



## **An Evaluation of a Cocaine Training Programme**

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Thanks also to the Piper Project for the provision of the training programme and the feedback from the tutors which offered an added dimension to the evaluation.

I would also like to thank Karin O'Sullivan, Niamh Randall and Dermot Kavanagh in Merchants Quay Ireland for providing invaluable insight and expertise regarding this report.

# 1. Introduction

## 1.1. Background

In May 2004, as a result of groups including the Local Drugs Task Forces (LDTFs), the Voluntary Drug Treatment Network (VDTN) and Citywide highlighting the increasing levels of cocaine use in the community, the Department of Community, Rural and Gaeltacht Affairs requested that the National Drugs Strategy Team (NDST) put forward proposals in relation to tackling this problem.

The NDST established a Cocaine Subgroup to identify the key issues and make recommendations reporting back to the team as quickly as possible<sup>1</sup>. Among the issues that emerged was the need for training of front line workers in order to up-skill staff in dealing with the specifics of cocaine use and to ensure that individuals and organisations have the capacity to respond to this growing trend. On consideration of the Team's proposals, Mr. Noel Ahern TD, Minister of State with responsibility for the National Drugs Strategy agreed to fund a training programme on a pilot basis.

## 1.2 The Training Programme

This pilot training programme consisted of three levels. External agencies were requested to tender for the co-ordination and delivery of the training at each of these levels. Merchants Quay Ireland (MQI) were successful in their tender for the co-ordination and delivery of the cocaine training at level one and level two. Level three training was specifically designed for qualified counsellors and had a therapeutic focus and this level was awarded elsewhere. As with a variety of drug services providers across the country, Merchants Quay Ireland had identified an increase in problematic cocaine use amongst users of their services for drug users and homeless people. MQI have been including issues related to cocaine use as part of the core training for their own staff for some years.

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<sup>1</sup> The subgroup was chaired by a NDST rep, and comprised of 3 Health Board reps (from the NAHB, SWAHB and the ECAHB), 2 reps from the LDTF Coordinators Network, 1 representative from the RDTF Coordinators Network, 1 rep from the Voluntary Drug Treatment Network, and 1 rep from Citywide.

### **1.3 Level One Cocaine Training**

Level One was designed for *Front Line Staff and Agencies*. It comprised of one day of training delivered to three groups of twenty individuals from community, voluntary and statutory services who are working with active cocaine users.

#### ***1.3.1 Training Dates and Location***

Three one-day workshops were held in the Royal Dublin Hotel, Dublin 1 on Monday 16<sup>th</sup>, Tuesday 17<sup>th</sup> and Wednesday 18<sup>th</sup> May 2005.

#### ***1.3.2 Training Delivery, Co-ordination and Evaluation***

Due to the tight time schedule of the required training, MQI brought in the services of the Piper Project in the UK. The Piper Project holds a wealth of experience and expertise both in service delivery and in training on the issue of cocaine use. The training was co-ordinated and evaluated by Wendy Crampton - Training, Research and Policy Manager, Merchants Quay Ireland.

#### ***1.3.3 Participants***

Fifty-five people participated on the programme over the duration of the three one-day workshops. Five people who had registered for the training did not attend.

#### ***1.3.4 Training Modules***

The training day consisted of a number of modules which covered the following areas:

- Pharmacology of cocaine
- Methods of use/paraphernalia
- Issues relating to poly drug use
- Trigger factors in cocaine use
- Engaging with cocaine use
- Problems specific to the target group
- Harm reduction for cocaine use
- Role of complementary therapies.

### ***1.3.5 Specific Learning Outcomes***

The course aimed to achieve the following learning outcomes:

- Understanding of how cocaine affects the person
- Knowledge of the role of dopamine and adrenaline in the body
- Knowledge of routes of transmission and paraphernalia used
- Understanding of the effects of poly-drug use
- Ability to list the trigger factors in cocaine use
- Recognition of cocaine use in a client
- Skills and confidence in intervening with cocaine users
- Understanding of harm reduction
- Understanding of the role of complementary therapies.

## **1.4 Level Two Cocaine Training**

Level two was designed for those who are working *in a key working or case management capacity* with active cocaine users. It comprised of a three-day training to be delivered to two groups of twenty individuals from community, voluntary and statutory services working with active cocaine users.

### ***1.4.1 Training Dates and Location***

Two three-day workshops were held on 23<sup>rd</sup>, 24<sup>th</sup> & 25<sup>th</sup> May 2005 and 8<sup>th</sup>, 9<sup>th</sup>, & 10<sup>th</sup> June 2005 in the Royal Dublin Hotel, Dublin 1.

### ***1.4.2 Training Delivery, Co-ordination and Evaluation***

The training courses were delivered by two trainers from the Piper Project in the UK, one delivered level two course-one and the other delivered level two course-two. As with the level one training, the programme was co-ordinated and evaluated by Wendy Crampton - Training, Research and Policy Manager, Merchants Quay Ireland.

### ***1.4.3 Participants***

Forty-nine people participated on the level two courses – twenty-four on course one and twenty-five on course two. The expected number on each day was twenty people.



#### ***1.4.4 Training Modules***

The three day training programme consisted of a number of modules which covered the following areas:

- Motivational interviewing/intervention skills
- Patterns of cocaine use/triggers
- Relapse prevention
- Care planning
- Target/goal setting.

#### ***1.4.5 Specific Learning Outcomes***

The course aimed to achieve the following learning outcomes:

- Ability to assess client needs if using cocaine
- Knowledge of the drug and its prevalence
- Ability to recognize signs and symptoms of use in a client
- Ability to intervene
- Knowledge of motivation and the wheel of change
- Ability to use motivational interviewing with clients
- Understanding of risks and benefits of treatment options
- Appropriate interventions
- Understanding how to prevent relapse.

### **1.5 Methodology**

A comprehensive evaluation of the cocaine training was undertaken to support the programme and to provide information for future planning. The findings of this evaluation comprise the body of this document.

The evaluation consisted of four components:

1. Participant self assessment and evaluation forms
2. Tutor evaluation at the end of the course
3. Participant follow-up
4. Supervisor's feedback.

The aim of the evaluation was to give a clear indication as to the benefits and impacts of the course both for participants and for their wider organisations. By using three stakeholders (participant, tutor and supervisor) in the process, this evaluation is intended to reflect the outcomes not only for participants but also for their organisations. It aims also to serve as a document to provide information regarding planning future courses on cocaine issues and to offer recommendations about such courses.

The three courses at level one have been evaluated together as the style of delivery was consistent throughout the three days. However, the level two courses were evaluated separately. This was done because feedback following on from level two course-one led to some changes in the style of delivery used in level two course-two and we wanted to see what impacts these changes had by comparing the two courses.

### ***1.5.1 Participant Feedback***

Participants were asked to complete a 'Self Assessment and Evaluation Form' at the beginning and again at the end of their training (Appendix 1). On the level one training, 2 people did not fully complete the evaluation forms. Their forms have not been used. In total, 53 evaluations have been collated. Of 24 participants on level two course-one, 20 people completed their evaluation forms. On level two course-two, 25 people attended the course and 18 of these completed their evaluation forms. In total 91 of the 104 participants submitted a completed evaluation form, representing a very high response rate of 87%.

### ***1.5.2 Tutor Evaluation***

The tutor completed a review of the workshop after each course (Appendix 2). These comments are included in this report.

### ***1.5.3 Participant Follow up***

Approximately 1 -2 months after completing the course, an ad-hoc selection of 20 participants from level one and level two were contacted by email to answer a few short questions about the use and benefits of the course in their day to day work. There were 14 responses.

#### ***1.5.4 Supervisor Feedback***

The supervisors of the selected participants were also contacted by email for their views and comments about the outcome of the training programme for their organisation. Eight supervisors responded. The information collected is included in this report.

### **1.6 Evaluation Report**

This report documents the evaluation of the cocaine training programme. The current chapter offers an introduction and background to the cocaine training and the evaluation procedure. The next three chapters focus on the feedback from participants who attended the various courses, presenting expected and actual learning outcomes from the courses, an analysis of further skills, knowledge and training required by participants, and a summary of the participants assessment of the training. The tutors' observations for each course are included. Chapter five reviews the follow-up feedback given by participants a number of weeks after the course, examining the longer term impact of the training on participants in the work-place. Chapter six further explores the impact of the training from the viewpoint of the participant's supervisors or line managers. The final chapter offers conclusions and recommendations as a result of this evaluation.

## 2. Level One Evaluation

### 2.1 Overall Participant Learning Outcomes

Participants were asked to rate their skills and knowledge regarding nine key competencies.

