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## Plan Overview

*A Data Management Plan created using DMPonline*

**Title:** Project ACCESS - Work Package 2: Development of a Fidelity Measure and Assessing the Implementation Fidelity of Single Session Therapy Delivery in Jigsaw

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### Project abstract:

Nearly two-thirds of mental disorders emerge before age 25, yet only a minority of young people have access to adequate mental health care. Timely access to mental health care reduces suffering and improves outcomes, yet Jigsaw have struggled with delays in young people accessing their services due to traditional models of talk therapy care requiring screening and assessment followed by a number of therapy sessions over an extended period. To improve accessibility, Jigsaw introduced single-session therapy as a first pathway to care in June 2023.

Single-session therapy (SST) offer a promising path toward improving accessibility, cost-effectiveness and completion rates for youth mental health services. Evidence supports the capacity of SST to reduce youth mental health difficulties. However, less is known about the implementation of SST in primary care services for young people. Documenting the implementation of SST and assessing intervention fidelity across services in Ireland is essential to ensure the delivery of SST is effective, consistent, and aligned with Jigsaw's intended objectives.

This research aims to:

1. Co-develop a programme theory with clinicians (n=15) and young people (n=15), and conduct a rapid evidence review on SST so that a comprehensive understanding of the intervention's core components will be documented.
2. Develop a fidelity checklist to assess whether single-session therapy is delivered as planned.
3. Evaluate intervention fidelity (provider behaviour) and young people's engagement and acceptability (recipient behaviour) of SST. Clinical case notes of sessions (n=75) and audio recordings (n=30) will be reviewed and reliably rated for fidelity against fidelity checklist. Routine feedback captured on Jigsaw's data system will evaluate youth engagement.
4. Analyze Jigsaw's single session's performance by evaluating access to timely care and improvement in therapeutic goals.

The results will help improve the sustainability of SST delivery across services and ensure best practices are followed in SST delivery across sites in Ireland.

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# **Project ACCESS - Work Package 2: Development of a Fidelity Measure and Assessing the Implementation Fidelity of Single Session Therapy Delivery in Jigsaw**

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## **Data description and collection or re-use of existing data**

### **How will new data be collected or produced and/or how will existing data be re-used?**

This work package will involve both the collection of new primary research data and the re-use of existing routine clinical and documentary data to develop, pilot and evaluate a fidelity measure for Single-Session Therapy (SST) delivery in Jigsaw.

New primary data will be collected through:

- • Consultation meetings with Jigsaw's SST implementation team to refine the fidelity checklist and accompanying coding guidelines.
- • Feedback from clinicians regarding the content, usability and acceptability of the fidelity checklist.
- • Debrief telephone calls with participating clinicians following SST delivery.
- • Anonymous audio recordings of consenting SST sessions to assess fidelity of delivery.
- • Researcher coding and fidelity assessments using the developed checklist.

Existing data will be re-used through:

- • Published fidelity measures identified through a review of the literature.
- • The programme theory developed during WP1.
- • Anonymised clinician case notes from consenting clinicians and young people.
- • Routine pseudonymised data extracted from Jigsaw's Electronic Health Record (EHR) system, including the Youth Service Satisfaction Survey and additional fidelity questions introduced as part of the project.

New data generated during the work package will include:

- • Iterative versions of the fidelity checklist
- • Coding guidelines
- • Consultation notes
- • Anonymised transcripts of clinician debriefs
- • Coded fidelity assessments
- • Derived fidelity scores
- • Quantitative analysis datasets
- • Statistical outputs
- • Qualitative analysis outputs
- • Documentation describing revisions made during checklist development.

These data will support development of a valid and reliable fidelity measure and enable assessment of fidelity of delivery, intervention receipt, intervention enactment and acceptability of SST across Jigsaw services.

### **What data (for example the kind, formats, and volumes), will be collected or produced?**

Kind of data

This work package will generate both qualitative and quantitative research data.

Data will include:

- • Consultation notes
- • Clinician feedback
- • Clinician debrief recordings and transcripts (where applicable)
- • Anonymous audio recordings of SST sessions
- • Anonymised clinician case notes
- • Routine EHR survey responses
- • Fidelity checklist coding forms
- • Coding guidelines
- • Fidelity scores
- • Descriptive statistics
- • Content analysis coding frameworks
- • Statistical analysis datasets
- • Documentation relating to checklist development and validation.

