before/after the training.	26
Fig. 10 Self-rated understanding of how cocaine impacts an individual psychologically, before/after the training.	27
Fig. 11 How well the training equipped participants to train others (self-rated)	27
Fig. 12 Summary of extent of application of learning to work with clients/service.	30
Fig. 13 Nos who have delivered training/support to others since completing the training.	31
Fig. 14 No of training sessions delivered by individual participants	31
Fig. 15 Perceived barriers to the successful application of learning	32
Fig. 16 Additional resources required to support the application of learning	32
Fig. 17 Extent to which participants have incorporated learning to their work (secondary training)	34
Fig. 18 Net promoter score (secondary training)	34
Fig. 19 Reported client outcomes 12 Week Cocaine Programme – 8 Clients	35
Fig. 20 Part of life positively impacted after group (Group reunion clients)	36
Fig. 21 Level of benefit of the training to participants' respective organisations	37



Executive Summary

The Health Service Executive Social Inclusion-Addiction Services, Community Healthcare Organisation (CHO) Dublin North City & County (DNCC), in collaboration with the six Drug and Alcohol Task Forces in the region coordinate and provide a range of supports to individuals around drug use and related health issues under the National Drugs Strategy (2107-2025). The HSE CHO DNCC and the Drug & Alcohol Task Forces collaborated on seeking interventions to respond to a significant increase in powder cocaine use and the emergency of crack cocaine use as an acute issue for drug and related health services. This collaboration identified that staff in drug services lacked confidence in dealing with problem cocaine use among both powder and crack users.

Following a process to procure a specialist organisation to address this skill and confidence deficit, Janus Solutions (a drug service based in Brixton, London) were selected to deliver training on 'The Resonance Factor,' a treatment approach which was developed by them. "The Resonance Factor Model provides an effective tool-kit that enables the worker to raise awareness immediately about the service user's relationship with their drug of choice" (Janus Solutions)

Janus Solutions delivered a 1-year training programme for 18 selected practitioners based in CHO DNCC services (minimum 2 selected from each Drug Task Force area, following assessment process) working directly with people seeking support to address their cocaine use. The training programme, which commenced in September 2019, was delivered over 5 consecutive days of in person training; 4 x 1 day quarterly follow up training/process groups and online/phone individual supervision; 2 of which were held in person and the remaining 2, online (due to Covid-19).

Upon completion of the training, CCS Consultants were engaged to undertake an independent evaluation of this programme as required under the terms of the state funding provided.

Evaluation Aims and Objectives

The overall purpose of this evaluation was to assess the value of The Resonance Factor training programme for practitioners working in frontline drug services and make recommendations for future applications of the training model. It required an evaluation of the participants' rationale for enrolling, their experience, the learning achieved and sought to establish if changes in practice resulted from the training and the impact of such changes.

Evaluation Outcomes

In undertaking this evaluation of The Resonance Factor Training Programme, a research and analysis process was undertaken involving the key stakeholders. Our report sets out our findings in relation to the experience of the training programme participants, the impact of the programme on their professional practice and perceived client outcomes and presents a set of 5 recommendations regarding the further application of The Resonance Factor training programme.



Evaluation Main Findings

Overall, our evaluation found that this was a both a popular and effective training programme with evidence established of successful outcomes for the participants, their professional colleagues and clients of their respective services. For the participants, these included increased; confidence (by an average of 43.5%) in working with cocaine users; knowledge and understanding of the impact of cocaine biologically (by an average of 57.6%) and psychologically (by an average of 9.5%); with participants' understanding of the evidence base behind treatment and engagement increased by an average of 37.9%. Additionally, 66.6% of participants have since delivered training to others. The ability to train others was further evidenced by responses received from their trainees. This grouping also reported increased confidence in working with cocaine users, a high rate of application of the learning to their work and an extremely high rating (NPS 92%) in terms of the likelihood of them recommending the training to a colleague. Outcomes for clients have been documented to include:- cocaine free/decrease in cocaine use/ longer periods drug free, increased awareness of choice, knowledge and understanding of harmful effects of cocaine and improvements in relationships and both physical and mental health. An interest in and current practice of extending the approach to other substances including alcohol would appear evident from our research. Furthermore, as the approach focussed on the drug use, rather than other issues such as housing, finance etc., for which other agencies exist, may suggest a more effective use of practitioner resources.

As is common with the introduction of any change, the training/the approach presented some challenges and barriers with the perceived lack of evidence base and lack of popularity/agreement with the approach highlighted. Such reactions, the trainer has advised are expected in the context of significant change in how practitioners are most likely trained and accustomed to working. It is notable that, of the original 18 participants, only 10 now work in the area which is a significant attrition and/or turnover rate of 44% given the investment in the training. It may be possible to address this, at least in part, through a more robust assessment process and the identification early on of a participant's intention to leave, thereby facilitating the space to be freed up for another practitioner.

We have further established that it is important to ensure that any training provided in this approach requires more than a basic introduction and must be to a sufficiently detailed and high standard and reinforced by follow on support for the practitioner in the application of their learning and professional development. It is suggested that a formal recognition or certification of the training may help achieve this quality standard.

Our evaluation focussed on 4 themes:- **Reaction** of training participants to the training received; **Learning** – What participants learned from the training; **Behaviour** – Have the participants implemented this learning into their work with clients and **Results** – What effect (if any) has the training had for service users/clients.

Our evaluation has established the following key findings:-



1. Reaction

- 77.7% enjoyed the training while 33% indicated it made them challenge or question.
- 33% referenced some level of hesitancy around the approach when describing their initial reaction to the training.
- 22% found the approach very 'black and white/the only approach that will work' or initially difficult to 'get my head around'.
- Satisfaction with quality of course materials was high with 66% rating it 9/10, with 10 being excellent.
- 44% of participants rated how well the trainer's training style matched their learning style as excellent or 10/10.
- 77.7% indicated that the training fully met with expectations.

2. Learning

- 66% stated they/their service applied some aspect of The Resonance Factor prior to the training.
- The average stated level of confidence in working with cocaine users among participants increased from 6.2 to 8.9 (out of 10) from before to after the training – 43.5%.
- Average rating of understanding of evidence base behind treatment and engagement increased from 6.6 to 9.1 (out of 10) from before to after the training. (37.9% average increase)
- Average rating of understanding of how cocaine impacts on individuals biologically increased from 5.9 to 9.3 (out of 10) from before to after the training. (57.6% increase)
- Average rating of understanding of how cocaine impacts on individuals psychologically increased slightly from 6.3 to 6.9 (out of 10) from before to after the training. (9.5% increase)
- 88.8% of participants achieved learning around embedding understanding of the client relationship with cocaine in specific identified areas.
- All 9 participants indicated the training equipped them to train others either very well (55.5%) or reasonably well (44.4%).

3. Behaviour

- 55.5% of participants indicated they had made changes to how they communicate with their clients since undertaking the training;
- 44.4% of participants indicated that they would discontinue a practice as a result of the training with half referencing working on issues other than the drug use;
- 55.5% of participants indicated they would make changes or improvements within their service as a result of the training focussing around communication, training and focus on drug use;
- 44.4% of participants identified new actions or ways of working they would adopt following the training, citing initial assessment, pharmacology of more substances and supporting colleagues with the Resonance Factor;
- 66.6% of participants indicated they had provided support and/or training to others following completion of the training;
- 66% have delivered training to external organisations;



- 100% of participants stated they had plans in place to apply learning achieved to their organisations.
- 55.5% of participants identified barriers to the successful application of the learning which were focussed around resistance to/lack of agreement with the model, the perceived lack of evidence and the need for continued and consistent training, the latter also featured in feedback from those trained by the participants.

4. Results.

Results were analysed in two main areas; the results (outcomes) for professional colleagues and the results (outcomes) reported and/or observed for clients:-

- Feedback was received from 12 recipients of training from the Janus Solutions training participants;
- Confidence in working with cocaine users rating among trainees increased by 64.7% from 5.1 to 8.4 before/after the training;
- 92% indicated they had applied the learning to their work;
- High net promoter score achieved (92);
- Key client outcomes include – decrease in cocaine use, cocaine free, longer periods drug free, increased awareness of choice, knowledge and understanding of harmful effects of cocaine, behaviour change, engagement with support groups, as the key client outcomes for group of 12 clients;
- Improvement in relationships, physical and mental health and work reported as main aspects of life more positively impacted by group of 12 clients;
- Overall benefits of training provided by Janus Solutions and the Participants reported as either extremely beneficial or very beneficial.

We also established that the main motivating factors for participants undertaking the training was: to increase knowledge/learning (66%) and to increase effectiveness with clients (33%) in the context of the rise in cocaine use and increased numbers of related referrals. The introductory training provided by Janus Solutions was also an influencing factor for attending further training.

Conclusion and Recommendations

Following our evaluation of this training programme and having regard for the analysis presented in this report incorporating individual feedback, we have formulated 5 main recommendations. The rationale for each recommendation is detailed in the conclusion section of this report.

Recommendation 1: Continue to roll out the delivery of The Resonance Factor Training Programme to relevant and interested practitioners.

Rationale: This recommendation is based on the positive outcomes identified in this evaluation for the training participants, their clients, professional colleagues and their respective services/organisations which is indicative of an effective training programme.

Recommendation 2: Ensure that where training is provided to practitioners in the Resonance Factor, it is delivered to a sufficiently high standard and that ongoing support is provided to participants to include; monthly supervision, peer support groups, reflective feedback and related personal development.



Rationale: The quality of training is key to its success for participants and the application of the learning to service activities and requires follow up support and adequate funding and resources.

Recommendation 3: Continue to seek and analyse training participant feedback and keep course materials under routine review.

Rationale: In the interests of maintaining a high standard and effective training programme, it is considered essential to continue to seek feedback from participants and to keep training materials under review toward ensuring ongoing quality control and relevance to services and current needs and trends.

Recommendation 4: Address reported and any future challenges and barriers to the participation in and the practical application of learning from, this training.

Rationale: It is usual that the application of any new method of working will meet with barriers and challenges, which, it is recommended, are recognised and incorporated into the application process, the training and follow up support.

Recommendation 5: Explore the options for further research into the Resonance Factor Approach.

Rationale: It is recognised that whilst it is beyond the scope of this evaluation, in the context of reported hesitancy around the model and the reference to a lack of evidence, it may be prudent for the HSE to give consideration to conducting research into the Resonance Factor approach and to the application of the approach to work with other substances. It is suggested, in accordance with feedback, that this research is extended to the use of the Resonance Factor approach when working with other substances.

In conclusion, our evaluation has established that, overall, this training course has had positive outcomes for all stakeholders; practitioners, their clients, their professional colleagues and respective organisations. The training programme has been evaluated as having met its intended objectives of; heightened awareness of how cocaine impacts the client biologically and psychologically; increased capacity to support/train other practitioners; increased ability to develop creative and diverse interventions that help to embed a deeper understanding within the client as to their relationship with cocaine and workers were introduced to a way of communicating with the client which suggests to them that they are empowered to facilitate internal change.



Introduction and Background Information

CCS Consultants, following a tendering process, were appointed by the Health Service Executive Social Inclusion-Addiction Services, Community Healthcare Organisation (CHO) Dublin North City & County (DNCC) to undertake an evaluation of The Resonance Factor Training Programme delivered by Janus Solutions. The Resonance Factor training programme evaluation is funded by government under a funding stream designated by the Minister of State for Public Health, Wellbeing and the National Drugs Strategy to support modes of best practice in cocaine treatment including the development of training programmes for addiction service staff nationally.

Our evaluation focusses on the training delivered by Janus Solutions. It involved a comprehensive audit of the training programme encompassing a review of documentation, training materials and consultation with the key stakeholders; Trainer, HSE Staff, Training Participants and those trained by participants of training delivered by recipients of this training programme.

Our evaluation of the training programme is set out in this report.

1.1 The Resonance Factor Training Programme Background Information

Community Healthcare Organisation Dublin North City and County (CHO DNCC) is responsible for providing care services to people within that regional area. The HSE Social Inclusion office works towards the reduction of inequalities among vulnerable and excluded groups and provides a range of related services which includes addiction services. Many of these services are provided by non-governmental organisations funded by the HSE. Drug and Alcohol Task Forces comprise representatives from a range of statutory and voluntary agencies who implement the National Drugs Strategy (Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025) through the provision of a coordinated response to identified local need.

Regional Drug Task Forces were established to provide responses to drug and alcohol issues across the country. Their role is identified as key in the National Drug & Alcohol Strategy (2017-25) which describes it as “coordinating interagency action at local level and supporting evidence-based approaches to problem substance use”.

The six Drug and Alcohol Task Force Coordinators in the CHO DNCC area and HSE CHO DNCC Addiction services came together to look at interventions which could respond to an identified increase in powder cocaine use and the emergence of crack cocaine use as an acute issue for drug and related health services. A lack of confidence in dealing with problem cocaine use amongst both powder and crack users was reported by staff working in this area. The CHO DNCC developed a Workforce Development Programme to build capacity and respond to these needs. In the implementation of this plan, several organisations specialising in working with cocaine users were invited to submit a proposal to increase staff skills and improve confidence in support cocaine users address their use.



JANUS Solutions, a drug service based in Brixton, London were selected based on their proposal to deliver the training. (<https://www.janussolutions.co.uk>) Their proposal was centred on their 'The Resonance Factor' treatment approach. (Appendix 2)

1.2 The Resonance Factor Training Programme

JANUS Solutions developed a 1 year training programme for practitioners based in CHO DNCC services working directly with people seeking support to address their cocaine use.

The Resonance Factor is an approach used when working with clients in relation to substance use. From our discussion with the Trainer, we can describe The Resonance Factor as follows: The Resonance Factor is designed to cultivate the individual's internal locus (the part of an individual's emotions or psychology which deals with responsibility and accountability) and within that framework it points the individual to a place where s/he recognises that they have a choice regarding the direction of their lives. As a consequence, s/he can make decisions about one or other direction, e.g. whether or not to use substances. From the practitioners' perspective, it is recognised that many clients operate from a strong external locus (externalising responsibility for their substance use away from themselves and placing it externally, e.g. upon individuals, situations and operate a number of emotional positions justifying or denying the behaviour or avoiding accountability). As with all behavioural change, it is fully recognised that this requires hard work.

Practitioners working in the region were invited and encouraged by the Drug and Alcohol Task Forces to apply to take part in the training programme. Task force coordinators were asked to nominate their prospective candidates specifying their 2 preferred candidates. It is understood that approximately 26 applications were received. Each applicant completed an application form (Appendix 3) and were assessed based on the following criteria (Appendix 4);

- currently working as frontline workers with drug users in the CHO-9 area;
- willing to attend 5 full days (8 hours per day) of training and implement the skills they learn in practise with their clients;
- must attend 4 post training follow up days which will be scheduled each quarter;
- managers of frontline drug services may be considered but only if they are willing to use the interventions learned with a number of clients;
- the priority is on the application of the learned theory in practice with drug users;
- willing to roll out at least 1 training course in the CHO-9 area within a 12 month period post successful assessment as a trainer;
- willing to engage in a supervision process (possibly monthly) to reinforce their skills practise post training. This may involve SKYPE supervision;
- have sign off from the manager of their organisation that they can meet the various necessary aspects of the workforce development programme;



- be endorsed by their Task Force Coordinator in order to be accepted on the programme.

The Resonance Factor training programme was offered to 18 practitioners in the region following the assessment process. (minimum 2 participants for each Task Force area). Additional nominations were placed on a panel to allowing for changes in situation or a candidate being unable to meet the criteria. It is understood that of these 18, 10 remain in this area of work, with some having moved to new employers.

The programme commenced in September 2019. It consisted of 5 consecutive days of in person training with JANUS Solutions, 4x 1 day quarterly in person follow up training/process groups and online/phone individual supervision. As a result of Covid-19, the final 2x 1 day follow ups were moved to online sessions.

