

Train the Trainer

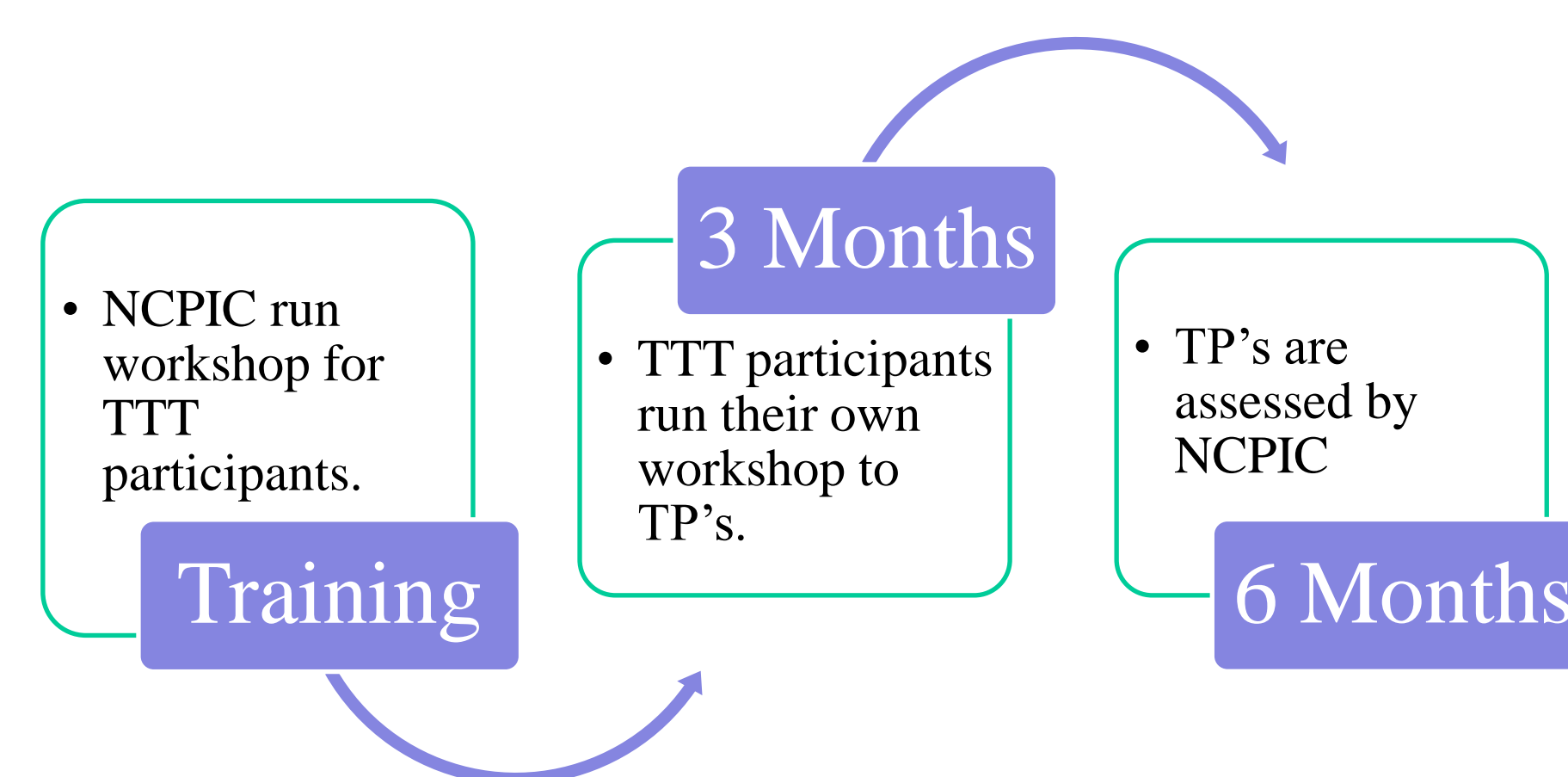
A sustainable model of disseminating evidence based practice?

