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Efficacy of One-day Trainings as They Relate to Mental Health Clinicians

John Dlugosz and Jessica Koons

Introduction

In an ever-evolving shift toward providing evidence-based clinical services within the field of mental health, it is critical that all aspects of continuing education and post-degree trainings be scrutinized for efficacy and fidelity to the topic being presented. This review critically analyzes selected published works on the topic of one-day trainings as they concern training clinicians who work in the human service sector. The focus of this review is to provide a foundation to further legitimize one-day trainings specifically for human services providers, and to provide a general overview of the success of this type of training approach. Additionally, this review will examine the underpinnings of the one-day training structure and present some of the reasoning behind the push for one-day trainings.

Methods

To identify criteria for articles to be included in this review, the following databases were used: Psych INFO, Psych Articles, Academic Search Premier, ERIC, Professional Development Collection, and Social Work Abstracts. The search terms used for retrieval of articles were as follows: one-day training, one day training, one-day, one day trainings, one-day trainings, workshop, continuing education, one day training and efficacy, and expedient training. Articles and research assessing forms of one-day trainings reflecting positive outcomes were included. These authors were unable to find any substantive body of research or literature suggesting negative or neutral outcomes associated with one-day trainings.

Managed Care and Factors Driving One-Day Trainings

Level of evaluation and establishment of evi-

dence-based or best practice of various forms of clinical mental health trainings across modalities and interventions varies widely from training to training. However, there is ever-increasing pressure and demand from both internal and external agencies to evaluate trainings in general. There are several reasons for the increasing trend of and pressure for evaluation of trainings. For example: Federal, State, or local funders of training may require evaluation of trainings, and or may want to ascertain the relation of cost to benefit of trainings, and/or to determine if trainings are evidence-based and/or if training is meeting intended objectives. Allocation of resources to organizations from local, state, and federal governments tend to be based on the degree of need for services and regularly come with evaluation components that look at efficiency, effectiveness and quality (Ozcan, et al., 1997). One of the major allocations of funding and resources with evaluation components for mental health agencies is channeled toward training clinicians, in as short a time as possible, to provide interventions.

With the fast-paced, drive-through mentality that has become prevalent in many aspects of clinical social work and mental health, agencies, clinicians, and Health Maintenance Organizations (HMOs) continually pursue the most parsimonious and expedient method of successfully addressing a client's needs. HMOs driven by bottom-line profit margins have demanded in recent years that mental health clinicians utilize interventions, strategies, and practices that require the least time possible. Rappo (2002) has suggested that it is health care expenditures that are being managed as opposed to health care. Financial constraints and personnel absences due to training days are among the variables driving continuing education trainings to become as truncated as

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possible.

One-day training sessions have become increasingly common as a component of continuing education across many disciplines and, further, are one of the most popular types of training formats available for mental health clinicians. Clinicians predominantly rely on continuing education (CE) to satisfy requirements established by employers, licensing boards, and other credentialing organizations (DeViva, 2006). Calhoun, Moras, Pilkonis, & Rehm (1998) were undoubtedly correct to argue for the critical importance of continuing education CE, both in terms of bringing expertise in empirically supported treatments (EST) to those already working professionally, and of helping working professionals to remain current with what we hope will be a cumulative science of therapeutic change. The need to look critically at expedient trainings, including one-day trainings, must not be overlooked; these practices must be scrutinized for efficacy and validity, rather than cast aside in the service of expediency. This review did not focus on what specific trainings and training topics provide the most successful, valid, or efficacious training in a one-day format, but rather provided an overview of the positive aspects of one-day trainings for clinicians and trainees that have been empirically observed and evaluated.

Overview

The purpose of this review is to provide a general overview of research across many intervention areas that demonstrate the effectiveness and efficacy of one-day training and expedited trainings for clinicians working in the mental health field. A one-day training can be defined, simply put, as a training that takes place over the course of one day, usually is completed in less than 8 training hours. The subsequent sections will break down the benefits of training into two general categories. A growing body of evidence-based research suggests that one-day trainings can have very positive effects on both clinician and client.

The positive effects on the clinician can be assessed easily with basic evaluation methods.