The 5 consecutive days comprised the following content and included exercises:-

- Day 1: Exploring the evidence base behind treatment engagement.
- Day 2: Exploring in detail how cocaine impacts the body and mind.
- Day 3: Exploring, deconstructing and reconstructing the language and myths used around the cocaine user.
- Day 4: Understanding the cycle of cocaine use and the psychological processes involved in cocaine use
- Day 5: Deconstruct the cocaine user's internal narrative (dialogue) with regard to their use

Learning Materials used in the programme.

The following materials were used in the delivery of the training programme:-

1. Training Manual
2. Training Workbook
3. Short Educational/Interactive Films (covering components of the training and interactive engagement exercises) as a learning aid.
4. 4 review/refresh sessions for the first year to ensure trainees have internalised training and to receive feedback as to potential challenges.
5. Provision of 2 books; 'Crack Cocaine: The Open Door'; and 'The Resonance Factor'.

The Training Programme's Learning Objectives

The training sought to achieve the following objectives:-

1. Developing a heightened awareness, hence understanding, of how cocaine impacts the client biologically and psychologically.
2. To be able to support/train other practitioners in how to engage and work with cocaine users in a focused, informative and supportive way.



3. To explore how to develop creative and diverse interventions that help to embed a deeper understanding within the client as to their relationship with cocaine.
4. To introduce workers to a slightly different way of communicating with the client / to support the client/patient/service user to view their relationship with cocaine in a way that suggests they are empowered to facilitate internal change.



2. Methodology

In undertaking this project CCS Consultants applied a range of methodologies which are set out below. At the commencement of this project we met with Bernadette Rooney, the Addiction Services Manager and Richie Stafford, Service Arrangements Manager, Social Inclusion, HSE CHO Dublin North City & County (CHO9), initially towards obtaining full details of requirements in relation to this evaluation project. This was followed by attendance at part of a training session facilitated by Kenneth Robinson, Trainer and Director of Janus Solutions. These meetings informed our approach.

2.1 Qualitative and Quantitative Research

Extensive desk research was conducted to garner key background and project information which included background detail to the training, training proposal, course proposal and materials. A consultation process with the trainer and the training participants comprising in person, telephone calls and online questionnaires. Structured interviews using online bespoke questionnaires were used to gather feedback on the training. Participants to subsequent training, provided by the Resonance Factor Programme participants, to their internal and external colleagues were identified and invited to provide feedback. Consultation continued throughout the project.

2.2 Data Analysis

Following our research we analysed all feedback in relation to the training towards addressing the evaluation objectives. The Kirkpatrick Evaluation model was applied to this process.

2.3 Report

Upon completion of the project, we have presented our findings and recommendations in this report which was initially presented to a meeting of the Oversight Group.

2.3.1 Limitations of the Report

This report provides our evaluation of the Resonance Factor Training Programme as delivered by Janus Solutions and is not intended to critically evaluate the methodology or content of the training provided or to provide a clinical or similar evaluation of The Resonance Factor as an approach in the field of addiction services. At the time of carrying out this evaluation, some training participants (8) had moved employment and as such we were not able to collate feedback from them. It should be noted that 9 of the remaining participants in total (90%) engaged with our consultation process which constitutes 50% of the original 18. 6 organisations were represented by these 9 participants. The client feedback analysed in this evaluation represents a small sample of clients only and is based on our analysis of existing feedback and evaluation carried out by the respective services. Analysis of learning achieved provided in this report is based on responses to self-rated questions and as such are not based on any formal assessment of this learning. Additional organisational changes such as staff changes etc, which have occurred since the planning and delivery of the training impacted on the



availability of some relevant documentation. It is understood that the Coronavirus pandemic may have delayed the commencement of this evaluation.

2.4 Ethical Considerations and Data Protection

All data related to this assessment has been gathered and stored in a confidential and secure manner and in full accordance with Data Protection legislation including the GDPR. Data requested or gathered by CCS Consultants has been used for the sole purpose of undertaking this project and will be returned or irretrievably destroyed upon completion, as appropriate.

2.5 Communications

CCS Consultants maintained communications with the Service Arrangements Manager at key stages of this project as agreed.



3. The Evaluation

CCS Consultants conducted an evaluation of The Resonance Factor Training Programme delivered by Janus Solutions to practitioners within Drug and Alcohol Services operating in the Dublin North City and County region.

Evaluation Aim

The purpose of this evaluation was to assess the value of 'The Resonance Factor' training programme for practitioners working in frontline drug services and make recommendations for future applications of the training model.

Evaluation Objectives/Outputs

In achieving the aim of this evaluation, the following objectives were completed:-

1. Evaluate what was the participant's rationale for enrolling in the programme.
2. Evaluate what was the participant's experience of the training programme.
3. Evaluate what was the participant's learning from the training.
4. Determine if participants changed their practices.
5. Evaluate the impact of any changes in practice in terms of service user outcomes.
6. Develop recommendations for future applications of 'The Resonance Factor' model based on the evaluation findings.
7. Prepare and present a report on the evaluation findings and recommendations.

Evaluation Outcomes

The following outcomes were achieved:-

1. Clear thematic findings of the experience of trainees who participated in 'The Resonance Factor' training programme were identified and the impact of this programme on their professional practice and perceived client outcomes was assessed.
2. A set of recommendations regarding further development of 'The Resonance Factor' training model and its application in drug treatment services was devised.

3.1 Evaluation of Training Programme Outputs

The planned outputs for this training programme, as documented above (3) were reviewed and the following actions are understood to have been completed during the undertaking of this training delivery:-

1. A procurement process was completed to select a training provider (Janus Solutions).
2. The training programme was offered to 18 practitioners following an application process supported by the Coordinators of each Drug & Alcohol Task Force in the region.
3. The training programme was delivered by Kenneth Robinson of Janus Solutions and commenced in September 2019.
4. 5 consecutive days of in person training with JANUS Solutions were delivered,
5. 4 x 1 day quarterly follow up training/process groups and online/phone individual supervision. (2 in person and 2 online due to Covid-19)



3.2 Evaluation of Outcomes

Intended outcomes or learning objectives of the training programme as documented in 1.2 above were evaluated based on the Kirkpatrick's model which measures four levels of the learning experience. The four levels of the learning experience considered were;

Reaction of training participants to the training received.

Learning – What did participants learn from the training?

Behaviour – Have the participants implemented this learning into their work with clients.

Results – What effect (if any) has the training had for service users/clients?

In order to evaluate the reaction, learning, behaviour and results, we devised a bespoke online questionnaire having regard for the planned learning outcomes and the specified goal, project objectives and project outcome in this evaluation brief. (Appendix 4). CCS Consultants circulated the questionnaire to all participants as notified by the Service Arrangements Manager. This was followed up by telephone calls with participants. Further research involving a second bespoke questionnaire for participants of training provided by the newly trained participants was conducted. (Appendix 5) Existing feedback and related reports obtained were also reviewed and analysed as part of our evaluation as set out below.

3.2.1 Participation in the Training Programme

Our review of available information confirmed that 18 participants completed the training, while at the point of completing this evaluation 10 were available for consultation (reasons as documented).

9 of the 10 (90%) responded to our request for feedback all of whom confirmed that they attended all of the training sessions.

3.2.2 Training Participant's motivation for enrolling in the Resonance Factor training programme.

Training participants were asked to document their main motivation or rationale for attending the training. Responses have been grouped as illustrated (Fig.1) with two-thirds indicating the desire to increase their related knowledge as a factor and one-third specifying a desire to increase their effectiveness/benefit for their clients. Two participants specified the train the trainer element as being a motivating factor, while 2 referenced that their employing organisations encouraged attendance.



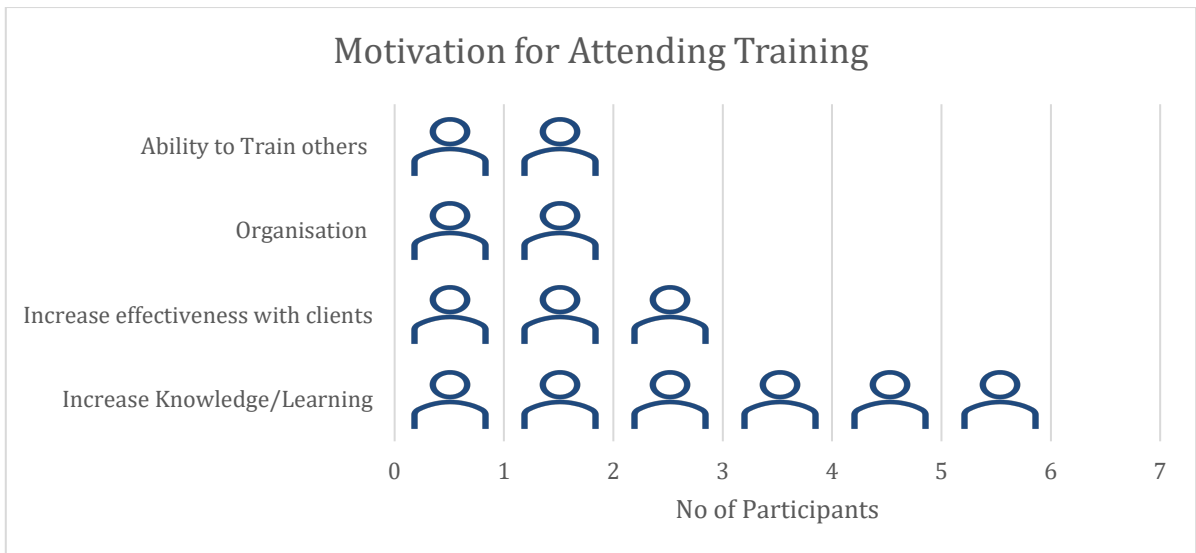


Fig 1 – Motivation for Enrolling in Training

The application forms completed by participants were also reviewed as part of this evaluation where the motivating factors were disclosed as;-

- the rise in cocaine use and the increased numbers of related referrals;
- the desire to develop and expand skill set.
- influenced by previous training with Janus Solutions



3.3 Reaction – participants’ experience of the Training Programme

In this aspect of the evaluation, we sought to establish the participants’ experience of the training. Their reported experiences were analysed under the following headings:-

- 1) Initial reaction to the training;
- 2) Quality of course materials;
- 3) How well the trainer’s training style matched the participants’ learning styles;
- 4) How well the training met participants’ expectations;

Participants were asked related questions as set out below.

3.3.1 Participant’s Experience of the training programme

In establishing participants’ experience of the training programme, they were asked to describe their initial reaction to the training. The initial reactions to the training ranged from very positive/ enthusiastic (7) about the model and its various elements to a level of hesitancy, resistance and difficulty in grasping the model (3). From the responses received it would appear that at least 1 participant’s views changed during the training. Responses would suggest that the training challenged participants in relation to their familiarity with using other models. As illustrated(Fig 2), 7 of the 9 participants (77.7%) enjoyed the training and 3 indicated that it made them challenge or question. Participant feedback does not appear to have been collated systematically at the early stage as part of the training programme which would be recommended for effective evaluation. From our discussion with the trainer, it is to be expected that participants find this approach challenging as many practitioners come from a background of/are trained in, the culture of viewing the issue as: an addiction; or some illness of the mind, body or both; or that the foundation or root of the individual’s consumption of substances is based in some form of trauma.

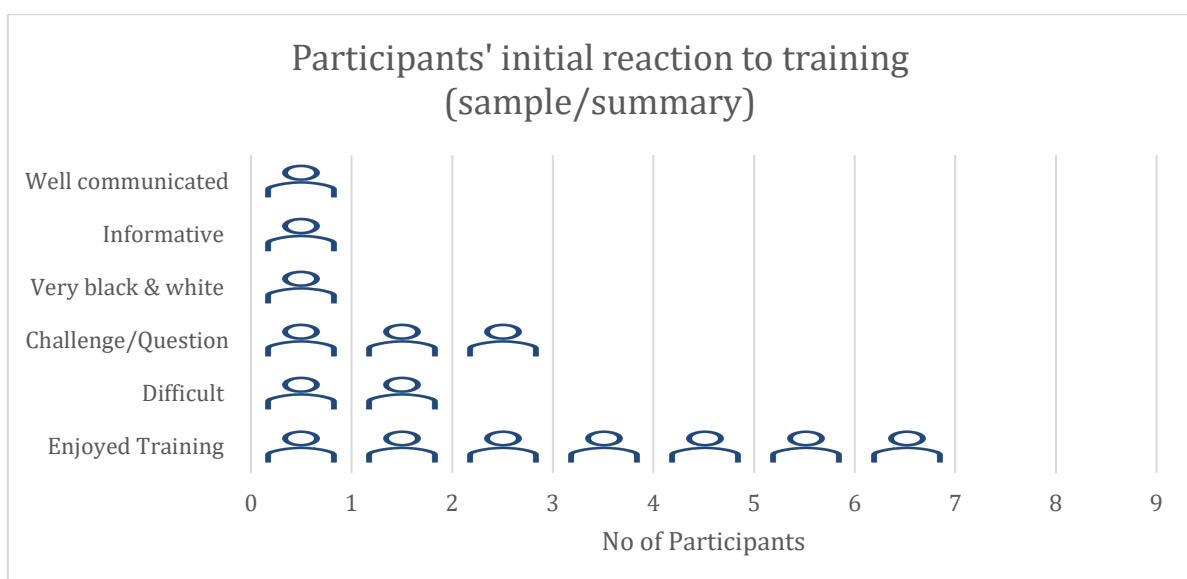


Fig. 2 Participants' initial reaction to training.



Individual participant's comments included:-

"Initially I found the approach very black and white. This is the only approach that will work with people to take cocaine."

"My initial reaction was that I was very interested in the pharmacology element and being able to help clients understand how the drug and their body/brain were effected".

"Excellent training that really makes me, as a practitioner, question how I work in the area of supporting people who have a history of substance use".

"really well delivered in a very practical way, but with various different methods of engagement, small videos, great conversation and manuals."

"extensive and enough time to go over it so I could get a deep understanding so it was easier for me to pass on the training to colleagues".

"I loved the new learning I received around Neuroscience".

"Particularly the Pharmacology was presented in a way that it can be presented within a group or key working session".

3.3.2 Quality of Course Materials

Participants were asked to rate the quality of the course materials (1-10 with 1 being extremely poor and 10 excellent). As illustrated (Fig 3), it is evident that the overall level of satisfaction with the materials used during the training is high with two-thirds rating it 9 or 10 and the remaining 3 participants rating them from 6-8. However there were some issues raised in relation to language and descriptive terms which raised questions for the participant.