These areas were –

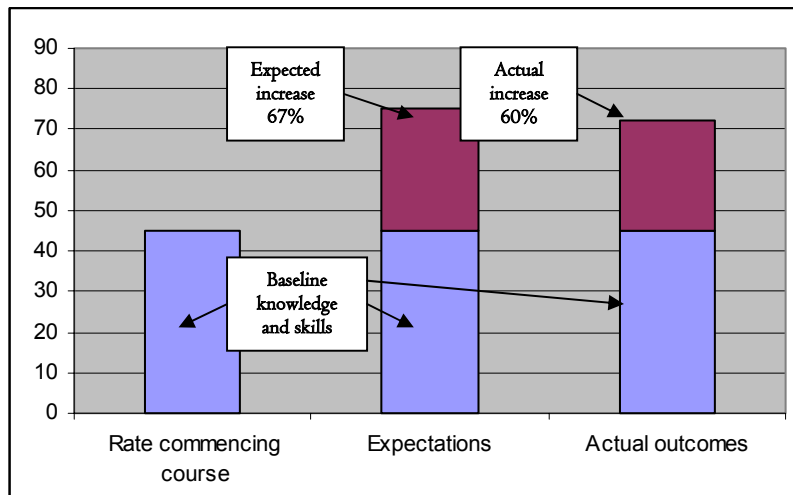
- Understanding of how cocaine affects the person
- Knowledge of the role of dopamine and adrenaline in the body
- Knowledge of routes of transmission and paraphernalia used
- Understanding of the effects of poly-drug use
- Ability to list the trigger factors in cocaine use
- Recognition of cocaine use in a client
- Skills and confidence in intervening with cocaine users
- Understanding of harm reduction
- Understanding of the role of complementary therapies.

At the beginning of the day, participants were asked to rate themselves on a scale of 1 to 10 in terms of their perceptions of their current levels of knowledge in each of these nine areas. They were also asked to rate their expectation for improvement in each competency area during the course of the day. At the end of the course, they rated themselves based on what they felt they had actually achieved in the course of the day. The maximum score participants could rate themselves was 90, representing a score of 10 in each of the nine competency areas.

### 2.2 Expected and Actual Increases

The cumulative average scored by participants was 45 out of 90, this being their perceived baseline level of skills and knowledge at the beginning of the course. As Figure 1 below shows, they expected to increase this level to a score of 75 by the end of the course, representing a 67% increase on their baseline score. At the end of the course, they scored themselves with an average of 72 out of 90. This represents an actual increase in their knowledge and skills in the nine competency areas of 60%.

**Figure 1: Average Ratings of Participants – Level One**

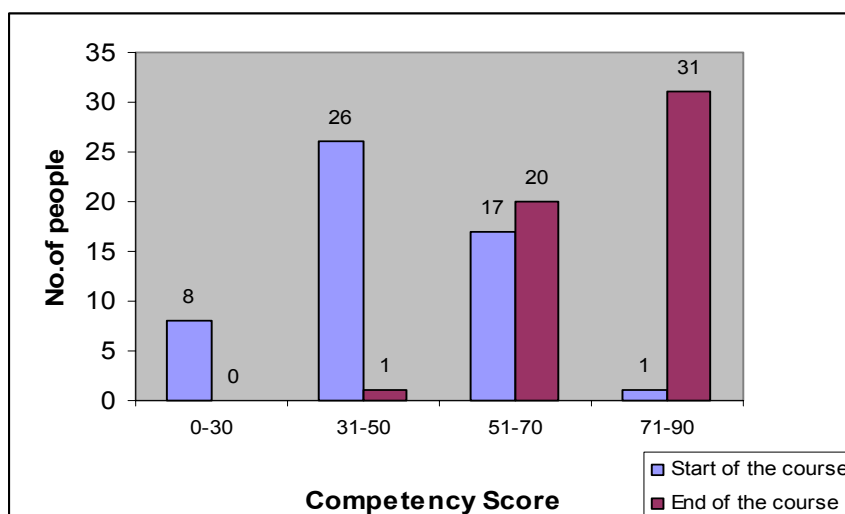


### 2.3 Variations between Participants

There were notable variations between participant’s baseline scores, illustrating the wide variations in experience and knowledge between different participants. As Figure 2 below illustrates, at the start of the course, 8 participants rated themselves at a low level (below 30), 26 participants rated themselves in the low-medium region (31-50), 17 participants rated themselves fairly high (51-70) and 1 participant rated themselves at the highest end (71-90).

**Figure 2:**

**Participant Scores at the Beginning and End of the Training – Level One**



## 2.4 Rating at End of Course

As a result of the training, the participants rated themselves with much higher levels of skills and knowledge. In Figure 2 above, we can see that only 1 participant felt they were in the low-medium range (31-50), 20 participants rated themselves fairly high (51-70) and 31 now rated themselves at the highest levels (with a competency score of 71-90). There is a clear shift upwards in participants self-ratings indicated in these scores.

## 2.5 Further Skills, Knowledge and Training Required

Participants were asked to identify any further areas which would develop their skills and knowledge. In Table 1 there are a number of areas identified. Eight participants indicated that they need more reading or study and 11 identified further training needs, of which 3 people specified motivational interviewing. Six people stated that they would find it useful to have more experience working with clients who use cocaine. More information on treatment services and on local agencies was highlighted by 4 people. Overall, the suggestions made by participants indicate that there is an interest and a requirement for further development.

**Table 1: Further Skills, Knowledge and Training Required – Level One**

More reading or study	8 participants
More training/workshop (e.g. level two)	8 participants
Motivational interviewing training	3 participants
More experience working with clients	6 participants
More information	4 participants

## 2.6 Participant Assessment of Training

Participants were asked to rate the overall training programme, the programme delivery and the venue suitability between 1 and 10, where 1 represented the lowest score and 10 represented the highest score. They gave all three areas a high score, mainly between 8 and 10. A selection of the participants comments are can be seen in the right hand column, giving a flavour of the feedback.

**Table 2: Participant Assessment of Training – Level One**

The content of the course	Rating from 1 – 10		<i>Sample comments</i>
	Rating	No. of participants	
	10	18	<ul style="list-style-type: none"> <li>• <i>The course was great just hard to take it all in</i></li> <li>• <i>A lot of material – perhaps should be run over two days</i></li> <li>• <i>Range of topics covered was Excellent</i></li> </ul>
	9	15	
	8	8	
	7	4	
	6	2	
Training style and materials	Rating		
	Rating	No. of participants	
	10	27	<ul style="list-style-type: none"> <li>• <i>Excellent facilitator</i></li> <li>• <i>More role plays</i></li> <li>• <i>Good to listen to</i></li> <li>• <i>More interactive methodologies needed</i></li> <li>• <i>Extensive knowledge and experience – very impressive</i></li> </ul>
	9	11	
	8	6	
	7	5	
Venue suitability	Rating		
	Rating	No. of participants	
	10	23	<ul style="list-style-type: none"> <li>• <i>Very central location</i></li> <li>• <i>Set up of room a bit cramped</i></li> <li>• <i>Very luxurious surrounding</i></li> <li>• <i>Noisy ventilation</i></li> </ul>
	9	6	
	8	13	
	7	3	
	6	2	
	5	1	
	3	1	

### 2.7 Tutor Observations Level One

The tutor felt that participants were eager to learn and share their experiences, and asked lots of questions. People seemed genuinely keen to understand the topic in order to work better with their clients. The participant knowledge levels varied both within groups and on different days. Out of the three level one groups, one course consisted of people who had medium level knowledge, whereas the other two courses seemed to consist more of beginner/low levels of knowledge and experience. The tutor made a number of suggestions of modules that would be useful for this group, including more pharmacology and cycles of use, more on harm reduction, case studies, and practical interventions. As it was a one day programme not all of these could be fully explored.

## **2.8 Discussion**

An actual learning increase of 60% was achieved by the participants in their self-evaluations. Every participant had an increased level of knowledge and skills but they recognised that further action would be required to become proficient with the subject matter. This can be seen by the large number of suggestions offered in Table 1 regarding further training and study and also the need for more hands on practical experience. This one day course served as a suitable introduction to the area but would not be considered adequate to fully equip participants for working in depth with cocaine users. The course content, training style, materials used and venue suitability were all rated highly on this course and overall the evaluation feedback indicated high satisfaction levels by participants on the level one course.



## **3. Level Two Course-One Evaluation**

### **3.1 Overall Participant Learning Outcomes**

Participants were asked to rate their skills and knowledge regarding nine key competencies.

