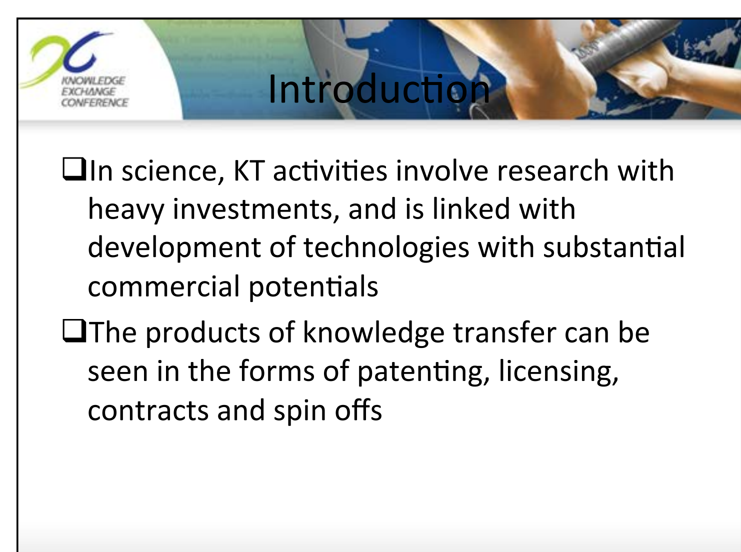
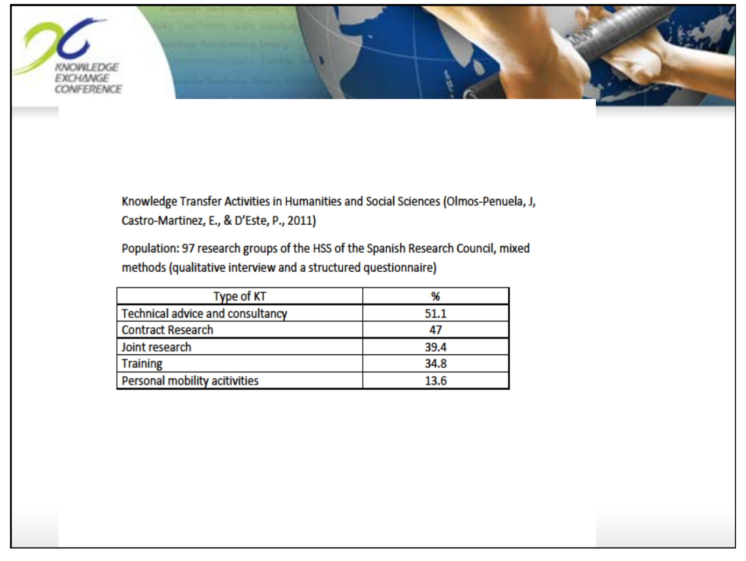


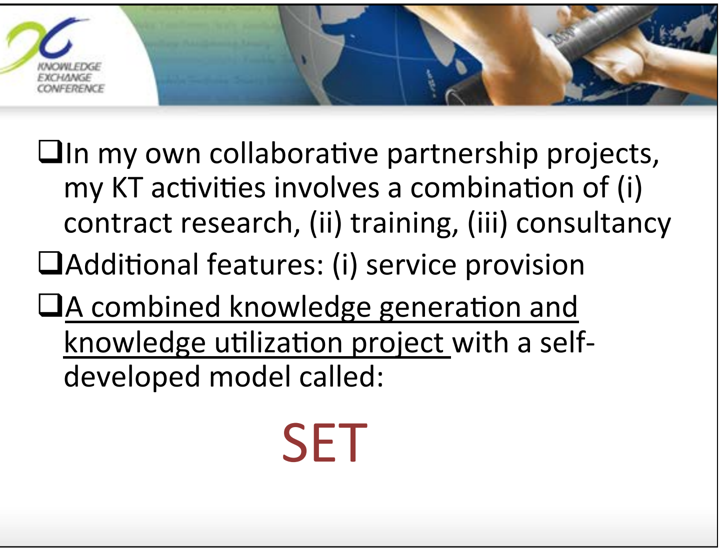


Knowledge Transfer Activities in Humanities and Social Sciences (Olmos-Penuela, J, Castro-Martinez, E., & D'Este, P., 2011)

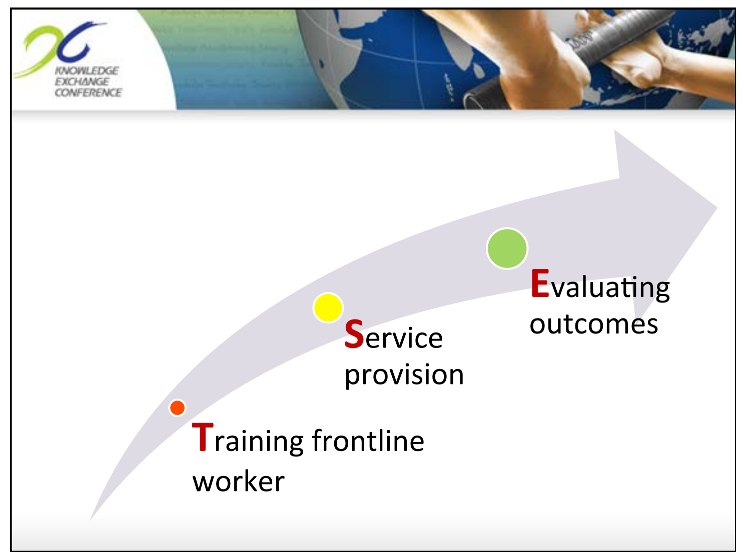
Population: 97 research groups of the HSS of the Spanish Research Council, mixed methods (qualitative interview and a structured questionnaire)