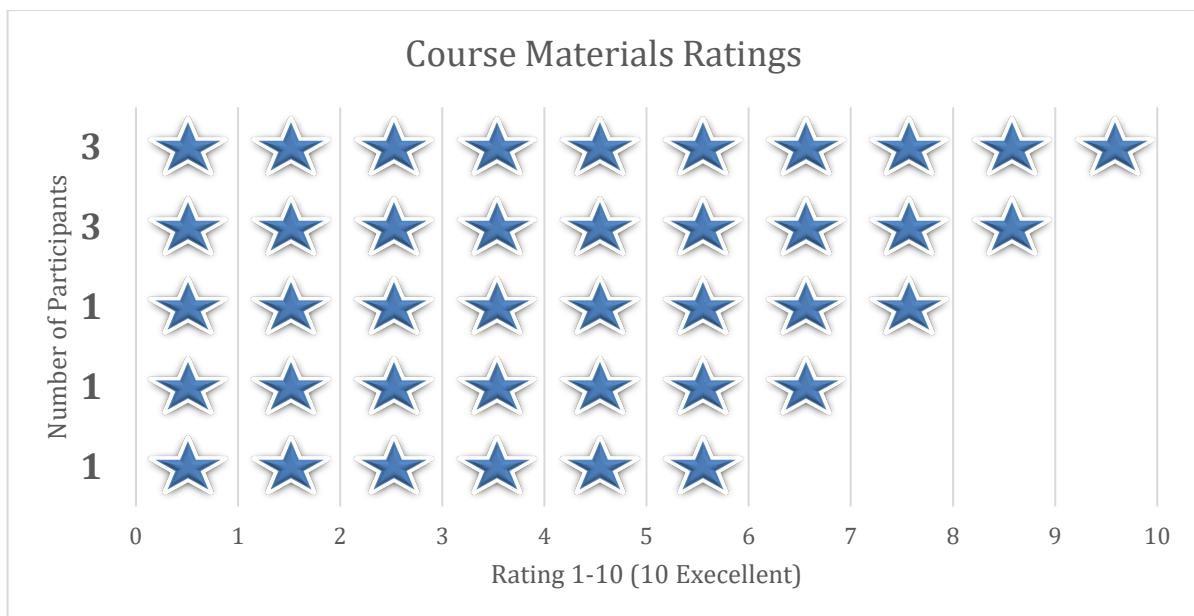


Fig.3 Quality Ratings of Course Materials



3.3.3 How well the trainer's training style matched learning styles

44% of participants rated how well the trainer's training style matched their learning style as excellent or 10/10. A further 44% applied a rating of 8 or 9 with one participant rating it a little less, at 6/10. (Fig 4). Participants described the training style as *"interactive and repetitive"*; *"being present in the moment and not just an academic approach"*. It would also appear from the commentary that the use of smaller groups and good debates were welcomed by some participants. The trainer was described as *"really explains it to you"*, while another highlighted that conflicting opinions were *"brushed aside"*.



Fig. 4 Trainer Style: Learning Style Match Ratings

3.3.4 How well the training met participant's expectations.

The majority (7) of the participants indicated that the training fully met their expectations, while the others (2) (22%) said it somewhat met their expectations. (Fig.5). None of the participants indicated they were disappointed with the training. A Net Promoter Score of 63 resulted from 8 responses to the question "How likely is it that you would recommend this training to a colleague. 5 (55.5%) of whom are categorised as promoters and 3 (33½) as passive which indicates a very positive outcome.

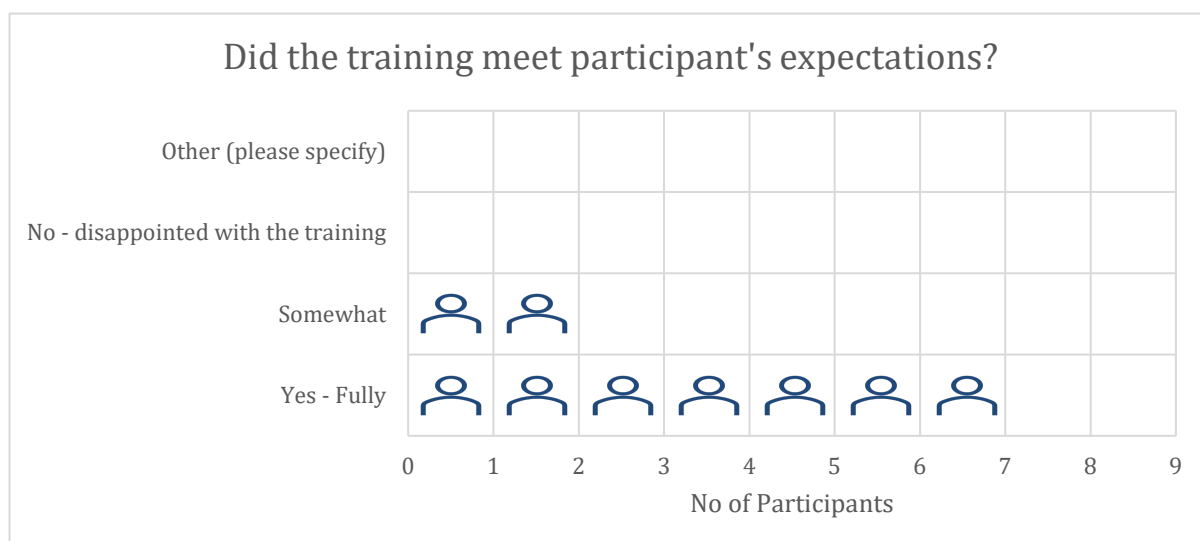


Fig. 5 How well the training met participants' expectations.



3.4 Learning – participants’ learning achieved from the training.

At this phase of the evaluation, we sought to establish the level of learning achieved by the participants as a result of attending the training programme. This information was obtained through structured interviews using an online platform. In addition, we drew on responses provided on the training application form wherein participants, as part of the training application process were asked to rate their confidence in working with clients/cocaine users on their application form.

Towards establishing the level of learning achieved from the training programme, we reviewed the topics contained within the course material and the training objectives and asked participants the following:-

- 1) if they, their service/organisation applied any aspect of the Resonance Factor model in their work with clients prior to this training programme;
- 2) to rate their confidence in working with clients/cocaine users after the training;
- 3) to rate their level of understanding in each of the following areas before and after the training;
 - evidence base behind treatment and engagement,
 - how cocaine impacts an individual biologically,
 - how cocaine impacts an individual psychologically;
- 4) to describe learning achieved around embedding understanding of the client relationship with cocaine;
- 5) to describe learning achieved in relation to supporting and training other practitioners.

3.4.1 Application of the Resonance Factor Approach/Model in work with clients prior to the training.

Participants were asked to indicate if they, their service or organisation had applied any aspect of the Resonance Factor model in their work with clients prior to their attendance at this training programme. As illustrated (Fig. 6), a sizeable number (6) indicated they had, whilst 2, had not. These responses would suggest that the Resonance Factor approach has been established in some organisations. Individual participant’s comments included:-

“cognitive dissonance element”

“I would have explained to clients the effects of cocaine on the brain and mood and physically but not in the same detail as in Resonance Factor. I would have spoken about the relationship with the drug. I would have used the term permissive beliefs where Resonance uses the term, justification”.

“The Project has fully implemented the Resonance Factor as an approach in our work with participants across our programmes”.

“The RF has been integrated over time with other methods and skills”.

“I have been working on that approach for several years”.

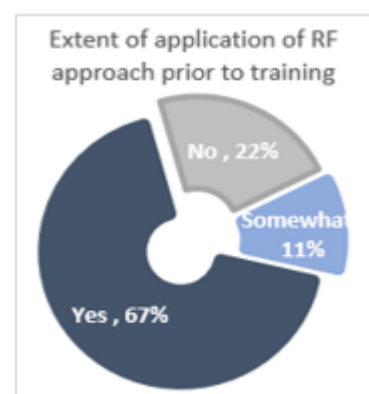


Fig.6 Extent of use of RF approach prior to training.



3.4.2 Evaluation of knowledge of the subject matter prior to and following the training.

In this evaluation, we sought to identify and compare the level of knowledge, understanding and confidence in the relevant areas before and after the training. These areas were:-

1. Level of confidence in working with cocaine users
2. Knowledge and understanding of
 - evidence base behind treatment and engagement.
 - how cocaine impacts an individual biologically.
 - how cocaine impacts an individual psychologically.

This information was provided through self-rating questions in our online questionnaire and as described below also used information from the training application form. Results are set out below under each of the headings with a summary illustrated on page 27 (Fig.10)

3.4.2.1 Level of confidence in working with cocaine users

As stated, training applicants were asked to rate (1-10) their level of confidence in working with clients/cocaine users on their application form. Our review of 24 completed application forms indicates the following:-

The lowest rating provided from the 24 original applicants was 3 and the highest, 8. The average rating was 6 and the median 6.7. (Where ratings provided were not specific e.g. 6-7, a mid-point rating was applied, e.g. 6.5) For the purpose of further analysing this information, we focussed on ratings provided by participants to this evaluation consultation (i.e. 7; with 2 forms being unavailable) All 9 participants rated their related confidence level having completed the training as part of this evaluation. Average confidence levels increased from by 43.5% - i.e. 6.2 to 8.9 (based on a 1-10 rating). (Calculations based on ratings provided by 7 participants before and 9 participants after, completing the training).

3.4.2.2 Understanding of evidence base behind treatment and engagement.

Participants were asked to rate their understanding of the evidence base behind treatment and engagement before and after they completed the training. 8 of the 9 participants answered this question. As illustrated on the following page (Fig. 7), whilst only 2 participants rated themselves 5 or below, the maximum rating applied was 7 (2 participants). All 8 respondents rated themselves 8 and above after completing the training. Rating 8 (2), 9(3) and 10 (3). This would indicate a good level of increase in understanding with two-thirds of participants rating their understanding in the 90-100% range of understanding of this subject matter.



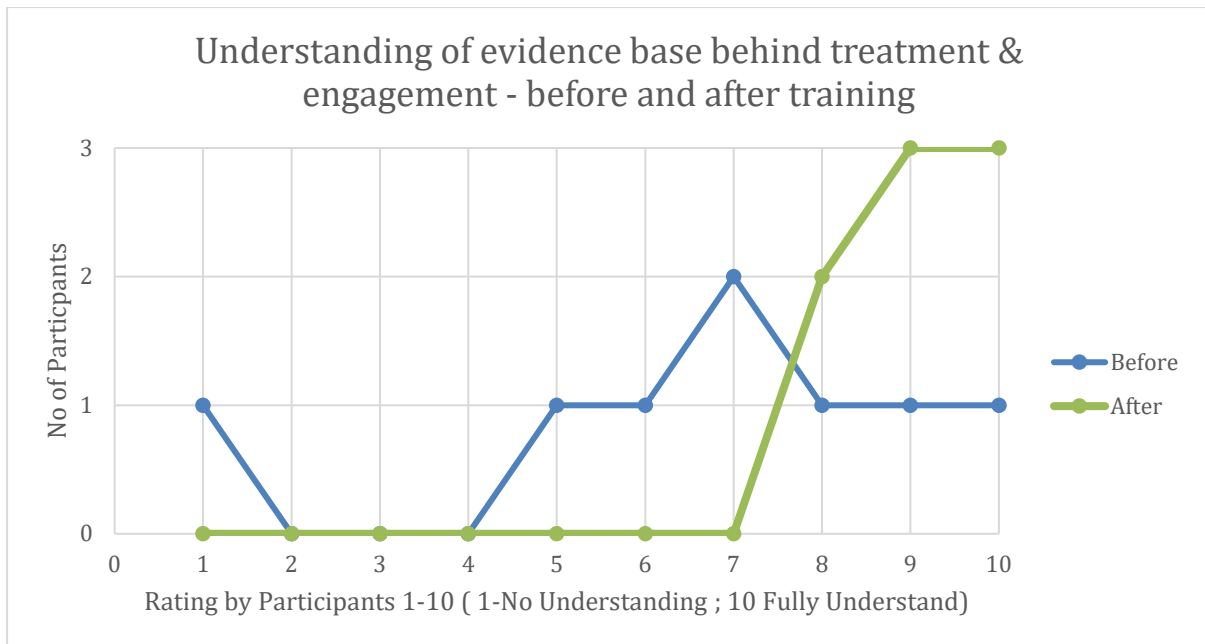


Fig.7 Self-rated understanding of evidence base behind treatment & engagement before/after the training.

3.4.2.3 Understanding of how cocaine impacts an individual biologically. Participants were asked to rate how well they understood how cocaine impacts an individual biologically prior to completing the training and again afterwards.

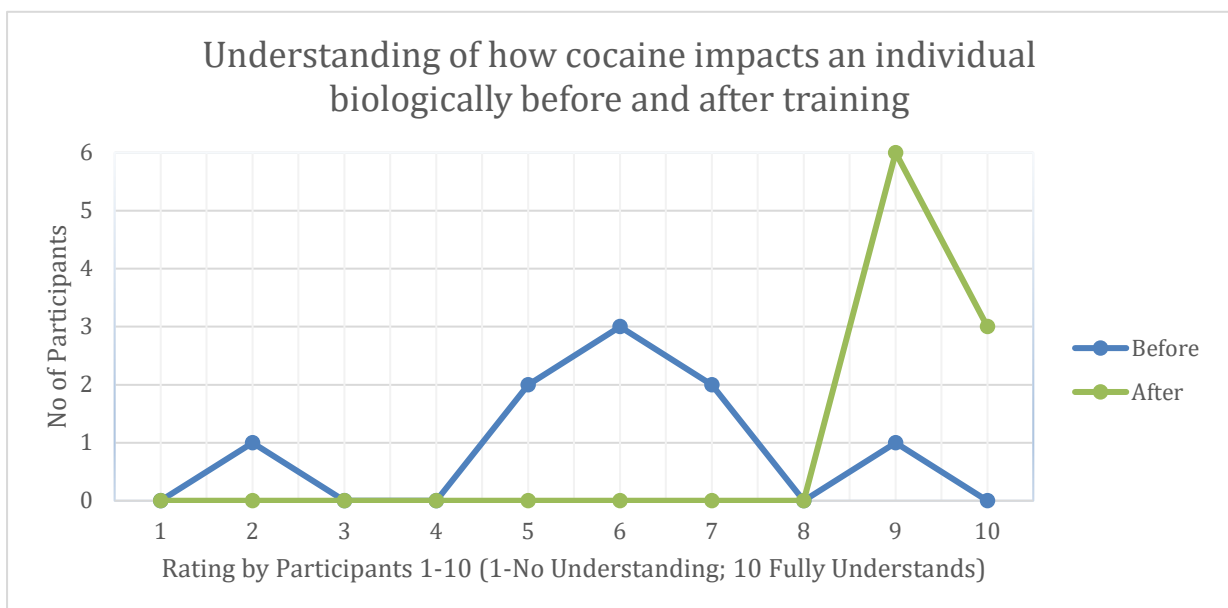


Fig. 8 Self-rated understanding of how cocaine impacts an individual biologically, before/after training.

As illustrated above, (Fig. 8), prior to completing the training, 3 participants rated their understanding in this area either 5 or less, with 5 providing a rating of 6 or 7 and the highest, at 9, (1 participant). Participants reported an increase in understanding after the training with all 9 participants rating 9 (6) or 10 (3), which indicates a significant increase in knowledge as a result of the training.



3.4.2.4 Understanding of how cocaine impacts an individual psychologically.

Participants were asked to rate their understanding of how cocaine impacts an individual psychologically before and after completing the training.

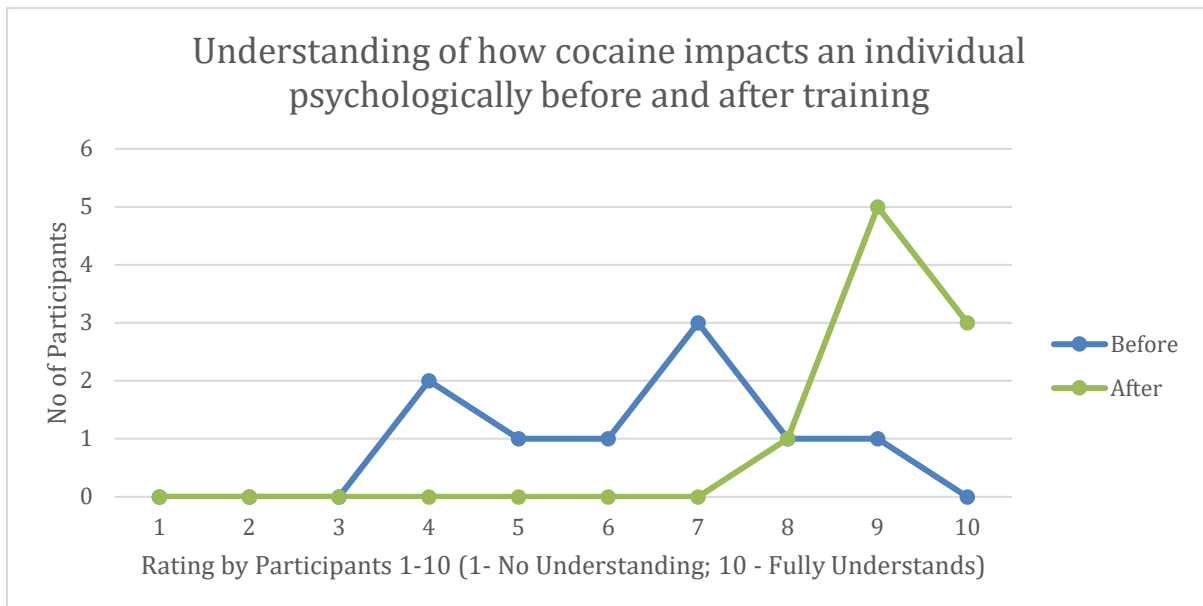


Fig. 9 Self-rated understanding of how cocaine impacts an individual psychologically, before/after training.