Introduction and aims

- Evidence based treatments using motivational interviewing (MI) and cognitive behavioural therapy (CBT) have been shown to improve client outcomes in a number of randomised control trials.
- However, there is little literature regarding sustainable models of knowledge transfer from research to practice, particularly in regards to substance use.
- This paper reports on an evaluation of a training model which delivers evidence based treatments for cannabis use, using MI and CBT.
- The aim of this projects is to increase the ability of a selected group of drug and alcohol workers skilled in the delivery of motivational enhancement and cognitive behavioural therapies. These clinicians will constitute the core of a sustainable model to successfully deliver and train others in two evidence based brief interventions for cannabis use disorder.

Method

- The National Cannabis Prevention and Information Centre (NCPIC) selected 12 groups of experienced drug and alcohol workers (TTT) within each state and territory to attend a comprehensive two-day workshop.
- TTT participants were trained in the delivery of two evidence based interventions, which also highlighted adult learning principles needed to deliver their own training workshop to their own selected group (TP).
- All participants trained by NCPIC in both MI and CBT interventions (NCPIC) were compared with TTT's participants (TP).



Cannabis interventions

- Both the Adolescent Cannabis Check Up (ACCU) and the Quitting Cannabis 1-6 Sessions (QC1-6) are interventions based on the findings of randomised controlled trials conducted by staff from NCPIC.

Adolescent Cannabis Check Up

- The ACCU is a brief (2 or 3 session) motivational intervention designed for young cannabis users, irrespective of their treatment seeking status.
- The intervention is comprised of an individual assessment session followed one week later by a personalised feedback session delivered in a motivational interviewing style.

Quitting Cannabis 1-6 Sessions

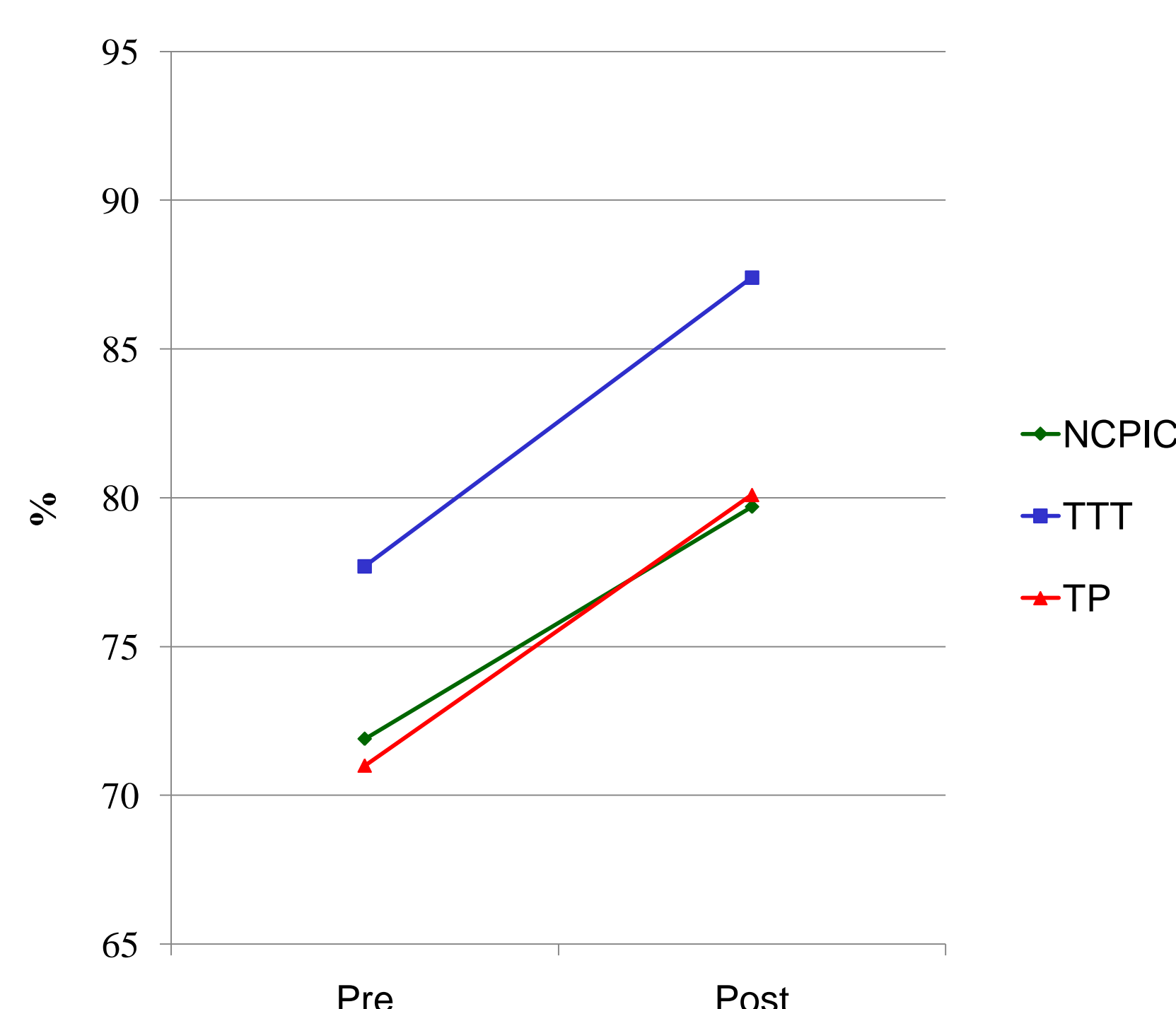
- This study found that, even among a severely dependent sample of cannabis users seeking treatment, one session (of a possible 6) of assessment and cognitive-behavioural therapy led to a significant reduction in the amount and frequency of cannabis use with associated reduction in the levels of dependence and associated problems.