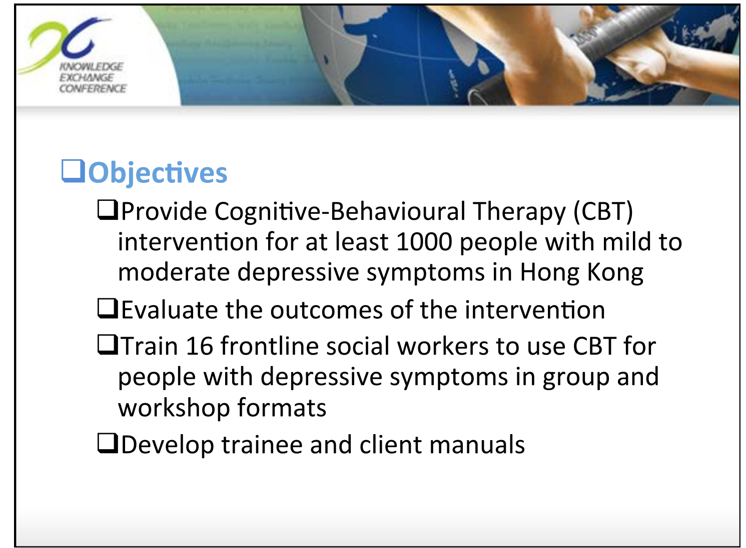
Type of KT	%
Technical advice and consultancy	51.1
Contract Research	47
Joint research	39.4
Training	34.8
Personal mobility acitivities	13.6

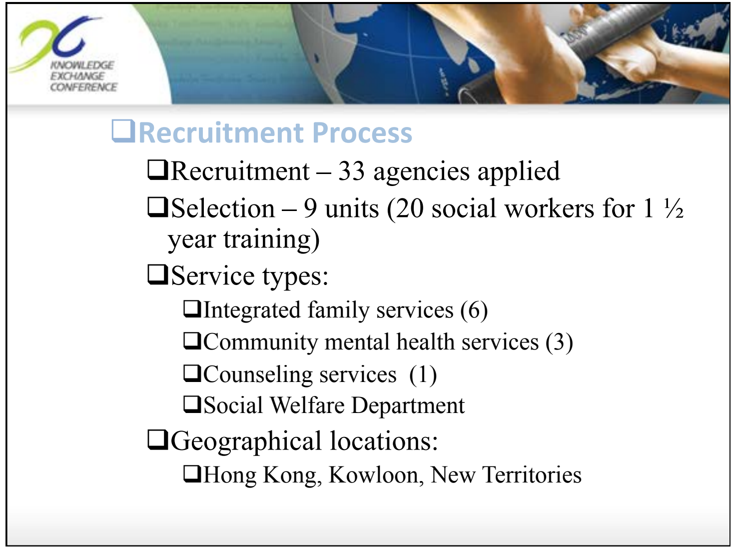
KNOWLEDGE EXCHANGE CONFERENCE
❑Knowledge Transfer at College of Liberal Arts and Social Sciences (July 2010-June 2011)
❑107 contract and collaborative research
❑44 consultancy projects
❑More than 100 community services
❑160 advisory/editorial boards
❑Others, attending conferences, seminars, press conferences……

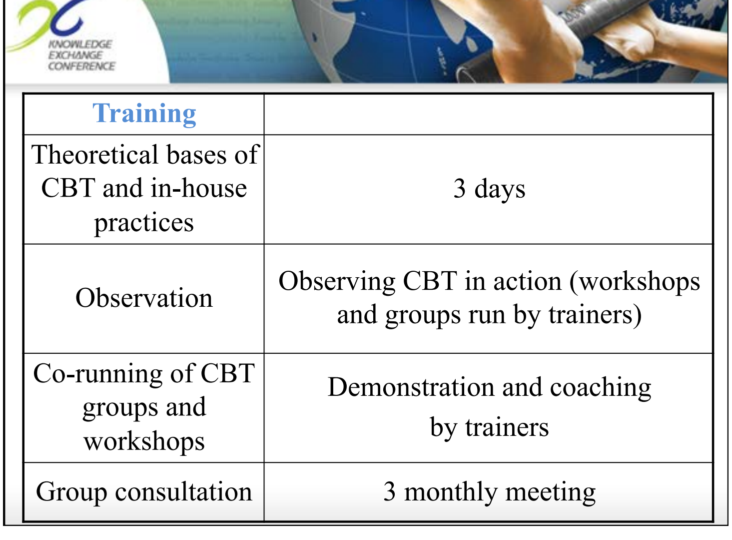

KNOWLEDGE EXCHANGE CONFERENCE
❑In my own collaborative partnership projects, my KT activities involves a combination of (i) contract research, (ii) training, (iii) consultancy
❑Additional features: (i) service provision
❑A combined knowledge generation and knowledge utilization project with a self-developed model called:
SET

KNOWLEDGE EXCHANGE CONFERENCE
Training frontline worker
Evaluating outcomes
Service provision

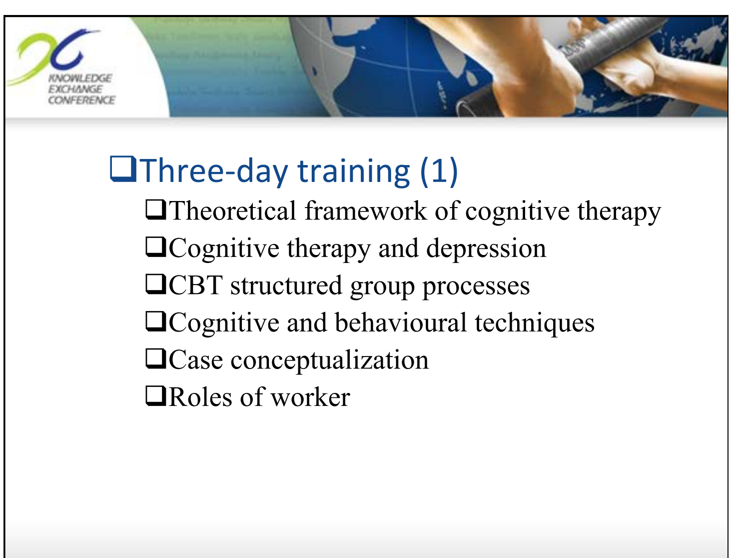

KNOWLEDGE EXCHANGE CONFERENCE
Evaluating outcomes
Service provision
Training frontline worker

