

## 2020 IMPLEMENTATION SUMMIT BRIEF:

### Train-the-Trainer Considerations and Recommendations for Agency Leaders, Trainers, and Intervention Developers



#### INTRODUCTION

Despite the availability of trauma-informed curricula, practice, and evidence-based treatments (hereafter referred to as interventions) throughout the National Child Traumatic Stress Network (NCTSN), multiple barriers continue to arise in pursuit of the NCTSN's mission of increasing access to these quality trauma-informed interventions for children, their families, and communities. Many of these barriers are related to limited access to trainers and lack of train-the-trainer (TTT) programs to support the sustainability of interventions within child-serving agencies.

In fall 2020, the National Center for Child Traumatic Stress (NCCTS) Training and Implementation Program, in collaboration with the NCTSN Implementation Advisory Committee (IAC), hosted its second NCTSN-wide Implementation Summit focused on addressing implementation and sustainment barriers with a particular emphasis on train-the-trainer programs.

This brief summarizes core considerations for using TTT programs as a key strategy for spreading and sustaining trauma-informed interventions. These considerations—based on feedback from Summit participants during the two-day Summit and follow-up phone calls—offer opportunities for additional refinement and highlight areas for further investigation. This feedback was especially valuable given the varied expertise of participants as agency leaders, intervention trainers, and intervention developers who are engaging, developing, or providing TTT programs. To access a summary of the Summit meeting, goals, and overall outcomes, please reference the [full NCTSN Stakeholder Summary](#).

The UCLA-Duke University National Center for Child Traumatic Stress (NCCTS) provides leadership, organizational structure, and coordination to the current grantees, Affiliates, and partners of the National Child Traumatic Stress Network (NCTSN). Working closely with the Network's funding agency—the Substance Abuse and Mental Health Services Administration (SAMHSA)—the NCCTS leads the Network in its efforts to increase access to services and raise the standard of care for children and their families across the United States who have experienced trauma.

The NCCTS manages an evolving, collaborative network of diverse academic and community-based centers, changing the course of children's lives by changing the course of their care.

## Train-the-Trainer Programs

A TTT program refers to a program or course where individuals in a specific field receive training in a given subject and instruction on how to train, monitor, and supervise other individuals in the approach.<sup>1</sup> The NCCTS views TTT programs as important implementation strategies to increase the reach and sustainment of interventions in child welfare, education, juvenile justice, and mental health agencies. TTT programs also address other challenges such as therapist attrition and developer succession planning.<sup>2,3</sup> Succession planning may include activities such as conducting an assessment of, and planning for, future leadership needs in a team or organization. Although several trauma-informed interventions for children have established TTT programs, there is no standardized protocol for developing or delivering TTT programs. As the need to disseminate and sustain trauma-informed interventions grows, the need to develop guidelines for TTT programs is imperative.

In an effort to better understand the state of TTT programs for trauma-informed interventions utilized by members and consumers of the NCTSN, the NCCTS, and IAC conducted a NCTSN-wide TTT Survey in May 2019. Survey questions were generated through a literature review of TTT programs, including essential TTT program components, as well as facilitators and barriers of program use. Additional questions were generated through IAC member expertise in the field and professional experiences with TTT programs.<sup>4</sup> Based on the results of the Survey, participants identified at least 14 components of effective TTT programs that NCTSN members use with varying degrees of frequency and intensity. Results also were a catalyst for the development and facilitation of the 2nd NCTSN Implementation Summit meeting that focused on sustainment of trauma-informed interventions via TTT programs.

## Summit Key Considerations

Based on their self-described experience and expertise, as noted in their Summit applications, the 69 Summit participants were placed in one of three breakout groups to allow for deeper and more specific discussions: agency leaders, trainers, or developers. Over the course of the two-day Summit, feedback was gathered as participants and Summit facilitators shared questions, insights, experiences, and considerations with regard to key practices for TTT programs. Data collected through Summit notes, breakout group discussions, and video recordings were reviewed and assessed using qualitative analytic approaches to identify common TTT program considerations. Three post-Summit follow-up calls allowed for refinement of the group-specific considerations, which were then clustered into five main themes.

