



*The Delaware Project on Clinical
Science Training: From Intervention
Development to Implementation*

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NIMH

*On Assignment from the
University of Arizona*

Delaware Project Sponsors



- National Institute of Health (NIH)
 - National Institute of Mental Health (NIMH)
 - National Institute on Drug Abuse (NIDA)
 - Office of Behavioral and Social Science Research (OBSSR)
- Academy of Psychological Clinical Science (APCS)
- SAGE
- University of Delaware

Delaware Project Aims

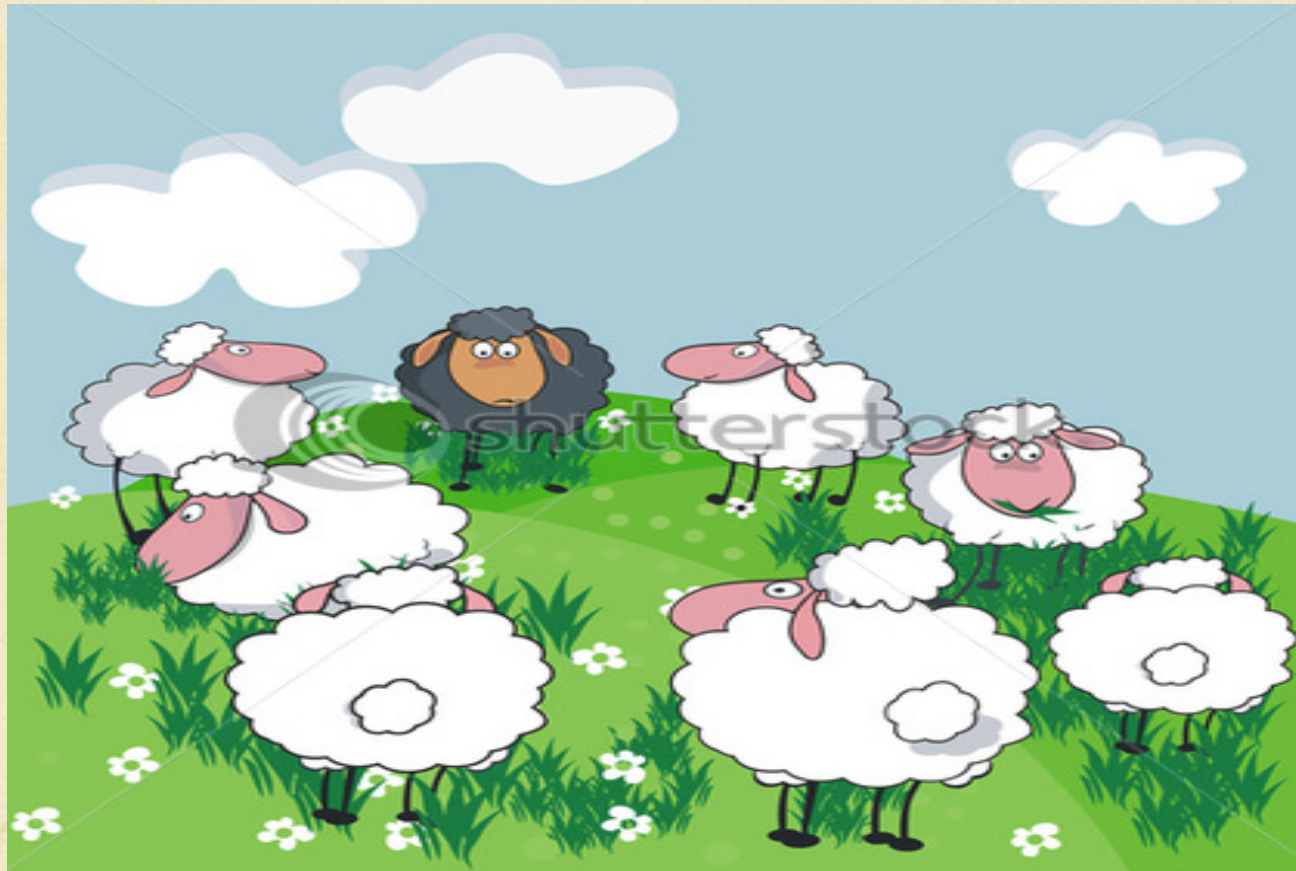


- *Redefine psychological clinical science training to optimize continuity across stages of intervention development (from basic science to implementation and dissemination)*
- *Foster innovation in intervention development*
- *Produce recommendations and resources to support clinical science training in different settings and at different stages of professional development*

Why redefine psychological clinical science training?