The positive effects on clients are more difficult to measure due to the limited access most researchers and their resources have to data documenting the trainee's post-training experience. Arguably any one-day training that benefits the clinician should have some measurable benefit for the client; and likewise, any one-day training for the clinician that benefits the client theoretically makes the clinician a more effective practitioner. In addition to the selected articles presenting the positive benefits of one-day trainings to both the client and clinician separately, readers should be mindful that one-day trainings can, by their nature, be simultaneously beneficial to client and clinician alike.

Clinician Benefit

Research indicates that one-day trainings can significantly benefit clinicians. In addition to research findings, trainees have reported that one-day trainings improved their attitude, their knowledge base, and their clinical skills. Many studies have demonstrated long term, short term, and immediate benefit to clinicians.

A study conducted by Christensen, Boisse, Sanchez, and Friedmann (2004) determined the efficacy of a one-day practice-oriented workshop on substance abuse screening, assessment, and brief intervention (SBI) with vocational rehabilitation (VR) counselors. Participants in this study were VR counselors working for the Massachusetts Rehabilitation Commission. Eighty-two of 300 VR counselors in the state attended this workshop. This study represents the 45 VR counselors who participated in the one-day training and completed the four-month follow-up questionnaire.

Participants attended a six-hour workshop. During the first half of the workshop, they were briefed on specific substances of abuse, screening, assessment, and brief intervention. The second part of the workshop consisted of case studies and role-playing. Participants were asked to complete an Alcohol and Other Drugs Vocational Rehabilitation Counselor Survey (AOD-VRC) to measure their knowledge and practices regarding substance use, screening, assessment, and intervention. The survey was administered before and

after the workshop, and again four months after the training. Test scores increased immediately after the workshop. At the four-month follow up, test scores had declined from the post-workshop test, but were still higher than the pre-workshop test. Four months later, improvements in the use of screening tools were incremental but highly significant at ($p = 0.001$). The study's limitation is that it does not measure the impact of the training on clients. However, it does indicate that long-term learning resulted from the training, which in theory should translate to better care and therefore better results for clients.

A study conducted by Phipps, Byrne, and Deane (2006) examined the efficacy of the "Orienting Approach" to Trauma Counseling (OATC) training with volunteer counselors. Developed by Phipps and Byrne (2003), OATC is a brief intervention designed to combat the effects of traumatic experiences. It is intended to be administered in one session, shortly after the traumatic event occurs. The intervention is simple and straightforward, as it was designed to be implemented by volunteers with varying skill levels. Participants in the study included volunteers from four Lifeline centers in New South Wales, Australia. Lifeline is a volunteer organization offering 24-hour counseling services. Participants were trained, over the course of an 8-hour session, in implementing OATC using the OATC training manual (Phipps & Byrne, 2005). Eight sessions were conducted altogether and each session included approximately 10 participants. Each participant provided demographic data and completed a Multiple Choice Questionnaire (MCQ) to assess their knowledge before the training began.

Prior to the training, all participants completed a role-play assessment, in which they were randomly assigned to two different scenarios in which a research assistant played the role of a client who had been exposed to a distressing event, and participants were asked to play the role of the counselor. The role-plays were videotaped and coded to measure the counselors' skill levels. Following the training, participants again completed the MCQ, and participated in the alternate

role-play scenario. Results of the pre and post training assessments indicate that volunteers' knowledge and skills improved significantly after completing the one-day training program. The results also suggest that volunteer counselors can effectively deliver an early intervention that can reduce psychological distress and impairment following a traumatic event. Because OATC can be delivered in one day, it can be an effective and inexpensive method to teach trauma related knowledge and skills to counselors.

Dowey, Toogood, Hastings, and Nash (2007) studied the effects of a one-day training workshop on staff's causal explanations of challenging behaviors. The participants of the study included 54 direct care workers who work with intellectually disabled clients, and who had all reported encountering challenging behaviors in the workplace. Participants attended a one-day training that included lectures, handouts, group exercises, and role-plays that focused on identifying challenging behaviors, causes, interventions, quality of life issues, and Applied Behavior Analysis. Applied Behavior Analysis encourages staff to consider how one's environment contributes to developing and sustaining challenging behaviors, for example intellectual disabilities.