### **Formats**

Data are expected to be stored in commonly used electronic formats including:

- • Word (.docx)
- • Excel (.xlsx)
- • PDF
- • NVivo project files (.nvp)
- • Statistical software files (e.g. SPSS and Stata)
- • Audio files (.mp3)
- • PowerPoint (.pptx).

### **Volumes**

The work package is expected to include:

- • Consultation meetings with the implementation team
- • Clinician consultation feedback
- • Pilot coding of approximately five anonymised case notes
- • Independent coding of a further 10–15 anonymised case notes during checklist refinement
- • Fidelity coding of approximately 60–75 anonymised clinician case notes
- • Anonymous audio recordings of approximately 15–30 SST sessions
- • Clinician debrief calls
- • Routine EHR data from young people attending SST across participating Jigsaw services during the study period.

The resulting dataset will comprise qualitative recordings and transcripts, quantitative fidelity datasets, statistical outputs, coding documentation and multiple iterative versions of the fidelity checklist.

## **Documentation and data quality**

**What metadata and documentation (for example the methodology of data collection and way of organising data) will accompany data?**

Documentation accompanying the research data will include:

- • Participant information leaflets and consent forms
- • Fidelity checklist versions
- • Coding manuals and guidance documents
- • Clinician debrief schedules
- • Consultation topic guides
- • Codebooks
- • Statistical syntax files
- • Qualitative coding documentation
- • Data dictionaries for EHR variables
- • README files
- • Version histories documenting revisions to the fidelity checklist and coding guidance.

Consistent file naming conventions, structured folder hierarchies and version control procedures will be used throughout the project.

### **What data quality control measures will be used?**

Quality assurance procedures will include:

- • Standardised coding guidance for all researchers
- • Pilot testing of the fidelity checklist
- • Independent double-coding of clinical case notes
- • Calculation of Cohen's weighted kappa and percentage agreement
- • Refinement of coding guidance following discrepancies
- • Verification of quantitative datasets prior to analysis
- • Validation of derived fidelity scores
- • Documentation of all coding, cleaning and analytical decisions.

### **Storage and backup during the research process**

#### **How will data and metadata be stored and backed up during the research process?**

Research data will be stored within secure, access-controlled University College Dublin (UCD) systems in accordance with UCD Research Data Management policies, GDPR and the approved Data Sharing Agreement with Jigsaw<sup>[CF1]</sup>. Audio recordings, anonymised case notes, coding files, fidelity datasets, statistical outputs and associated documentation will be stored within structured project folders.

Three copies of research data will be maintained through:

- Secure UCD-managed institutional cloud storage
- Encrypted UCD-managed computers
- Encrypted offline backup stored separately from the primary dataset.

Only approved members of the research team will have access to study files.

## **How will data security and protection of sensitive data be taken care of during the research?**

The work package involves potentially sensitive qualitative and quantitative data relating to youth mental health service delivery.

All processing will comply with GDPR, the Data Protection Acts 1988–2018 and UCD data protection policies. Clinical case notes supplied for fidelity assessment will be anonymised prior to researcher access.

Routine EHR data will be provided as pseudonymised extracts prepared by Jigsaw, who will remain Data Controller for the original records.

Audio recordings will only be collected following informed consent from clinicians and young people (and parents/guardians where required), securely transferred following collection and deleted once transcription, verification and fidelity coding have been completed.

Participant identifiers and consent documentation will be stored separately from research data, with access restricted to authorised researchers.

## **Legal and ethical requirements, codes of conduct**

### **If personal data are processed, how will compliance with legislation on personal data and on security be ensured?**

Personal data collected for recruitment and informed consent will be processed in accordance with GDPR, the Data Protection Acts 1988–2018 and UCD data protection policies.

Research data will comprise anonymised and pseudonymised datasets wherever possible. Identifiable participant information will be stored separately from research data and accessible only to authorised members of the research team.

All processing will comply with the principles of lawfulness, fairness, transparency, purpose limitation, data minimisation, integrity and confidentiality.

### **How will other legal issues, such as intellectual property rights and ownership, be managed? What legislation is applicable?**

The study will comply with GDPR, the Irish Data Protection Acts 1988–2018 and UCD research governance policies.

