THE DELAWARE PROJECT

National Institutes of Health (NIMH, NIDA, OBSSR); Academy of Psychological Clinical Science (APCS); SAGE; University of Delaware

Implementation—Group E

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Question 1—What skills, knowledge, attitudes must be taught at this stage?

- Implementation isn't dirty, it's the ultimate goal
- Be exposed to in-depth discussion of top-down (mandate for EBT/a particular EBT) vs. bottom-up (how to use evidence to help therapists with their needs), whether it's a false dichotomy, elements of each that might be necessary; and know what elements are efficacious
- Know something about health economics, organizational behavior, processes of systems change, marketing (including social marketing), etc.
- Be aware of ways that technology can facilitate implementation and the pros and cons of doing so
- Expanding training in measurement, assessment & Tx evaluation
- Know how to evaluate the needs of groups in the community
- Obtain training in how to train and supervise others; understand the elements of effective dissemination

Question 2: What specific research and training experiences are needed?

- Provide the opportunity to be a clinical scientist in community settings, and demonstrate the tremendous value of such efforts
- Expose students to community/political/policy settings, as well as multiple related disciplines (social work, medicine, engineering, public health, communication, marketing) and to the needs for those groups, and how clinical science can help
- Some favor additional models of internship and post-docs focusing on organizational, policy, and program evaluation issues
  - Others feel that grad programs presume important training in EBTs will take place in internship
  - Some were concerned that dissemination could be reduced to a too-narrow role of promulgating a "product line;" should still be a science, with training in other Stages as well as in skeptical evaluation. "Product vs. knowledge" distinction; others were less concerned about this issue.

Question 3: Noteworthy exemplars?

- Placements of graduate students in practica with State Mental Health departments
- Graduate students learn a manual, THEN build an EBT without a manual, using existing literature—along with placement in a community mental health practicum (learn to drive a car, learn to build a car, learn to evaluate whether or not it works)
- Internship rotations on administrative experiences
- Student supervision of undergraduates as they create community-based intervention programs
- Grant programs for community research involving a community partner, undergraduate, and graduate student, and faculty

Question 4: How can we reliably evaluate training outcomes?

- Develop goals and measure them (if you have a goal, you're more likely to meet it)
- Emphasis on outcomes (publications, careers, internships, post-docs, skill performance) as well as process (courses offered, students attended, course content, faculty hires)

Question 5: What are the main training obstacles, and how address them?

- **Lack of faculty expertise, agreement, or support**; lack of administrative/professional support for treatment research. Potential responses:
  - NIH funding could be allocated to this path
  - Expanding definition of Clinical Psychology (e.g., community applications of treatment)
  - Promotion and tenure for expanded clinical science
- **Insufficient time.** Potential responses:
  - Changes in requirements may be coming, and may allow for more flexibility
  - Much material could be simply touched upon, with in-depth work in internship, etc.
- **Lack of interest among graduate students**, many of whom are more interested in service provision and/or more traditional, "pristine" research pursuits
  - Early exposure to faculty role models
  - Greater prominence in program curricula (e.g., chapters in Abnormal Psychology texts)
  - Outreach at major conferences (e.g., Breakfast with champions; sponsored social hour)
- **Potential for inadequate distinction between product and knowledge**
  - Emphasize recursive product-to-knowledge-to-product flow
  - Ensure that implementation training includes training in all areas of treatment development and theory

Training

- Timothy: How motivate and incentive students?
  - Edna: dynamic faculty mess this up? Or, rxation shown NOT to work for OCD, but taught in internnships
  - Thomas: Not in APS sites. Teach social marketing? Got students excited. Not getting it from Psychology faculty…Nor health economics.

Tops and Bottoms

Top-down approaches

- Mandating a specific approach
- Commitment and support of new approach
- Changing incentive/ accountability structure
- Therapists receive feedback of a type and at a frequency that is determined by others

Bottom-up approaches

- Therapists/clinics/schools asked what they want help with; use research to help them meet their goals
- Therapist seeks input/ supervision on their terms

Unidimensional?

- You will do this, and in this way
- You will do this, and we will help you
- You're accountable for your results; if you'd like help, we're happy to provide it
- Choose your own EBT; we can help if you'd like
- Do what you think is best; good luck