As illustrated above (Fig. 9), 3 rated 5 and below with a only 2 rating 8 or above before the training. All participants rated their understanding at 8 or above after the training.

3.4.3 Learning achieved around embedding understanding of the client relationship with cocaine.

Participants were asked to describe what (if anything) they have learned in relation to developing interventions that help to embed a deeper understanding within the client as to their relationship with cocaine. 8 of the 9 participants (88.8%) provided a response. A significant range of responses were received indicating wide ranging learning achieved in this area, of which the following, constitutes a sample:-

- *Dopamine – neuroscience, power in formation of relationships, how much is invested.*
- *Working with the person around their unique relationship to cocaine and the pleasure they have discovered once starting to use it.*
- *How to stay focussed on the relationship with the substance.*
- *Separating the substance use from all other issues.*
- *Working with the person’s behaviours associated with their relationship to cocaine.*
- *Cognitive dissonance – awareness of and how to work with it in supporting the goal to change. Using it as a key intervention.*
- *To be more authentic and present in keyworking sessions.*
- *Feeling more confident in developing discrepancies with certain language.*
- *Accountability and Autonomy, respect the persons own integrate and ability to make decisions.*



Summary of rating changes in specific areas from before to after training.

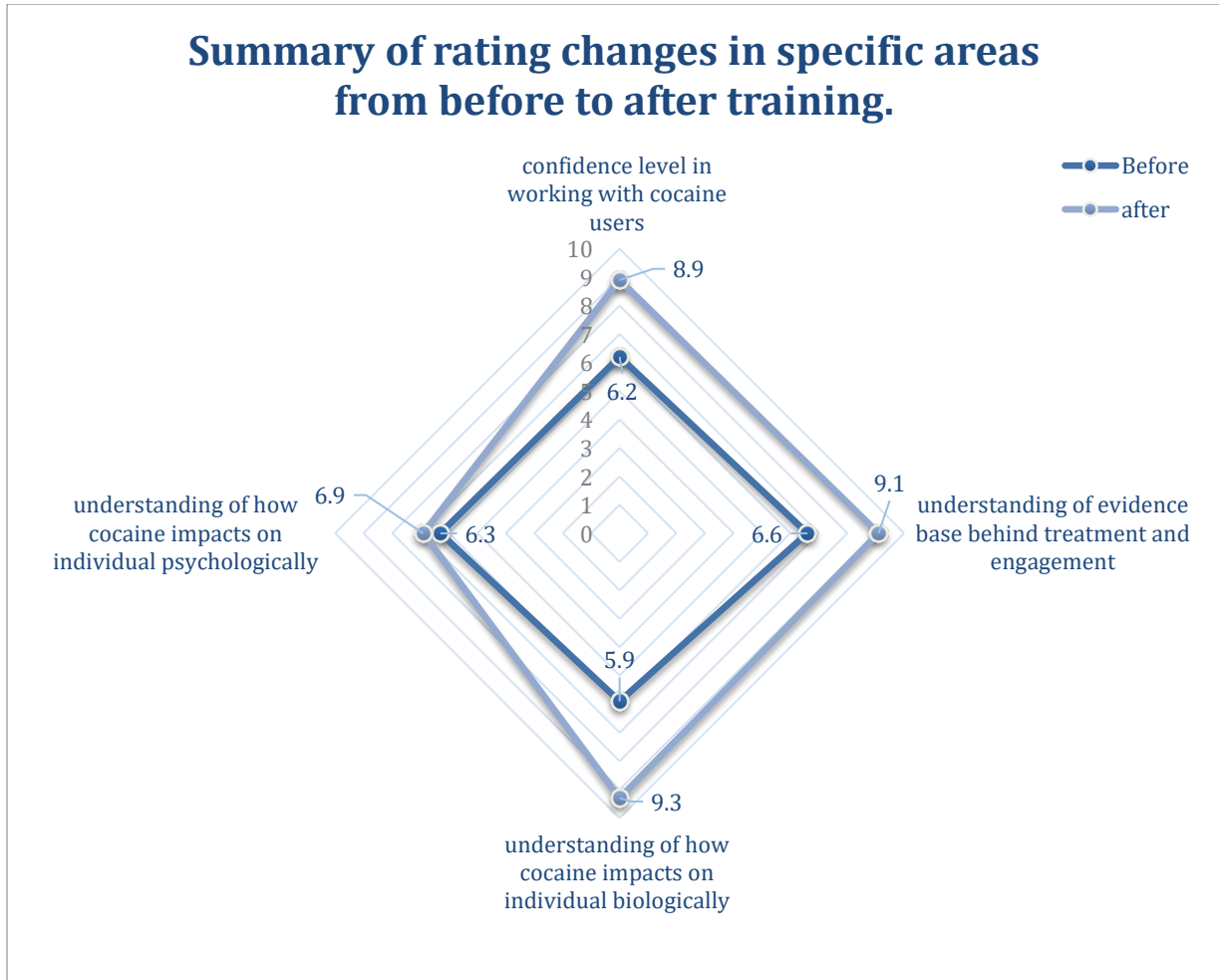


Fig.10 Summary of changes in knowledge levels as a result of learning before/after training.

3.4.4 Learning achieved in supporting and training other practitioners.

As the programme aimed to equip participants with the knowledge to train others in the Resonance Factor approach, participants were asked to indicate how well they considered the training had achieved that. As illustrated (Fig 11) over half (5) consider that the training had achieved that very well and they can do this with confidence and the remainder (4) reasonably well but they needed to develop further. This suggests that the training has been successful in that regard. Some hesitation was articulated in supplementary comments in relation to confidence in delivering training. The provision of training to others since completing this programme is evaluated later in this report.

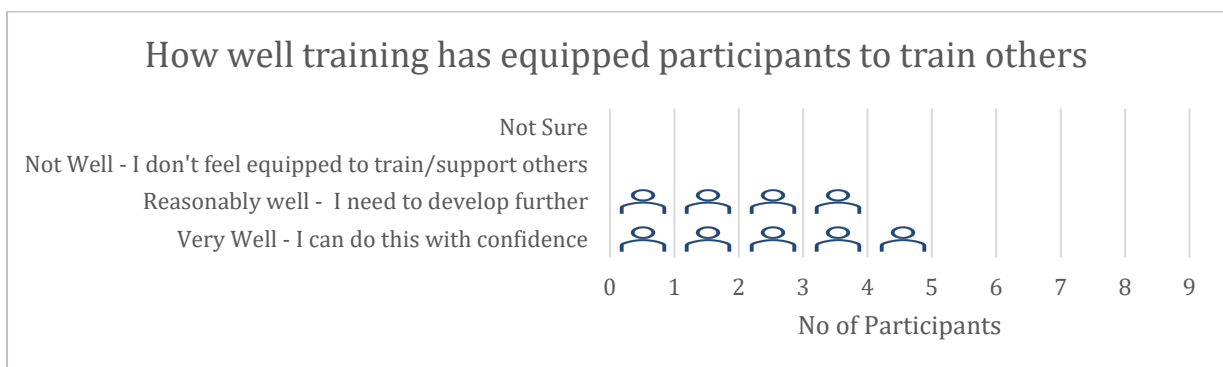


Fig. 11 How well the training equipped participants to train others (self-rated)



3.5 Behaviour – application of learning to work.

The next phase of the evaluation involved establishing if the training participants have implemented the learning achieved from the training into their work with clients and their respective organisations. This information was collated under the following headings;

- 1) Changes to how the participant communicates with clients.
- 2) Practices/approaches they will maintain as they are.
- 3) Practices/approaches they will eliminate or discontinue .
- 4) Changes or improvements to their service/organisation.
- 5) New actions/ways of working.
- 6) Delivery of support and/or training to colleagues.
- 7) Plans to incorporate learning into their service/organisation.

3.5.1 Changes to how the participant communicates with clients.

Participants were asked to describe (as a result of the training), what (if any) changes have they made to how they communicate with clients to support them to view their relationship with cocaine in a way that suggests they are empowered to facilitate internal change. As illustrated (Fig. 12), 6 participants (two thirds) responded to the question, one of whom no longer works directly with clients. The following is a sample of changes the participants described:

“more authentic,”
“more compassion,”
“pleasure honesty”
“remain focussed on the client’s relationship with the substance,”
“more emphasis on the reward centre in the brain,”
“giving the client a clear understanding of the pharmacology of cocaine.”
“staying with the uncomfortable cognitive dissonance in a respectful and honest way.”
“the appropriate language”
“in a way that facilitates the process of the person being able to discuss the loss of the substance in their life”.

As 3, (33½%) participants skipped this question, it is unknown if they have made changes to how they communicate with clients as a result of the training. (Fig. 12, Page 30)

3.5.2 Practices/approaches they will eliminate or discontinue.

Participants were asked to identify what practices or approaches (if any) they and/or their service/organisation will eliminate or discontinue as a result of the learning from the training. As illustrated on the following page (Fig. 12, Page 30), 4 (44%) of participants provided the following responses of which the main theme (2 participants) was remaining focussed on the drug issue, i.e. *“spending time working on other issues”* *“going down rabbit holes,”* *“trying to fix everything else in the clients’ lives”*. The other responses received were *“not disregard the service users’ back story”* and *“Minnesota disease model approaches.”*

It is unknown if the remaining 5 participants will discontinue any practices or approaches within their organisations, whilst it is of course not suggested that they need to, it does provide one indication of how learning is applied.



3.5.3 Changes or improvements to their service/organisation

Participants were asked to identify what (if anything) they will change or improve within their respective service/organisation as a result of this training? 5 responses were received (55.5%). (Fig. 12, Page 30). The identified improvements focussed around:- Communication; training; and focusing on the issue. Responses included:-

“better explanations of the pharmacology of drug use.”
“looking at the substance if it a substance problem”.
“stay more focussed and effective.”
“develop and train staff.”
“continue to implement the Resonance Factor as a key way of working.”
“providing a different space for social issues or trauma.”

3.5.4 New actions/ways of working

Participants were asked to identify what, (if anything) they planned to introduce (new) within their respective service/organisation as a result of this training. 4 participants provided a response (44%). (Fig. 12, Page 30) The identified additions centred around:- training and support; applying approach to other substances; elements of the approach. Responses included:-

“The first assessment/initial assessment”.
“the delivery, conversation, role plays, visuals and work sheets”
“look at the pharmacology of more substances as part of the work we do in a way that the training has done with cocaine.”
“keep supporting colleagues with resonance factor.”
“keep implementing the cocaine awareness group for participants.”



Summary of extent of participants' application of learning from training to work with clients/respective services.

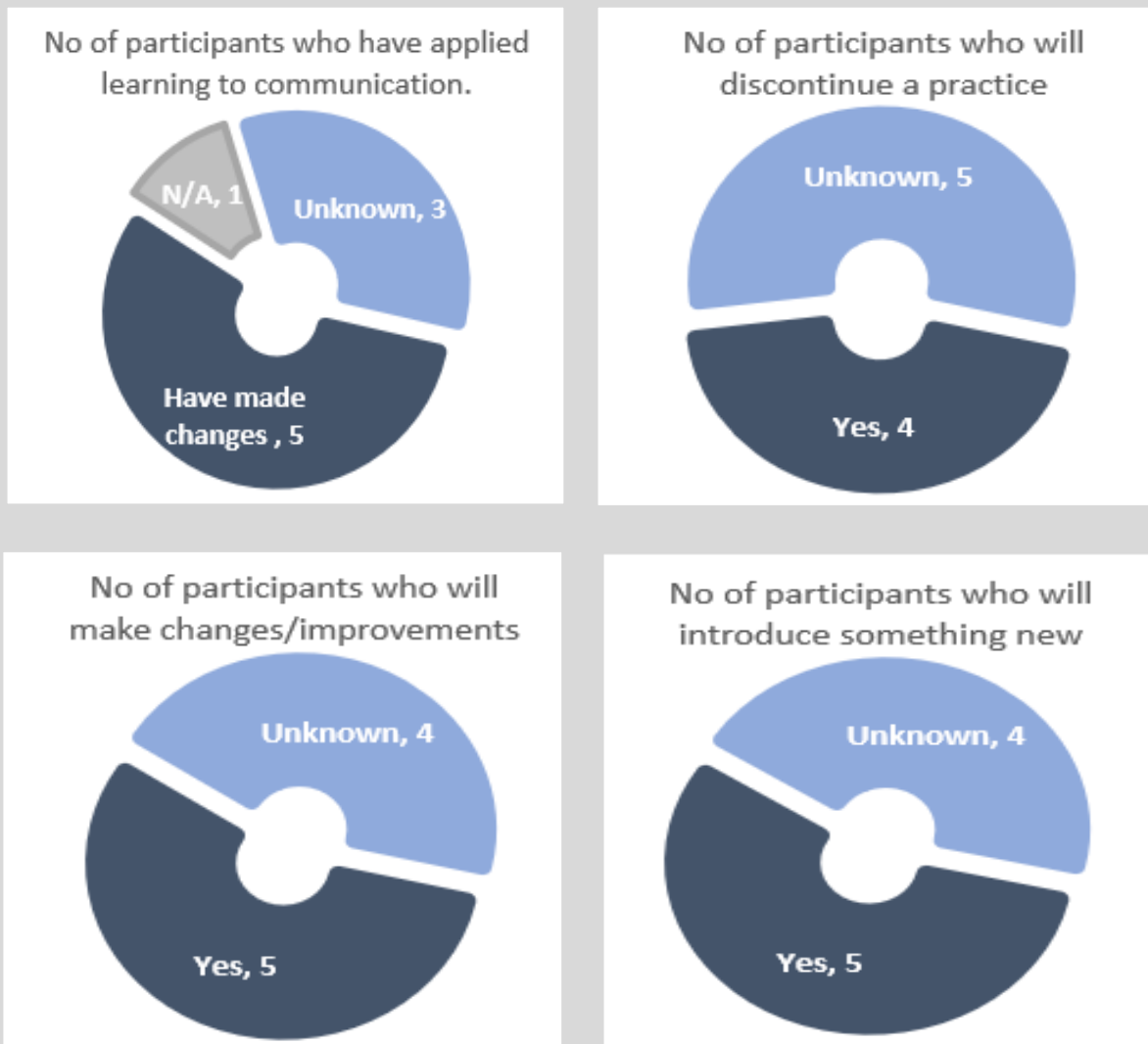


Fig. 12 Summary of extent of application of learning to work with clients/service.