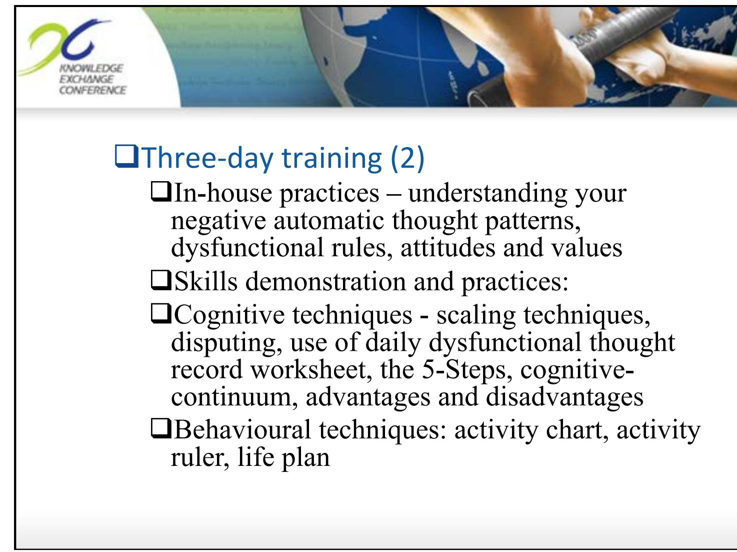


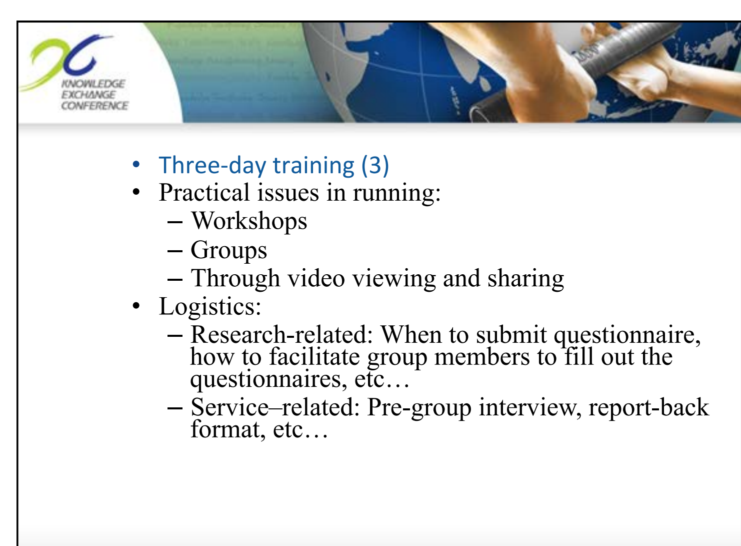




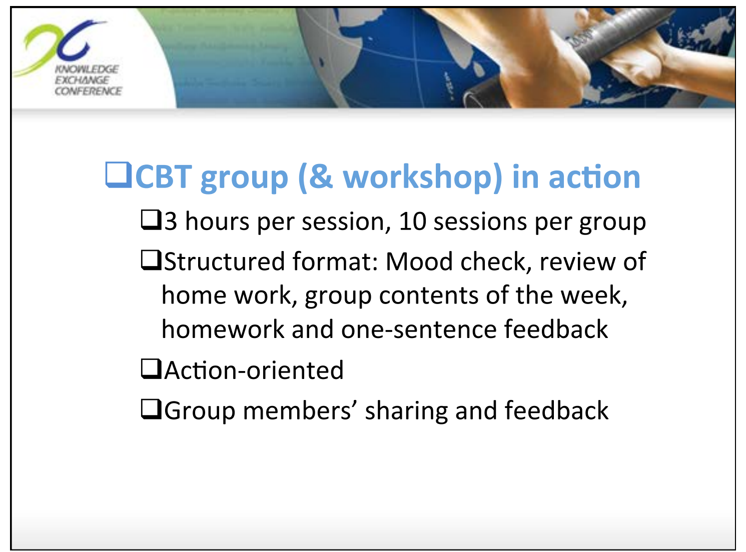
Training	
Theoretical bases of CBT and in-house practices	3 days
Observation	Observing CBT in action (workshops and groups run by trainers)
Co-running of CBT groups and workshops	Demonstration and coaching by trainers
Group consultation	3 monthly meeting

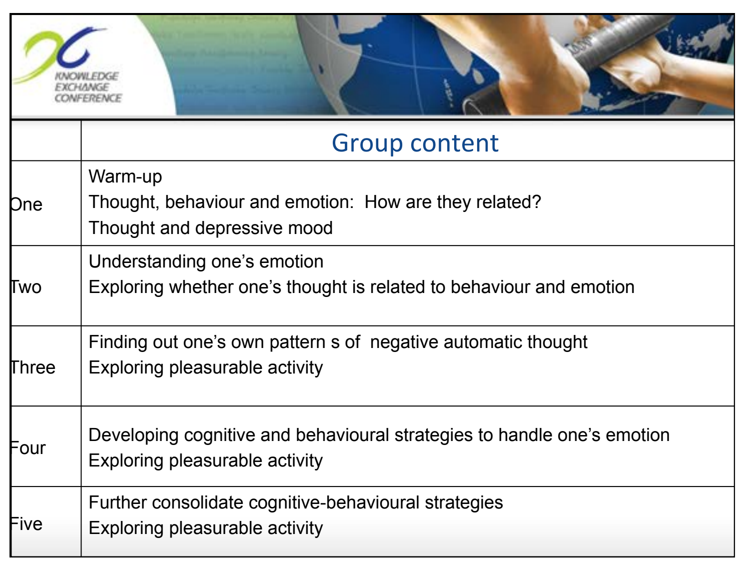



KNOWLEDGE EXCHANGE CONFERENCE
❑Three-day training (2)
❑In-house practices – understanding your negative automatic thought patterns, dysfunctional rules, attitudes and values
❑Skills demonstration and practices:
❑Cognitive techniques - scaling techniques, disputing, use of daily dysfunctional thought record worksheet, the 5-Steps, cognitive-continuum, advantages and disadvantages
❑Behavioural techniques: activity chart, activity ruler, life plan

