APCS-SSCP Clinical Science Forum:
Redefining Clinical Science Training: Progress Report
on the Delaware Project

Chair: Varda Shoham
NIMH, on assignment from the University of Arizona

Presented at the 24th Convention
Association for Psychological Science
Chicago Illinois
May 2012
Even if we did train students to be therapists, that would not solve the problem in bullet 3

developing implementable new Interventions
Testing interventions in community settings
Developing and evaluating community programs
Training and supervising the BA, MA, and peer-level
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 Planning Committee

APCS:  Ryan Beveridge*, Tim Fowels*, Marc Atkins, Bruce Chorpita, Stacy Frazier, Teresa Treat

Field:  Kathy Carroll

NIH:   Lisa Onken*, Varda Shoham*, Bruce Cuthbert*

*Executive Committee members
Foster innovation and testing mechanisms of behavior change at all stages

Tangible, concrete training examples
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Startle: A probe into an ONGOING emotional state  Gary Larson illustrates the paradigm
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That’s spelled D-I-S-S-E-M-I-N-A-T-E ....

No more turfing off implementation science?

NOT THAT SIMPLE...
Who came to the October meeting in Delaware?

- $n=46$; 30 APCS doctoral and internship program representatives, 16 treatment researchers (non APCS)
- 8 NIH representatives from NIMH, NIDA, OBSSR, NHLBI, NIDCR, NCCAM
- 2 APA and APS representatives
- 18 University of Delaware faculty and students
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Emergent, product-oriented work group tasks for Day 2:

A. Articulate approaches to problem/project/inquiry-based learning (Berenbaum)

B. Identify strategies for creating cross-stage, cross-institution training opportunities (Carroll)

C. Create didactic and experiential resources for training in implementation and dissemination (Chorpita)

D. Propose training experiences to reduce or eliminate (Strauman)

E. Identify ways to expand the context of clinical science training, outside the ivory tower (Forgatch)
Both ultimately aim to improve dissemination, patient care – but they have decidedly different priorities. For example…

In row 1, implementation scientists place a high priority on studying usual care in the contexts where treatments will actually occur, which reflects their concern with adapting interventions to contexts (row 4) rather than vice versa. [Mention your puzzlement when Ann Garland talked about this at APS last year – though now you’re starting to get it??]

In row 2, implementation scientists like Rogers and Chorpita question whether rigorous maintenance of treatment fidelity should trump local adaptations that could facilitate adoption, such as allowing clinicians to reinvent an intervention in ways that increase their commitment to carrying it out.

In row 3, intervention scientists increasingly advocate modular interventions derived from common elements of EBTs (Chorpita calls this knowledge management), as well as outcome feedback systems (a la Michael Lambert and the Chorpita-Weisz dashboard that guide clinician behavior in real world clinical settings.

In row 4, I think intervention scientists of all stripes are beginning to grasp the importance of adapting interventions to contexts (as Lisa will emphasize in her talk), but an alternate view is what Dick McFall calls the franchise model – we develop a treatment with associated dissemination tools
(1) Includes a special section of Clinical Psychological Science

(2) Includes training tools (syllabi, curricula, exercises), scientific tools (fidelity measure, feedback systems)

A higher-order product category involves advocacy for science-friendly policy change in accreditation, internship, and licensure requirements.

Funding for Delaware Project products,
Delaware Project Website

Under construction
Homepage [2-3 general sentences, neat graphic, and tab links]

- Tab 1: Overview and mission/vision of DP
- Tab 2: The October 2001 conference
- Tab 3: DP publications and presentations
- Tab 4: Training tools
- Tab 5: Scientific tools
- Tab 6: Announcements
- Tab 7: Request for contribution (RFC)
Tab 4: Training tools

- **Syllabi** [by student-development stage, e.g., problem-based learning]
- **training exercises** [e.g., case formulation and simulation, dashboard feedback system]
- **Readings** [reference lists and PDFs]
- RFC link
**Tab 5: Scientific tools**

- **Treatment fidelity measures** [including coding systems]
- **Methodological and data analytic innovations** [e.g., mixed methods]
- **Readings** [reference lists and PDFs]
- **RFC link**
Tab 6: Announcements

- **Training opportunities** [e.g., online seminars, training with “scientifically nimble mentors”]
- **Positions** [post-doc, jobs]
- **Inter-institution collaboration and exchange** [summer institutes on specialty topics not included in one’s own program]
- **Funding opportunities**
- RFC [link]
Tab 7: Request for Contribution (RFC): Please contribute!

- **Description** [Bottom-up approach, DP-consistent training resources, submission procedures]
- **Submission portal** [Upload]
- **Review** (website committee)
  - DP-consistent?
  - User friendly?
  - Where goes? [Old or new categories]