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Cognitive and Behavioral Practice 21 (2014) 1-11

Cognitive and Behavioral Practice

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Show Me, Don't Tell Me: Behavioral Rehearsal as a Training and Analogue Fidelity Tool

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Behavioral rehearsal, when a trainee engages in a simulated interaction with another individual, is an underutilized but potentially cost-effective and feasible solution for two difficult questions in implementation science: how to improve training, a commonly used implementation strategy, and how to feasibly measure fidelity using analogue methods in community settings. This paper provides practical information on how to develop and use behavioral rehearsal for both of these purposes to implementation researchers. Therefore, we focus on development and use of behavioral rehearsal as a training and analogue fidelity tool in the context of three illustrative studies.

One pressing challenge facing the mental health field is the dissemination and implementation (DI) of evidence-based practices (EBPs) from research to community settings (McHugh & Barlow, 2010). A barrier to implementation of EBPs in community settings is ensuring that trainees deliver treatments with fidelity (McHugh & Barlow), the "extent to which the intervention was implemented as intended" (Perepletchikova, Treat, & Kazdin, 2007, p. 829). To date, the impact of training, one of the most frequently used implementation strategies (Powell et al., 2011), has been largely disappointing (Beidas & Kendall, 2010). Two questions have emerged around training and fidelity in EBPs: (a) What are the most effective training strategies (Beidas & Kendall, 2010; Herschell, Kolko, Baumann, & Davis, 2010; Rakovshik & McManus, 2010)? and, (b) How can fidelity be feasibly measured in community settings, given that few reliable, valid, and efficient fidelity measurement systems exist (Schoenwald, 2011; Schoenwald & Garland, 2013)? Behavioral rehearsal (BR), a simulated interaction between a trainee and another individual (Cross, Matthieu, Cerel, & Knox, 2007), is an underutilized but potential answer to these two thorny questions.

[1] Video patients/clients are portrayed by actors.

Keywords: behavioral rehearsal; role-play; active learning; training; fidelity

1077-7229/13/1–11$1.00/0

BR Is Critical for Implementation Science

BR is a methodology that has important implications for implementation science (IS) given its potential to improve training and reduce the resource intensiveness of fidelity measurement, when an analogue method is acceptable. A robust literature suggests that traditional passive training practices are ineffective at changing provider behavior (Beidas & Kendall, 2010; Farmer et al., 2008; Herschell et al., 2010; Rakovshik & McManus, 2010). Active learning may be the most effective way to change behavior, particularly for new or complex skills (Milne, Aylott, Fitzpatrick, & Ellis, 2008) and can improve trainee fidelity (Cross et al., 2011). When used in training, BR initiates active learning processes, meaning that the trainee experiences and reflects through practice opportunities (Kolb, 1984). However, little guidance exists for researchers and trainers when desigining trainings that incorporate BR (Rakovshik & McManus, 2010).

BR methodology can also address a major challenge in the IS literature (Schoenwald, 2011) because it may allow a feasible analogue for capturing fidelity, a frequently measured outcome in implementation trials (Proctor et al., 2011). The primary methods of measuring fidelity are direct (i.e., viewing sessions) or indirect (i.e., self-report; Perepletchikova et al., 2007). We conceptualize BR methodology as a rapprochement between direct methods, which can be expensive and not feasible, and indirect methods, which typically are inaccurate (Beidas & Kendall, 2010). BR offers a potentially "effective and efficient" analogue method of measuring fidelity[2] (Schoenwald et al., 2011)

[2] We will refer to fidelity as "analogue fidelity" going forward to be clear that BR is an analogue method of measuring fidelity.

akin to the standardized patient methodology in the medical literature (Shah et al., 2012).

Illustrative Studies Using BR

To illustrate how to use BR as a training and/or analogue fidelity tool, we provide examples from three studies. Each study has a unique mental health intervention, trainee population, and context, demonstrating the utility for BR across heterogeneous settings. Our goal is to focus on BR methodology; therefore, only a brief description of each study is provided (see Beidas, Edmunds, Marcus, & Kendall, 2012; Cross et al., 2011; Dorsey et al., in preparation). One limitation of the published manuscripts is that they provide only limited detail about the BR methodology, given the focus on presenting outcomes. Therefore, here we focus on the BR methodological detail, and refer readers to the published manuscripts for study procedure and results.