### SUMMIT HIGH PRIORITY THEMES

NCTSN agency leaders, trainers, and developers should strive to:

1. Place equal emphasis on access, quality, and equity when considering the development of TTT programs
2. Integrate implementation science into TTT programs
3. Enhance communication and collaboration between and among developers, trainers, agencies, and communities
4. Increase opportunities for NCTSN members to compile and share best practices (i.e., research and community-defined evidence)<sup>5</sup> on TTT programs
5. Provide guidance on the identification and support of NCTSN trainers – with a prominent emphasis on trainers who identify as Black, Indigenous, or People of Color (BIPOC)\*

**The last consideration** on the identification and support of BIPOC trainers resonated with Summit participants in such a way that it became one of the central discussions during and after the two-day Summit. While a majority of the Summit discussions underscored the need to better identify and support BIPOC trainers, follow-up discussions with NCTSN members emphasized the creation of a more racially and ethnically diverse trainer workforce, with relevance for a number of underrepresented populations. Summit participants who had recently attended the NCTSN Anti-Racism Summit expressed a strong need for the NCTSN to take advantage of future opportunities to identify inequities inherent in the structure of how trauma-informed interventions are trained and implemented, including an examination of our collective training workforce. There were many discussions that called for the careful examination of diversity, or lack of diversity, on teams across the NCTSN that deliver trainings. Further, many shared their belief that the NCTSN must make a conscientious effort to elevate the voices of children, families, and communities where trauma-informed interventions are implemented to learn more about local needs, especially how a more diverse and inclusive training workforce could make a positive impact.

\*BIPOC was the term used for trainers of color by the participants throughout the Summit. The language in this brief is reflective of the language used during the event.

Specific suggestions related to the need for more racially and ethnically diverse trainers included:

- a. Developers need to maintain and share the race/ethnicity and gender composition of their trainers as a mechanism to measure improvements in this area;
- b. Developers need to increase racial and ethnic representation within TTT programs by prioritizing the training of trainers from BIPOC communities; and
- c. The NCTSN needs to provide opportunities for mentorship of BIPOC trainers by BIPOC trainers to support and retain the training workforce.

## Considerations and Recommendations for Various Groups

The following section outlines the top considerations and recommendations for agency directors, trainers, developers, and the NCTSN broadly. These considerations and recommendations reflect a synthesis of the breakout group-specific discussions, as well as the discussions that followed.

### Considerations and Recommendations for **AGENCY DIRECTORS**:

1. When selecting a trauma-informed intervention, request pre-implementation consultation about:
  - a. Guidelines for successful implementation and sustainability that include: 1) expectations of developers, trainers, and agency directors; 2) facilitators and barriers of implementation; and 3) examples of agencies or learners that have (and have not) been a good fit for training.
  - b. Availability of intervention readiness assessments to help confirm alignment of agency goals, resources, and capacity with intervention and training demands.
  - c. Description of the education, support, and expectations of within-agency trainers to ensure consistency across trainers.
  - d. Availability of within-agency training to help sustain intervention delivery and training over the long-term (e.g., addressing within-agency trainer turnover).
2. When preparing to implement a trauma-informed intervention, develop a Memorandum of Understanding with the developer and/or trainer(s) to ensure clear expectations about:
  - a. Costs of training and consultation.
  - b. Definition of pre-implementation supports.
  - c. Ongoing support available after training period ends.
  - d. Expectations for successful completion of training including the steps to obtain initial certification and steps to maintain certification.
  - e. Reasonable client- and/or clinician-level outcomes from training and intervention delivery, as well as connection to data system developers that support agencies interested in measuring their own outcomes.

### Considerations and Recommendations for **TRAINERS**:

1. When determining interest for training a trauma-informed intervention, request developer consultation about:
  - a. Current supports for trainers-in-training, including: 1) introduction to scaffolded training support to engage learners; 2) connection with and learning from communities receiving the intervention; 3) opportunities to observe experienced trainers; and 4) a process for how current trainers and developers navigate power differentials when working together (such as trainer forums or open spaces to provide ideas/feedback).
  - b. Balancing the values of quality, access, and equity when training intervention trainers.
  - c. Consultation should address: 1) adequate support needed to train and consult with high levels of fidelity; 2) strategies for increasing access to training/services; and 3) information on the racial and ethnic makeup of the trainer workforce and communities intended to receive the intervention.
2. When working with intervention developers, engage in open conversations about emerging implementation questions, such as:
  - a. What is the guidance for balancing relationships between intervention developers and agency directors when there are competing demands or priorities?
  - b. What is the process for trainers to suggest to developers relevant or needed updates, changes, and adaptations related to the intervention or training process?
  - c. After careful review of training workforce, how can the agency make its workforce more racially and ethnically diverse?