These areas were –

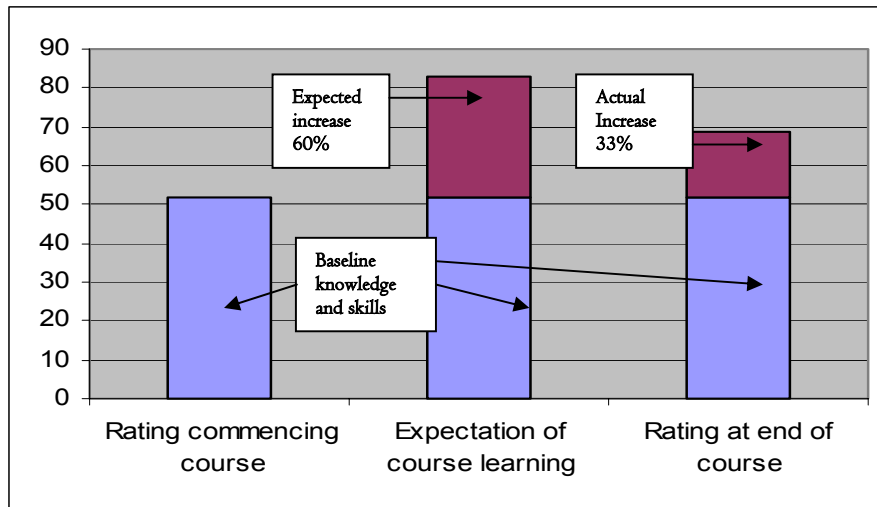
- Ability to assess client needs if using cocaine
- Knowledge of the drug and its prevalence
- Ability to recognize signs and symptoms of use in a client
- Ability to intervene
- Knowledge of motivation and the wheel of change
- Ability to use motivational interviewing with clients
- Understanding of risks and benefits of treatment options
- Appropriate interventions
- Understanding how to prevent relapse.

As in the level one evaluation, the participants were asked to rate themselves on a scale of 1 to 10 in terms of their perceptions of their current levels of knowledge in each of these 9 areas. They were also asked to rate their expectation for improvement in each competency area. At the end of the course, they rated themselves based on what they felt they had actually achieved over the three days. The maximum score participants could rate themselves was 90.

### **3.2 Expected and Actual Increases**

The cumulative average scored by the group was 52 out of 90, indicating that they perceived themselves to have 60% of the required knowledge and skills for working with cocaine users. In Figure 3 below, we can see that they expected an overall increase of 60% in their knowledge and skill levels. The actual increase at the end of the course, as perceived by the group was 33%, a significant increase from their initial knowledge ratings, but lower than the outcomes that were expected by participants themselves.

**Figure 3: Average Ratings of Participants – Level Two Course-One**



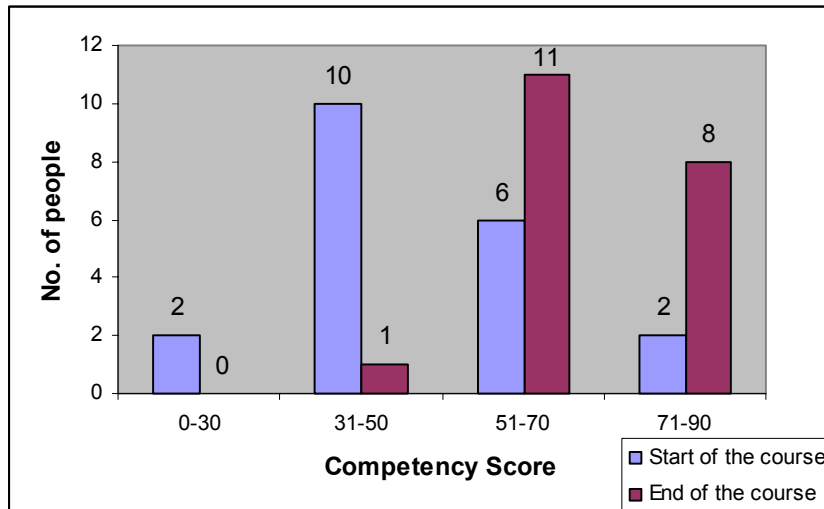
### 3.3 Variations between Participants

The average starting levels for participants on this course was higher (at 52 out of 90) than those on the level one course (45 out of 90). However there were variations between individuals which highlighted the different levels of competencies that people had when commencing the course. In Figure 4, we see a narrowing of this variation between the beginning and the end of the course. At the beginning of the course, 2 participants rated themselves at a low level (0-30) and 2 participants rated themselves at the highest level (71-90). The majority of participants (80%) rated themselves in the middle sections, with 10 participants at the low-medium level (31-50) and 6 participants rating themselves with fairly high (51-70) levels of knowledge and skills.

### 3.4 Rating at the End of the Course

At the end of the course, we can see a clear movement towards the higher levels of skills and knowledge. 95% of the participants rated their competency levels as either fairly high (55% of participants) or high (40% of participants). Only 1 participant rated themselves at the low-medium level of 31-50 and no participants were still at the lowest level.

**Figure 4: Participant Scores at the Beginning and End of the Training  
– Level Two Course-One**



### 3.5 Further Skills, Knowledge and Training Required

Participants were asked to identify any further areas which would develop their skills and knowledge around each learning module. In Table 3, there is an indication that further work may be needed for some participants to feel confident working with clients using cocaine. A total of 6 participants highlighted that they would like more experience working with clients, and 6 participants wanted further training, reading or study to support their learning. One participant wanted to gain more information regarding prevalence of cocaine use in Ireland.

**Table 3: Further Skills, Knowledge and Training Required –  
Level Two Course-One**

More reading or study	2 participants
More training (general)	2 participants
More Training (in Cognitive Beh. Therapy)	2 participants
More experience working with clients	6 participants
More info on prevalence in Ireland	1 participant

### 3.6 Participant Assessment of Training

Participants were asked to rate the overall training programme, the programme delivery and the venue suitability between 1 and 10, with 1 representing the minimum score and 10 representing the maximum score. The responses indicated that there were a number of difficulties on this course. These difficulties are addressed in the discussion below.

**Table 4: Participant Assessment of Training – Level Two Course-One**

The content of the course	Rating from 1 – 10		<i>Sample comments</i>
	Rating	No. of participants	
	10	0	<ul style="list-style-type: none"> <li>• <i>All angles I required were covered.</i></li> <li>• <i>Fine</i></li> <li>• <i>Perhaps more target specific treatment options</i></li> </ul>
	9	5	
	8	2	
	7	2	
	6	1	
	5	7	
	4	2	
	3	1	
	10	0	
	9	2	
	8	6	
	7	2	
	6	4	
	5	6	
	10	0	<ul style="list-style-type: none"> <li>• <i>Room too hot, no air</i></li> <li>• <i>Good location</i></li> <li>• <i>Fine</i></li> <li>• <i>Room very small</i></li> </ul>
	9	3	
	8	1	
	7	2	
	6	6	
	5	2	
	4	2	
	3	3	
	2	1	

### **3.7 Tutor Observations Level Two Course-One**

The tutor noted that the level of participation of the group was good and that all were willing to participate, with less experienced people participating to a lesser extent. The tutor felt that participants had a genuine interest and passion for their jobs and the subject matter. People responded positively, contributing to the agenda for the course. The knowledge level of the group was varied, with some people quite experienced, some who had attended the one day course and others very new to the field. This presented a challenge to the trainer in that the training material was difficult to make equally relevant and accessible to all participants. The tutor noted that the learning objectives in the main were met, and that part of the aim was to impart confidence and enthusiasm as well as knowledge and skills. This is the portion of the training which is harder to evaluate and document in a concrete way. Some modules, for example motivational interviewing, were intended to be more participatory in their learning style however during the initial consultation process these were afforded less priority by participants. This resulted in an increase in 'lecture style' learning.

### **3.8 Discussion**

There are particular issues reflected in this feedback. In Table 4 we see that participants gave a mixed response regarding the course content. They commented on the lecture style format and felt that more group work and interaction would have been better (4 participants). They also stated that the amount of information given was considered to be a lot to take in (2 participants). The issues raised here were identified by participants as content issues, whereas they actually related more to the training style and material used. However, as they were rated in the content feedback, they impacted on the overall scores in this section.

In the feedback on training style and materials, many participants again noted the points highlighted above. This can be seen by the high number of mid-range scores in this section.

The suitability of the venue received low scores. The room was considered a little stuffy, low in ventilation and a bit cramped. The same room had been scored much more positively by the participants on the one day course, highlighting the possibility that it was not perhaps the room itself but the intensity of spending three days in one room learning a lot of information with little

interactive group work. In addition, the unexpected excess of participants might have caused some dissatisfaction, as the room was set up for 20 but 24 attended.