Intellectual property relating to the fidelity checklist, coding guidance, analytical outputs and associated research materials will be managed in accordance with UCD policies and collaboration agreements between UCD and Jigsaw.

Published fidelity measures reviewed during checklist development will be used in accordance with copyright legislation and appropriate academic citation practices.

### **What ethical issues and codes of conduct are there, and how will they be taken into account?**

Ethical approval will be obtained from the appropriate University College Dublin Research Ethics

Committee and Jigsaw Research Ethics Committee before commencement.

Key ethical considerations include:

- • Informed consent from clinicians and young people.
- • Parental consent and participant assent where required.
- • Confidentiality of clinical information.
- • Secure handling of audio recordings.
- • Minimising participant burden.
- • Protection of sensitive mental health information.

Only anonymised clinical case notes will be used for fidelity coding.

Participation in audio recording and clinician debrief interviews will be entirely voluntary and will not affect clinical care and this will be made known to participants.

Participants may withdraw from the study at any stage in accordance with ethical approval procedures.

## **Data sharing and long-term preservation**

### **How and when will data be shared? Are there possible restrictions to data sharing or embargo reasons?**

Due to the inclusion of sensitive qualitative materials, anonymised clinical case notes, audio recordings and pseudonymised routine clinical data, individual-level datasets will not be made publicly available.

Research findings will be disseminated through peer-reviewed publications, conference presentations and reports.

Where appropriate, metadata, methodological documentation and non-identifiable research materials will be shared through the Open Science Framework (OSF).

Any quotations included in publications will be fully anonymised and reviewed to minimise the risk of participant identification

### **How will data for preservation be selected, and where data will be preserved long-term (for example a data repository or archive)?**

Research data will be securely retained within UCD-managed storage systems for a minimum of ten years following study completion in accordance with UCD Research Data Management policies.

Research data and associated documentation necessary to support verification and future reuse, including anonymised transcripts, fidelity datasets, coding documentation, statistical outputs, metadata and README files, will be securely retained within UCD-managed storage systems for a minimum of ten years following study completion.

Consent forms and participant contact information will be retained separately in accordance with ethical and legal requirements.

### **What methods or software tools are needed to access and use data?**

Qualitative data will be analysed using NVivo.

Quantitative analyses will be undertaken using appropriate statistical software (e.g. SPSS and Stata).

Documents will be stored using commonly available formats including Word, PDF, Excel, audio formats and image formats.

### **How will the application of a unique and persistent identifier (such as a Digital Object Identifier (DOI)) to each data set be ensured?**

The qualitative dataset will not be assigned a public DOI because it contains sensitive qualitative data that cannot be openly shared.

Where appropriate, metadata and non-identifiable study documentation deposited in repositories such as the Open Science Framework will receive persistent identifiers to support citation, discoverability and long-term access.

## **Data management responsibilities and resources**

### **Who (for example role, position, and institution) will be responsible for data management (i.e. the data steward)?**

The Postdoctoral Researcher will have day-to-day responsibility for participant recruitment, data collection, secure storage, organisation, fidelity coding, statistical analysis, qualitative analysis and preparation of research outputs.

The Research Assistant will support data collection, transcription, fidelity coding, quality assurance and data management activities under the supervision of the Postdoctoral Researcher.

Dr Amanda Fitzgerald will oversee implementation of the Data Management Plan and ensure compliance with ethical, legal and governance requirements.

The wider research team will contribute to checklist development, interpretation of findings, quality assurance and dissemination of results.

### **What resources (for example financial and time) will be dedicated to data management and ensuring that data will be FAIR (Findable, Accessible, Interoperable, Re-usable)?**

Dedicated researcher time has been allocated throughout the project for participant recruitment, transcription, fidelity coding, statistical analysis, documentation, secure data management and preparation of research outputs.

UCD-managed secure storage infrastructure will support long-term preservation of research data and documentation.

FAIR principles will be supported through:

- **Findable:** Metadata describing the study will be made available through OSF where appropriate.
- **Accessible:** Sensitive qualitative data will not be publicly shared, but non-identifiable documentation and publications will be openly available where possible.
- **Interoperable:** Data and documentation will be stored using widely used, non-proprietary formats where feasible.

- **Reusable:** Sufficient methodological documentation will accompany shared outputs to support interpretation and appropriate reuse.