A modified version of the Self-Injury Behavioral Understanding Questionnaire (SIBUQ) was administered pre- and post-training to determine staff's explanations for the causes of challenging behavior (Oliver, Hall, Hales, & Head 1996). Causal explanations were divided into four categories: behaviorally correct, behaviorally incorrect, internal-emotional, and internal-organic. Results of the study show a significant increase in the number of behaviorally correct responses from pre- test to post-test, indicating that one-day trainings affected staff's causal thinking about challenging behavior. A Wilcoxon signed rank test indicated a significant change in behavioral correct explanations ($Z = 4.7, P=0.00$). Further research is needed to determine the long-term and practice- related effects of such attitudinal changes.

Russo (1993) conducted a study to determine if one-day trainings for human service profession-

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als could increase their understanding of Attention Deficit-Hyperactivity Disorder (ADHD) and its implications for adoptive families. Five trainings were conducted by two licensed social workers trained to present the material. Each six-hour training session covered four topics: motivation, which included providing a rationale for the importance of understanding ADHD; description, in which participants were offered basic information about ADHD such as diagnostic criteria and behaviors associated with ADHD; diagnosis and treatment, in which participants were educated about the ways in which ADHD is diagnosed and with common treatments of ADHD; and case management, in which participants were introduced to techniques for working with cases involving children with ADHD. Participants were provided with reference handbooks with further information on ADHD. There were a total of 51 participants, and training sessions consisted of ten to twenty participants each.

The program was evaluated using three methods. Data was gathered using pre- and post-session tests to determine if the knowledge and skills of the participants regarding both ADHD and working with adoptive parents increased. The questionnaire included 30 objective questions, 18 short answer, and twelve multiple choice questions. The trainers were interviewed to determine their view of the program's success in terms of appropriateness and organization of the content, quality of the materials, ease of understanding and implementing the program, and their perception of participants' reaction to the program. Finally, feedback from the participants was evaluated through comments made on the post-test. Results of the study indicated that following the training, participants' knowledge of behavioral and diagnostic elements of ADHD showed a significant increase, as did their knowledge of the educational and socio-behavioral ramifications of ADHD. The training had an obvious positive impact, both objectively and subjectively, on the participants. They increased their knowledge of specific details of ADHD and also reported that they believed that they had gained knowledge and skills as a result of the training.

A study conducted by Bryan, Axelrod, Maxim,

Bell, and Jordan (2002), evaluated a one-day training designed to enable care staff to communicate with older people with communication difficulties. *Communicate*, a training developed by Action for Dysphasic Adults (ADA) and funded by the Department of Health London Stationary Office, was designed to teach care staff the basic communication skills needed to work more effectively with older individuals who have communication difficulties. The training, which included practical exercise, discussion, and video material, was presented by qualified speech and language therapists. Twelve *Communicate* workshops were held between 1988 and 1999. There were a total of 157 workshop participants. Participants completed a questionnaire prior to the training, a modified version of the questionnaire two weeks following the training, and again twelve weeks post-training. A combination of qualitative and quantitative measures was utilized to measure care workers' knowledge, attitudes, and skills. Study measures also include an observational study with a sub-sample of participants and interviews with stakeholders.

Results of the study indicate that prior to the training, over 50% of participants expressed only negative feelings concerning working with people with communication difficulties. There was a significant increase in participants' knowledge of communication and communication impairment following the training, and an improvement in care staff's skills in working with clients with communication difficulties. Following the training, the number of positive strategies utilized by care staff to address communication problems increased. As a result of the training, participants showed increased confidence, increased patience, and a reduction in frustration. Sixty-four participants completed both the two-week and twelve-week post training questionnaires. From the two-week to the twelve-week post test there were few significant changes, suggesting that training gains endured. In respondents' self-assessed knowledge of communication impairments there was some further significant gain; for example, in knowledge of "how it might feel to have communication problems" (Wilcoxon $p = 0.022$, mean

difference at 95% CI = 0.29 [0.04–0.52]) and overall knowledge (Wilcoxon $p = 0.037$, mean difference at 95% CI = 0.78 [-0.18–1.74]).