3.5.5 Delivery of support and/or training to colleagues

As illustrated (Fig.13 on following page), the majority (66.6%) of participants reported providing support and/ or training to others to some degree following completion of this training programme. 6 of the 9 participants (two-thirds) have delivered training external to their own organisations and the same number have delivered training to co-workers. Therefore only one participant has yet to deliver training and has indicated they have plans in place to do so. This constitutes a good outcome in terms of participants practical application of the learning achieved. 4 participants have delivered 2 sessions; 2 have delivered 4 and 1 has delivered 3 training sessions to others since completing the Resonance Factor Training. (Fig. 14 on following page) For those who hadn't provided support or delivered training to other practitioners since completing the training the reasons provided were related to own personal development/skill set and personal circumstances. The former would suggest that more in-depth training and/or follow up



mentoring or support is required to support participants to develop the confidence and skill set to comfortably deliver training to others on this topic.

Participants of subsequent training were invited to provide feedback which is explored in the next section.

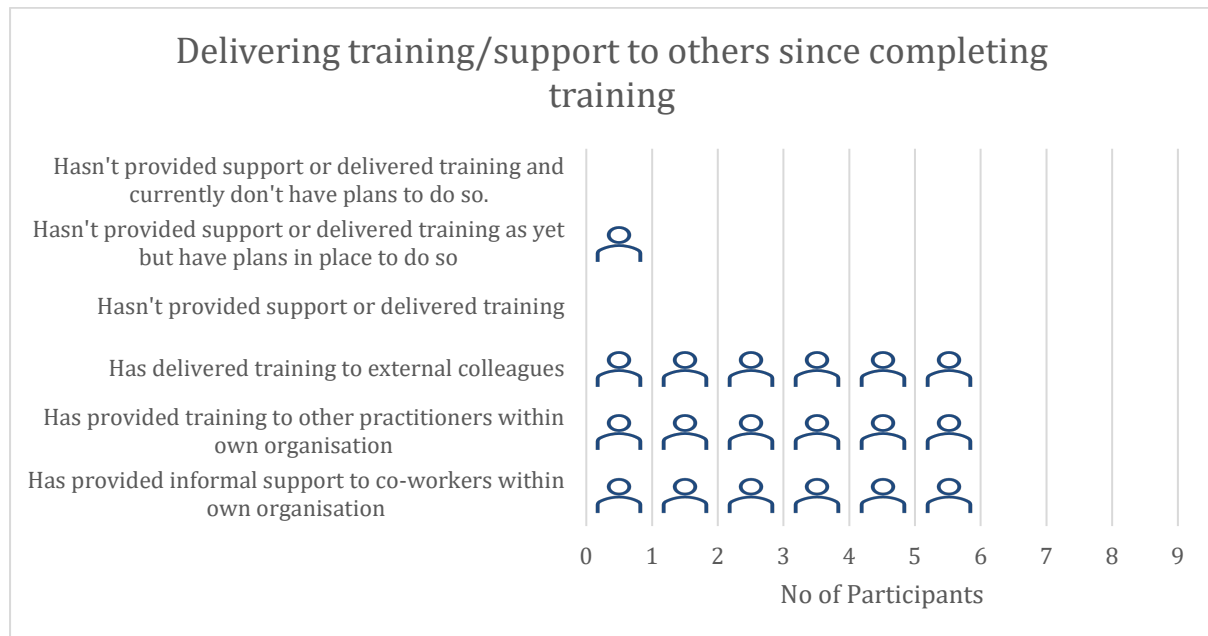


Fig. 13 Nos who have delivered training/support to others since completing the training.

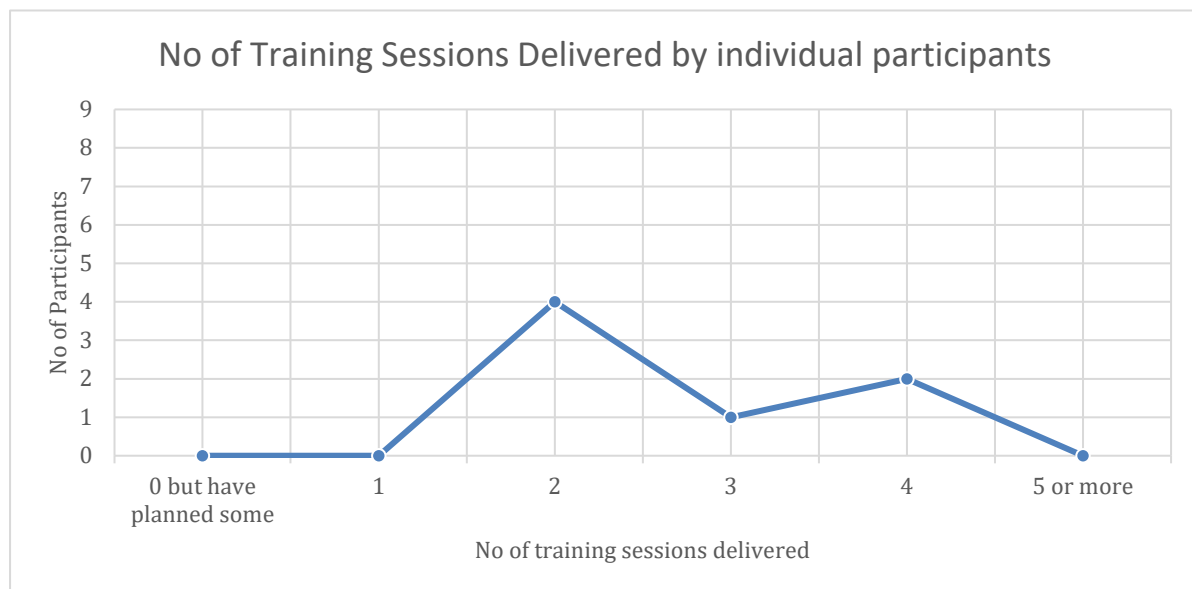


Fig. 14 No of training sessions delivered by individual participants.

3.5.6 Plans to incorporate learning into respective service/organisation.

Towards identifying if a strategic approach has been applied in relation to the application of learning achieved, participants were asked to state if they/their service/organisation have such a plan in place. All 9 (100%) confirmed that they had, which suggests that the learning achieved will influence how the various organisations work following the training.



3.5.7 Barriers to incorporate learning into their service/organisation.

Participants were asked what barriers they considered exist to the successful application of the learning achieved from the training. 7 responses were received. (Fig. 15 below) The main barriers reported (4) were around the model itself, i.e. that not everyone likes the model; reservations around evidence base. Others (2) referenced the requirement for consistent follow up training for colleagues and the requirement for more training. In additional comments one participant emphasised the need for training because “the process of the method can be misunderstood.” It would appear, therefore, that ongoing training and support as well as seeking to address hesitancy or disagreement with the approach feature as key factors in the successful application of the learning to work with clients.

“We were challenged in this training around our use of longstanding evidence based language”.
“I have very good management support.”
 Participants’ related comments

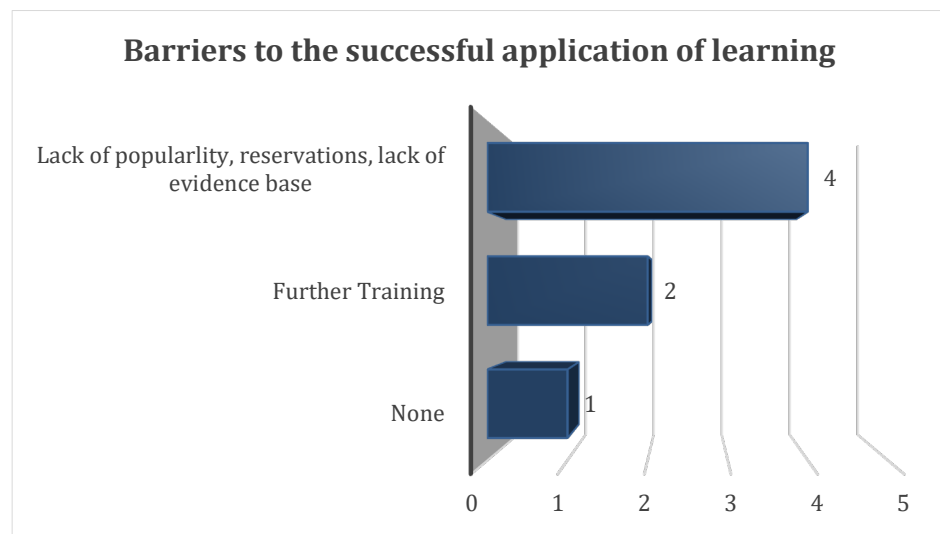


Fig.15 Perceived barriers to the successful application of learning

In relation to the additional resources required to fully apply the learning achieved from this training, participants’ responses focussed around, additional materials, (guidebook, manual with visual aids), evidence based research to help promote the learning to other organisations and funders; funding/programme budget; further training – access to training, refresher training and additional staff. (Fig. 16 below)

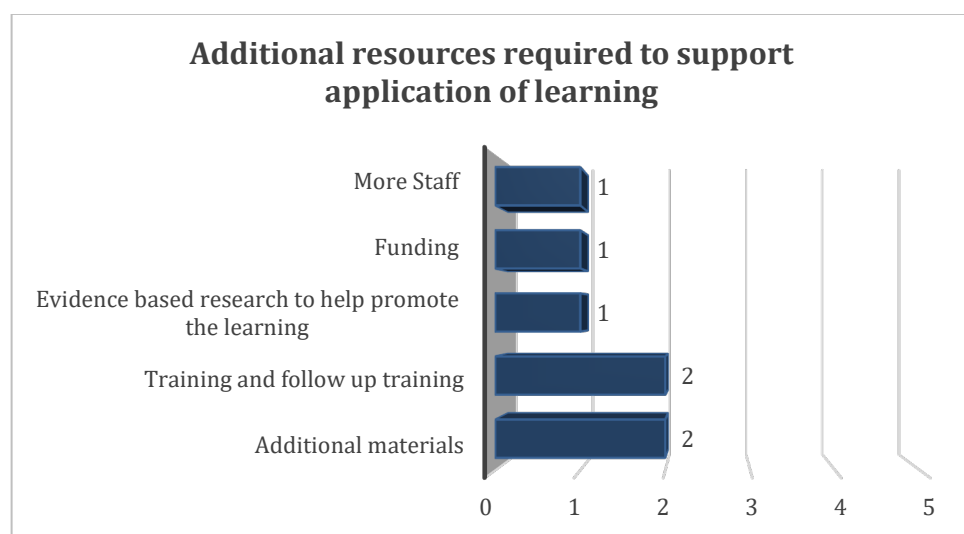


Fig.16 Additional resources required to support the application of learning.



3.6 Results – Effect the training has had for clients.

In evaluating the results or outcomes of this training course, we analysed 2 main areas;

1. The results (outcomes) for professional colleagues.
2. The perceived results (outcomes) for clients (reported and/or observed).

3.6.1 Results (outcomes) for professional colleagues

As stated in the previous section, two thirds of participants (6) have delivered training to co-workers and external colleagues. To further explore the impact of the Janus Solutions training, it was considered pertinent to also seek feedback in determining the effect/outcome of the training. For the avoidance of confusion, we have referred to this training cohort as 'secondary training' in our analysis. We invited those who attended such training to provide their feedback through the use of an online bespoke survey. We received a total of 12 responses to this survey from 3 organisations. This represents training provided by 4 trainers. (It was noted that some respondents documented Kenneth as the trainer, so we cannot be certain that the respondents all received training from the participants of this training programme. The data is accepted in the manner it was requested and in any event is deemed to provide useful feedback in the context of this evaluation) In addition, feedback/evaluations collated by two organisation was analysed. The following aspects were analysed to establish the impact of the training on the practitioners trained by participants of the Resonance Factor Training Programme.

- 1) Change to level of confidence working with cocaine users.
- 2) Has learning from this training been applied to their work.
- 3) What (if any) changes has been made to how they communicate with/support clients.
- 4) Likelihood of recommending training to others

This feedback was also used to analyse the outcomes for clients, i.e.

- 5) How beneficial the training is to work with service users/clients.
- 6) Outcomes for clients (either positive or negative) experienced/observed as a direct result of applying the learning from the training. This aspect is analysed under outcomes for clients (3.6.2).

3.6.1.1 Change in confidence in working with clients in relation to cocaine before and after they received the training.

Trainees self rated their confidence levels which our analysis shows increased from 5.1 to 8.4 (average) which is an increase of 64.7 % and involved 3 organisations, which suggest a significant level of learning albeit from a small number of organisations.

3.6.1.2 Has learning from training been applied to work?

Participants were asked to indicate if they had incorporated the learning they had learned from their training into their daily work with clients. 11 of 12 respondents indicated that they had and find it extremely helpful in their work. (Fig. 20)



3.6.1.3 What (if any) changes has been made to how they communicate with/support clients?

The 12 respondents provided a wide range of responses to the question posed with all providing 2 examples while 5 of these provided responses, 7 provided 4 and 10 provide 3. This indicates that how this group communicate with their clients has changed significantly since undertaking the training. Similar to the original participants (i.e. their trainers), responses included; relationship with substance, information on pharmacology of cocaine and supporting services users to question their old behaviours and take responsibility. Others referenced confidence, compassion and ability to support clients better.

3.6.1.4 Likelihood of recommending training to others

The net promoter score (Fig. 18) from this grouping was 92 with all participants providing a rating. This is the highest bracket which is an exceptionally positive result.

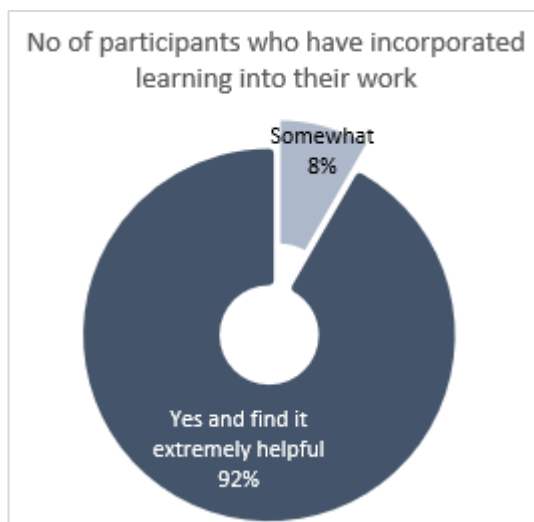


Fig. 17 Extent to which participants have incorporated learning to their work.

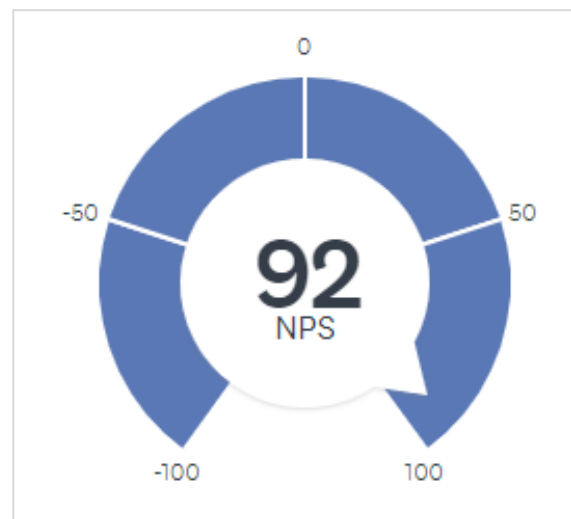


Fig. 18 NPS -secondary training.

3.6.2 Outcomes for clients (either positive or negative) experienced/observed as a direct result of applying the learning from the training.

In evaluating the outcomes for clients as a result of this training, we consulted with training participants in relation to obtaining direct feedback from their clients. Whilst the vast majority were agreeable to this approach, our discussions led us to conclude that analysis of existing feedback would provide more focussed feedback to this evaluation.

We also consulted with participants towards recording their observations of client outcomes as a result of applying the learning from the training with Janus solutions and also the follow on training provided to colleagues.

Our analysis is set out under the following headings:-

- 1) Analysis of client feedback and evaluation provided by training participants.



- 2) Feedback from Janus Solutions Training Participants in relation to client outcomes observed.
- 3) Feedback from trainees of the training delivered by participants of the Janus Solutions training programme, in relation to client outcomes observed.
- 4) Overall benefit of training course to service provided by organisation (both trainee participant groupings).

