EDUCATIONAL IMPLEMENTATION STRATEGIES: BEST PRACTICES FOR TRAINING AND CONSULTATION

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Implementation Science Seminar Series

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IMPLEMENTATION SCIENCE TERMS

- The Thing[1]: the intervention/practice/innovation

- Efficacy and effectiveness research: whether the thing work

- Implementation Research: how to help people/places DO the thing

- Implementation Strategies[2]: methods or techniques that are used to help people do the thing

EDUCATIONAL IMPLEMENTATION STRATEGIES

- Initial step in most implementation studies

- Small changes resulting from education may have a big impact[3]

- Likely to be combined with other implementation strategies

TYPES OF EDUCATIONAL IMPLEMENTATION STRATEGIES[3]

Educational Materials

Large-Scale Educational Meetings

Small-Scale Educational Meetings

Outreach Visits

E-learning

Opinion Leaders

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SUMMARY

Strategy	Evidence
Educational materials	Typically part of a larger educational program; may have a small positive effect on their own
Large-Scale Educational Meeting	May have moderately positive effect on performance, especially with interactive component
Small-Scale Educational Meeting	Tends to be more effective than large-scale meetings because more interactive and engaging
Outreach Visits	Heterogenous effects; on average, comparable to other strategies and more expensive
E-Learning	Likely to be equivalent to face-to-face learning
Opinion Leaders	Moderately positive effect on performance

What kind of educational implementation strategy is peer consultation?

Educational materials
Large -scale educational meetings
Small-scale educational meetings
Outreach visits
E-learning
Opinion Leaders

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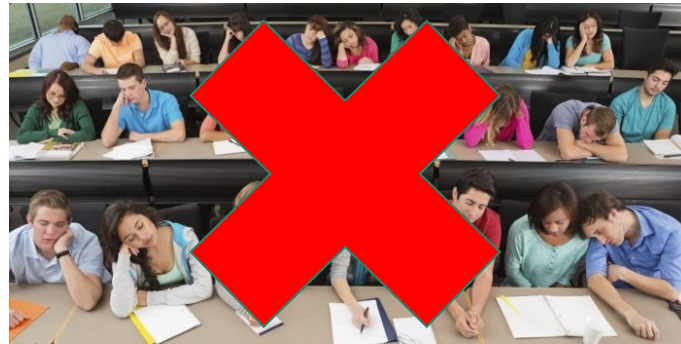
Therapist training in evidence-based interventions for mental health: A systematic review of training approaches and outcomes

Hannah E. Frank[1] | Emily M. Becker-Haimes[2,3] | Philip C. Kendall[1]
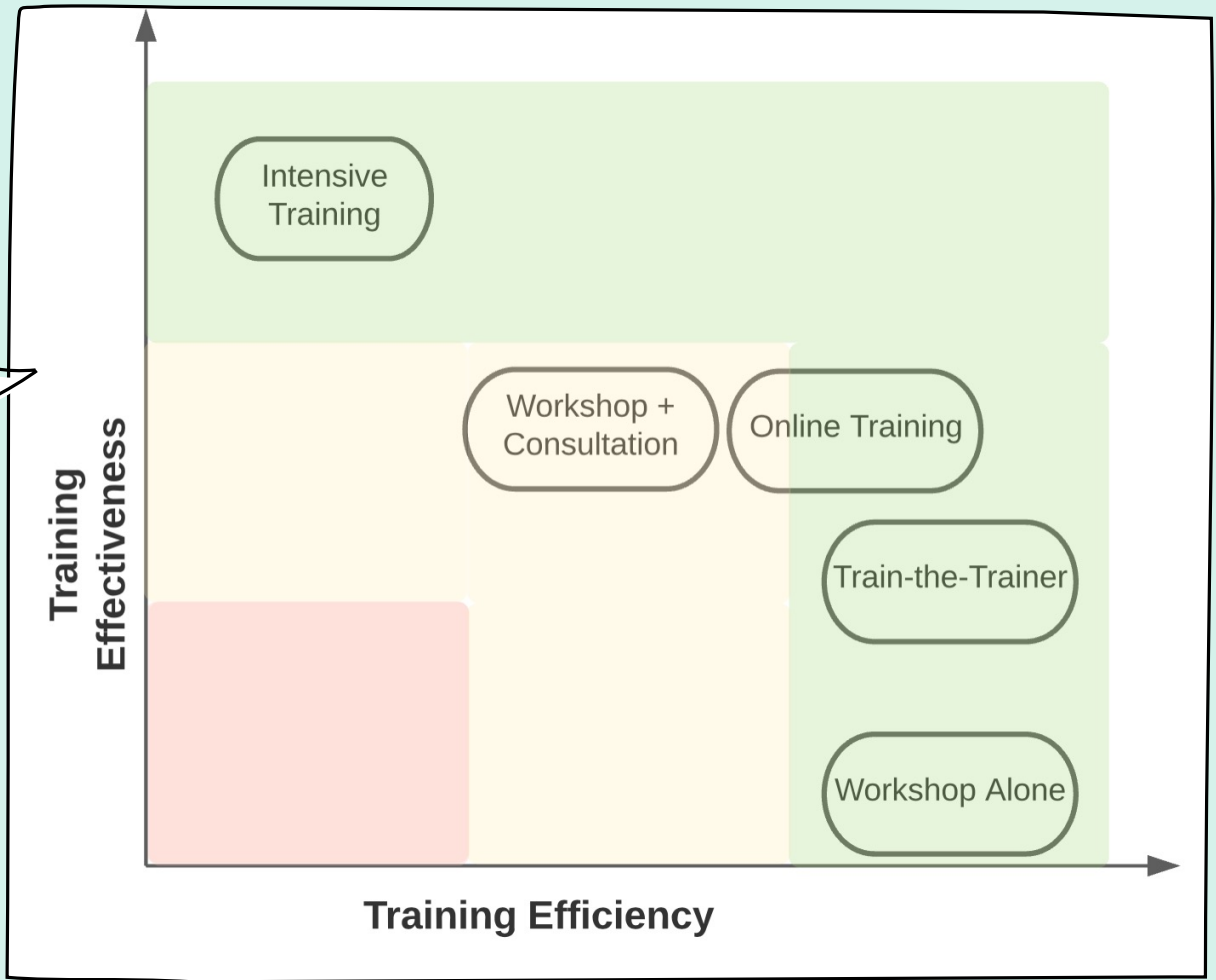
PREVIOUS REVIEWS