A study conducted by Brownlee (1994) examined the effects of a one-day workshop on mental health workers specializing in children. Workshop participants were trained in constructivist family therapy. Participants were educated about the theoretical concepts of constructivism, and three major techniques of constructional family therapy were discussed: reflexive questioning, searching for exceptions, and externalizing the problem. After learning these techniques, participants were asked to role-play in small groups, and then discuss their experiences with the larger group. Feedback offered by participants following the workshop was largely positive. A staff meeting was held two weeks after the workshop and participants' reports of the workshop remained positive. Participants indicated that they gained new skills as a result of the training and that they were applying them in practice. Several participants reported incidents in which they applied the constructivist family therapy approach and noted positive effects on the clients.

Brownlee concluded that one-day workshops are viable options for training. Brownlee suggests that skills obtained at one-day trainings can be maintained over a long-term period more effectively if workers receive support in their application of new techniques through individual supervision, group supervision or discussion with co-workers, and, additionally, if they have an opportunity to practice new techniques with one or two fairly low-stress cases in order to become more comfortable in applying the skills.

A further one-day training was designed to improve the recognition and reporting, by nurse practitioners, physician's assistants, registered nurses, physicians, and social service workers, of adolescent sexual abuse cases (Sullivan, & Clancy, 1990). The three objectives of the training are as follows: "improve health practitioners' ability to identify indicators of sexual abuse in the adolescents they serve; increase the number of interviewing techniques available to health practitioners in approaching this subject with adolescent

patients; and increase the likelihood of health practitioners making appropriate referrals to mandated child protection and law enforcement agencies" (Sullivan & Clancy, 1990).

The trainer was a social worker who had worked in crisis intervention and had treated child sexual abuse victims. The training was primarily conducted in a lecture format, covering the identification of physical, psychological, and behavioral indicators of sexual abuse; interviewing techniques to facilitate disclosure; and procedures to initiate an investigation. There were a total of 350 participants in the training, divided into four groups. The first group (Group 1) completed only the post-test, a brief questionnaire measuring knowledge and practice regarding sexually abused adolescents, immediately following the training. The second group (Group 2) completed both the pre-test and the post-test. The third group (Group 3) completed the pre-test prior to the training and the post-test three months following the training, and the fourth group (Group 4) completed the pre-test and the post-test six months after the training. Of the 350 participants, 265 pre-tests and 271 post-tests were completed.

No significant difference was found between the scores of Group 1 and Group 2. Identification of sexual abuse indicators improved from the pre-test to the immediate post-test which was sustained at the three-month follow-up test. Results of the six-month follow-up post-test indicate deterioration in improvement made immediately following the training and during the three months following the training. However, the results did indicate an improvement on pre-test scores. During the three-to-six month period the number of reports of sexual abuse made by non-medical staff rose from 10 to 22 percent at three months and 37 to 44 percent at six months. The results of this training indicate that the training improved service providers' knowledge of sexual abuse indicators; moreover, the number of reports made by service providers increased. The trend was sustained over six months with only a slight deterioration. Thus, this one-day training was deemed effective, affordable, and of lasting benefit.

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The study “Suicide Prevention Training Outside the Mental Health Service System: Evaluations of a State-Wide Program in Australia for Rehabilitation and Disability Staff in the Field of Traumatic Brain Injury” by Simpson, Franke, and Gillett (2007) was conducted to determine if a one-day training on suicide prevention for rehabilitation and disability staff who work with individuals with traumatic brain injury (TBI) could increase participants’ knowledge of suicide prevention strategies. The training program was designed to teach staff how to identify signs of suicidal tendencies, respond appropriately to a suicidal crisis, and undertake longer-term support. The study was conducted in two phases. In one pilot program, launched in 2001, participants reported a significant increase in knowledge and skills following the training. In 2003, the second phase comprised four one-day trainings, offered state-wide, to determine if these findings were consistent with the findings of the pilot program, and to validate the evaluation measures.

Overall, 100 staff attended the four workshops; 86 completed the pre-test while only 40 completed the six-month follow-up questionnaire. A control group was also recruited, consisting of 27 participants; of these, 27 completed the pre-test and 26 completed the six-month follow-up questionnaire. Three measures were designed to evaluate the workshop: the Objective Knowledge Test, the Knowledge/Skills Self-rating Scale (Self-rating Scale), and the Suicide Intervention Response Inventory (SIRI-2-). When administered at the pilot program, participants complained that the SIRI-2 was complex and demanding. Therefore, the authors decided to administer the SIRI-2 only at one venue. Because the response rate was low, and some did not complete the questionnaire correctly, these results were combined with responses from the pilot.