3.6.2.1 Analysis of client feedback and evaluation provided by training participants.

We analysed client feedback as provided by two organisations:-

- a) 12 Week Cocaine Programme – 8 Clients
- b) Group Reunion – 12 Clients

We reviewed an evaluation provided by one of the services in relation to a 12 week cocaine programme from October – December 2022. The programme involved 8 clients with 4 completing the programme, the findings of which are illustrated on the following page. (Fig. 19)

The group facilitators noted “the interest and enthusiasm the participants had for the psychoeducational piece backed up with choice theory and how they both work congruently together”. They also observed that clients “spoke openly about this new model Resonance Factor and how empowered they felt, discovering that they have a choice and realising they don’t have to play the victim anymore”.

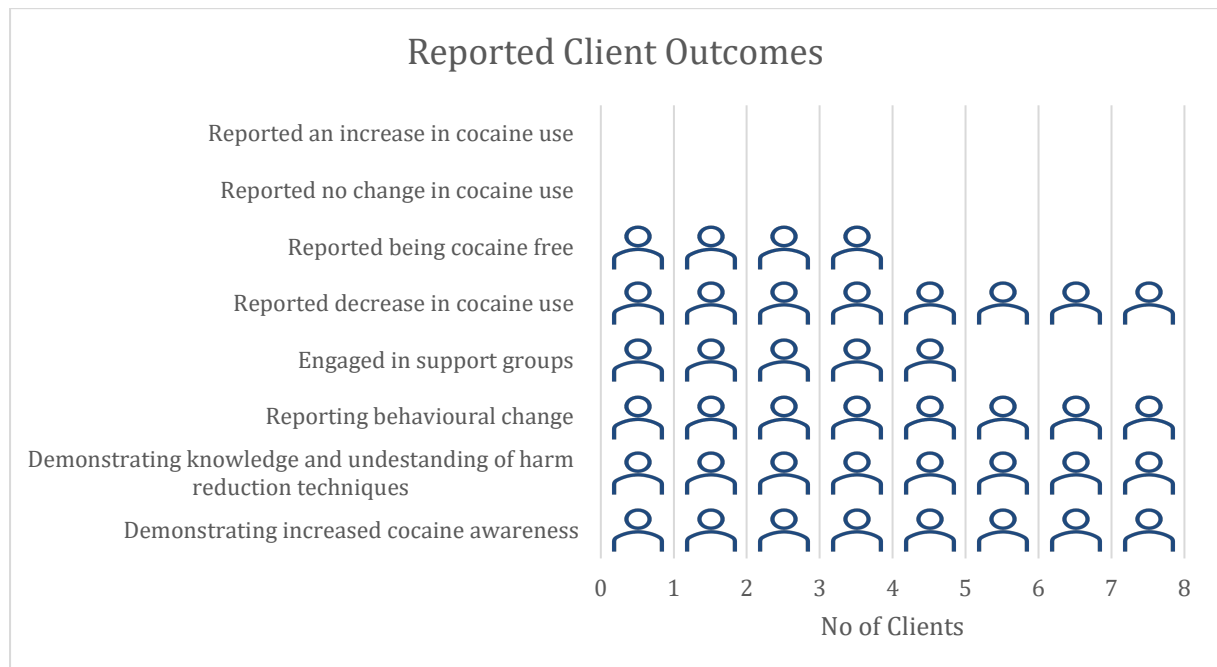


Fig. 19 Reported client outcomes 12 Week Cocaine Programme – 8 Clients

Feedback from the second group attended by 12 clients highlighted outcomes in relation to being drug free, continued use of tools and supports, takeaways which remain relevant and part(s) of life which is more positively impacted following group attendance. Our analysis of the feedback highlighted the following outcomes for the participating clients:-



- 8 of the 12 (66%) reported not using drugs/alcohol, 1 reported some 'slips' and 3 indicating they were happier (it is assumed from these responses that they are no longer using, however, it is not explicit, therefore the drug free rate may/may not be 100%)
- Takeaways from the group that remain relevant to day to day life choices illustrate the awareness of choice (8) (66%),
- All 12 clients identified part(s) of their lives which are more positively impacted after their involvement with the group (Fig. 20 below) with relationships with partners, children, family and self, featuring for 83%.
- Individual comments included:-

*"understanding that using wasn't a crutch, it was stealing my identity."
 "Honesty rather than justifications, having boundaries and using supports."
 "more knowledge of consequences."*

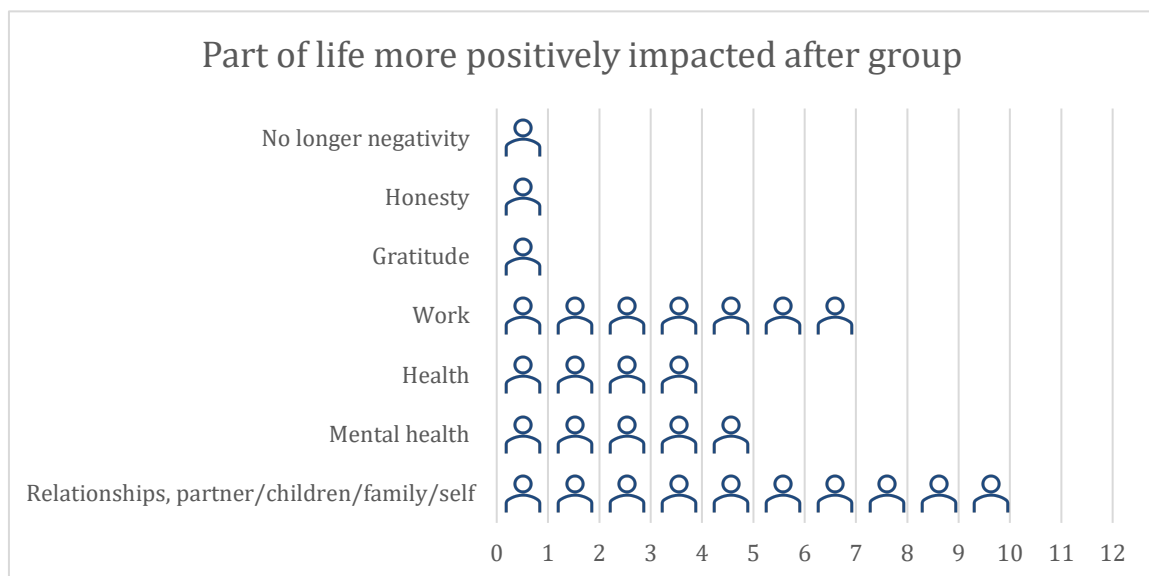


Fig. 20 Part of life positively impacted after group (Group reunion clients)

3.6.2.2 Client outcomes observed by Janus Solutions training participants.

Participants were asked to state what if any, outcomes for their clients they had experienced/observed as a direct result of them applying the learning from the training. 6 of the 9 participants (66%) provided a response, with 1 documenting 5 outcomes; 1 providing 4; 2 providing 3 and 1 providing 2. Perhaps the most significant response provided by 4 participants was that they had observed the client(s) becoming either "drug free", "cocaine free" or "longer periods of drug free" and "outcomes are significantly higher since applying the learning from the training". One participant reported that "the feedback from clients is that, this way of working is transformative and really empowering". Awareness of choice/decision making, empowerment personal growth/internalise for life, building back relationships/gamily friends etc and better understanding of effects of cocaine on the brain and body were also highlighted in responses provided.



3.6.2.3 Client outcomes observed by 'secondary' trainees.

11 of the 12 participants (of the training provided by participants of the Janus Solutions training) provided details of outcomes for clients they had experienced or observed with 5 providing 5 responses; 7 providing 4; 9 providing 3 and 2 providing 10.

Similar to the observations made by the participants of the original group (JS participants) responses included "they became substance free"; "reduce drug use"; "improved health, attitude, confidence, getting their life back"; "realising the power of their choice"; "more honest with themselves"; "held themselves accountable"; "clients come back quicker after relapsing"; "self-awareness of clients has peaked as a result of using this model".

3.6.2.4 Overall benefit of training course to service provided by organisation (both groupings)

To supplement the feedback received in relation to outcomes for clients, we posed the question "Overall, how beneficial was the training to the service provided by your organisation?" to both participants of the Janus Solutions training programme and the participants of training provided by them (Subsequent) (Fig. 21) In both cases, all participants described it as either extremely beneficial or very beneficial. Of the 9 Janus training participants, 7 described it as extremely beneficial and 2 as very beneficial.

All 12 respondents indicated that overall the training was either extremely beneficial (7) or very beneficial (5). Supplementary comments included "enjoyed it, would love to do it over a longer period" and "game changes for me and the team". This would suggest that the training has impacted positively on those organisations' clients.

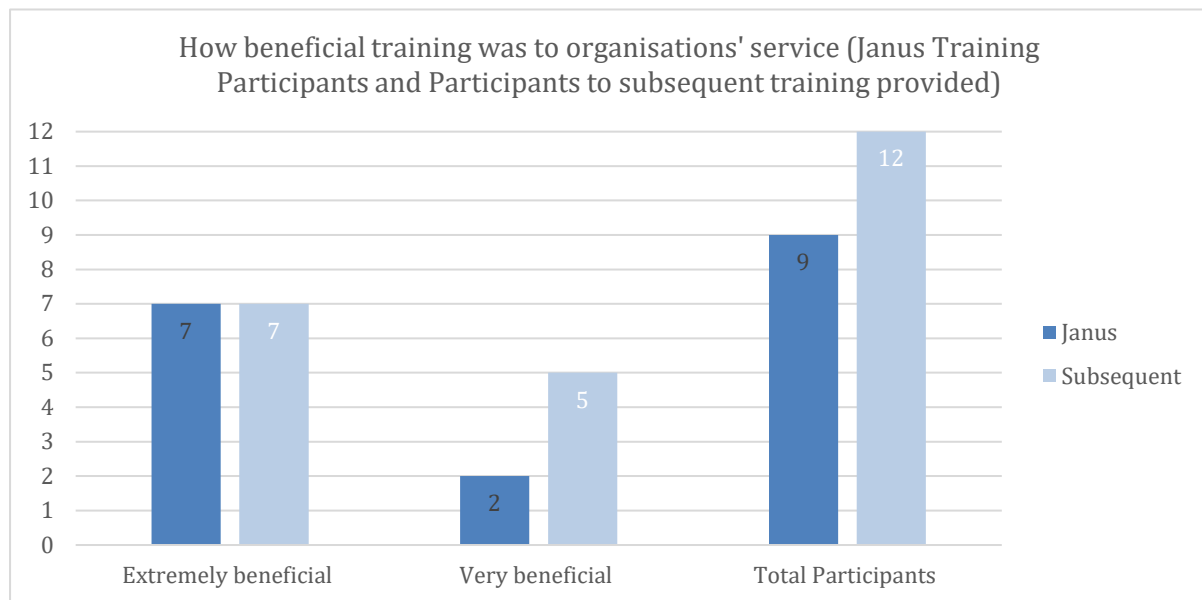


Fig.21 Level of benefit of the training to participants' respective organisations.

"the feedback from clients is that this way of working is transformative and really empowering".

Training Participant



3.7 Consultation with the Trainer – Janus Solutions

We met with Kenneth Robinson, Trainer in Dublin and observed a segment of his delivery of the training session as part of our initial research. Once we had completed the consultation with participants we conducted a telephone conversation with Kenneth towards seeking some further insight into his experience of delivering the course in Dublin. His feedback included that participants were very open to the learning and that they gave it considerable thought. He believes it is significant that people have travelled from Ireland to the UK to see how they work and also to visit services like Ballymun Drug and Alcohol Services to see how that service operates. He acknowledged the challenges for trainees in taking on the Resonance Factor approach due to the difference between, it and other approaches, which the participants have most likely been trained in and are culturally established. He also stressed the level of work that is required from clients in this approach. In terms of the training, he emphasised that, as with any therapeutic approach, practitioners need to be adequately trained and supported, i.e. trained to the appropriate level rather than a basic introduction. In terms of supporting practitioners, he recommended ongoing monthly supervision, peer support groups, reflective feedback and related personal development. Kenneth highlighted one of the elements of the Resonance Factor is that the practitioner moves away from dealing with issues other than the drug use as there are services already available to support people with housing, mental health etc, thereby enabling the practitioner to signpost and concentrate on their area of expertise as opposed to duplicating existing services. This is evident from some of the feedback already discussed. This, he suggested may encourage more effective and targeted spending for drug services towards achieving clearer outcomes.

Kenneth also explained that similar to other therapeutic approaches, the Resonance Factor has quality standards and Janus Solutions have in place; written material, case study based analysis, good practice and are experienced in the delivery of training in the Resonance Factor.



4. Summary & Recommendations

This report provides the results of our evaluation of The Resonance Factor training programme as delivered by Janus Solutions to practitioners of drug and alcohol services in the HSE CHO DNCC area. The overall goal of this evaluation was to assess the value of 'The Resonance Factor' training programme for practitioners working in frontline drug services and make recommendations for future applications of the training model.

In evaluating The Resonance Factor Training Programme, we invited 10 participants as identified by the HSE Social Inclusion using a bespoke online questionnaire followed by telephone conversations. We reviewed existing documentation and evaluations as available and consulted with the HSE, the trainer and trainees who received training from the participants of this training programme.

To summarise, our evaluation, which focussed on 4 themes (reaction, learning, behaviour, results) has established that the intended aim of the training programme has been achieved which was;

'To train a number of substance misuse workers in how to engage and work with the cocaine user more effectively – recognising that in the Dublin area there has been a rise in the availability and consumption of cocaine'.

Our research, analysis and detailed findings are set out in section 3 of this report and a summary of these findings are set out below.

4.1 Our key findings

We have established that:-

The main motivation for participants' attendance at the training, was to increase knowledge/learning (66%) and to increase effectiveness with clients (33%) in the context of the rise in cocaine use and increased numbers of related referrals. The decision, for some, was influenced by introductory training with Janus Solutions. Our findings are grouped under the 4 themes as referenced above.

4.1.1 Reaction

- 77.7% enjoyed the training while 33% indicated it made them challenge or question.
- 22% found the approach very 'black and white/the only approach that will work' or initially difficult to 'get my head around'.
- 33% referenced some level of hesitancy around the approach when describing their initial reaction to the training.
- Satisfaction with quality of course materials was high with 66% rating it 9/10, with 10 being excellent.



- 44% of participants rated how well the trainer's training style matched their learning style as excellent or 10/10.
- 77.7% indicated that the training fully met with expectations.

4.1.2 Learning

- 66% stated they/their service applied some aspect of The Resonance Factor prior to the training.
- The average stated level of confidence in working with cocaine users among participants increased from 6.2 to 8.9 (out of 10) from before to after the training – 43.5%.
- Average rating of understanding of evidence base behind treatment and engagement increased from 6.6 to 9.1 (out of 10) from before to after the training. (37.9% average increase)
- Average rating of understanding of how cocaine impacts on individuals biologically increased from 5.9 to 9.3 (out of 10) from before to after the training. (57.6% increase)
- Average rating of understanding of how cocaine impacts on individuals psychologically increased slightly from 6.3 to 6.9 (out of 10) from before to after the training. (9.5% increase)
- 88.8% of participants achieved learning around embedding understanding of the client relationship with cocaine in specific identified areas.
- All 9 participants indicated the training equipped them to train others either very well (55.5%) or reasonably well (44.4%).