Key findings

- Knowledge and confidence of NCPIC, TTT and TP participants were collected pre and post workshops (see figure 1). Scores were aggregated from self ratings on:

- Understanding** of cannabis dependence and related problems
- Willingness** to intervene with people experiencing cannabis problems
- Confidence** in assisting people with cannabis dependence
- Knowledge** of methods in assisting people with cannabis dependence

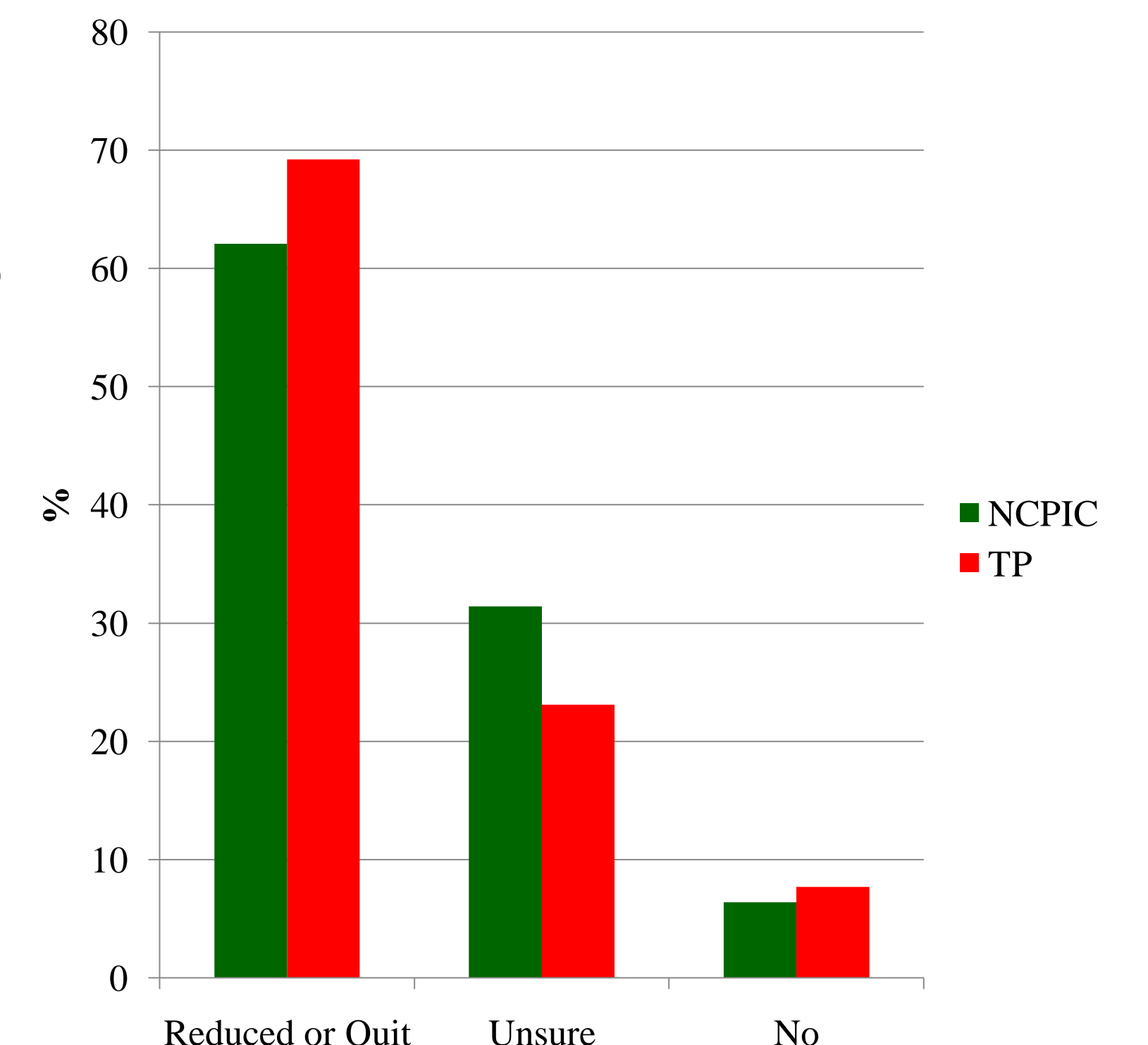
Figure 1: Knowledge and confidence



- TP's were just as skilled after the workshop as the participants of NCPIC workshops in:

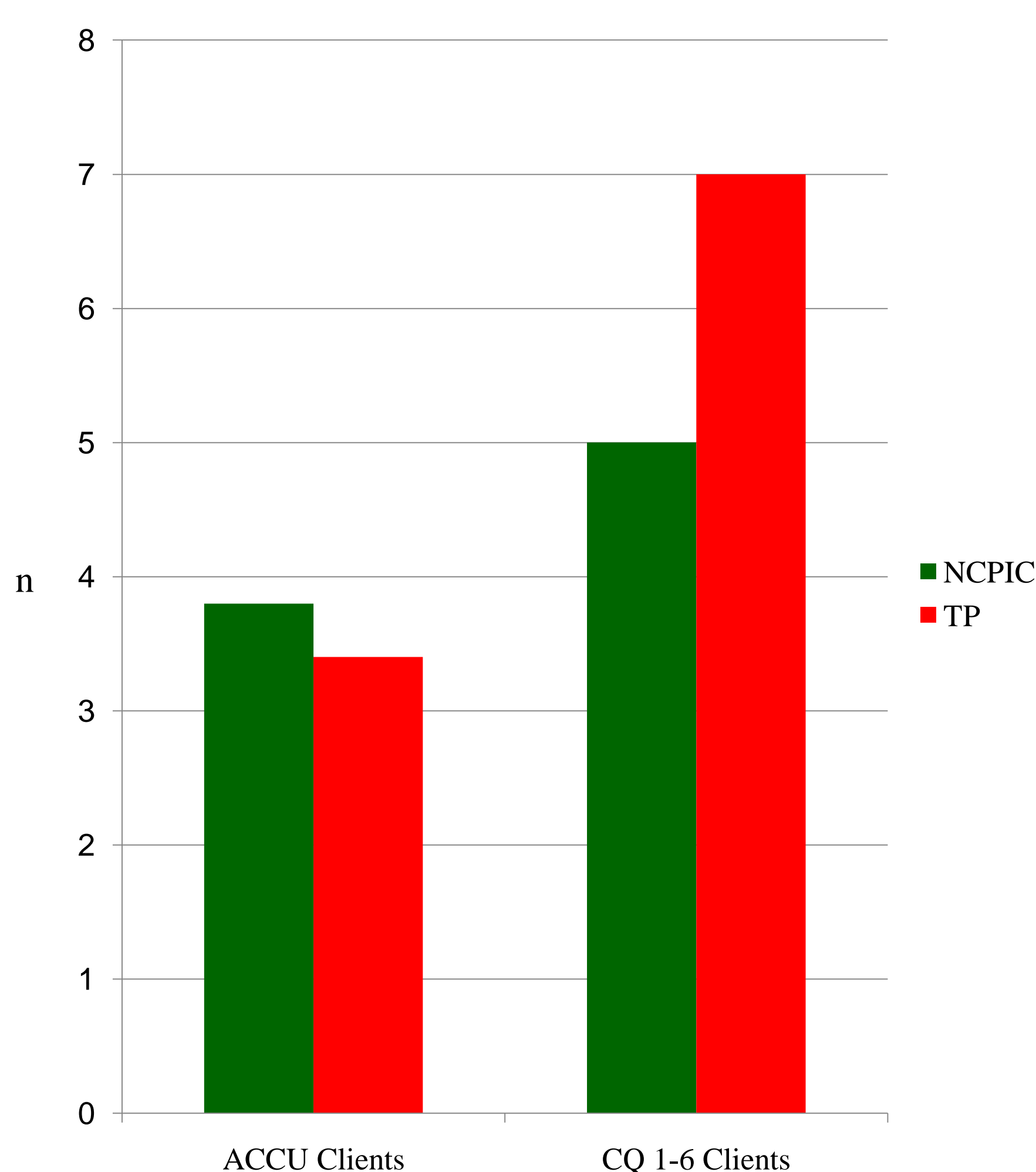
- Reducing or getting their client to quit using cannabis (see figure 2).
- Uptake of the ACCU or QC 1-6.
- The amount of sessions TP's used with clients.
- Assessing and educating clients in relation to cannabis, including a discussion on tolerance and withdrawal.

Figure 2: Did clients reduce or quit cannabis use?



Use of the brief interventions

Figure 3: Number of client that receiving an intervention three months post workshop



Conclusions

- Despite the growing evidence supporting the effectiveness of MI and CBT for treating substance use disorders, there have been minimal attempts to evaluate brief clinical trainings in the literature. There are even fewer attempts to evaluate models of knowledge transfer regarding these brief clinical interventions.



- Increases in knowledge and confidence regarding the use of the evidence based interventions, as well as positive client outcomes, were not significantly different between those trained by the NCPIC trainer, than those directly trained via the Train The Trainer model (i.e. TP).

Implications

- This model of knowledge transfer has the potential to provide evidence based treatments to a large group of drug and alcohol clinicians, without compromising client outcomes.
- Thus, this sustainable model of knowledge transfer could be used as the foundation in reducing the gap between research and practice in the application of substance abuse treatments.
- Once developed, the train the trainer model requires less time, resources and travel, while reaching out to more communities and AOD practices than was previously viable.

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