Developing a systematic evaluation approach for training programs within a train-the-trainer model for youth cognitive behavior therapy

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The purpose of this small pilot study was three-fold: (a) to begin development of a coding scheme for supervisor and therapist skill acquisition, (b) to preliminarily investigate a pilot train-the-trainer paradigm for skill development, and (c) to evaluate self-reported versus observed indicators of skill mastery in that pilot program. Participants included four supervisor—therapist dyads (N = 8) working with public mental health sector youth. Master trainers taught cognitive-behavioral therapy techniques to supervisors, who in turn trained therapists on these techniques. Supervisor and therapist skill acquisition and supervisor use of teaching strategies were repeatedly assessed through coding of scripted role-plays with a multiple-baseline across participants and behaviors design. The coding system, the Practice Element Train the Trainer – Supervisor/Therapist Versions of the Therapy Process Observational Coding System for Child Psychotherapy, was developed and evaluated though the course of the investigation. The coding scheme demonstrated excellent reliability (ICCs [1,2] = 0.81–0.91) across 168 video recordings. As calculated through within-subject effect sizes, supervisor and therapist participants, respectively, evidenced skill improvements related to teaching and performing therapy techniques. Self-reported indicators of skill mastery were inflated in comparison to observed skill mastery. Findings lend initial support for further developing an evaluative approach for a train-the-trainer effort focused on disseminating evidence-based practices.

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Over the past several decades, evidence has accumulated to suggest that some psychosocial interventions for youth consistently outperform others (Silverman & Hinshaw, 2008; Society of Clinical Child and Adolescent Psychology & Association for Behavioral and Cognitive Therapies, 2009). Despite the body of research supporting the efficacy of these evidence-based practices (EBPs), they remain underutilized in community-based treatment settings (Hoagwood & Olin, 2002; Reimer, Rosof-Williams, & Bickman, 2005). In essence, treatment efficacy research has thus far outpaced the empirical understanding of how to implement EBPs (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005), leading many to shift research focus towards dissemination and implementation (DI) science.

The empirical investigation of provider training strategies has become a central area of interest. The results of Beidas and Kendall’s (2010) recent provider training review indicate that passive learning strategies (e.g., didactic presentations, seminars) are effective at most in changing provider attitudes and knowledge, but do not impact actual behavior. Trainings using active learning strategies (e.g., role-playing, modeling, practice) were found to be the most effective in influencing provider’s subsequent behaviors. Overall, the latest empirically-driven training recommendations dictate the use of time-intensive, multi-modal learning experiences requiring long periods of time and significant organizational-level support (Beidas & Kendall, 2010; Herschell, Kolkko, Bauman, & Davis, 2010; Rakovshik & McManus, 2010). Research has indicated that typical public sector provider training does not meet this rigorous standard (Fixsen et al., 2005; Institute of Medicine, 2010). Accordingly, it has been suggested that implementation efforts will be most effective if they are carefully adapted to fit the resources and processes of the local environment (cf. Damschroeder et al., 2009; Fixsen et al., 2005).

Two innovative implementation concepts have been developed that may facilitate empirically-based training recommendations to larger, community-based settings. First, Chorpita and colleagues

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Psychotherapy Strategies Scale; TPOCS-S, McLeod & Weisz, 2010) and the discrete structure afforded by Chorpita and Weisz’s (2009) Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), our first hypothesis predicted intrater reliability coefficients in the good (0.60–0.74) to excellent (0.75–1.00) range (Cicchetti, 1994). The second focus for this paper examines the effects of the initial demonstration project with this same participant sample, using the newly created observational coding system. Our hypotheses for this second portion of the study predicted improvements in supervisors’ abilities for teaching the selected techniques of problem-solving and exposure (second hypothesis), supervisors’ teaching style during their teaching of those techniques (third hypothesis), and therapists’ abilities for implementing these techniques (fourth hypothesis). The third area for the present study concerned the relationship between self-rated and observed performances for supervisors and therapists. Given Beidas and Kendall’s (2010) findings that therapists tend to overrate their behavior changes post-training, our fifth hypothesis predicted that both supervisors and therapists would respectively overestimate their performances for teaching and delivering therapeutic techniques.

Method

Participants

The two major types of participants in the current study were youth mental health supervisors and therapists. Supervisors and therapists were recruited for voluntary participation from local child-serving community mental health. Supervisor and therapists participated as dyads, naturally paired together through an existing supervisor-supervisee relationship. There were no study dropouts and all participants (four dyads; N = 8) initially expressing interest participated fully. Randomization, blinding, and masking procedures were not relevant given the single-subject design discussed below. Of the eight participants, four (50%) were female and the mean age reported was 39.5 (SD = 15.2).

Dyad 1

This supervisor was of Native Hawaiian and other ethnicities, and reported 13 years of clinical experience after receiving her Psy.D. in clinical psychology. She supervised five therapists on an ongoing basis, and also provided some treatment services herself. She self-reported an eclectic approach to therapy. This therapist reported a mixed ethnic background and six months of clinical experience after receiving his Masters in Social Work. His caseload typically ranged from seven to eight youth, and he reported receiving approximately one total hour of supervision per week. He reported cognitive behavioral therapy as his primary theoretical orientation. Both participants worked at a community-based residential treatment facility.

Dyad 2

This supervisor was a White woman, who reported three years of clinical experience since respecializing her Ph.D. to clinical psychology. She supervised six school-based behavioral health care therapists, and provided a total of five hours of supervision per week. She also provided some direct assessment and treatment services, and reported an eclectic approach to therapy. This therapist was a White woman with three and a half years of clinical experience after receiving her M.A. in counseling. Her active caseload was 18, and she received approximately one total hour of supervision per week. Her self-reported primary theoretical orientation was family-systems therapy. These participants were
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