4.1.3 Behaviour

- 55.5% of participants indicated they had made changes to how they communicate with their clients since undertaking the training;
- 44.4% of participants indicated that they would discontinue a practice as a result of the training with half referencing working on issues other than the drug use;
- 55.5% of participants indicated they would make changes or improvements within their service as a result of the training focussing on communication, training and focus on drug use;
- 44.4% of participants identified new actions or ways of working they would adopt following the training, citing initial assessment, pharmacology of more substances and supporting colleagues with the Resonance Factor;
- 66.6% of participants indicated they had provided support and/or training to others following completion of the training;
- 66% have delivered training to external organisations;
- 100% of participants stated they had plans in place to apply learning achieved to their organisations.
- 55.5% of participants identified barriers to the successful application of the learning which were focussed on resistance to/lack of agreement with the model, the perceived lack of evidence and the need for continued and consistent training, the latter also featured in feedback from those trained by the participants.



4.1.4 Results

Results were analysed in two main areas; the results (outcomes) for professional colleagues and the results (outcomes) reported and/or observed for clients:-

- Feedback was received from 12 recipients of training from the Janus Solutions training participants;
- Confidence in working with cocaine users rating among trainees increased by 64.7% from 5.1 to 8.4 before/after the training;
- 92% indicated they had applied the learning to their work;
- High net promoter score achieved (92);
- Key client outcomes include – decrease in cocaine use, cocaine free, longer periods drug free, increased awareness of choice, increased cocaine awareness, knowledge and understanding of harmful effects of cocaine, behaviour change, engagement with support groups, as the key client outcomes for group of 12 clients;
- Improvement in relationships, physical and mental health and work reported as main aspects of life more positively impacted by group of 12 clients;
- Overall benefits of training provided by Janus Solutions and the Participants reported as either extremely beneficial or very beneficial.

4.2 Recommendations

Following our evaluation of this training programme and having regard for the analysis presented in this report incorporating individual feedback, we present our 5 recommendations together with a detailed rationales as follows:-

Recommendation 1: Continue to roll out the delivery of The Resonance Factor Training Programme to relevant and interested practitioners.

Rationale: This recommendation is presented in the context of;

- Reported increased confidence in working with clients as a result of the training;
- Practical application of the learning achieved from the training into participants' work with clients;
- Reported observations of and feedback from clients of the benefits experienced through the application of the learning.
- Reported success of delivery of training to colleagues by participants to this training programme.

It would appear evident from our analysis that the training has had positive outcomes for the training participants, their clients, professional colleagues and their respective services/organisations and as such indicates that this is an effective training programme. Participants reported and average increase in:-

- confidence in working with cocaine users of 43.5%;
- knowledge and understanding of the impact of cocaine biologically of 57.6% and psychologically of 9.5%);

understanding of the evidence base behind treatment and engagement of 37.9%.



Professional colleagues have received training from 66.6% these participants who report an average increase of 64.7% in confidence in working with cocaine users following the training along with an exceptionally high NPS of 92%.

Outcomes for clients have been documented to include:- cocaine free/decrease in cocaine use/ longer periods drug free, increased awareness of choice, knowledge and understanding of harmful effects of cocaine and improvements in relationships and both physical and mental health. (It should be noted that the feedback from clients represents a small sample of individuals only and this recommendation is not intended to make any suggestion as to whether the Resonance Factor itself, is or isn't, an effective approach as that is beyond the scope of this evaluation)

Recommendation 2: Ensure that where training is provided to practitioners in the Resonance Factor, it is delivered to a sufficiently high standard and that ongoing support is provided to participants to include; monthly supervision, peer support groups, reflective feedback and related personal development.

Rationale: The quality of training is key to its success for participants and the application of the learning to service activities. Organisers may wish to consider formal validation or certification of this training programme so that it is formally recognised and forms part of the practitioner's Continued Professional Development (CPD).

Effective monitoring is required to ensure that the training is of a consistently high standard and duration to adequately equip participants to apply the learning to their workplace. Follow on support for participants at an organisational strategic level and at management and support/supervisory levels is an important aspect of maximising the benefit of the training provided. It is suggested that such support should include regular 1:1 support sessions, peer support groups, reflective feedback and structured personal development programmes. It is recommended that individual organisations should factor this into their human resource/learning and development strategies.

The delivery of training and personal development for employees requires financial as well as time investment. As such, if organisations are to continue to roll out this training, sufficient funding allocation will be required to support its delivery and the follow up of support of training participants.

Recommendation 3: Continue to seek and analyse training participant feedback and keep course materials under routine review.

Rationale: In the interests of maintaining a high standard and effective training programme, it is considered essential to continue to seek feedback from new participants of this training programme. It may also be beneficial to measure learning achieved by further developing the training application form (or similar) to facilitate the collation of specific detail in relation to the main topics covered in this training programme. It is



considered that this will more accurately measure the learning than collating this information post training.

It is considered beneficial to keep all training materials and supporting documentation under regular review towards maximise the effectiveness/practical implementation of the training. Our research highlighted suggestions from participants in relation to the provision of a guidebook or manual with good visual aids to support them in applying the learning achieved from the training programme.

Such feedback should help to ensure the ongoing quality control and relevance to services and current needs and trends.

Recommendation 4: Address reported and any future challenges and barriers to the participation in and the practical application of, learning from, this training.

Rationale: As analysed in this report, participants to this training programme identified challenges such as individual hesitancy or reservations around the model, the perceived lack of evidence to support the model, sufficient training and management support. It is suggested that organisations ensure that participants are supported to develop their confidence in delivering training (given as a reason why training was not delivered). As comments suggesting 'disagreement' with the approach were included in the participants' feedback, it is considered important to explore this area further so that the training sessions adequately support the exploration of any individual's concerns or doubts. This may include reviewing how existing research and evidence base for the approach is presented and discussed.

Additionally, it is considered prudent to seek to mitigate fall off, in the context of 44% of the trainees no longer working in the area, which could include the introduction of a more robust application and assessment process along with early identification/replacement of potential leavers.

Recommendation 5: Explore the options for further research into the Resonance Factor Approach.

Rationale: It is recognised that whilst it is beyond the scope of this evaluation, it may be prudent for the HSE to give consideration to conducting research into the Resonance Factor approach. This is presented in the context of reported hesitancy around the model, the reference to a lack of evidence, and suggestions from participants. Our findings suggest that some participants are interested in extending the Resonance Factor approach to work with other substances including looking at the pharmacology and it would appear that this currently occurs. Participants' feedback also included a suggestion that research would support the application of the learning from this training programme. In addition, our research finds that the Resonance Factor approach encourages moving away from the practitioner getting involved in issues other than the drug use and as such it may be useful to quantify how this might impact on the capacity of the services and the effective use of practitioner time and expertise.



As emphasised earlier, the client feedback considered for this evaluation represented a small sample of clients. Continuous evaluation of outcomes for clients as a result of this training model, if conducted in a structured and consistent manner, could serve to support the collation of empirical evidence and thereby inform decisions on the continued roll out of the training over time.

Having completed our evaluation along with the presentation of our findings and recommendations, this concludes our evaluation report on The Resonance Factor training programme delivered by Janus Solutions.



Bibliography

HSE, Social Inclusion Office

<https://www.hse.ie/eng/about/who/primarycare/socialinclusion/>

Janus Solutions, <https://janussolutions.co.uk>

Training Manual and Workbook (2019) 'Train the Trainer, Janus Solutions, Crack Cocaine' (Janus Solutions)

Kirkpatrick, D. L. & Kirkpatrick, J. D., (2006) '*Evaluating Training Programmes, Third Edition*'

Reducing Harm, Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017-2025. Available at:-

<https://www.gov.ie/pdf/?file=https://assets.gov.ie/14571/c22d1dd1756440f8946717a80ad2ffc3.pdf#page=1>



Appendices

- Appendix 1 - Tender Brief
- Appendix 2 - Janus Solutions Resonance Factor Training Proposal
- Appendix 3 - Training Application Form
- Appendix 4 - Criteria for acceptance onto Training Programme
- Appendix 5 - Questionnaire for JS Training Programme Participants.
- Appendix 6 - Questionnaire for Trainees of Training Delivered by Participants of JS Programme.



Appendix 1 - Tender Brief

Request to Tender: An Evaluation of the HSE CHO DNCC 'The Resonance Factor' Training Programme

Health Service Executive Social Inclusion-Addiction Services, Community Healthcare Organisation (CHO) Dublin North City & County (DNCC) invites submissions from suitably qualified and experienced consultants/researchers or organisations to evaluate 'The Resonance Factor' Practitioner training programme.

Background and Context

Due to a significant increase in powder cocaine use and the emergence of crack cocaine use as an acute issue for drug and related health services, the 6 Drug & Alcohol Task Force Coordinators in the CHO DNCC area and HSE CHO DNCC Addiction services came together to look at interventions that could respond to these issues. One of the issues highlighted by services was that staff lacked confidence in dealing with problem cocaine use amongst both powder and crack users.

Several organisations specialising in working with cocaine users were invited to submit a proposal to increase staff skills and improve confidence in support cocaine users address their use. JANUS Solutions, a drug service based in Brixton, London, submitted the successful proposal. This proposal was centred on 'The Resonance Factor' treatment approach developed by JANUS Solutions. JANUS developed a 1 year training programme for practitioners based in CHO DNCC services working directly with people seeking support to address their cocaine use.

The training programme was offered to 18 practitioners. The programme commenced in September 2019. It consisted of 5 consecutive days of in person training with JANUS Solutions, 4x 1 day quarterly in person follow up training/process groups and online/phone individual supervision. As a result of Covid-19, the final 2x 1 day follow ups were moved to online sessions.

In January 2022, Frank Feighan TD, Minister of State for Public Health, Wellbeing, and the National Drugs Strategy, announced €850,000 in recurring funding for a HSE-led initiative to reduce the health-related harms associated with the use of cocaine and 'crack' cocaine. The new funding is provided in the Revised Estimates for Public Services 2022. The funding will support models of best practice in cocaine treatment, including the development of training programmes for addiction service staff nationally. It will also establish targeted interventions in disadvantaged communities worst affected by cocaine

and 'crack' cocaine. CHO DNCC was awarded funding based on a 3 strand proposal. One of these strands is an evaluation of 'The Resonance Factor' training programme.

Project Goal

To assess the value of 'The Resonance Factor' training programme for practitioners working in frontline drug services and make recommendations for future applications of the training model.

Project Objectives

- To evaluate what was the participant's rationale for enrolling in the programme?
- To evaluate what was the participant's experience of the training programme?
- To evaluate what was the participant's learning from the training,
- To determine if they changed their practice
- To evaluate what was the impact of any changes in practice in terms of service user outcomes
- To develop recommendations for future applications of 'The Resonance Factor' model based on the above findings.

Project Outcomes

1. Develop clear thematic findings of the experience of trainees who participated in 'The Resonance Factor' training programme and assess the impact of this programme on their professional practice and perceived client outcomes.
2. Develop a set of recommendations regarding further development of 'The Resonance Factor' training model and its application in drug treatment services

Key Attributes & Experience:

- Knowledge of community drug treatment services and treatment modalities
- Strong qualitative research skills
- Experience of evaluating training programmes and producing recommendations
- Expertise in conducting focus groups and developing questionnaires
- Excellent communication, evaluation and report writing skills.
- A proven record on facilitating meaningful engagement with at risk communities such as Minority and Vulnerable Groups.
- An evidenced-based methodology and strategic way of working.
- The ability to engage multiple statutory, voluntary and community stakeholders in a safe, valued and respected dialogue process.
- Proven track record in Project Management.

- The ability to produce a detailed plan including budget.

Tender Evaluation Criteria

Tenders will be evaluated using the following criteria:

- Methodology: To include feasibility, robustness and efficiency of approach to the deliver the evaluation of the programme within the timeframe outlined.
- Experience: Knowledge, expertise and experience of taking on similar work; research & analysis skills and community consultation and engagement track record with minority and vulnerable groups.
- Value for Money & Ability to provide programme within outlined budget.
- Measurement and Evaluation as outlined under Evaluation.

Timeline

The successful tender will be required to assume the Project lead role, to plan, schedule and time manage all Project tasks, to communicate the outputs and provide regular status reports, to identify potential risks for the Project and its intended outcomes and devise appropriate plans and strategies to address, deal with, and mitigate these. This process will begin September 2022 and be completed by December 2022.

Project Management

The Project and associated process will be overseen by the HSE and Implementation and Governance Group. This group will be responsible for the tendering process and overseeing the activities of the project and outcomes of the research. The Project successful Organisation will report on a regular basis to the HSE and Implementation and Governance Group. It is envisaged that the successful Organisation / Agency will appoint a dedicated Project Facilitator to work on the project. Should an alternative Project Facilitator be assigned during the lifetime of the project, this will be agreed in advance with HSE and Implementation and Governance Group.

Proposed Cost Allocation:

The maximum budget available to the successful tender is €10,000.00 inclusive of VAT.

- The successful organisation will be awarded on a value for money basis, to include all costs such as staff, institutional fees, administration costs, travel and accommodation expenses incurred and VAT.
- Applicants should provide assurance of programme delivery within budget.
- A tax clearance and insurance certificates must be provided prior to the awarding of any contract.
- Evaluation costs are included in budget outlined.

Tender Submission Documents

Organisations/ Consultants are requested to outline and address the following:

- Provide an executive overview of the proposal, outlining an understanding of proposal requirements, as set out in this document.
- Include a methodology statement/outline, detailing how the Project proposal will be addressed and outline steps to be undertaken to ensure its success.
- Include a detailed work plan, outlining timescales and resources to be committed/dedicated to the project, clearly identified milestones, together with the timeline to reach these milestones.
- Confirmation of the structure and composition of the project team with CVs of each member of the project team.
- Provide examples of previous experiences in carrying out similar evaluations.
- Include a Pricing Schedule.
- Provide name, address, telephone number and email address of the company submitting the proposal and the name of the contact person.
- Confirmation that the quotation holds good for 90 days, after the closing date for receipt of quotations.
- Contact details of two recent professional referees who can be contacted.
- Include any other information deemed relevant.

Ethical, Confidentiality & Data Protection Procedures

The successful tenderer/consultant will be required to comply with all legislative requirements such as: Section 42 of the Irish Human Rights and Equality Commission Act, Freedom of information legislative requirements, and the General Data Protection Regulation (GDPR).

Conflict of Interest

Any conflict of interest involving the contractor and the HSE (or the projects funded under the initiative, its staff or their relatives) must be fully disclosed in the response to this Invitation to Quote, or should be communicated to a HSE representative immediately upon such information becoming known to the contractor in the event of this information only coming to their notice after the submission of a quote and prior to the award of the contract.

Terms and conditions

- Costs such as travel outside of CHO DNCC, subsistence and miscellaneous outlays will not be borne by the HSE.
- Those making a submission should ensure that their submission addresses, in full, the requirements set out in this document and that all information requested is supplied.
- Shortlisting of submissions may apply and successful shortlisted applicants may be required to provide clarifications and more details as required.
- HSE Social Inclusion-Addiction Services CHO DNCC does not commit itself to accepting the lowest or any particular quote and will not be liable for any costs incurred in the preparation or presentation of quotes.

- All bidders must be tax registered and have a tax clearance certificate.
- It is expected that the successful bidder will be in a position to commence and complete the work in line with the agreed time frame.
- As outlined, payments to the successful Tenderer will be made in two equal payments (one at mid interval and one at completion of work) subject to satisfactory work progress and agreement of project milestones in advance of commencement.
- Meetings may be organised between the Oversight Group and the successful Tenderer to review an agreed work timeline.
- Canvassing by any bidder will lead to immediate disqualification from the process.

