

## Bringing Technology to Training: Web-Based Therapist Training to Promote the Development of Competent Cognitive-Behavioral Therapists

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*In general, as well as part of dissemination and implementation science, there is the need to focus on training of mental health professionals in cognitive-behavioral therapy (CBT). Unfortunately, the usual training methods (e.g., workshops, seminars) and the availability of treatment manuals have not produced full uptake or quality practice. Web-based therapist training programs can improve and expand access to CBT training. Advantages of a web-based training approach allows for increased flexibility, accessibility, cost-efficiency, scalability, potential for both didactic and interactive learning, consistency in quality, and importantly, the potential for remote supervision/consultation. We provide a rationale for the use of technology in clinician training in CBT, highlight several promising programs, and describe the technology and research considerations in web-based training using the example of computer-based training in CBT for childhood anxiety disorders. We also discuss directions for future research, as well as the challenges that remain.*

It's a pleasure to be able to start by noting that tremendous progress has been made over the past few decades in the identification and treatment of mental health disorders. For example, cognitive behavioral therapy (CBT) has been extensively researched and subsequently identified as effective and deemed "empirically supported" for a range of conditions for both adults and youth (Hollon & Beck, 2013; Kazdin & Weisz, 2010). Despite the advances in treatment, there remains a high rate of unmet need (Sentell, Shumway, & Snowden, 2007; U.S. Department of Health and Human Services, 2012). It is not pleasing to have to add that those who are receiving treatment are often not receiving the treatments that are considered to be effective—and as a result the chances are that their outcomes will be more modest than for the relatively few who receive the empirically supported treatments often implemented in research clinics (Weersing & Weisz, 2002). Concerns regarding this "gap" between what works and what is typically available in the community has intensified as the evidence base supporting the efficacy of treatments has grown (Shafraan et al., 2009).

There are several barriers to patient access to CBT and other evidence-based practice (EBP), but one of the main factors is the lack of professionals trained in their use

(Cartreine, Ahern, & Locke, 2010; Olfson et al., 2009; Weissman et al., 2006; Weisz, Hawley, & Jensen-Doss, 2004; Williams & Martinez, 2008). Consistent with the advances made in mental health treatment and the ongoing calls from key organizations (e.g., National Institute of Mental Health; Association for Behavioral and Cognitive Therapies [ABCT]) to "[promote] the utilization, expansion, and dissemination of behavioral, cognitive, and other empirically-derived practices" (ABCT, 2008), more and more resources are being allocated to dissemination and implementation efforts. An overarching and collective mission is to find ways to transport the interventions that are considered most effective (developed and evaluated in the context of efficacy trials) into community settings, with fidelity.

The need to focus on training of mental health professionals to increase availability and access to EBP is widely accepted (Becker & Stirman, 2011; Beidas & Kendall, 2010; Beidas et al., 2011; Herschell, Kolko, Bauman, & Davis, 2010; Rakovshik & McManus, 2010; Southam-Gerow, Rodriguez, Chorpita, & Daleiden, 2012). Traditional continuing/adjunctive education training methods (e.g., workshops, seminars, conferences) and the availability of treatment manuals—all positive initial steps—have not resulted in broad uptake or improved practice quality (Cartreine et al., 2010; Joyce & Showers, 2002; Schoenwald, Kelleher, Weisz, & Research Network on Youth Mental Health, 2008).

Technologies are now available that make web-based programs viable and valuable tools to improve and expand

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access to CBT training. Web-based training programs have several advantages over traditional face-to-face and manual-based training methods, including increased flexibility, accessibility, cost-efficiency, scalability, potential for both didactic and interactive learning, consistency in quality, scalability, and the potential for remote ongoing supervision/consultation (Barnett, 2011; Beidas et al., 2011; Berger, 2004; Kazdin & Blase, 2011; Weingardt, 2004).

In this article we present information that argues for the use of web-based training as a means to promote the development of competent cognitive-behavioral therapists. We provide a rationale for the modality of web-based training, highlight several promising programs that have been evaluated for therapist training in CBT, and describe some of the technologies used for therapist training using the example of a web-based training in CBT for childhood anxiety. We will also discuss directions for future research in web-based clinician training and some of the challenges that remain.

