





Partnership Projects with Social Service Organizations: Combining Knowledge Generation and Knowledge Utilization

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Introduction

- In science, KT activities involve research with heavy investments, and is linked with development of technologies with substantial commercial potentials
- The products of knowledge transfer can be seen in the forms of patenting, licensing, contracts and spin offs



- Collaborative activities rather than commercial activities are more common in HSS
- Five forms of KT in HSS:
 - Contract research (Generation of new joint)
 - Joint research (Generation of New Knowledge)
 - Consultancy (Utilization of accumulated knowledge)
 - Training (Utilization of accumulated knowledge)
 - Personal mobility (Utilization of accumulated knowledge)




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)

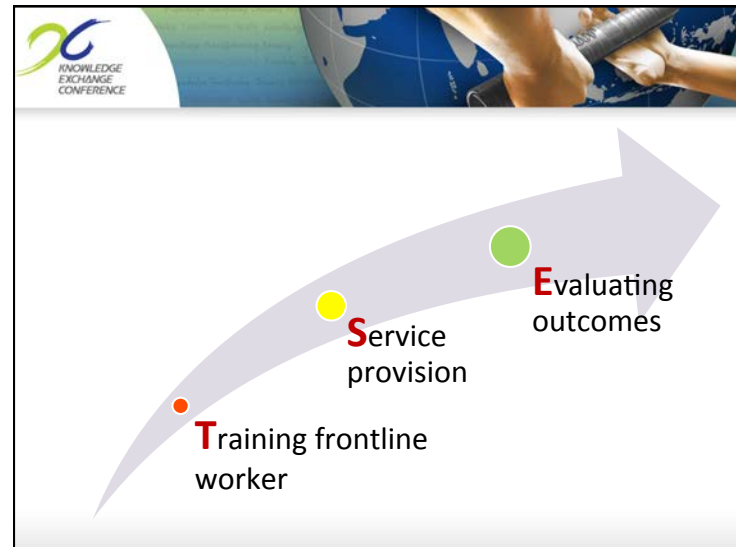
Type of KT	%
Technical advice and consultancy	51.1
Contract Research	47
Joint research	39.4
Training	34.8
Personal mobility activities	13.6




- ❑ 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.....




- ❑ 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






Objectives

- ❑ Provide Cognitive-Behavioural Therapy (CBT) intervention for at least 1000 people with mild to moderate depressive symptoms in Hong Kong
- ❑ Evaluate the outcomes of the intervention
- ❑ Train 16 frontline social workers to use CBT for people with depressive symptoms in group and workshop formats
- ❑ Develop trainee and client manuals




Recruitment Process

- ❑ Recruitment – 33 agencies applied
- ❑ Selection – 9 units (20 social workers for 1 ½ year training)
- ❑ Service types:
 - ❑ Integrated family services (6)
 - ❑ Community mental health services (3)
 - ❑ Counseling services (1)
 - ❑ Social Welfare Department
- ❑ Geographical locations:
 - ❑ Hong Kong, Kowloon, New Territories




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




Three-day training (1)

- ❑ Theoretical framework of cognitive therapy
- ❑ Cognitive therapy and depression
- ❑ CBT structured group processes
- ❑ Cognitive and behavioural techniques
- ❑ Case conceptualization
- ❑ Roles of worker



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



- **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...




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：「認知治療」自學/輔助手




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 patterns 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



Group materials used



抑鬱症認知治療小組
作業本



「心情溫度計」

建議的心情溫度計

你對自己的情緒反應有多少了解?
如何感受情緒「心情溫度計」的編製?

- 讓學生了解情緒反應的編製，並知道如何觀察自己的情緒反應。
- 讓學生了解情緒反應的編製，並知道如何觀察自己的情緒反應，以了解自己的情緒反應。

目的

幫助學生了解情緒反應的編製，並知道如何觀察自己的情緒反應。

「心情溫度計」的編製

1. 幫助了學生了解情緒反應的編製，並知道如何觀察自己的情緒反應。

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18. 幫助了學生了解情緒反應的編製，並知道如何觀察自己的情緒反應。

19. 幫助了學生了解情緒反應的編製，並知道如何觀察自己的情緒反應。

20. 幫助了學生了解情緒反應的編製，並知道如何觀察自己的情緒反應。

Group materials used
Members' manual, Group materials,

五常法要訣

- 常留意：察覺負面訊息
- 常暫停：負面思想，腦筋停一停
- 常自我反問：增加新觀點，新角度，建立正向思維
- 常留意明卡：你的人生金句
- 常分散注意力：做些有益的小行動，把你看開對負面思想的專注