These seemed to be the reasons for the lower learning outcomes from this course, and in order to address these issues immediately, MQI made the following adjustments to the plans for the second level two course -

1. Requests to the trainers that group work, case studies, role plays and other interactive training methodology be incorporated into the training.
2. A change of room to one more suitable in the Royal Dublin Hotel.
3. A request to NDS'T for participant lists in advance of the training to correctly plan for numbers.

## 4. Level Two Course-Two Evaluation

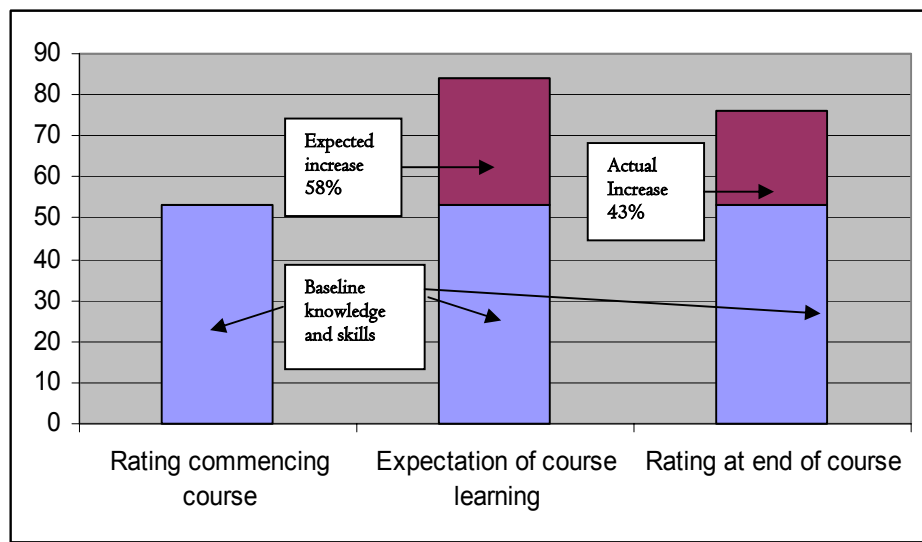
### 4.1 Overall Participant Learning Outcomes

As in level two course-one, participants were asked to rate their skills and knowledge regarding 9 key competencies. These are outlined in section 3.1. The same procedures were carried out whereby participants rated themselves regarding their current level of knowledge and skills at the beginning and end of the course, and also rated their expectation for improvement.

### 4.2 Expected and Actual Increases

The cumulative average scored by the group was 53 out of 90, similar to the first level two course. This indicates that the group commenced with a high level of knowledge and skills, 60% of their perceived maximum levels. As shown in Figure 5 below, participants expected to increase their knowledge and skill levels by 58% to an overall score of 84. (These expectations were particularly high for half of participants who expected 100% knowledge and skills rates by the end of the course). The actual increase achieved by the group was 43% with a cumulative competency score of 76 out of a maximum of 90. Whilst this was below their expectations, it was a higher increase than the first level two course of 33% and indicated more substantial increases in competency levels based on the learning outcomes.

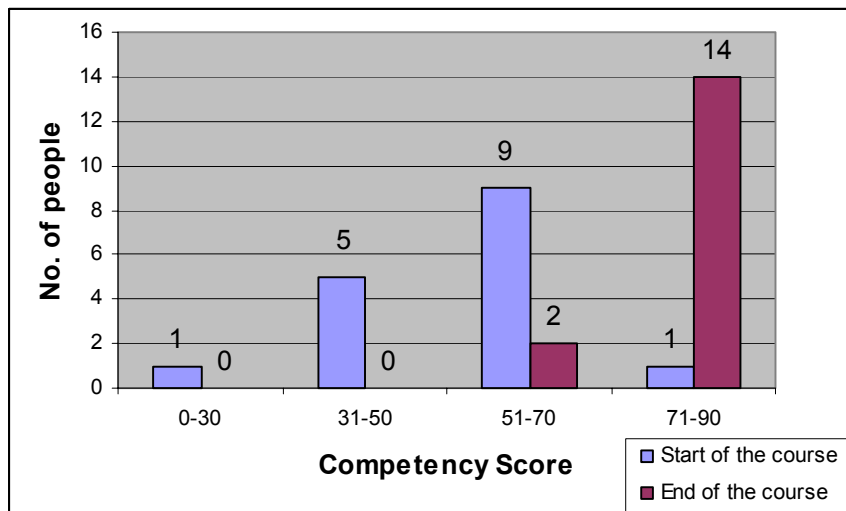
**Figure 5: Average Ratings of Participants – Level Two Course-Two**



### 4.3 Variations between Participants

Once again, the level of skills and knowledge of participants varied on this course in a similar fashion to the first level two course. Some participants considered that they had a large knowledge and skills base at the beginning whilst others assessed themselves at the low end of the scale. As Figure 6 shows below, at the beginning there was 1 person at the low end of the scale and 1 person at the high end of the scale. The majority were in the middle, 5 people rated themselves low-medium (31-50) and 9 people rated themselves fairly high (51-70).

**Figure 6: Participant Scores at the Beginning and the End of the Training – Level Two Course-Two**



### 4.4 Rating at End of Course

As Figure 6 indicates, there was a dramatic shift to the higher end of the scale as a result of the course. There were 14 participants (87%) who rated themselves in the highest category and 2 participants (13%) who rated themselves fairly high (51-70). There were no remaining participants in the low or low-medium sections.

### 4.5 Further Skills, Knowledge and Training Required by Participants

Participants were asked to identify any further actions required to develop further skills or knowledge for working with cocaine users. Very little additional supports were required by



participants upon completing this training. As shown in Table 5 below, 3 participants suggested further reading and 4 wanted more practical experience.

**Table 5: Further Skills, Knowledge and Training Required – Level Two Course-Two**

More reading or study	3 participants
More experience working with clients	4 participants

#### 4.6 Participant Assessment of Training

Participants were asked to assess the overall training programme, the programme delivery and the venue suitability on a scale of 1 to 10, with a score of 1 representing the minimum score, and a score of 10 representing the maximum score. The assessments (see Table 6) indicated that the content of the course was well received and suitable for participants. The training style and materials received high ratings which indicated a large improvement from the previous three day course. There was still a mixed response regarding the venue, despite the change in room.

**Table 6: Participant Assessment of Training – Level Two Course-Two**

The content of the course	Rating from 1 – 10		<i>Sample comments</i>
	Rating	No. of participants	
	10	8	<ul style="list-style-type: none"> <li>• Content covered the topic very well</li> <li>• I learned lots more about cocaine, I don't feel the content could be improved</li> <li>• Training was excellent</li> </ul>
	9	5	
	8	3	
Trainer style and materials	Rating from 1 – 10		
	Rating	No. of participants	
	10	12	<ul style="list-style-type: none"> <li>• Trainer and presentation very good. Created a relaxed (environment)</li> <li>• Trainer explained the programme really well</li> <li>• Trainer delivered course in a relaxed open manner</li> <li>• The trainer was an excellent facilitator</li> </ul>
	9	2	
	8	2	
Venue suitability	Rating from 1 – 10		
	Rating	No. of participants	
	10	4	<ul style="list-style-type: none"> <li>• Food great, venue nice and central</li> <li>• Too hot in room. Poor ventilation</li> <li>• Well looked after in the hotel</li> </ul>
	9	5	
	8	6	
	7	1	

#### **4.7 Tutor Observations Level Two Course-Two**

Group participation and enthusiasm was high in this group. The tutor suggested that this was because the participants wanted to achieve confidence in delivering the techniques for working with cocaine using clients. He found that about half of the participants had a high level of knowledge and half had a low to medium level. The tutor felt that the main outcome upon completion of the course was an increase in participant's confidence around working with the client group.

#### **4.8 Discussion**

A learning increase of 43% was achieved during this course which was higher than the previous level two course (33%) but lower than the level one course (59%). It is likely that this is because the starting levels were quite high for the level two courses and therefore the percentage increase would not be expected to be as high as in level one. However the feedback from this course indicates a very high satisfaction level. This can be seen in the further requirements that participants identified in Table 5, which were minimal. Most people did not feel any further actions were necessary. The participant assessment of the training was also very positive with high ratings in all of the categories. The changes requested after level two course-one significantly impacted on the outcomes of this course. There was some ambiguity regarding whether the room change had impacted on venue suitability, and difficulties that remained were likely to be at least in part due the fact that more participants attended than were expected for the course.