- The aging Boulder model no longer fits our training goals: We train students for a world that no longer exists.
- PhD psychologists are no longer optimal front-line providers.
- Science based interventions too often do not reach the community patients who need them most.
- The next generation of clinical scientists must do more to develop, evaluate, manage, and disseminate innovative interventions – and we do not adequately prepare them to do this.
- Clinical science training models should foster innovation across the entire spectrum of intervention development – from basic translational research to implementation and dissemination.

That's spelled D-I-S-S-E-M-I-N-A-T-E



(No more turfing off implementation science)

The Delaware Project is NOT about...

- Accreditation
- Regulation
- Required courses
- Training checklists of any kind...

Delaware Project Work Groups

- Stage model framework aims to increase correspondence between clinical science training and the structure of NIH funding.
- Each work group includes appointed leaders and recorders with stage expertise *and* anchors bringing perspectives from other stages.
- Assignment of other participants reflects first or second preference on Pre-Meeting Questionnaire.
- Work groups will address core and supplementary stimulus questions to generate conclusions and recommendations for clinical science training.

<i>Group</i>		<i>Leader</i>	<i>Recorder</i>
A	Basic Research	Treat	Levenson
B	Intervention Generation & Refinement	Follette	Rohrbaugh
C	Efficacy	Chambless	Heimberg
D	Effectiveness	Carroll	Hoagwood
E	Implementation & Dissemination	Chorpita	Ondersma

First-day agenda highlights (Clayton Hall)

- 7:30 – 8:15 Continental breakfast (Lobby A, the “Pit”)
- 8:15 – 10:10 Plenary 1 (Auditorium, Room 125)
- 10:30 – 12:00 Concurrent work group meetings
- 12:00 – 1:00 Working lunch? (Room 120 or breakout rooms)
- 1:00 – 3:00 Work group meetings (cont.)
- 3:00 – 3:30 Group reps prepare reports during break
- 3:30 – 5:45 Plenary 2 (Auditorium, Room 125)
- Preliminary work group reports (50 min)
 - Inter-group commentaries (25 min)
 - Open discussion (60 min)
- 5:45 – 6:45 Social hour (Lobby A, the “Pit”)
- 7:00 Dinner

Second-day agenda highlights (Clayton Hall)

7:30 – 8:30 Continental breakfast (Lobby A, the “Pit”)

8:30 – 9:30 Plenary 3 (Auditorium, Room 125)

- Summary of day 1, plans for day 2 (10 min)
- Exemplary training innovations – invited participants (25 min)
- Open discussion (25 min)

10:00 – 12:00 Work group meetings

12:00 – 1:00 Working lunch [groups prepare reports]

1:00 – 3:00 Plenary 4 (Auditorium, Room 125)

- Final work group reports (100 min: 5 10-min report + 10 min Q&A for each)
- Concluding remarks: What next? (20 min)

Core questions

1. What *skills, knowledge, and attitudes* are essential to becoming a successful clinical scientist at this stage of the intervention science model as well as across stages?
2. What *specific research and clinical training experiences* best prepare students to become successful clinical scientists at this stage as well as across stages?
3. What are some *noteworthy exemplars* of training methods in this arena?
4. How can we reliably *evaluate* short and longer-term outcomes of specific clinical science training activities?
5. What are the main *impediments* to implementing key clinical science training activities? Potential resolutions?

