



Background

- Learning Collaboratives (LCs) disseminate evidence-based practices (EBPs) and may include different training models or implementation initiatives
 - Current study's LC marries the expert training and "train-the-trainer" (TT) models (see Fig. 1)
 - Designated expert-trained clinicians progress to training as local, agency trainers
 - Expert trainers and implementation specialists provide agencies with consultation on development of implementation supports for TT program sustainment
- Literature supports the expert training model as most likely to increase clinician competence and use of EBPs (Frank et al., 2020)
 - Expert training is resource-intensive – involves extensive, expert training and consultation
- TT is a cascade model – can be more widely disseminated due to its financial feasibility

Research Aims

- To examine the efficacy of the LC's implementation sustainability components
- To compare implementation outcomes between clinicians trained through the expert training and "train-the-trainer" (TT) models in the Modular Approach to Therapy for Children (MATCH), a CBT-based EBP

Methods

- Sample: Two LC cohorts of 55 expert-trained and 125 TT-trained (agency-trained) clinicians from 10 Community Mental Health Centers (CMHCs) in the New England region
- Implementation outcomes: frequency of sessions, MATCH module use, child and caregiver survey completion frequency
- Between group comparison using multilevel regression models controlling for time (duration of MATCH practice)

Results

- Results indicated no significant differences between expert and agency-trained clinicians
- Averages (per clinician for all assigned clients) aggregated for each training group and analytically compared for the following implementation outcomes:
 - Frequency of sessions ($t = 1.004, p = .317$): average number of days between sessions
 - MATCH module use ($t = -.869, p = .386$): average percentage of sessions including MATCH components
 - Child survey frequency ($t = .326, p = .745$): average number of days between completed child surveys
 - Caregiver survey frequency ($t = -.502, p = .616$): average number of days between completed caregiver surveys

Implications

- This LC's unique features support greater access to EBPs
 - Paired with the two training models, implementation consultative services promote dissemination of MATCH and implementation-ready environments in agencies
- Agencies and their local trainers benefit from expert-led training in implementation tools that sustain EBP use at a high level
- TT model may be feasible – in this LC, expert and agency-trained clinicians implement MATCH with comparable integrity
 - The cost saving components of TT may not significantly dilute the quality of MATCH training

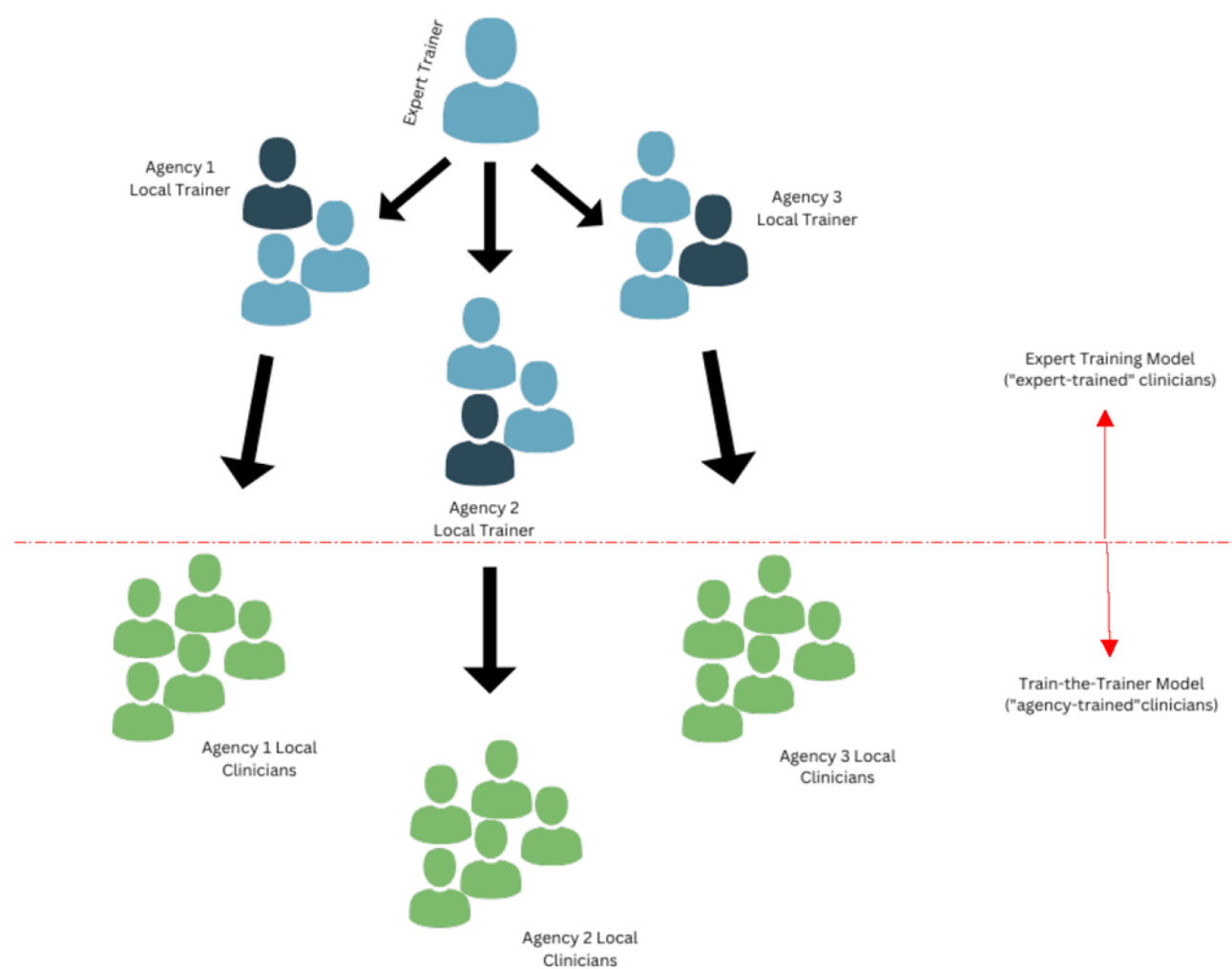


Figure 1. The Learning Collaborative

Expert training: Clinicians are trained directly by expert-level trainers through many hours of training and consultation.

Train-the-trainer: Select expert-trained clinicians are designated as **local trainers**. The expert trains **local trainers** to train clinicians at their own agency.

Means

	Expert-Trained (SD)	Agency-Trained (SD)
Frequency of Sessions	15.68 (5.18)	14.89 (5.99)
MATCH Module Use	94% (7%)	94% (12%)
Child Survey Frequency	8.83 (3.43)	9.97 (5.67)
Caregiver Survey Frequency	8.98 (2.62)	11.00 (5.76)