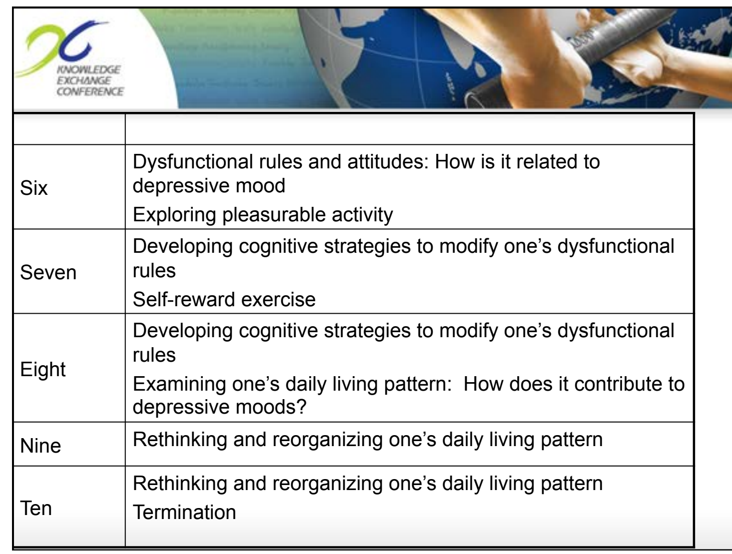

KNOWLEDGE EXCHANGE CONFERENCE
• Three-day training (3)
• Practical issues in running:
– Workshops
– Groups
– Through video viewing and sharing
• Logistics:
– Research-related: When to submit questionnaire, how to facilitate group members to fill out the questionnaires, etc…
– Service–related: Pre-group interview, report-back format, etc…

KNOWLEDGE EXCHANGE CONFERENCE
❑Training manuals and materials and books
《走出抑鬱的深谷：「認知治療」自學/輔助手冊》
駕馭焦慮
《駕馭焦慮：「認知治療」自學/輔助手


KNOWLEDGE EXCHANGE CONFERENCE
❑CBT group (& workshop) in action
❑3 hours per session, 10 sessions per group
❑Structured format: Mood check, review of home work, group contents of the week, homework and one-sentence feedback
❑Action-oriented
❑Group members' sharing and feedback



	Group content
One	Warm-up Thought, behaviour and emotion: How are they related? Thought and depressive mood
Two	Understanding one's emotion Exploring whether one's thought is related to behaviour and emotion
Three	Finding out one's own pattern s of negative automatic thought Exploring pleasurable activity
Four	Developing cognitive and behavioural strategies to handle one's emotion Exploring pleasurable activity
Five	Further consolidate cognitive-behavioural strategies Exploring pleasurable activity



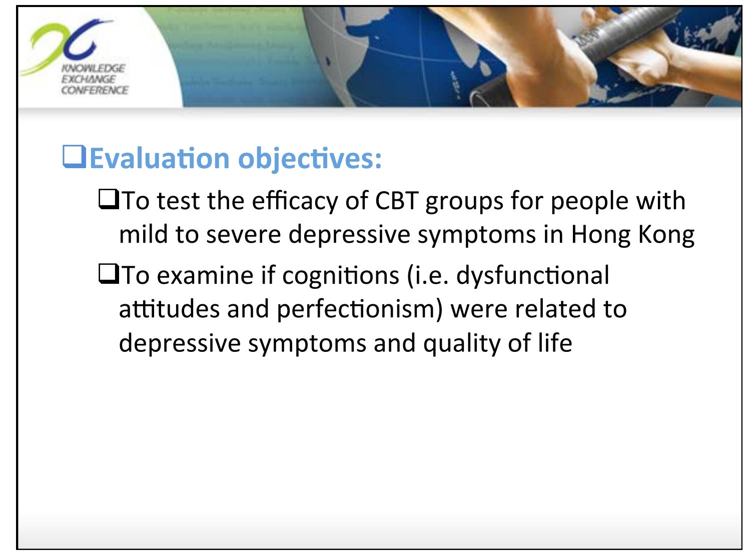
Six	Dysfunctional rules and attitudes: How is it related to depressive mood Exploring pleasurable activity
Seven	Developing cognitive strategies to modify one's dysfunctional rules Self-reward exercise
Eight	Developing cognitive strategies to modify one's dysfunctional rules Examining one's daily living pattern: How does it contribute to depressive moods?
Nine	Rethinking and reorganizing one's daily living pattern
Ten	Rethinking and reorganizing one's daily living pattern Termination

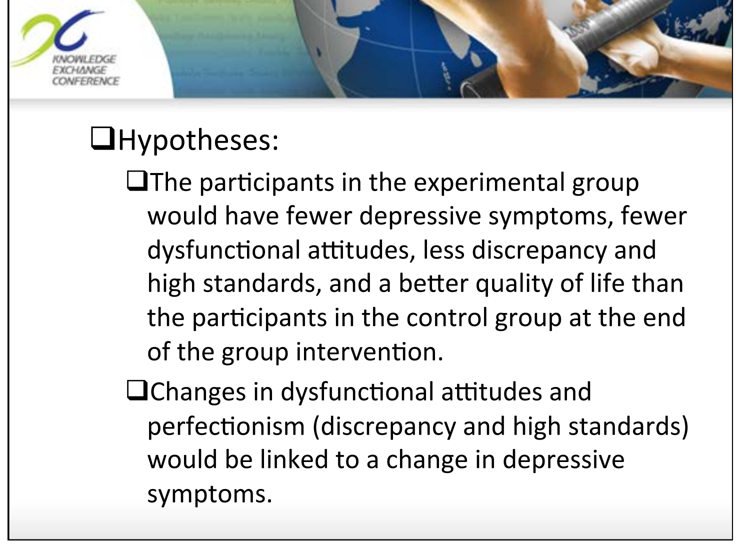
KNOWLEDGE EXCHANGE CONFERENCE
Group materials used
Members' manual, Group materials,

KNOWLEDGE EXCHANGE CONFERENCE
身心思維自我分析表
組員
引發事件
身體變化
情緒反應
行為表現
思維想法
思想陷阱

KNOWLEDGE EXCHANGE CONFERENCE
思想陷阱的類型
走出陷阱五常法要訣

KNOWLEDGE EXCHANGE CONFERENCE
Group materials used
Members' manual, Group materials,
學業／進修
宗教活動
家人
配偶／男女朋友
工作
獨處
均衡生活拍賣會
朋友
休息
發展個人興趣
健體活動
娛樂
接觸潮流／新事物