規條釋一釋 (家庭方面)

個人情緒	正面情緒	負面情緒
好	↑	↓
中	↑	↓
差	↑	↓
好	↑	↓
中	↑	↓
差	↑	↓
好	↑	↓
中	↑	↓
差	↑	↓

Group materials used
Members' manual, Group materials,

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

Group materials used
Members' manual, Group materials,

走出陷阱五常法要訣

引發事件 → 負面想法及思想陷阱類型

- 第1法：常留意身體警告訊號
- 第2法：常喚停負面思想，腦筋停一停
- 第3法：常反問自己
- 第4法：常分散注意力
- 第5法：常留意明卡，你的人生金句


思想陷阱的類型

- 非黑即白**：即「絕對化」思想，事情只有一個絕對的結果，不可能存在其他可能性。換句話說，這些人對事情的看法只是或不是，錯與對，中間沒有灰色地帶。
- 自我上身**：即「個人化」思想，每當出現問題時，有這種思維的人往往把責任歸咎於自己身上，並認為是自己的錯。
- 貶低成功經驗**：這些人把成功的經驗歸因於別人的身上，會認為這只是僥倖，或沒有什麼了不起，並沒有體驗為自己的努力所至。
- 大難臨頭**：把事情的嚴重程度擴大，推至「災難化」的地步。
- 打沉自己**：這些人不斷向自己說負面的說話，以致意志消沉。
- 妄下列罪**：在沒有甚麼證據下，把事情的結果推斷為負面。
- 左思右想**：面對事情不斷重複思考，而思考內容是互相矛盾，不能果斷，猶豫不決。
- 感情用事**：以心情作判斷或結論，心情壞的時候什麼都有問題，而忽略事情的客觀事實。
- 怨天尤人**：忽略或推卸自己責任，凡事歸咎他人或埋怨上天。

Group materials used
Members' manual, Group materials,


均衡生活拍賣會

- 學業 / 進修 (萬)
- 宗教活動 (萬)
- 家人 (萬)
- 配偶 / 男女朋友 (萬)
- 工作 (萬)
- 獨處 (萬)
- 朋友 (萬)
- 休息 (萬)
- 發展個人興趣 (萬)
- 健體活動 (萬)
- 娛樂 (萬)
- 接觸潮流 / 新事物 (萬)




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




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.




Measures

- ❑ 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




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




- ❑ 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




❑ 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)




❑ Instruments:

- ❑ The Beck Depression Inventory (BDI), (Cronbach's $\alpha = 0.90$)
- ❑ The Almost Perfect Scale-Revised Version (APS-R) (Cronbach's $\alpha = 0.73$ to 0.87)
- ❑ The Abbreviated Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-18) (Cronbach's $\alpha = 0.90$)
- ❑ The Dysfunctional Attitude Scale (DAS) (Cronbach's $\alpha = 0.92$)
- ❑ All scales were validated for use with Chinese
- ❑ Self-administered



❑ 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



Demographic profile:

- ❑ Age (M = 42.72 years, SD = 8.73)
- ❑ Female (n = 250, 77.6%)
- ❑ Unmarried (n = 76, 23%), Married (n = 178, 55%)
- ❑ Secondary education (n = 190, 60% had completed a secondary education, tertiary education (n = 90, 28%)
- ❑ Full time employment (n = 127, 39%) Unemployed (n = 48, 15%)
- ❑ Duration of illness (M = 4.8 years, SD = 5.1)
- ❑ Had depression (n = 218, 67%)
- ❑ Receiving psychiatric depression (n = 200, 62%)
- ❑ Taking medication (n = 208, 65%)
- ❑ There was no significant difference between the experimental and control groups at pretest (all $p > 0.22$)




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

	CBT Group		Control		ANCOVA CBT vs Control
	Pre	Post	Pre	Post	
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)	$F(1,321) = 16.52$ $p = 0.00$

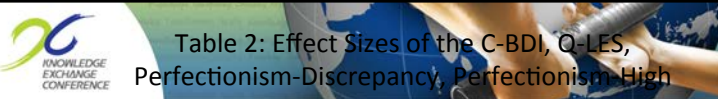


Table 2: Effect Sizes of the C-BDI, Q-LES, Perfectionism-Discrepancy, Perfectionism-High Standards & DAS Scales in Comparing the Post-Test Scores of the Experimental and Control Groups (N=322)

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






Table 3: Percentage of Participants in the Experimental Group who achieved an improvement in the C-BDI at Post-Test (N=163)

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)




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.




- ❑ 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



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



- ❑ 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