Final reports arising from all stages of the facilitation process will be HSE branded reports in line with HSE branding guidelines. <https://www.hse.ie/eng/about/who/communications/branding/>

Programme Completion date: December 2022

Applications should be submitted by e-mail to: richie.stafford@hse.ie

Closing date for applications: Close of Business Wednesday 29th of June, 2022. No applications will be considered after this time

Enquiries to:

Richie Stafford, Service Arrangements Manager, Social Inclusion, Health Service Executive, Community Health Organisation Dublin North City & County

Phone: (01) 846 7025 **M:** (087) 3893 487 **Email:** richie.stafford@hse.ie

Appendix 2 - Janus Solutions Resonance Factor Training Proposal

Appendix 2 - Janus Solutions Resonance Factor Training Proposal

Cocaine: Training the Trainers Proposal

Attn: Richie Stafford and Brid Walsh (North Dublin Regional Drug & Alcohol Task Force)

Introduction

Cocaine: Training the Trainer course is to train an 'number' of substance misuse use workers in how to engage and work with the cocaine user more effectively – recognising that in the Dublin area there has been a rise in the availability and consumption of cocaine. When referring to cocaine we are referring to 2 primary ways of ingesting the substance 1) rock form known as Crack and, 2) powdered cocaine – used primarily for snorting and at times is used intravenously.

The training is aimed at the trainee:

- Developing a heightened awareness, hence understanding, of how cocaine impacts the client biologically and psychologically
- To be able to support/train other practitioners in how to engage and work with cocaine users in a focused, informative and supportive way
- To explore how to develop creative and diverse interventions that help to embed a deeper understanding within the client as to their relationship with cocaine
- To introduce workers to a slightly different way of communicating with the client / to support the client/patient/service user to view their relationship with cocaine in a way that suggests they are empowered to facilitate internal change.

Please note: an aspect of the training will be a slight re-education of the trainees

Training agenda/content

5 Day training programme – Please note these will be 8 hour training days as opposed to 6 hr training days.

Days	Activity
Day 1	Exploring the evidence base behind treatment engagement
	Note: This will offer some evidence base behind the work. This feels important as the trainees may require re-evaluation of thinking with regard to the cocaine user. The previous narrative of the trainee may be or will be explored at ti – exercises included
Day 2	Exploring in detail how cocaine impacts the body and mind
	Note: This will evidenced plus explorative – exercises included
Day 3	Exploring, deconstructing and reconstructing the language and myths used around the cocaine user.
	Note: The Resonance Factor approach will be referenced here. And the trainee will have an introduction to it – exercises included
Day 4	Understanding the cycle of cocaine use and the psychological processes involved in cocaine use
	Note: Understanding the psychological processes behind cocaine use is essential – exercises included
Day 5	Deconstructive the cocaine user's internal narrative (dialogue) with regard to

	their use
	Note: This is crucial with regard to engaging the cocaine users thinking behind their substance use and then reconstructing a different narrative – exercises included

Note: when referring to cocaine we are referring to ‘rock’ cocaine and ‘powder’ cocaine.

Learning Materials

- Training Manual
- Short Educational/Interactive Films (covering components of the training and interactive engagement exercises) as a learning aid
- (Suggestion) 4 review/refresh sessions for the first year to ensure trainees have internalised training and to receive feedback as to potential challenges
- Provision of 2 books Crack Cocaine: The Open Door and The Resonance Factor

COSTINGS

Training the Trainers	Activity Product	Cost
Training Day	Training x days (please note each day would be 8 hours long – to cover themes and do required exercises – so yes quite intense) £550 per day x 5	£2750
Manual	Producing a manual 4 days x £500 daily rate. The manual would be comprehensive and would cover everything that the course offers – plus supplementary considerations.	£2000
Filming	Films (between 15 and 20 short films – educational and learning / plus how to transmit the information). Scripting /Filming / Recording / Editing / x 2 actors £650 per day x 4 days	£2600
Review/Refresh days	X 4 over a 12 month period. To embed the information and assess the challenges the Trainee has encountered. £500 x 4	£2000
Books	<ul style="list-style-type: none"> • Crack Cocaine: The Open Door • The Resonance Factor <p>This would be an added reference material. The retail price normally would be £14.99 and £13.99 respectively. As I am not sure of the number of attendees or whether you would want these distributed more widely – I will leave this blank</p>	Requires chat
TOTAL		£ 9350

Note:

This training would allow the attendee to explore how and in what way to engage the cocaine user in an informative way. Even though the course is only 5 days it should - with the manual, films, refresh days and the books – offer the trainee a sense of confidence when engaging clients and other practitioners.

Appendix 3 - Training Application Form

Appendix 3 - Training Application Form

Working with Cocaine Use – JANUS Solutions ‘Train the Trainer’ Programme

Name:

Task Force Area:

Agency:

Role title:

Email:

Phone number:

Are you currently working with cocaine users?

What difficulties do you currently experience when working with cocaine users?

How would you currently rate your confidence with regard to working with cocaine users (1 Low – 10 High)?

What is your motivation for requesting a place on this training?

Can you meet the commitments outlined in the training criteria (40 hours training over 5 consecutive days 23/9 – 27/9, 4 quarterly follow up days, online supervision, and local delivery of 2 day training)?

I, _____, commit to meeting the criteria outlined for participation in this training programme.

Participant signature: _____ Date: _____

Manager signature: _____ Date: _____

Task Force Coordinator signature: _____

Appendix 4 - Criteria for acceptance onto Training Programme

Appendix 4- Criteria for acceptance onto Training Programme.

Programme HSE. CHO-9. WORKFORCE DEVELOPMENT

PROGRAMME

THEME: Working with cocaine users – ‘Train the Trainers’

TRAINING PROVIDER: Ken Robinson, Janus Solutions

CRITERIA FOR PARTICIPATION ON 5 DAY TRAINING 23rd – 27th of September 2019 (Venue TBC)

This training is being delivered as direct response to a recognised cocaine problem that has been reported from each of the participating 6 Drug and alcohol Task forces in the CHO-9 area. Area based drug service providers are reporting a significant increase in presentations for cocaine (and particularly crack cocaine) among their clients. They also noted the need to build the capacity of the frontline drugs workers in their areas in relation to delivering interventions to cocaine users.

This workforce development programme aims to address this challenge therefore the criteria for the CHO-9 Cocaine workforce Development Train the Trainers programme is as follows:

- ✓ Candidates must be currently working as frontline workers with drug users in the CHO-9 area.
- ✓ Candidates must be willing to attend 5 full days (8 hours per day) of training and implement the skills they learn in practise with their clients.
- ✓ Candidates must attend 4 post training follow up days which will be scheduled each quarter.
- ✓ Managers of frontline drug services may be considered but only if they are willing to use the interventions learned with a number of clients.
- ✓ The priority is on the application of the learned theory in practice with drug users.
- ✓ Candidates must be willing to roll out at least 1 training in the CHO-9 area within a 12 month period post successful assessment as a trainer.
- ✓ Candidates must be willing to engage in a supervision process (possibly monthly) to reinforce their skills practise post training. This may involve SKYPE supervision.
- ✓ Candidates must have sign off from the manager of their organisation that they can meet the various necessary aspects of the workforce development programme.
- ✓ Candidates must be endorsed by their Task Force Coordinator in order to be accepted on the programme.

Please only apply if you satisfy the criteria. The places on this programme are limited and it is important that priority is given to those that will use the skills learned to directly benefit clients. Equally if you are not sure that you can commit to the 5 days and the 1 day a month post training supervision then please do not take up places that could be used by those who can confirm attendance

Task force coordinators are asked to nominate their prospective candidates before the 20th June 2019. 2 places will be offered to each TF area. TF Coordinators are encouraged to nominate more than 2 candidates for training to allow for changes in situation or a candidate being unable to meet the criteria. Additional nominations will be placed on a panel. TF coordinators should indicate their 2 preferred candidates.

A

HSE. CHO-9. WORKFORCE DEVELOPMENT PROGRAMME

Completed application forms must be mailed to richie@ndublinrdtf.ie by 5pm on 10th of June. Applications received after this date will not be considered.

Appendix 5 - Questionnaire for JS Training Programme Participants.

Evaluation of Resonance Factor Training - Consultation with Trainees

Trainee Feedback

We (CCS Consultants) have been engaged by HSE Social Inclusion-Addiction Services, CHO9 Dublin/ North City & County (DNCC) to undertake an evaluation of the recent Resonance Factor Train the Trainer Training Programme delivered by Janus Solutions. We understand you were invited to attend/attended this training. Please complete this questionnaire as fully as possible as your feedback is essential for the effective evaluation of this training programme. We will not identify any individual participant in our evaluation report. If you have any queries, please call me - Breege Dolan 0872290624. <https://ccsconsultants.ie>. Also if you would prefer us to complete this questionnaire with you by phone, we can arrange that. Thank you for your time and participation.

1. Did you attend all of the training sessions?

- Yes
- Some, but not all
- None

2. If you did not participate in all or some of the training, please give the reason(s) (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Question not applicable - I did attend | <input type="checkbox"/> Not interested in topic/didn't see a benefit in attending |
| <input type="checkbox"/> Time and/or location was not convenient | <input type="checkbox"/> I was in the process of job/career move at the time |
| <input type="checkbox"/> It clashed with other work commitment(s) | <input type="checkbox"/> Had heard of the Resonance Factor and am not in agreement with it |
| <input type="checkbox"/> Insufficient resources to cover the service if I attended | <input type="checkbox"/> Personal/Family reasons did not permit me to attend |
| <input type="checkbox"/> Did not consider it a priority in the context of other service priorities | <input type="checkbox"/> Covid 19 related reason |

Other (please specify)

3. What was your main motivation for attending the training.

4. Please describe your initial reaction to the training.

5. Did the training meet your expectations?

- Yes - Fully
- Somewhat
- No - disappointed with the training

Other (please specify)

6. Please rate the quality of the course materials

1										10
Extremely	2	3	4	5	6	7	8	9		Excellent
Poor										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add comments if applicable

7. Please rate how well the trainer's training style matched your learning style

1										10
Extremely	2	3	4	5	6	7	8	9		Matched
Poorly										Exactly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add comments if applicable

8. **Prior** to this training - did you/your service/organisation, apply any aspect of the Resonance Factor 'approach' in your work with clients.

- Yes
- No
- Somewhat

Please add comments if applicable

16. What (if anything) have you learned in relation to developing interventions that help to embed a deeper understanding within the client as to their relationship with cocaine?

1
2
3
4
5

17. How well has the training equipped you to train/support other practitioners in how to engage and work with cocaine users in a focussed, informative and supportive way?

- Very Well - I can do this with confidence
- Reasonably well - I need to develop further
- Not Well - I don't feel equipped to train/support others
- Not Sure

Comments

--

18. Have you delivered support/training for other practitioners since completing this training? (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Yes, I have provided informal support to co-workers within my service/organisation | <input type="checkbox"/> No, I haven't provided support or delivered training |
| <input type="checkbox"/> Yes, I have provided training to other practitioners within my service/organisation | <input type="checkbox"/> No, I haven't provided support or delivered training as yet but have plans in place to do so |
| <input type="checkbox"/> Yes, I have delivered training to external colleagues | <input type="checkbox"/> No, I haven't provided support or delivered training and currently don't have plans to do so. |

Comments

--

19. If you have delivered training to other practitioners since completing the training, please state how many training sessions you have delivered.

--

20. If you haven't provided support or delivered training to other practitioners since completing the training, please state reason(s) why.

--

21. As a result of the training - What (if any) changes have you made to how you communicate with clients to support them to view their relationship with cocaine in a way that suggests they are empowered to facilitate internal change?

1	
2	
3	
4	
5	

22.

SUITCASE

What practices/approaches will you keep/maintain as it is (or consolidate) within your service as a result of this training?

1	
2	
3	
4	
5	

23.

BIN

What practices or approaches (if any) will you and/or your service/organisation eliminate/discontinue as a result of this training?

1	
2	
3	
4	
5	

24.

TUMBLE DRYER

What (if anything) will you change or improve within your service/organisation as a result of this training?

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>

25.

ADD

What (if anything) do you plan to introduce (new) within your service/organisation as a result of this training?

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>

26. Have you/your service/organisation a plan to incorporate what you have learned from the training?

- Yes
- No
- Not yet, but have plans to develop one.

27. What barriers (if any) do you consider exist to the successful application of the learning achieved from this training?

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

28. What additional resources (if any) are needed to fully apply the learning achieved from this training into your service/organisation's activities?

Resource Type 1

Resource Type 2

Resource Type 3

29. What, if any, outcomes for your clients (either positive or negative) have you experienced/observed as a direct result of you applying the learning from this training

1

2

3

4

5

30. Overall, how beneficial was this training to the service provided by your organisation?

- Extremely beneficial
- Very beneficial
- Somewhat beneficial
- Not very beneficial
- Not at all beneficial

Please add any comments

31. How likely is it that you would recommend training to a friend or colleague?

NOT AT ALL LIKELY

EXTREMELY LIKELY

0 1 2 3 4 5 6 7 8 9 10

32. Are you willing to arrange for us to seek feedback from your client(s)?

- Yes
- Not Sure
- No

33. Please provide your name and the name of your service/organisation

34. Please provide your email address and/or telephone number

35.

Do you have anything you would like to add; We would love to hear your opinions.

Appendix 6 - Questionnaire for Trainees of Training Delivered by
Participants of JS Programme.

Resonance Factor Training - Consultation with Round 2 Trainees

Trainee Feedback

We (CCS Consultants) have been engaged by HSE Social Inclusion-Addiction Services, CHO9 Dublin/ North City & County (DNCC) to undertake an evaluation of the recent Resonance Factor Train the Trainer Training Programme delivered by Janus Solutions. Participants of this training programme have themselves since delivered training and we understand you attended such a training course. We would very much like to receive your feedback on the training you received from them as this will help us better evaluate the training programme. We have prepared a short questionnaire and it would be most helpful if you could complete it at your earliest opportunity. We will not identify any individual participant in our evaluation report. If you have any queries, please call me - Breege Dolan 0872290624. <https://ccsconsultants.ie>. Also if you would prefer us to complete this questionnaire with you by phone, we can arrange that. Thank you for your time and participation.

1. Did the training meet your expectations?

- Yes - Fully
 Somewhat
 No - disappointed with the training

Other (please specify)

2. Please rate the trainer's level of knowledge (from your experience of the training)

1									10
Extremely									Excellent
Poor	2	3	4	5	6	7	8	9	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add comments if applicable

3. Please rate the quality of the course materials

1										10
Extremely	2	3	4	5	6	7	8	9		Excellent
Poor										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add comments if applicable

4. Please rate how well the trainer's training style matched your learning style

1										10
Extremely	2	3	4	5	6	7	8	9		Matched
Poorly										Exactly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add comments if applicable

5. How would you rate your confidence with regard to working with cocaine users before you attended this training? (1 Low - 10 High)

1 Very										10 Very
Low	2	3	4	5	6	7	8	9		High
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Having completed the training, how would you rate your confidence with regard to working with cocaine users now? (1 Low - 10 High)

1 Very										10 Very
Low	2	3	4	5	6	7	8	9		High
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Have you incorporated any of the learning into your daily work with clients?

- Yes - I have found it extremely helpful in my work
- Somewhat - I have incorporated some elements into my work
- No - I haven't incorporated any elements of the training into my work
- No - but I plan to incorporate the learning into my work

Other (please specify)

8. As a result of the training - What (if any) changes have you made to how you communicate with/support your clients?

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
None	<input type="text"/>

9. What, if any, outcomes for your clients (either positive or negative) have you experienced/observed as a direct result of you applying the learning from this training

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>

10. Overall, how beneficial was this training to your day to day work with service users/clients?

- Extremely beneficial
- Very beneficial
- Somewhat beneficial
- Not very beneficial
- Not at all beneficial

Please add any comments

11. How likely is it that you would recommend training to a friend or colleague?

NOT AT ALL LIKELY

EXTREMELY LIKELY

0 1 2 3 4 5 6 7 8 9 10

12. Please provide your organisation's name (optional)

13. Please provide your trainer's name or their organisation's name (optional)

14.

Do you have anything you would like to add; We would love to hear your opinions.