

All survey results are in bold letters or numbers

Ontario Working Group on Early Intervention in Psychosis Survey

PART ONE

INTEREST AREAS and TRAINING NEEDS

1. How would you describe your program in terms of training capacity?

Full capacity to meet training needs in-house	3
Moderate capacity to meet training needs in-house	7
Limited capacity to meet training needs in-house	3
No capacity to meet training needs in-house	0

Additional comments:

Our program will have sites in different communities (regional), therefore, "in-house" means across the northwest region as opposed to a team of people located at the same site --. Limitations: large geography presents a challenge. Biggest limitation is lack of expertise in the northwest; no EI program in northwest to provide direct clinical supervision of staff -- without hands-on training, skill building is limited

2. Presently, how are your group's training needs being met? Please put an X next to all that apply.

In-House	12
On-Site training by experts from other programs	5
Sending staff to workshops/conferences	10
Training manuals or other written training materials	8
Information found on the internet	9
Other: Videoconferencing to connect to expertise	1

Additional comments:

Few staff hired. Just program coordinator at this time

All are occasional

As we are a new initiative, we are currently in the process of developing a training curriculum based on best practice approaches. Resources are being collected from established programs as well as the Internet and recommended books/articles in the field. We are piecing together our own training as there is no standardised training guidelines or curriculum for Ontario and we cannot access BC's provincial curriculum (oh how I tried). I have been in touch with Dr. Jo Smith and she is trying to access some of the UK's training resources for us. I have also gathered training packages from EPPIC and training materials from the internet (only

materials from established programs - BC has a lot of good info on the web i.e., CARE GUIDE)

3. How else would you like your group's training needs to be met? Please put an X next to all that apply (Please do not mark any that you marked in question 2).

In-House	2
On-Site training by experts from other programs	5
Sending staff to workshops/conferences	2
Training manuals or other written training materials	4
Information found on the internet	1
A standardized guide for EI practitioners in Ontario	12
A central, Ontario EI website (with an interactive discussion forum)	10
Other: Please Specify	0

Additional comments:

All the previous, but money and time are always a major limitation

A package of standardized evaluation tools

re onsite training: in person is best but videoconferencing opportunities are more realistic now; re: standardized guide for EI. I would love this and would love to be part of the development of such a guide -- standardized training is essential to ensure that all programs are truly providing "early intervention services" as indicated by best practice approaches -- the less defined training standards are, the more variable approaches will be -- running the risk of "tarnishing" the early intervention movement with poor work

4. Does your program currently have the capacity to provide training?

Yes.	11
No	1

If 'yes', please specify which areas:
assessment, treatment, rehabilitation

By sharing information on diagnosis and management of first episode psychosis, and building a successful treatment program

CBT and psychosis and best practices for Early intervention

Currently providing in-house training of staff and out-house training with other OWG members. When more staff are hired, the program may have the capacity to share its experiences concerning established educational programs with other OWG members

for the district and the region in the areas of CBT in psychosis, case coordination and psychoeducation groups

to an extent, there are time limitations

training in clinical case management, program development while funding exists

The only current funded position is the Training and Education Coordinator -- currently working on developing a training curriculum, have video-conferencing technology; will provide training to EI staff when they are hired and then to mental health organizations in the region as well as gatekeepers and community awareness campaigns. I have gathered videos, books, articles and training materials from established EI programs -- staff will be expected to show competence in areas outlined in the training -- we need to look at measuring this -- different modalities for training -- again-- where we are challenged is in direct hands-on clinical training and limited access to EI specialists. Technology will play a key role in our training

We frequently conduct site visits, orientation to early intervention around specific issues, i.e., case management, group interventions, assessments, etc. We are looking at making this more formalised as it has become a frequent request, particularly from the newly developing programs. We also frequently offer workshops in the community and for health professionals

5. Uniform guidelines (i.e. specific training areas to be covered) for training new personnel should be created.

Strongly disagree	0
Disagree	1
Agree	2
Strongly agree	9
Don't know	0

Additional comments:

Need to maintain flexibility/individualise approaches to different programs

I think this will create more consistency across the province

This will ensure that the integrity of the model of early intervention is not being compromised

6. A written training manual for all early intervention programs should be created.

Strongly disagree	1
Disagree	0
Agree	2

Strongly agree	9
Don't know	0

Additional comments:

Again, I think this would be helpful, particularly for the newer programs

7. An e-training strategy for staff training and continuing education through the internet should be developed

Strongly Disagree	0
Disagree	0
Agree	4
Strongly agree	7
Don't know	1

Additional comments:

I think this would be useful, particularly for rural and remote areas

8. The specific training or interest areas in relation to EI for your program are: (Please put an X next to all that apply).