Core questions

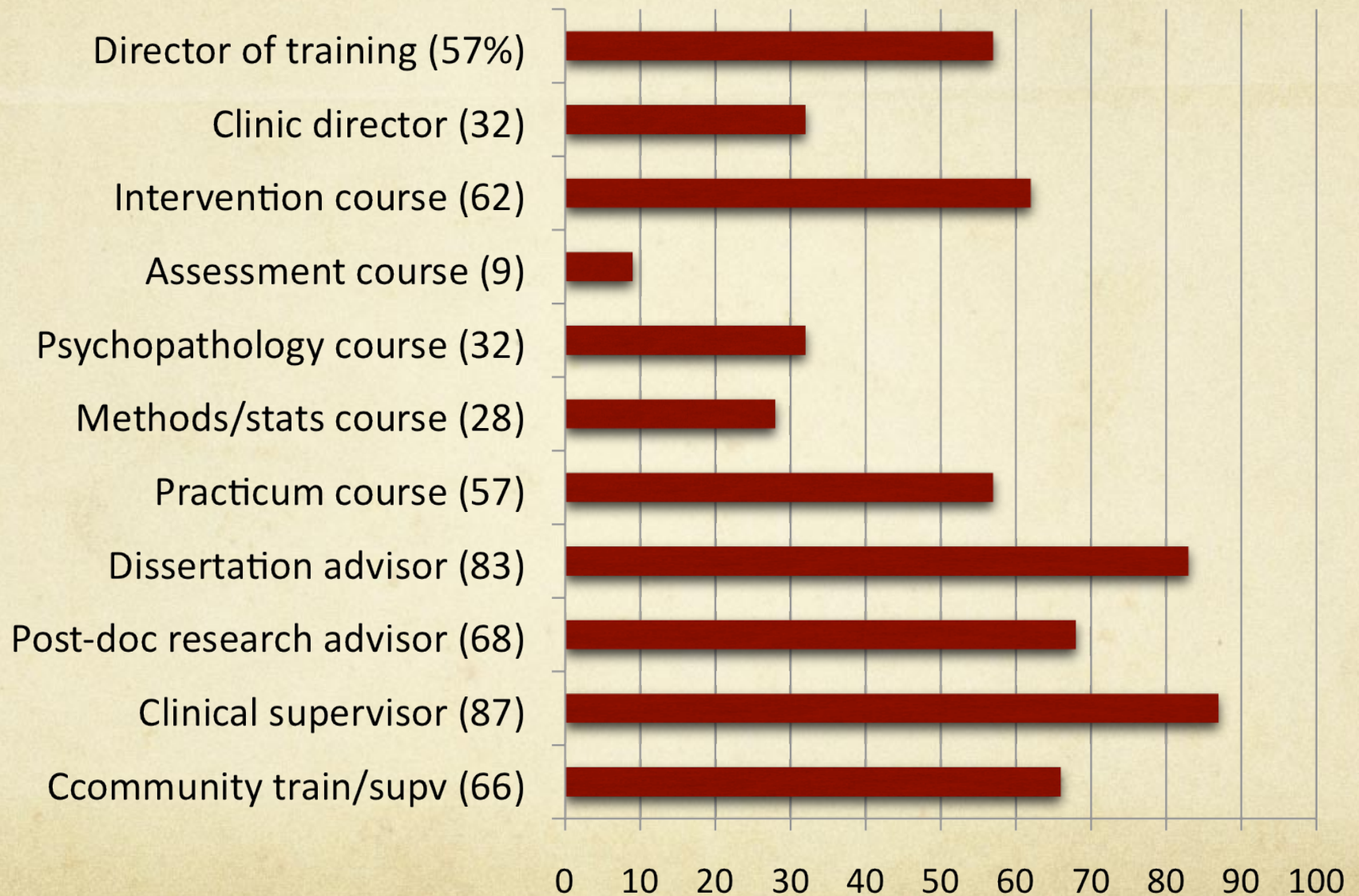
1. What *skills, knowledge, and attitudes* are essential to becoming a successful clinical scientist at this stage of the intervention science model as well as across stages?
2. How, when, and where *What specific research and clinical training experiences* best prepare students to become successful clinical scientists at this stage as well as across stages?
3. What examples are some *noteworthy exemplars* of training methods in this arena?
4. How to evaluate *can we reliably evaluate* short and longer-term outcomes of specific clinical science training activities?
5. What gets in the way *at are the main impediments* to implementing key clinical science training activities? Potential resolutions?

Who is in the room?

- APCS doctoral and internship program representatives ($n = 33$; $\sim 70\%$)
- Other treatment researchers and training experts ($n = 13$, $\sim 30\%$)
- NIH representatives from NIMH, NIDA, OBSSR, NHLBI, NIDCR, NCAM ($n = 8$)
- Observers from APA and APS ($n = 2$)
- University of Delaware faculty and students observers ($n = 18$)

Participants' training roles

(From the PMQ, n = 47)



Stage fit of participants' research

(From the PMQ, n = 47)