KNOWLEDGE
EXCHANGE
CONFERENCE
❑Evaluation objectives:
❑To test the efficacy of CBT groups for people with mild to severe depressive symptoms in Hong Kong
❑To examine if cognitions (i.e. dysfunctional attitudes and perfectionism) were related to depressive symptoms and quality of life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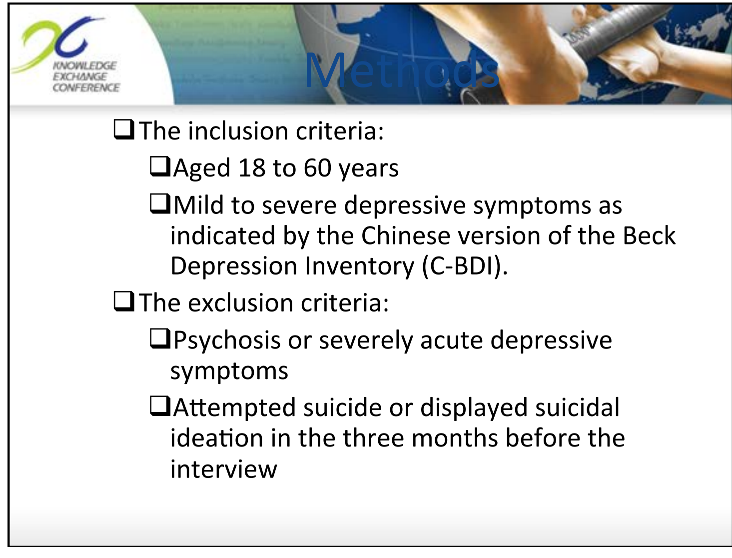
❑Hypotheses:
❑The participants in the experimental group would have fewer depressive symptoms, fewer dysfunctional attitudes, less discrepancy and high standards, and a better quality of life than the participants in the control group at the end of the group intervention.
❑Changes in dysfunctional attitudes and perfectionism (discrepancy and high standards) would be linked to a change in depressive symptoms.


KNOWLEDGE
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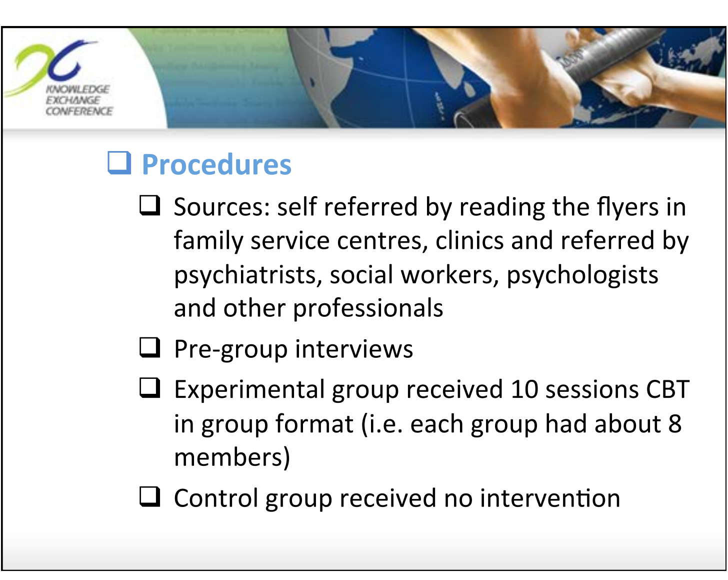
Methods
❑The inclusion criteria:
❑Aged 18 to 60 years
❑Mild to severe depressive symptoms as indicated by the Chinese version of the Beck Depression Inventory (C-BDI).
❑The exclusion criteria:
❑Psychosis or severely acute depressive symptoms
❑Attempted suicide or displayed suicidal ideation in the three months before the interview