#### **APA defines scaffolding as**

“a teaching style that supports and facilitates the student as he or she learns a new skill or concept, with the ultimate goal of the student becoming self-reliant. In practice it involves teaching material just beyond the level at which the student could learn alone.”

## Considerations and Recommendations for DEVELOPERS:

1. When preparing for conversations with agency directors about the implementation of interventions, develop a catalog of materials that address the following areas of need:
  - a. Guidelines for successful implementation and sustainability: e.g., conduct a readiness assessment to confirm alignment of agency goals, resources, and capacity with intervention demands.
  - b. Information on availability of “within-agency trainer” training, including costs, ongoing support, and clear expectations.
  - c. Typical outcomes from intervention delivery including any connection to data system developers that support agencies interested in measuring their own outcomes.
2. When preparing to develop a TTT program for trauma-informed interventions:
  - a. Enhance pre-implementation supports and explicit implementation focus. (*Recommendation #1 for Agency Directors* outlines examples of helpful pre-implementation supports.)
  - b. Provide trainers with additional resources, supports, and/or training to assess need for scaffolding to learners.
  - c. Provide trainers opportunities to learn and practice how to consistently teach intervention components, use adult learning strategies, and coach complex components.
  - d. Provide trainers with opportunities to observe or shadow more experienced trainers/developers to help enhance skill development (including coaching on anti-racist practices and cultural humility).
  - e. Link new trainers with advanced trainers who can answer questions through forums or listservs, provide ongoing consultation, and offer advanced training options.
  - f. Provide opportunities for follow-up or post-training support to reinforce learning, increase retention, and effectively apply skills and knowledge.
  - g. Develop and support processes for enhanced collaboration with trainers, agency leaders, and communities receiving the intervention to provide feedback, suggestions, and honest/open conversations about implementation of interventions.
  - h. Participate in NCTSN efforts to further study TTT program components and best practices.

## Considerations and Recommendations for the NCTSN MORE BROADLY:

1. In supporting the development of robust and effective TTT programs within the Network, the NCTSN should:
  - a. Develop and disseminate TTT program best practices to inform their development and use, including guidelines for the integration of implementation science into TTT programs.
  - b. Help to build and disseminate evidence of: 1) TTT program effectiveness in addressing outcomes at the trainer (i.e., training equivalence and maintenance), provider (i.e., change in clinical knowledge and behavior), and client (i.e., symptom improvement) levels.
  - c. Provide opportunities for conversation and collaboration regarding potential tensions between scalability, quality, access, and equity.
  - d. Provide developers with more formal guidance on the identification of best practices related to succession planning to sustain interventions.
2. In supporting greater power-sharing and access to TTT programs, the NCTSN should:
  - a. Host conversations about how developers and trainers navigate their inherent power differentials and how trainers can manage their role as intermediaries between developers and agencies.
  - b. Help developers identify benchmarks to improve access to their TTT programs and to build accountability for more racially and demographically diverse trainers and trained providers. Develop and communicate benchmarks for TTT programs to support accountability that is more consistent across interventions in the NCTSN.
  - c. Provide forums for discussions about how trainers and developers collaborate with community and cultural brokers to systematically adapt or modify interventions as appropriate.
3. In supporting efficacious implementation of TTT programs, the NCTSN should:
  - a. Support a NCTSN-wide training workforce to consistently use robust implementation science practices during each phase of TTT implementation.
  - b. Encourage developers and trainers to be transparent up front about barriers to implementation as well as examples of agencies or learners that have not been a good fit for training.
  - c. Outline support expectations that agency leaders should have when working with developers to train their agencies' trainers.
  - d. Provide guidelines for how trainers re-evaluate or manage their role as intermediaries between developers and agencies.





## References

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