

Putting Research to Work for Military Families



Focus:
Civilian

Community-Based Clinicians' Preferences for Training in Evidence-Based Practices: A Mixed-Method Study

Herschell, A. D., Reed, A. J., Mecca, L. P., & Kolko, D. J. (2014). Community-based clinicians' preferences for training in evidence-based practices: A mixed-method study. *Professional Psychology: Research and Practice*, 45(3), 189-199. doi:10.1037/a0036488

SUMMARY: Research supports the efficacy of evidence-based interventions, but they are often not widely adopted by community-based providers. This study examined the associations between provider background, attitudes toward evidence-based interventions, and type of provider (e.g., clinician, case manager). Results suggest evidence based intervention implementation is impacted by training factors (e.g., relevance, accessibility, level of interaction), availability of on-going supervision, and type of provider.

KEY FINDINGS:

- There were four themes identified as important to training in evidence-based interventions across providers: on-going supervision and support, interactive training rather than lectures, flexible timing of trainings, relevant and appealing topics covered in training.
- Behavioral health rehabilitation providers were more likely than case managers to adopt a new evidence-based intervention if they had adequate training or a colleague recommended it.
- Behavioral health rehabilitation providers were more likely than clinicians or care managers to adopt a new training when it was required by their state or agency.

IMPLICATIONS FOR MILITARY PROFESSIONALS:

Military professionals could:

- Help develop interactive training activities to engage providers working with military families while training on evidence-based interventions
- Collaborate with other professionals to promote use of and adherence to evidence-based interventions among providers working with military families

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Educate military families about how to choose a mental health provider who uses evidence-based interventions
- Disseminate information regarding the different types of mental health providers and help military families find providers that best fits their needs

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend education for all professionals working with military families about the importance of using evidence-based interventions and research-supported programs
- Encourage the use of evidence-based materials in existing programs for military families

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METHODS

- Three types of providers (i.e., clinicians, care managers, behavioral health rehabilitation providers) were recruited from three community-based clinics in Pennsylvania.
- Providers completed questionnaires about demographics and attitudes toward evidence-based interventions and engaged in interviews and focus groups about training preferences.
- Attitudes toward evidence-based interventions were examined across different provider types and roles, and intervention training preferences were analyzed for themes.

PARTICIPANTS

- The 43 participating providers included 18 clinicians, 16 behavioral health rehabilitation providers, and nine case managers; seven were supervisors and 36 were staff members.
- Providers were 84% female, had an average age of 40.7 years, and identified as White (79%), Black (19%), or Asian-American (2%).
- Providers had an average of 11.6 years working in human services, and 44% were licensed.

LIMITATIONS

- Researchers who coded the training preferences themes had only adequate ratings agreement, which may have decreased the accuracy of the results.
- The sample was drawn from a small area in Pennsylvania and results, particularly attitudes toward evidence-based interventions, may not generalize to providers in other locations.
- The training preferences interview was developed for this study and has not been validated.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Investigate demographic factors (e.g., education, age, experience) that may impact provider likelihood to implement a new evidence-based intervention
- Examine attitudes toward implementation before and after providers receive education regarding the benefits and limitations of evidence-based interventions
- Explore the relationship between evidence-based intervention attitudes and adherence

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