## 5. Participant Follow-up Evaluation

### 5.1 Introduction

Within one to two months after completing the course, 20 participants were selected on an ad-hoc basis and requested to provide follow up feedback by email. Fourteen people responded. They were asked to address the following questions:

1. Has the training been useful and have you applied it in your job?
2. Do you feel better equipped to work with issues of cocaine as a result of the training?
3. Have you shared any of your learning with anyone in your organisation?
4. Any other comments?

### 5.2 The Value of the Training

Of the 14 responses, 11 people reported that they had found the training course to be of use to them, and that they were better equipped to work with cocaine users as a result of the training. Some example comments included:

*“I found the training an enormous help...the handouts we received on the day were extremely helpful and were explained in clear understandable language during the course itself”*

*(Participant, Level One)*

*“Before the training I was unsure what tools I would use if a cocaine user approached our service, now I feel that I have the confidence and some of the tools to work with this client group”*

*(Participant, Level Two Course-One)*

*“Much of the factual content had been covered in Addiction Studies in Trinity, however there was up to date information and the hands on experience of (the trainer) was invaluable”*

*(Participant, Level Two Course-One)*

*“It gave me a bigger ‘kit bag’ of resources to use when working with someone in the throes of cocaine relapse”*

*(Participant, Level Two Course-Two)*

*“The training provided me with a better understanding of the issues...I also feel more confident in my ability to engage with these clients”*

*(Participant, Level Two Course-Two)*

There were 3 participants who stated that they did not feel better equipped as a result of the training. They comprised of 1 participant from each training course – level one, level two course-one and level two course-two. For 2 of these people, they noted the training methodology as being the difficulty –

*“A whole day of powerpoint was a bit much”*

*(Participant, Level One)*

*“...not helpful, very boring...very little if any group participation”*

*(Participant, Level Two Course-One)*

These comments reflect some of the feedback from the original evaluations, particularly on level two course-one. It was clear that the methodology needed to be changed and that trainers needed to include a broader variety of learning methods and interactive opportunities for the group. On level two course-two this was not highlighted as a problem, either in the initial evaluations or in the follow-up questionnaire.

A third person who felt that they did not gain from the training was an addiction counsellor who felt that –

*“...the training was more suitable to those who do not have training in the field of Addiction Counselling”*

*(Participant, Level Two Course-Two)*

This highlighted a mismatch of participants and courses, at least in this case. The level two course was aimed at those who are key working or case managing clients, but not necessarily trained as counsellors or therapists. It indicates the need to ensure that workers are fully informed as to whom the course is suitable for to ensure that participants receive training which is beneficial to them. This participant might have been better suited to level three training for counsellors and therapists which was run elsewhere.

### 5.3 Applying the Training to the Workplace

A total of 9 people responded that they had applied the skills and knowledge learned on their course to their current work role, whilst 5 stated that they had not. One of these simply said ‘no’ to the question. Two others reported that it was due to not having clients using cocaine presenting –

*“Unfortunately, since the training there have been no referrals made where cocaine has been a drug of choice. I imagine this will change in the near future and I will then apply the knowledge and skills learned in the training”*

*(Participant, Level Two Course-Two)*

*“No clients have as yet presented but I feel better skilled to deal with this in the future”*

*(Participant, Level Two Course-One)*

The final 2 said that it was timing which has prevented them from putting the training into practice –

*“Not since – I hope to begin in September. More a question of timing of the training than anything else”*

*(Participant, Level One )*

*“I have not had the opportunity to apply my learnings as yet (as I have been away)”*

*(Participant, Level One)*

Nine participants had opportunities to put their training into action. This was mostly in the form of information delivery –

*“I have passed some information on regarding cocaethalene and withdrawl phases to clients”*

*(Participant, Level One)*

*“I have met with our participants on a one-to-one basis...I have been able to inform our participants of the increased danger when using both drugs (cocaine and alcohol) together”*

*(Participant, Level Two Course-One)*

*“I have passed on some harm reduction advice in one-to-ones and when dealing with clients during drop ins  
(Participant, Level Two Course-One)*

For some participants, it has helped them in identifying cocaine as an issue for clients –

*“While my current client base has not presented directly with cocaine issues, I am now in a position to observe certain behaviours and query (in a gentle fashion) whether my clients use cocaine in any form”  
(Participant, Level Two Course-One)*

*“I have used the Cognitive Behavioural Therapy (with one client) and in those that I have suspected (might use cocaine) I have encouraged them to try acupuncture”  
(Participant, Level Two Course-One)*

One participant has used the training to give presentations on cocaine within the workplace -

*“I have also included some facts and anecdotal information that was given (in the training) in presentations I have made myself since the day”  
(Participant, Level One)*

For another the training confirmed that they were already dealing with issues of cocaine correctly –

*“The knowledge I have applied to my job is that what I have been doing is the right thing – its not very different from dealing with people with any addiction”  
(Participant, Level Two Course-One)*

#### 5.4 Sharing Information within the Organisation

In total, 12 participants stated that they have shared information from the training with others working in the field. Two stated that they had not shared the information. One of these did not state a reason, the other said that –

*“(There are) no relevant personnel within my organisation, but I have done so with others outside the organisation”*  
*(Participant, Level One)*

For most others, the information was passed onto colleagues or fed back at team meetings –

*“I have made copies of all the information...as well as notes that I took on the day. Have given feedback on the training to all at a recent staff meeting”*

*(Participant, Level One)*

*“Within our organisation there is a facility where staff meet regularly to share learnings and engage in case conferences”*

*(Participant, Level Two Course-Two)*

*“I have shared the learning with my team”*

*(Participant, Level Two Course-One)*

This was made easier by the handouts which were circulated –

*“I am hoping to compile the information gained during the training course into a brief information pack”*

*(Participant, Level Two Course-One)*

*“(The trainer) emailed me a copy of the presentation. This is now available to all staff, as is other material I received on the course”*

*(Participant, Level Two Course-One)*

There was a benefit for sharing and discussing the outcomes when more than one person from an organisation participated –

*“The key-worker attended the one day training, and we compared notes”*  
*(Participant, Level Two Course-One)*

*“Other staff did the training and we have discussed what we learned”*  
*(Participant, Level One)*

One person put the information to use with a colleague –

*“I have helped a colleague to put together a workshop on cocaine for her family support group from the information I received and learned at the cocaine training”*  
*(Participant, Level Two Course-One)*

## **5.5 Other Comments**

Participants were asked to add any other comments they wished to make. Of the 14 respondents, 5 people commented on the methodologies used. They made reference to the lecture style of the course, highlighting a need for more group work, for example –

*“It was a long day and if it could have been broken up with some group work it would have helped”*  
*(Participant, Level One)*

*“I feel there could have been more interaction with the participants...the methodology was monotonous, breaking into smaller groups maybe (better)”*  
*(Participant, Level One)*

Whilst the information itself was very useful, for some, there was too much information presented in lecture style –



*"I found the course very one directional and while I enjoyed the presentation I found it difficult to absorb all the information"*

*(Participant, Level Two Course-One)*

*"Very informative three days. A lot of information to take in. Could have had more group participation."*

*(Participant, Level Two Course-One)*

Two participants recommended that three days was too long and two would have been adequate –

*"While I enjoyed the training, I felt it could have been done over two days instead of three"*

*(Participant, Level Two Course-One)*

*"While the information...was valuable and delivered extremely well by the trainer, I did feel that the three days was too long"*

*(Participant, Level Two Course-Two)*

All except one of the comments made regarding methodology referred to level one and level two course-one. Level two course-two used more varied methodologies and allowed more time for group discussion. It did not elicit any of the above comments except the final one above. Of the 14 respondents, 3 people commented on the training style and knowledge –

*"On the whole very positive, the facilitator knew his subject well"*

*(Participant, Level One)*

*"The facilitator had great knowledge of cocaine and cocaine issues"*

*(Participant, Level One)*

*"An excellent days training...pace of the day and time given to answer questions that arose were all outstanding"*

*(Participant, Level One)*

Two commented that they would like further information and training –

*“I found the module on complementary/ alternative therapies extremely interesting. I would be very interested in doing some further training”*

*(Participant, Level Two Course-Two)*

*“Overall I found the course very useful and would be grateful for any follow up material, information or training”*

*(Participant, Level Two Course-One)*

One referred to a lack of clarity about the information supplied before the course -

*“Thank-you for running the training. We were not aware that the one day that we attended in the previous week was replicated in the three day course. However repetition is good and it was delivered by a different trainer”*

*(Participant, Level One and Level Two Course-One)*

## **5.6 Discussion**

Overall the feedback was interesting. The majority of people came away from the training having learnt a lot, and for most they applied this to their workplace and have shared the information with others in their organisation. These are very positive outcomes. However, it is clearly highlighted in the follow up feedback that using a variety of course delivery styles would result in a more engaging learning space. This is supported by the fact that in the level two course-two training, when the style was changed to include more discussion and interaction, a far better learning outcome occurred.