SYSTEMATIC REVIEW

N = 76 studies published since 2010

Five Approaches to Training:

- Workshops alone
- Workshops followed by consultation
- Online training
- Train-the-trainer
- Intensive Training

Limited support for low-intensity training

Ongoing consultation can yield better outcomes

Train-the-trainer is promising as a cost-effective, efficient model

Intensive training models increase therapist competence and intervention use

Many methodological limitations

KEY FINDINGS

THERAPIST TRAINING

- Clinical interventions use behavior change principles

- These principles have not been explicitly applied to training

- Exposure therapy behavior change principles may enhance clinician training
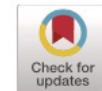
EXPERIENTIAL TRAINING

Check for updates

Training with tarantulas: A randomized feasibility and acceptability study using experiential learning to enhance exposure therapy training

Hannah E. Frank [a],*, Emily M. Becker-Haimes [b,c], Lara S. Rifkin [a], Lesley A. Norris [a], Thomas H. Ollendick [d], Thomas M. Olino [a], Hilary E. Kratz [e], Rinad S. Beidas [b,f,g], Philip C. Kendall [a]

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EXPERIENTIAL TRAINING: EXPOSURE TO EXPOSURE

Exposure therapy is a key ingredient in treatment for anxiety disorders

A primary barrier to exposure implementation is clinician anxiety

Using exposure to address clinicians' fears about exposure may increase their use of exposure

STUDY DESIGN

28 participants
Practicing clinicians attended 1-day workshop on exposure therapy

Questionnaires gathered at *pre-training*, *post-training*, and *follow up* (1-, 2-, and 3-months)

11 randomized to Training-as-Usual

17 randomized to Experiential Training

12 clinicians completed follow-up interviews

Qualitative data gathered from interviews

RESULTS

- Preliminary evidence that experiential training resulted in greater increase in exposure use

- Strong evidence for feasibility and acceptability

- Qualitative interviews highlighted value of parallel process

"I think a lot of it is the experiential piece and while I knew in a cognitive way how the process works, just like with clients, it's not until you do it yourself that you actually see and have that different level of learning that's so important and essential to having this therapy work."

- Two-phase study examining experiential training further
  - Phase 1: establish dosing of experiential tasks
  - Phase 2: randomized trial
- Target: therapists' negative beliefs about exposure
- Educational implementation strategies:
  - 12-hour small-scale educational workshop
  - Weekly expert consultation

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CLINICIAN MALADAPTIVE ANXIOUS AVOIDANCE[9]

- Clinician anxiety to delivering evidence-based interventions that may be negatively valenced

- Examples:
  - Exposure therapy
  - Suicide screening, assessment, and brief interventions
  - Time out for Disruptive behavior disorders

What are other interventions/procedures that could benefit from exposure-based or experiential training?

CONCLUSIONS

- Small but clinically relevant effect sizes

- Active and personal training approaches lead to better outcomes

- Role of technology

- Combine educational strategies with other implementation strategies

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QUESTIONS?