KNOWLEDGE
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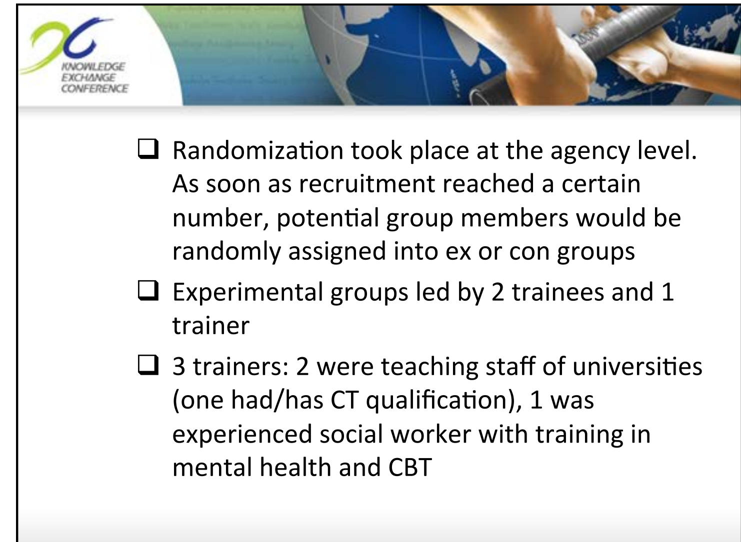
CONFERENCE
❑ Procedures
❑ Sources: self referred by reading the flyers in family service centres, clinics and referred by psychiatrists, social workers, psychologists and other professionals
❑ Pre-group interviews
❑ Experimental group received 10 sessions CBT in group format (i.e. each group had about 8 members)
❑ Control group received no intervention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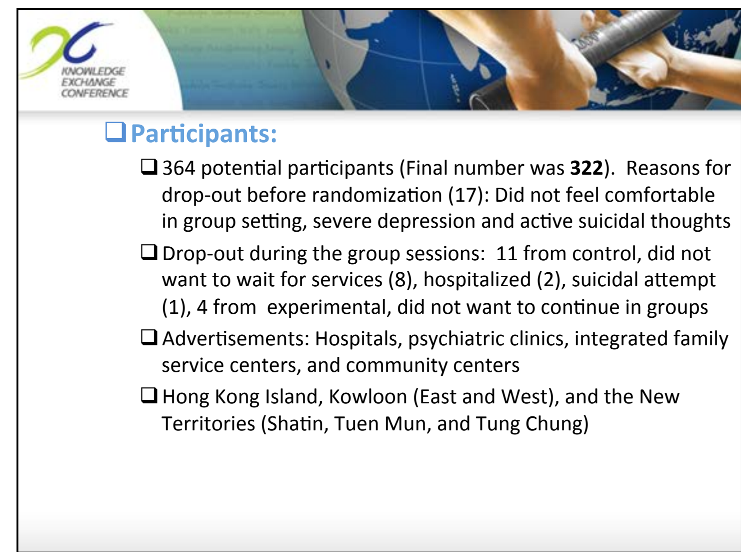
Randomization took place at the agency level. As soon as recruitment reached a certain number, potential group members would be randomly assigned into ex or con groups
Experimental groups led by 2 trainees and 1 trainer
3 trainers: 2 were teaching staff of universities (one had/has CT qualification), 1 was experienced social worker with training in mental health and CBT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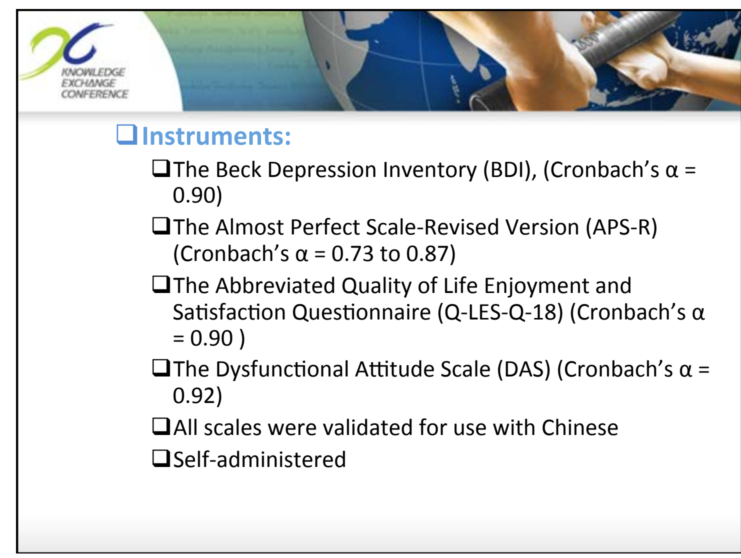
Participants:
364 potential participants (Final number was 322). Reasons for drop-out before randomization (17): Did not feel comfortable in group setting, severe depression and active suicidal thoughts
Drop-out during the group sessions: 11 from control, did not want to wait for services (8), hospitalized (2), suicidal attempt (1), 4 from experimental, did not want to continue in groups
Advertisements: Hospitals, psychiatric clinics, integrated family service centers, and community centers
Hong Kong Island, Kowloon (East and West), and the New Territories (Shatin, Tuen Mun, and Tung Chung)


KNOWLEDGE
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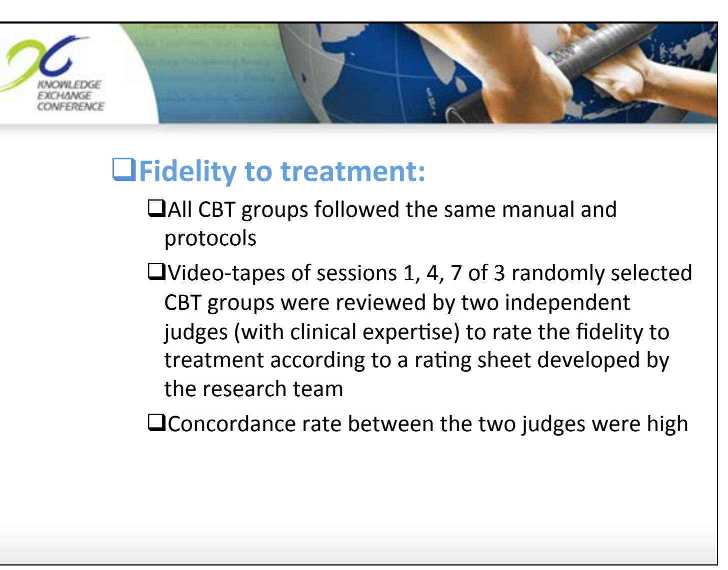
CONFERENCE
Instruments:
The Beck Depression Inventory (BDI), (Cronbach's α = 0.90)
The Almost Perfect Scale-Revised Version (APS-R) (Cronbach's α = 0.73 to 0.87)
The Abbreviated Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-18) (Cronbach's α = 0.90)
The Dysfunctional Attitude Scale (DAS) (Cronbach's α = 0.92)
All scales were validated for use with Chinese
Self-administered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Fidelity to treatment:
All CBT groups followed the same manual and protocols
Video-tapes of sessions 1, 4, 7 of 3 randomly selected CBT groups were reviewed by two independent judges (with clinical expertise) to rate the fidelity to treatment according to a rating sheet developed by the research team
Concordance rate between the two judges were high