Regarding the application of skills learned to the workplace, the majority of those who had since applied the skills and knowledge learned on the course referred to passing on information to others. There was very few references made to direct support work with presenting cocaine users. A number of individuals had highlighted in the original evaluations that they would like more practical experience in dealing with cocaine users. These two findings together indicate that for the majority of participants attending the course, they were not in situations of regularly

dealing with clients presenting with cocaine, but rather had ad-hoc experience of working with such clients.

The difficulties of having participants with a variety of levels of experience together can result in dissatisfaction for some of the participants. For example, one respondent who was a participant herself and had sent members of her own team also to attend noted that –

*“There were so many people with so many different levels of understanding that the trainer had to spend a long time replying to our questions and comments and then had to rush through some of his work”*  
*(Participant, Level Two Course-Two)*

The same participant’s comments form a useful summary of some of the findings of this section -

*“The training was great. I have heard that some people did not think so, and I was surprised as I am usually quite hard to please myself. I wonder whether the dissatisfaction was due to the fact that there were two different trainers, and also that the trainees were at different awareness and training levels themselves”*  
*(Participant, Level Two Course-Two)*

## 6. Supervisor Feedback

### 6.1 Introduction

In order to assess whether the information and learning had an impact on the organisation as a whole, the line-manager or supervisors of the random selection of participants were also contacted. Eight supervisors responded. Supervisors were asked the following questions:

1. Did the participant discuss the training with you?
2. Have you noticed any outcomes of this training?
3. Any other comments you would like to make?

### 6.2 Discussion between participants and their supervisors

All 8 supervisors reported that they had discussed the training with their staff who had attended. Some referred to speaking to the participant in order to fill out the evaluation, so it is hard to ascertain how many had a spontaneous feedback or discussion. However, the supervisors offered feedback which mirrored the participants own responses, and this served to highlight once again the main findings of this evaluation. The main responses were that the participants had found the course to be beneficial –

*“From a supervisory point of view, (a participant) has discussed the training with me, and found it very useful”*

*“She discussed this training with me, she found the information beneficial...”*

One supervisor was very clear regarding the specific value of the training for the participant –

*“(the participant) and myself discussed this yesterday. He would consider the following to be the value of the training:-*

*It gave him basic knowledge on the pharmacology of cocaine and the effects it has on the user*

*It differentiated the approach used with heroin users from that used with cocaine users*

*It gave him insight into the type of questions relevant to cocaine users, which would not be relevant to heroin users*

*It gave him insight into a way of working with cocaine users, which is different to a way of working with heroin users, and highlighted the necessity/ best practice of separating people with heroin problems and people with cocaine problems.”*

There were 2 supervisors who mentioned the training delivery difficulties, for example –

*“the participant has discussed this training with me and felt that the content of the training was very informative but found the delivery of the training difficult...would have liked more practical or experiential type exercises included to break up the day.”*

Another highlighted the benefits of the course, but felt it was too long -

*“The participant found the information on the course to be informative and very helpful, however she felt that the course could have been delivered in a shorter period of time. She is better informed now around the problems of cocaine and feels better equipped to work with misusers”*

One noted that the course was not suitable for counsellors and therapists –

*“Experienced counsellors and complimentary therapists would already have received training at the level that the course was pitched. The training provided would be very appropriate to people at the entry level to service delivery such as trainee counsellors etc”*

### **6.3 Outcomes for the Individual and the Organisation**

In this question, some new information was elicited from supervisors in so far as they were requested to respond not only to the outcomes in practice for the individual but also for the organisation. There were three main responses to this question. Firstly that it was too early to ascertain outcomes in practice from the training –

*“I think its too early to say how it will affect the project...in the future the training will inform how the project interacts with clients who are cocaine users”*

*“Difficult to assess the outcomes as yet it is quite soon after the training...”*

*“At this early stage, there are no outcomes of the training in practice”*

Secondly, that despite this, some action is already in progress –

*“A positive outcome is the sharing of the training with team members and a raising of awareness amongst staff members of the need to respond to cocaine users in a different manner to those with other drug problems”*

*“I myself attended this training (as well as supervising others who attended) and following from the training I intend to put in funding for a Cocaine Project, based on some ideas I have gathered from other trainees and discussed with my team, and also based on the course content.”*

And finally, that the improved skills and confidence of the individual who participated will increase their own performance within the organisation –

*“I believe that the participant feels more confident in herself...”*

*“I feel that the participant did gain more knowledge on cocaine from the training and appears to be more confident in relation to dealing with cocaine users”*

*“As (participant) feels that she benefited from the training, I believe she is better equipped to deal with the topic of cocaine...as such, the benefit for the employee is that they will be more effective in their work”*

#### **6.4 Other Comments**

The supervisors were invited to offer any other comments regarding the training programme. Seven of the 8 responded with very positive comments, including future suggestions and observations. For example -

*“I feel as a community drugs team it was a tremendous resource to be offered to us from the NDST and greatly appreciated. It came at a good time as our work with cocaine users is steadily increasing. Unfortunately not all our staff had the opportunity to attend which would have been ideal...”*

*“As far as I am aware (the participant) found the training useful and informative and as such we would like to be kept informed of similar training initiatives in the future”*

Two suggestions were made for the future –

*“the participant has spoken about the benefits of the training and would like to see a more intense course on the complementary tools used in recovery. Personally I use the complementary therapies on the programme I run and know the beneficial effects of combining therapeutic practices and complementary therapies”*

*“I would suggest that drug education officers in local areas be trained up in any new specialised training that a need arises for. They would then deliver the training back to project workers on the ground. In this way it may be possible to reach more staff...”*

One supervisor stated that he had been disappointed that the needs of members of his team who were qualified counsellors. He had earlier commented that –

*“the training provided would be very appropriate to people at entry level to service delivery such as trainee counsellors etc.”*

He felt that the level was not advanced enough for qualified counsellors. He also raised questions regarding needs assessments and planning the course content. In the case of this programme there was a specific urgency in delivering the programme within a month of being granted the contract which may have led to a briefer planning and consultation period and less focus on carefully selecting participants for courses.

## **6.5 Discussion**

With the exception of the above mentioned point, the supervisors responded very positively regarding their staff's experiences, making suggestions that have been also highlighted by participants themselves. However, the response level of the supervisor questionnaire was very low, indicating that it may be worth considering ways of up-skilling the entire organisation so that there is support for increased knowledge and skills in the topic of cocaine use at all levels of the organisation. Whilst the learning gained on the training courses seems to have been disseminated amongst the organisation, the discussions between supervisors and participants

regarding the training in some cases appears to have been as a result of the request for feedback for this evaluation and may not otherwise have happened.

The supervisor's feedback also reflected that the impact of the training for the organisation was mainly in the form of information sharing. There was little reference to changes directly impacting on cocaine using clients. As identified in the discussion in section 5.6, it seems that for most people they are not actively working with clients who are reporting cocaine as their primary drug of choice. This in itself creates a difficulty in applying the training in the workplace.

Another issue which arises from this feedback is that often training may be attended by an individual staff member and impact on their own work, but not develop into significant change for the organisation as a whole. It may be beneficial for the whole organisation to work together on the issue, and receive training as a group which may allow them to make decisions to move forward with the issue as an organisation, and to address shifting client needs within their services.



## **7. Conclusions and Recommendations**

### **7.1 Main Outcomes of the Training**

This pilot training programme provided the opportunity for a number of workers within the voluntary, statutory and community sector to increase their competency levels in working with cocaine users. It has achieved an increase in competencies across all courses, and was seen as a welcome opportunity for the vast majority of participants. The programme successfully achieved its objective to up-skill frontline staff in dealing with issues that are specific to cocaine use, and to ensure that individuals and organizations have the capacity to respond. At the outset of the training, just 4 out of the 104 participants rated their skills and knowledge in the region of 70 or more out of 90. At the end, 53 rated their skills and knowledge in this bracket. At the other end of the spectrum, prior to commencing the training, 52 out of the 104 participants rated their competency levels below 50 out of 90. On completing the course, only 2 people remained in the below 50 bracket.