Example 1: CBT for Child Anxiety

BR was used as a training and analogue fidelity tool in a randomized controlled trial (RCT) of three training conditions for cognitive-behavioral therapy (CBT) for child anxiety (Beidas et al., 2012). CBT has the most empirical support for the psychosocial treatment of child anxiety (Silverman, Pina, & Viswesvaran, 2008), yet access to CBT in the community is limited (Shafran et al., 2009). The RCT training conditions were as follows: (a) a 1-day *routine training* (training-as-usual); (b) *computer training* (computerized version of training-as-usual); and (c) *augmented training* (BR-focused training). Outcomes included trainee analogue fidelity, knowledge, and satisfaction. Participants were 115 trainees in the northeastern United States who were predominantly female (90%), Caucasian (71%), master's-level (37%), and middle-aged (M = 35.93; SD = 11.36). All procedures were Institutional Review Board (IRB) approved and participants provided written consent.

Example 2: Common Elements CBT

BR was used as an analogue fidelity tool in a state-funded common elements initative for child-serving Washington State therapists employed in public mental health (Dorsey et al., in preparation). The common elements approach was selected given recommendations to improve usual care for children (Garland, Bickman, & Chorpita, 2010) and findings that common elements (Chorpita & Weisz, 2009) resulted in better client outcomes than traditional EBP or usual care (Weisz et al., 2012). BR was used to assess analogue fidelity for CBT competencies across depression, anxiety, and posttraumatic stress disorder (PTSD; e.g., CBT case formulation; homework assignment; Sburlati, Schniering, Lyneham, & Rapee, 2011). Participants were 38 trainees (of 100), predominantly Caucasian (81.6%), female (76.3%), with master's-level degrees (92.1%), ages 25 to 39 (63.1%). Evaluation procedures were deemed research exempt by the Washington State IRB.

Example 3: Suicide Prevention

BR was used in an RCT training study of a suicide prevention program as both a training and analogue fidelity tool (Cross et al., 2011). Suicide is the third leading cause of death in individuals 10 to 24 years of age (Centers for Disease Control and Prevention, 2007). One evidence–supported prevention strategy involves "gatekeeper" training to teach community members informal surveillance, detection, and identification of suicide risk (Wyman et al., 2008). This RCT tested gatekeeper training (Quinnett, 1995) in a school setting, and examined training as usual compared to BR training on trainee knowledge, attitudes, and analogue fidelity (measured via BR). Participants were community members including school personnel (e.g., teachers, coaches; n = 91), mental health professionals (n = 22) and parents of students (n = 56). School personnel were predominantly female (76.9%), Caucasian (97.8%) and ages 24 to 70 (M = 42.07 years). Mental health professionals were predominantly female (90.9%), Caucasian (86.4%), and between 25 to 59 years of age (M = 40.64). Parents also were predominantly female (94.6%), Caucasian (89.3%), and 30 to 54 years in age (M = 43.49). All procedures were IRB approved and participants provided written consent.

BR How-To

This paper provides practical support to implementation researchers aiming to use BR methodology to improve training or for analogue fidelity measurement purposes. Therefore, we focus on the development and use of BR as a *training tool* and as a analogue *fidelity tool* in the context of three illustrative studies. The purpose of this paper is not to provide empirical findings from these three trials; rather, our goal is to show researchers how BR might be used in three different contexts as a training and/or analogue fidelity tool. We will accomplish this goal by presenting the steps necessary to use BR for each of these two purposes.

BR as a Training Tool

Utilizing BR as a training tool requires two steps: (a) developing BR materials and (b) planning for BR in training.

Developing BR Materials

Typically, trainees are asked to take on one of three roles: interventionist, client, or observer. To assist trainees in engaging in the roles effectively (e.g., realistic client portrayal, providing feedback), written materials are developed to structure BR use in the training.