Summary of Literature Review and Train the Trainer Model

There is very little literature regarding sustainable models of CBT and ME interventions. Furthermore, most literature is descriptive of training and doesn’t provide a thorough analysis of their effectiveness via training. Despite an obvious need for further research in this area, there appear to be some models that are more effective than others.

In terms of the layout of the intervention it appears that training is most effective when it combines passive and active learning techniques. Workshops that include presentations as well as interactive activities, such as supervised role plays, appear more effective in increasing participants’ skills and knowledge, as well as satisfaction and confidence delivering the intervention than just passive learning alone. The importance of active learning also translates to the maintenance and implementation of skills, knowledge and confidence in the workplace. Those models that provided supervision and/or feedback by experienced ‘team leaders’ or trainers achieved a far greater adoption rate of the newly learnt intervention. The combination of an active and passive learning based workshop, combined with a manual and post workshop supervision and feedback seems to be the most effective model of dissemination and implementation.

There are a number of organisational characteristics that appear vital for the effective dissemination and implementation of ME and CBT interventions. Firstly, an organisation’s readiness for change is vital. An organisation’s readiness for change can be measured (www.ibr.tcu.edu) and can point out before training what needs addressing before implementation if needed. An organisation which appears flexible and encourages innovation amongst its staff (and is less supportive of autonomy) is most likely to get the best results out of the training. Moreover, all staff involved in the training should have an input into the decision about organisational change. Failure to do this will most likely result in frustration over increase in paperwork and the temporary increased workload, which ultimately leads to a low adoption, morale and low implementation rate. Post training activities within the agency that supported the ongoing learning and implementation of MI mediated the effects of organisational openness to change.

Train the Trainer Model

Based on the literature the Train the Trainer Model should have the following components:

- Training should involve a workshop that includes both didactic and active learning material.

- A manual and DVD (if possible) should be provided and the use of the manual should be explained during the workshop.

- There needs to be a system of supervision and feedback to encourage staff to use the intervention in their practice and increase the organisations readiness for change. The supervision could be provided by the NCPIC trainer through. That participant/trainer could then practice (with their staff) three, one hour face-to-face role plays with feedback throughout and/or at the end to enhance skill, confidence and competence.
- Due to NCPIC’s location, the trainer could regularly communicate with the newly trained, trainer via email, telephone and possibly Skype (more personal) or via the occasional agency visit.

Each new organisation that plans to implement the cannabis training should first of all consult their staff. The training workshop itself, the need for the new skills and the method of supervision and feedback for post workshop should be discussed with staff. This is vital to gain staff satisfaction, feelings of accomplishment, confidence and improves the organisations readiness to change.

A systems-contextual (SC) perspective, a model for dissemination and implementation efforts, highlights the importance of the therapist, client and organisational variables that influence training and consequent therapist uptake and adoption of EBP. This model appears to have the best outcomes is suggested as it operationalises the four levels of a systems-contextual approach to disseminate and implement and is described below:

- Therapist variables (e.g. clinical experience and theoretical orientation)
- Organisational support (organisational characteristics and ongoing consultation or supervision).
- Quality of training processes (active learning workshop, manual and supervision/feedback)
- Client variables (measure of severity, risk factors, and resiliency of therapist’s client population).

Findings suggest that therapist knowledge improves and attitudinal change occurs following training. However, change in therapist behaviours (e.g. adherence, competence, skill) and client outcomes only occurs when training interventions address each level of the SC model and include active learning. References:


-Report Prepared by Dion Alperstein