During the course of this evaluation, we have identified a number of lessons learned which will guide the planning of future programmes. There were some difficulties with the lecture style format initially used, and there was an occasional mismatch of participants and courses. Minor administrative issues regarding numbers attending and venue suitability were also highlighted.

Overall, there was a positive impact on the workplace in most followed-up cases, in that many participants had applied, or were planning to apply their new skill set in the workplace although this was primarily in an information sharing capacity. A large number of participants noted that they would like to have more practical experience and opportunities of working with cocaine users. Information from the training has been shared within organisations although there may be a need to equip entire organisations with training in order to facilitate any shifts needed in service provision.

### **7.2 Need for Training**

It is clear that there is a definite need within the community and voluntary sector to develop the knowledge and skills of people that work with, or may in the future work with, cocaine users. This was demonstrated by the number of participants who attended this pilot programme, and the interest and enthusiasm they brought with them to the courses. The feedback from many of

the organisations highlighted that they welcomed the opportunity to be trained in this area and would be interested in further educational opportunities for their organisations.

### **7.3 Participant Numbers and Suitability**

The original training programme was planned to accommodate three groups of 20 participants, 60 people in total on the level one course. The actual numbers attending fell a little below this level. Attendance was higher than expected for the level two courses, with an over attendance on these courses. The trainer and the room had been prepared for a maximum of 20 participants, and the extra people caused some impact on availability of handouts, space in the room and lunch time arrangements.

Due to the short time frame for delivering this programme, relevant organisations from the voluntary, community and statutory sector were contacted and invited to send someone on the training, but participants were not selected specifically for courses, based on their current expertise levels. As a result, there was a wide range of levels attending the courses which presented a challenge not only for the trainers, but also meant that some participants were not suitable for the levels or courses they were attending and expressed some dissatisfaction accordingly.

Another issue which arose during the course of the training programme was that the training was originally designed for *Front Line Staff and Agencies* (Level 1) and those *in a key working or case management capacity* (Level 2) who were currently working with active cocaine users. The findings of this evaluation indicate that not all of the participants were currently working with active cocaine users and of those that were, most appeared to be working with a small number of clients. Therefore the course may not have fully met the needs of this group. It may be appropriate to run separate courses in future, one which focuses on the needs of workers who wish to have knowledge of cocaine as part of dealing with clients with poly drug use and another which offers training to individuals who work with clients regularly whose primary drug of choice is cocaine (See point 7.7 for further detail).

### **7.4 Preferred Training Style**

A number of difficulties arose for participants with the use of lecture style training and it was clear that the adjustment to the training style on level two course-two yielded higher satisfaction levels. Whilst the one day courses may need to be mainly primarily didactic in order to cover the required

amount of information, the three day courses were found to suffer from an over-reliance on this approach with participants expressing boredom and dissatisfaction. A combination of group work, discussions, case studies, role plays and lecture presentations is a more appropriate learning environment for this participant group, who may bring a wide variety of previous learning experiences to the course. For example some people may be familiar with college style teaching and be able to absorb a lot of information from top down input whereas others may be more familiar with adult education models of sharing learning and experience and an emphasis on group participation.

### **7.5 Course Content and Duration**

The course content itself was found to be very comprehensive. The handouts supplying additional information and the presentations given on the course itself were well regarded by many participants. In level two course-one the content received mixed rating, but upon closer examination of the accompanying comments it was the format rather than the content which was found to be a difficulty.

Regarding the level two courses, the trainers suggested that in the future content could include more information on pharmacology and cycles of use, on harm reduction, case studies, and on practical interventions. The trainers also noted that future trainings might include specific areas such as Cognitive Behavioural Therapy (CBT), depression and anxiety, and anger management. Participants themselves expressed great interest in learning more about the cognitive behavioural model of working. The practical skills component – including Motivational Interviewing and CBT could be extended because of the practical value of these techniques. This may mean that the course duration would also have to be extended.

The trainers recommended extending the course to four days, split into two blocks of two days. They felt that this would allow participants to reflect on the learning in the first block, apply the training, and then return with questions and reflections for the second two-day block.

### **7.6 Venue Suitability**

The venue received mixed ratings. As it was centrally located in Dublin City it was easily accessible for most people. However the room within the hotel was criticised for poor ventilation and

overcrowding. More care needs to be taken in selecting the training room, paying attention to light, ventilation, noise and room size and to limit participants to the number registered.

### **7.7 Further Needs of Participants**

After the level one course, the majority of participants identified further needs that they have in order to be competent in working with cocaine users. There were two main strands of the feedback. Further training was mentioned by many participants, highlighting the introductory nature of the one day course. In addition, the need to gain practical experience of working with cocaine users was identified by participants, particularly for those who do not find clients using cocaine are presenting to their project or service. Level two participants also felt that they lacked the practical experience necessary to feel fully confident in applying skills and knowledge learned. This was consolidated in the participant follow-up feedback where a number of people felt that they had not had an opportunity to put the training into practice. The courses were originally designed for those already working with cocaine users, but it may be more appropriate in future to offer separate training programmes for agencies where cocaine use features mainly in the form of poly drug use, and for those organisations that are dealing with cocaine users regularly, as identified in point 7.3 above. The first of these two groups may not require an intensive training and basic level one or two training may be adequate. The second group may require much more in depth support, for example the Whole Organisation Approach as outlined below, the possibility of incorporating placements in centres where cocaine use is a significant focus of the work, and intensive skills training components.

### **7.8 Practical Application of the Training**

The main practical application apparent at the early stage of six weeks after the course was information sharing and delivery to others. Some had applied the knowledge in their interventions with clients, but for most it was either too soon or they had not had enough opportunity to apply the learning in their daily work. If information delivery is an important component regarding the practical application of the learning, it is important that future courses equip participants with the necessary course material to pass on to others. The handouts in this programme were well received and facilitated the process of information sharing.

Regarding future developments that may support organisations in responding to the needs of cocaine using clients, it appears that the dissemination of information from the training to others in the organisation is a major requirement. When this is done by means of one person presenting back

the information they have learned at a training session without training skills, there is a risk of incorrect or incomplete information being communicated.

To support organisations to disseminate the information from training attended, a manual should be developed which will aid the delivery of training on the issue of cocaine. This may take the form of a publication of the fully developed training programme as delivered by a newly skilled pool of trainers (as outlined in point 7.9 below). Along with the course content and information the manual could include guidelines for delivery of the training programme within their organisation. Thus resulting in a greater number of people who could be trained up on the issue and it also would reduce the responsibility of the participant to feed back all of the information.

### **7.9 Developing a Pool of Local Trainers**

Consideration should be given to developing a Pool of Local Trainers which would consist of a number of key individuals from Irish drug services. These key individuals may already be trainers or may have demonstrated ability in this area. There would be a process to select these key individuals to ensure suitability and they would then be offered a comprehensive training programme to become Cocaine Trainers, which would include work placements in one or more UK Cocaine focused project. These individuals would form a pool of recognised cocaine trainers from which organisations in Ireland may draw expertise and hire for training. These trainers could be contracted for both Whole Organisation Training as outlined below and also for organised training where a number of individuals from smaller organisations may come together for training, as occurred in the pilot training programme. This would reduce the necessity and expense of hiring experts from abroad. These trainers could also include specific information on the drug situation in Ireland.

### **7.9 Whole Organisation Approach**

In order to offer clients who use cocaine suitable support, it may be important to consider whether one or two workers from a project who attend the training will have a significant impact on the overall service delivery. As a result of training, the individual worker may become proficient in working with cocaine users but a consistent approach may not be adopted throughout the organisation as others have not been involved in the training.

Consideration should be given to the possibility of a whole organisation approach, involving training all frontline staff in a particular project or service, allowing the group as a whole to be facilitated to make informed choices about any changes in service provision that may be needed in order to respond to clients presenting with cocaine issues. Organisations could be selected on the basis of the extent to which they work with cocaine users. This programme might include the main components of level two but also include a space for the group to discuss their own service and explore the gaps and difficulties that may exist for them regarding service provision for clients using cocaine. This method would ensure that a standard is achieved across the project and a consistency of service is provided to cocaine users who present to that organisation. It would be important to identify the relevant decision makers in organisations and ensure that they are part of the training programme along with the frontline staff as management support is essential if changes to services are to be considered by the organisation.

A whole organisation approach is most relevant to larger organisations at this point in time. Some smaller organisations attending this pilot training programme had little or no service users currently presenting with cocaine problems and may find that cocaine use is a minor issue for their service. Smaller organisations with no current cocaine using clients may benefit from attending a basic course (e.g. the current level one or level two course without additional skills training) which raises awareness of the main issues involving working with cocaine use rather than training all staff in the organisation.

