EDUCATIONAL IMPLEMENTATION STRATEGIES: BEST PRACTICES FOR TRAINING AND CONSULTATION

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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

- Educational Materials
- Large-Scale Educational Meetings
- Small-Scale Educational Meetings
- Outreach Visits
- E-learning
- Opinion Leaders
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## SUMMARY

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Evidence</th>
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</thead>
<tbody>
<tr>
<td>Educational materials</td>
<td>Typically part of a larger educational program; may have a small positive effect on their own</td>
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<tr>
<td>Large-Scale Educational Meeting</td>
<td>May have moderately positive effect on performance, especially with interactive component</td>
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<tr>
<td>Small-Scale Educational Meeting</td>
<td>Tends to be more effective than large-scale meetings because more interactive and engaging</td>
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<tr>
<td>Outreach Visits</td>
<td>Heterogenous effects; on average, comparable to other strategies and more expensive</td>
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<tr>
<td>E-Learning</td>
<td>Likely to be equivalent to face-to-face learning</td>
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<tr>
<td>Opinion Leaders</td>
<td>Moderately positive effect on performance</td>
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</tbody>
</table>
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
Therapist training in evidence-based interventions for mental health: A systematic review of training approaches and outcomes

Hannah E. Frank¹ | Emily M. Becker-Haines²,³ | Philip C. Kendall¹
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
RESULTS

[Diagram showing a graph with axes for Training Effectiveness and Training Efficiency, with regions labeled: Intensive Training, Workshop + Consultation, Online Training, Train-the-Trainer, Workshop Alone.]
**Key Findings**

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

Hannah E. Frank a,*, Emily M. Becker-Haim es 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
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.
28 participants
Practicing clinicians attended 1-day workshop on exposure therapy

11 randomized to Training-as-Usual
17 randomized to Experiential Training

12 clinicians completed follow-up interviews

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

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
CLINICIAN MALADAPTIVE ANXIOUS AVOIDANCE

- 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?
Determinants of Education Effectiveness

- Needs Assessment
- Active Participation
- Duration of Education
- Opinion Leaders
- Assessment and Feedback
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
REFERENCES


QUESTIONS?