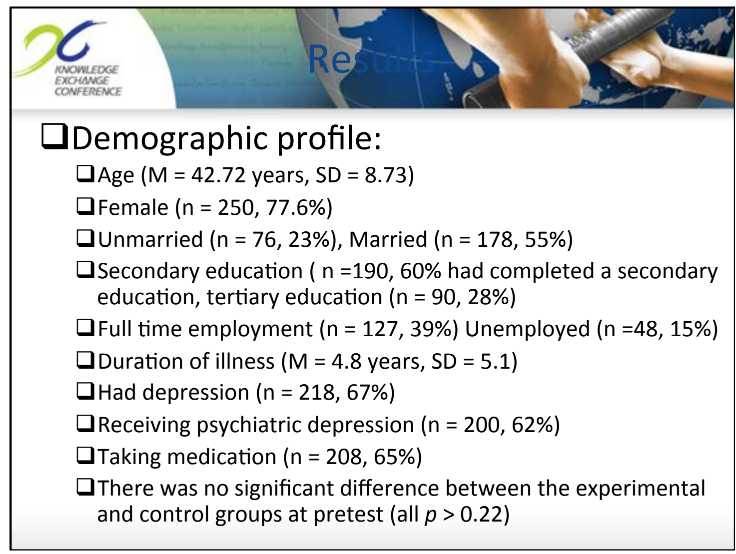
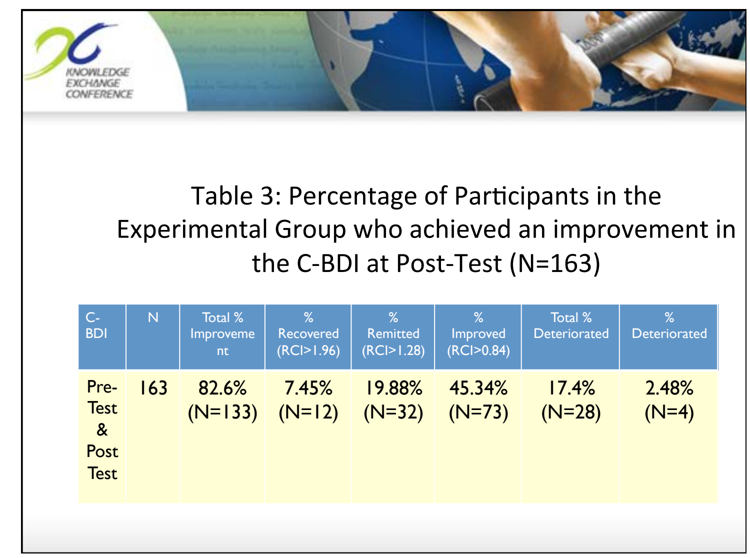


Table 1: Outcome Measures at Pre-Test and Post-Test, and Between-Group Difference (N=322)

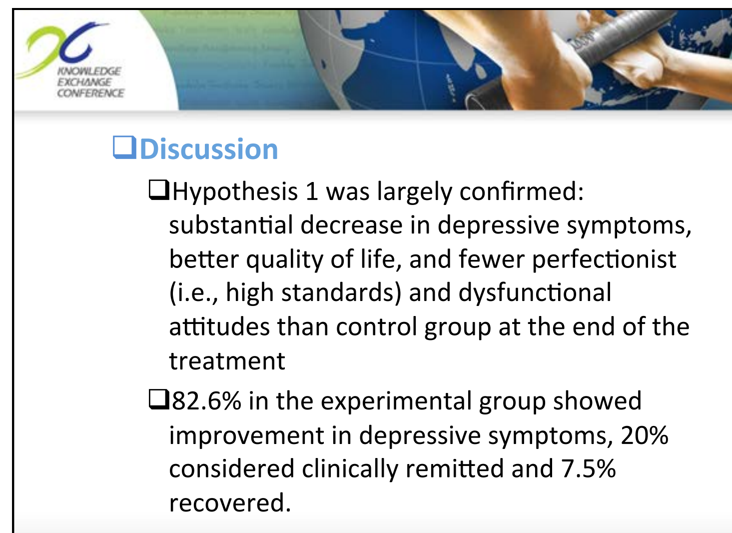
	CBT Group		Control		ANCOVA
	Pre	Post	Pre	Post	CBT vs Control
C-BDI					
M (SD)	0.9 (0.49)	0.54 (0.48)	1 (0.49)	0.9 (0.49)	F (1,321) = 57.44 p = 0.00
Q-LES					
M (SD)	2.9 (0.54)	3.24 (0.58)	2.8 (0.55)	2.9 (0.54)	F (1,321) = 30.16 p = 0.00
Perfectionism - Discrepancy					
M (SD)	4.95 (0.81)	4.74 (0.97)	5.16 (1.5)	4.95 (0.81)	F (1,321) = 1.82 p = 0.18
Perfectionism – High Standards					
M (SD)	4.65 (0.97)	4.31 (1.11)	4.69 (0.99)	4.65 (0.96)	F (1,321) = 10.281 p = 0.00
DAS					
M (SD)	4.02 (0.74)	3.69 (0.76)	4.14 (0.8)	4.02 (0.74)	F (1,321) = 16.52 p = 0.00

Table 2: Effect Sizes of the C-BDI, Q-LES, Perfectionism-Discrepancy, Perfectionism-High Standards & DAS Scales in Comparing the Post-Test Scores of the Experimental and Control Groups (N=322)

	Cohen's *d*
C-BDI	0.74
Q-LES	0.61
Perfectionism - Discrepancy	0.22
Perfectionism – High Standards	0.32
DAS	0.44



C-BDI	N	Total % Improvement	% Recovered (RCI>1.96)	% Remitted (RCI>1.28)	% Improved (RCI>0.84)	Total % Deteriorated	% Deteriorated
Pre-Test & Post Test	163	82.6% (N=133)	7.45% (N=12)	19.88% (N=32)	45.34% (N=73)	17.4% (N=28)	2.48% (N=4)