In the longer term, the overall objective of any future programme is to provide an adequate and appropriate service for clients presenting with problematic cocaine use. Currently there is no locally developed material which offers 'Best Practice Guidelines for working with Cocaine Users in Ireland'. The publication of such a document would be a very positive development as it could be utilized to inform all training programmes, offer a resource to organisations that may not get the opportunity to up-skill the whole organisation, and support the application of the training in the workplace.

## 7.10 Recommendations

- Further training programmes on the issue of cocaine use should be made available to the **statutory, community and voluntary sector with the objective to up-skill frontline and key-workers.**
- A comprehensive **selection process** should be undertaken to ensure that participants are placed on suitable courses based on their expectations and existing skill bases.
- A definite **limit on numbers attending** the courses should be put in place and only registered participants should attend.
- Training delivery should involve **a mix of training methodologies** including group work, discussion, role plays and didactic inputs. Space should be given to encourage participants to share their existing experiences and knowledge. Trainers should be briefed regarding these training style requirements at the design stage of the programme.
- The **course content for level two needs to be developed** to include focused skills training in **Cognitive Behavioural Therapy** and **Motivational Interviewing**. Consideration should be given to delivering the extended course in two blocks of two days duration.
- **Venue should be appropriate** for the numbers of participants and be well lit, ventilated and conducive as a learning environment.
- In order to become more proficient in working with cocaine users, **participants on the level one course may require an opportunity to further develop their skills and knowledge** by attending a higher level training in the future.
- Consideration should be given to opportunities available for participants **to increase their practical experience of working with cocaine users**. The possibility of work placements as part of a training programme should be considered.
- Participants need to be equipped with **comprehensive hand-outs and reference material** to bring back to their organisations to **facilitate the sharing of information** learned. A

**manual outlining training modules and methods of delivery** would support the sharing of information within organisations.

- **Future training courses should be separated into two programmes** – one for organisations where clients whose primary drug of choice is cocaine are presenting regularly, and the other for organisation where cocaine features as part of a pattern of poly drug use and is not a major component of the organisations work with clients.
- A number of local trainers currently working within the drugs field should be up-skilled by means of a **comprehensive training programme in the UK to create a pool of recognised cocaine trainers in Ireland.**
- For larger organisations, future training courses would be advised to adopt a **whole organisation approach**, offering a comprehensive **training package to frontline staff along with the decision makers and management.** These training programmes would be recommended to include **facilitation for the group to explore any client service changes** which may need to be incorporated in order to facilitate the needs of cocaine using clients.
- **Where cocaine features as a pattern of poly drug use** frontline staff would benefit from attending level one and level two training.
- The **development and publication of Best Practice Guidelines for Working with Cocaine Users in Ireland** would serve a number of purposes, including informing future training, supplying a resource for those working in the field and supporting the application of the training in the workplace



## Appendix One

### Cocaine Training Programme – Level One Self Assessment and Evaluation Sheet

About the Self Assessment and Evaluation Sheet

This sheet gives you the chance to self-assess your skills and both before and at the end of the Cocaine Training Programme. For evaluation purposes, we will be linking the learning from this training back to the workplace. Therefore we will be contacting you and your supervisor approximately one to two months after the training programme to follow up on your learning outcomes for our evaluation procedures.

Participant Details: (Block capitals please)

Name:

Organisation:

Email contact:

Telephone Contact:

Supervisor:

Position:

Email contact

Telephone Contact:

At the beginning of the Training Programme – Please complete the table below.

Please rate yourself from 1-10

Skills and knowledge based competencies.	How I rate now	Where I would realistically hope to rate at the end of the training
My understanding of how cocaine effects the person		
My knowledge of the role of dopamine and adrenaline in the body		
My knowledge of routes of transmission and paraphernalia used		
My understanding of the effects of poly drug use		
My ability to list the trigger factors in cocaine use		
My ability to recognize cocaine use in a client		
My skills and confidence in intervening with cocaine users		
My understanding of harm reduction – learning to manage the drug and minimize risks to the user		
My understanding of the role of complementary therapies		

## At the End of the Training Programme

Firstly, thanks for attending Level One Cocaine Training. We hope that you have gained from your time and attendance. For evaluation purposes, your comments are greatly appreciated.

Please rate yourself from 1-10

Skills and knowledge based competencies.	At the end of the training how to I rate myself (0-10)	What do I need to develop skills or learn more about as a result of this training (if any)
My understanding of how cocaine effects the person		
My knowledge of the role of dopamine and adrenaline in the body		
My knowledge of routes of transmission and paraphernalia used		
My understanding of the effects of poly drug use		
My ability to list the trigger factors in cocaine use		
My ability to recognize cocaine use in a client		
My skills and confidence in intervening with cocaine users		
My understanding of harm reduction – learning to manage the drug and minimize risks to the user		
My understanding of the role of complementary therapies		

Finally – we would like your assessment of the Training Programme itself.

Topic	Rate from 1 – 10 (where 10 = strongly agree)	Any comments or suggestions for improvement
The content of the Level One Cocaine Training covered my learning needs for this topic		
The trainer/facilitator delivered the training programme in a way that increased my knowledge and/or skills and used suitable materials and methods		
The venue was suitable for the training		
The topics/modules that were <u>most</u> useful were : (if any)	Please name topics:	
The topics/modules that were <u>least</u> useful were : (if any)	Please name topics:	

## Cocaine Training Programme – Level Two

# Self Assessment and Evaluation Sheet

About the Self Assessment and Evaluation Sheet

This sheet gives you the chance to self-assess your skills and both before and at the end of the Cocaine Training Programme. For evaluation purposes, we will be linking the learning from this training back to the workplace. Therefore we will be contacting you and your supervisor approximately one to two months after the training programme to follow up on your learning outcomes for our evaluation procedures.

Participant Details: (Block capitals please)

**Name:** \_\_\_\_\_ **Organisation:** \_\_\_\_\_  
**Email contact:** \_\_\_\_\_ **Telephone Contact:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Email contact** \_\_\_\_\_ **Telephone Contact:** \_\_\_\_\_

At the beginning of the Training Programme – Please complete the table below.

Please rate yourself from 1-10

Skills and knowledge based competencies.	How I rate now	Where I would realistically hope to rate at the end of the training
Assessing my client needs if using cocaine		
Knowledge of the drug and its prevalence		
My Ability to recognise use in a client – effect/signs/symptoms		
My understanding of the intervention skills		
My knowledge of motivation and the wheel of change		
My ability to use motivational interviewing with clients		
My understanding of the risks and benefits of different treatment options		
Intervening – agreeing targets and goal setting with client		
My understanding of preventing relapse with cocaine users		

## At the End of the Training Programme

Firstly, thanks for attending Level Two Cocaine Training. We hope that you have gained from your time and attendance. For evaluation purposes, your comments are greatly appreciated.

Please rate yourself from 1-10

Skills and knowledge based competencies.	At the end of the training how to I rate myself (0-10)	What do I need to develop skills or learn more about as a result of this training (if any)
Assessing my client needs if using cocaine		
Knowledge of the drug and its prevalence		
My Ability to recognise use in a client – effect/signs/symptoms		
My understanding of the intervention skills		
My knowledge of motivation and the wheel of change		
My ability to use motivational interviewing with clients		
My understanding of the risks and benefits of different treatment options		
Intervening – agreeing targets and goal setting with client		
My understanding of preventing relapse with cocaine users		

Finally – we would like your assessment of the Training Programme itself.

Topic	Rate from 1 – 10 (where 10 = strongly agree)	Any comments or suggestions for improvement
The content of the Level One Cocaine Training covered my learning needs for this topic		
The trainer/facilitator delivered the training programme in a way that increased my knowledge and/or skills and used suitable materials and methods		
The venue was suitable for the training		
The topics/modules that were <u>most</u> useful were : (if any)	Please name topics:	
The topics/modules that were <u>least</u> useful were : (if any)	Please name topics:	

## Appendix 2

### Tutor Evaluation - Cocaine Training Programme

#### Tutor Details:

Tutor Name :

Email Address :

Date of Course :

Please complete the following Tutor Evaluation of the Cocaine Training Programme to allow us to evaluate the course and to plan for future courses

1. How would you describe the level of participation in the group?
2. State the reasons why you feel the participation was at this level?
3. How would you describe the group knowledge and understanding of the topic at the beginning of the course?
4. To what extent do you think the learning objectives of the training programme were met?
5. What modules/topics did you feel require further development or change? Please detail
6. What would you change if you were facilitating this course again?