Substance Abuse	12
Outreach	10
Clinical Care	9
Psycho-social Support	9
Working with Families	11
Consumer Perspectives and Issues	6
EI and Primary Care	8
Population Specific EI Programs (e.g. diverse populations, rural populations, immigrant and refugee groups etc.)	6
Other: Please Specify	2

CBT and psychosis

group work in EI; adolescent development issues; issues specific to aboriginal populations/diverse cultural groups; orientation to recovery principles; medication management

Additional comments:

Substance abuse and outreach are the areas we are deficient in

Our challenge is combining the care of a more chronic population with the early intervention/first episode population

NETWORKING

9. My group networks with other early intervention programs

Often	4
Sometimes	8
Never	0

9a) If 'often' or 'sometimes', has this networking helped you? Please elaborate

YES, developing satellites in four other cities

CAMH and Peterborough

Very helpful; Discussion with other coordinators re: standardized policies; guidelines and training

Infusion of new ideas and tools, support

Yes, through training conferences have met and dialogued with other coordinators and exchanged resources and ideas _- this helped me feel less isolated -- also helpful in terms of planning and in terms of discussing those "grey " areas -- I.e., how much training is needed for staff; how standardized should service delivery be; do we just go for it or do we plan slowly; how to work with the ministry what tools are programs using; what challenges do we shares; creative problem-solving -- have e-mail numbers and phone numbers and have kept in touch with counterparts and continued to share resources and ideas -- Mentoring relationship with Hamilton program : site visit to Hamilton sponsored by the OWG -- this was a wonderful experience -- opportunity to see a established service in action and learn from experienced professional. Good advice given and assisted with establishing program standards -- have added to my sense of security as I know that I can check in with the Hamilton folks and get feedback about program development ideas -- great opportunity for problem-solving -- although we have not figured our the "how", also an opportunity to access clinical skills and assist with supervision practices

Informally

Yes, the main benefit seems to involve discovering that a peer has been trying to solve similar problems. Another benefit involves learning about peer strategies for working through a particular problem. Overall, both benefits are an improvement over working in isolation.

We have visited the facility in London, ON (PEPP) to help our team visualize the program. We have utilized the knowledge and expertise of a former PEPP employee who is acting as program consultant to help us establish a manual of operations an various groups that we want to run. The PEPP group has been very kind and

helpful in providing us with resources also such as certain screening forms/research scales, etc.

Yes, I think it is helpful to share our experiences and expertise and learn from others working in the field. As we were endeavouring to approach outreach, Peterborough was helpful in sharing their experiences. In turn, we shared our assessment packages etc. to assist them in developing their program

10. A central Ontario Working Group website, where information can be posted and exchanged, is a good idea

Strongly disagree	1
Disagree	0
Agree	4
Strongly agree	7
Don't know	0

Additional comments:

This may be a good idea, if the website does not increase any burden that it was intended to alleviate

Consider public and private areas

11. An annual provincial EI conference is important to the EI capacity building in Ontario

Strongly disagree	1
Disagree	0
Agree	2
Strongly agree	9
Don't know	0

Additional comments:

But with the same stipulation as for 10 ... that is, that organizing activities for the conference does not cause more burden than it is intended to alleviate

Field is changing rapidly with expansion of programs and new information re: role of substances and side effects of meds -- need to remain current and maintain consistency across programs

12. Address and information lists to facilitate networking between groups should be created and distributed.

Yes	12
No	0

Additional comments:

13. On-site consultations between older, established programs and new, more recently established programs should be funded throughout the year.

Strongly disagree	1
Disagree	0
Agree	1
Strongly agree	9
Don't know	1

Additional comments:

They marked both agree and strongly agree. This would help both the established and new programs -- time is money!

This would be awesome -- what better way to ensure program success --- also think about us in the remote north -- funding dollars should vary and be based on how much a region needs to support this mentoring -- without this mentoring -- how are we in the north going to effectively train our early psychosis staff?? -- we do not have easy access to EO specialists -- to send staff to an established program for clinical training and supervision is far more expensive for northerners given distance -- we would benefit greatly from funding that permitted a period of clinical training and supervision in an established EI program -- this would pay off long-term in that once we are trained -- our specialist team can over time, become the training site for the region and enhance our capacity and ensure a skilled workforce over time

We have provided frequent site visits/consultation to newly forming programs. We are happy to assist and share our expertise however it does require a great deal of organizing and time. Some remuneration to support the travel and expenses of the visiting programs as well as some financial support to the hosting program (which could then perhaps be directed to professional development of that program) would facilitate this valuable exchange of information

The hands on experience of training is extremely valuable in terms of gathering information from people who have "walked the walk" so to speak. I also believe it will save a tremendous amount of time. Why re-invent something that is well established and already working well. It also, helps to avoid pitfalls by doing something that has clearly been tried and doesn't work. Standardizing programming should also include an operating budget that informs the Ministry of what needs to be adequately funded in order to run an effective program

14. Multi-site evaluations are helpful in setting standards and establishing best practices

Strongly disagree	0
Disagree	0

Agree	5
Strongly agree	7
Don't know	0

Additional comments:

Although details from model programs and current literature should also inform decisions concerning standards and best practices

Who would conduct these?