KNOWLEDGE
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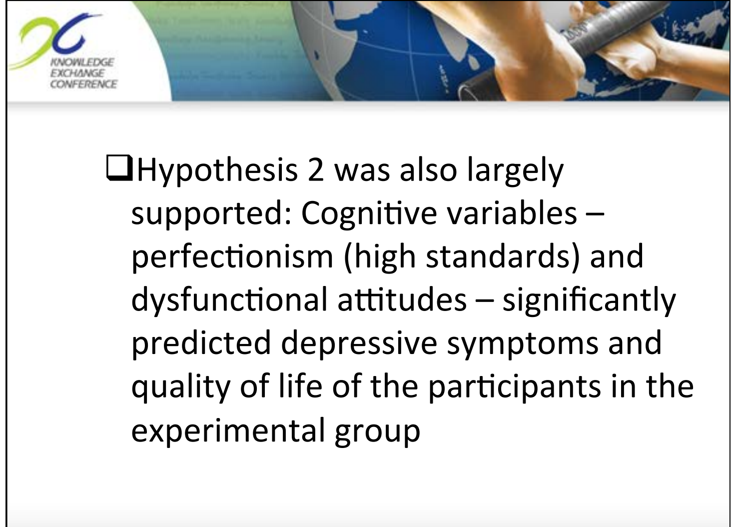
CONFERENCE
Discussion
Hypothesis 1 was largely confirmed: substantial decrease in depressive symptoms, better quality of life, and fewer perfectionist (i.e., high standards) and dysfunctional attitudes than control group at the end of the treatment
82.6% in the experimental group showed improvement in depressive symptoms, 20% considered clinically remitted and 7.5% recovered.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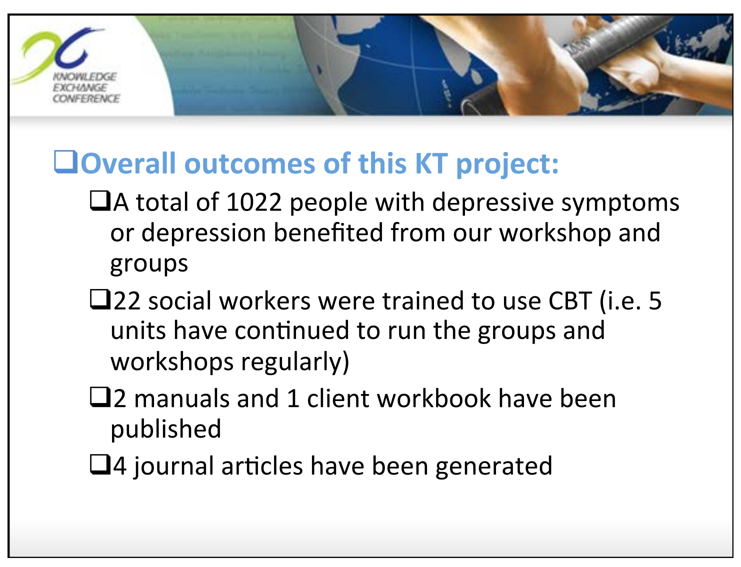
Hypothesis 2 was also largely supported: Cognitive variables – perfectionism (high standards) and dysfunctional attitudes – significantly predicted depressive symptoms and quality of life of the participants in the experimental group


KNOWLEDGE
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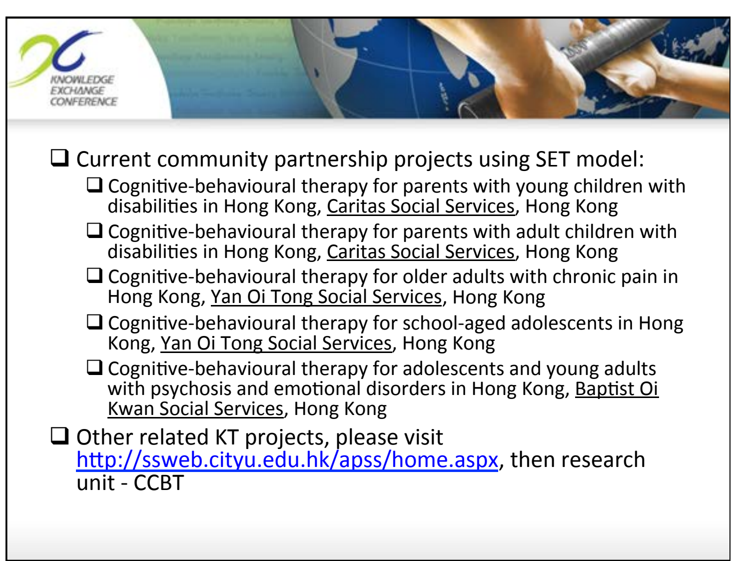
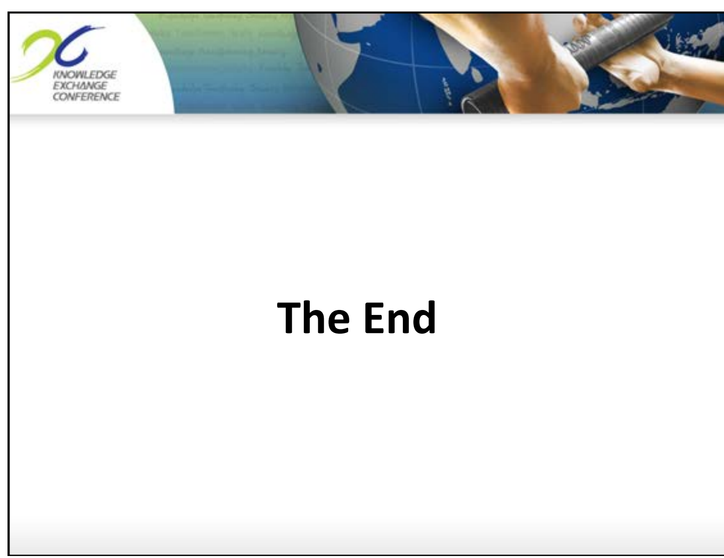
Overall outcomes of this KT project:
A total of 1022 people with depressive symptoms or depression benefited from our workshop and groups
22 social workers were trained to use CBT (i.e. 5 units have continued to run the groups and workshops regularly)
2 manuals and 1 client workbook have been published
4 journal articles have been generated


KNOWLEDGE
EXCHANGE
CONFERENCE
Current community partnership projects using SET model:
Cognitive-behavioural therapy for parents with young children with disabilities in Hong Kong, Caritas Social Services, Hong Kong
Cognitive-behavioural therapy for parents with adult children with disabilities in Hong Kong, Caritas Social Services, Hong Kong
Cognitive-behavioural therapy for older adults with chronic pain in Hong Kong, Yan Oi Tong Social Services, Hong Kong
Cognitive-behavioural therapy for school-aged adolescents in Hong Kong, Yan Oi Tong Social Services, Hong Kong
Cognitive-behavioural therapy for adolescents and young adults with psychosis and emotional disorders in Hong Kong, Baptist Oi Kwan Social Services, Hong Kong
Other related KT projects, please visit http://ssweb.cityu.edu.hk/apss/home.aspx, then research unit - CCBT


KNOWLEDGE
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The End