### Background

Therapists trained before 1995 are unlikely to have been trained in the provision of EBP (Karekla, Lundgren, & Forsyth, 2004; Woody, Weisz, & McLean, 2005). For those trained after 1995, a survey of training directors found that doctoral programs in clinical psychology covered about 50% of EBP and that most internships did not require competence in EBP (Crits-Christoph, Chambless, Frank, Brody, & Karp, 1995). A follow-up study found that 10 years later, the numbers for didactic training did increase, but numbers for applied clinical training had decreased (Woody et al., 2005). A national survey by Weissman and colleagues (2006) found that the majority of training programs offer instruction on mostly *non*-EBP and do not require didactic and clinical supervision for EBP. Only 28% of psychiatry programs required coursework and clinical supervision in EBP and the two disciplines with the largest number of students and emphasis on clinical training—professional clinical psychology (Psy.D.) and social work—had the largest percentage of programs (67.3% and 61.7%, respectively) *not* offering a didactic and clinical supervision in any EBP. These findings are not encouraging. Rather, they document that many therapists are not likely to have received training in EBP, and that newer therapists may have received some training in only some aspects of some EBPs.

Currently, the most common methods used to train practicing clinicians in CBT are manuals and workshops. Unfortunately, there is little to no evidence that self-guided reading materials or treatment manuals alone result in sustained training outcomes such as improved skill and competence, though there is some evidence that they are associated with an increase in knowledge about

EBP (Rubel, Sobell, Miller, 2000; see Herschell et al., 2010, for review). Workshops are typically one-time didactic sessions that rely primarily on lectures, audio-visual materials, and handouts to impart knowledge (Jensen-Doss, Cusack, & de Arellano, 2008). Workshops are the primary mechanism for practitioners to obtain continuing education (CE) credits to maintain licensure, and are also sometimes used by organizations to train their therapists. However, traditional training workshops on EBPs can be expensive, time consuming, and inaccessible to nonprofit, community, or private practice organizations. One study confirms that therapists rate cost, time, and lack of or insufficient access to training in EBP and supervision as significant barriers to training in and utilization of EBP (Stewart, Chambless, & Baron, 2012).

In a meta-analysis of methods used to try to achieve implementation, approaches such as discussing theory and knowledge, demonstrating techniques, and role-playing techniques resulted in, sadly, virtually no implementation of the new skills in the actual practice session (Joyce & Showers, 2002). Reviews of reported works have confirmed that workshops have been inadequate in achieving competent and faithful transfer of skills and maintenance of skill over time, let alone impact patient outcome (Cartreine et al., 2010; Herschell et al., 2010; Miller & Mount, 2001; Shafraan et al., 2009).

How best to improve access to training in EBP and improve training outcomes? While both researchers and clinicians have acknowledged the importance of research on therapist training, the literature remains relatively sparse and it has been difficult to establish best practices. Relatively few studies exist comparing training methods in evidence-based mental health practice and fewer still that use psychometrically sound measures of training adherence, protocol adherence, sustainability, and treatment outcomes. That said, from the studies that exist, a few trends have emerged.

Sholomskas and colleagues (2005) evaluated the effectiveness of three types of training strategies on clinicians' ability to effectively implement CBT for drug abuse. Clinicians were assigned to (a) manual only, (b) manual + CBT training website, or (c) manual + face-to-face 3-day didactic seminar + supervision (up to 3, 1-hour feedback and supervision calls). They found that clinicians' ability to implement CBT (as assessed by independent ratings of adherence and skill) was higher for those who participated in the seminar + supervision condition compared with those in the manual-only condition, with intermediate ratings for the web condition. Further, the seminar + supervision ratings remained stable over a follow-up period whereas those in manual only tended to stay the same or decrease slightly. The authors suggest repeated contact with trainees and provision of consultation and support over an extended period of time, rather than one-time approaches, may be

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