Analysis of the Objective Knowledge Test showed that there was no difference between the pretest scores of the control group and those of the workshop group. However, the workshop group scored significantly higher than the control group on the Objective Knowledge Test immediately following the workshop, and six months

following the workshop. Pre-workshop, there was no difference between the workshop group and control group’s scores on questions related to general knowledge and skills about suicide on the Self-rating Scale. Yet, on questions related to TBI-specific knowledge and skills regarding suicide, the control group scored significantly higher. However, immediately following the workshop, and six months later, the workshop group scored higher than the control group in all areas of the Self-rating Scale.

The results of the second phase of this study were consistent with the findings of the pilot workshop. Findings indicated that the training provided the participants with valuable knowledge and skills regarding clients with TBI and suicidality. While the training had significant effects on the knowledge and skills of participating staff, further research is needed to determine if this training directly led to a decrease in the suicide rate of individuals with TBI.

A study conducted by DiViva (2006) evaluated 6-hour trainings versus 3-hour trainings on the topic of techniques for enhancing motivation in resistant or ambivalent clients. Trainees consisted of graduate-level students preparing for work in the health care field. Trainees were enrolled in the following fields: clinical psychology, counseling psychology, social work, medicine, and nursing. The design of the workshops comprised a combination of didactic and practice elements. The 3-hour workshop was shortened by reducing the number of examples, elaborations, and practice time given to trainees. DiViva found that both the 3- and the 6-hour trainings were associated with significant changes in trainees’ behavior in analogue role-plays with resistant and ambivalent clients after completion of the training. DiViva found positive results and successful use of the new techniques by the trainees as well as self-reports of the usefulness of the training in both the 6- and the 3-hour workshops. The results of the post-training questionnaire indicated that trainees thought the workshop was effective ($M = 4.5$, $SD = 0.7$) on a 5-point Likert scale (1 = *not at all*, 5 = *very effective*). Participants thought the workshop would fit very well with their personal

style of therapy ($M = 4.5$, $SD = 0.7$), and they reported that they thought they would be moderately good at using the workshop techniques ($M = 3.8$, $SD = 0.8$). DiViva found no supporting evidence in the study to reflect any superiority of 6-hour training versus 3-hour training.

Client Benefit

The literature has not provided any definitive conclusions regarding the direct causal effect of one-day trainings on client outcomes. This issue has been further addressed in the implications section of this paper. For the purpose of this literature review, articles selected reflected or reported measures, outcomes and/or benefit directly from or about the client or the targeted population.

Research on the direct benefit to clients resulting from a clinician's attendance of a one-day training or workshop will vary greatly depending on the type of training. One well-researched one-day training for clinicians that has proven very effective at providing benefit to clients is the use of formal client feedback to improve retention and outcome. One such training is offered by Scott Miller; Miller has developed training and assessment tools such as the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS) that have been incorporated in a focused one-day training format offered to clinicians (Scott Miller, personal communication 2008). The ORS and SRS were designed for monitoring the process and outcome of therapy (Miller et al. 2006). This study was conducted over a 2-year period and involved 75 therapists and 6424 clients. Miller et al. (2006), referring to a study utilizing the ORS and SRS, stated, "The present study found that providing formal, ongoing feedback to therapists regarding clients' experience of the alliance and progress in treatment resulted in significant improvements in both client retention and outcome" (p.14).

Collins, Hill & Miranda (2008) produced a very thorough evaluation paper employing both qualitative and quantitative measures on one-day trainings that were designed to facilitate positive youth development approaches in group home

settings. Collins et al (2008) reported on a training program conducted in Massachusetts. The project was funded by the federal government (U.S. Department of Health and Human Services, Children's Bureau) and was designed to help clinicians and workers who assist foster care youth with the process of transitioning from care to independent living.

One key measurement that reflected positive long-term effects on clients when clinicians attended the training was a series of 5 open-ended qualitative questions to assess the impact on practice. 71 trainees respondents reported the following: 58 had discussed concepts from the training with coworkers and staff, 35 had referred to the curriculum or handouts since the training, 2 reported doing additional reading from the bibliography since the training, 33 had integrated youth development concepts into the program, and 4 had implemented a similar training in their group home setting.

Additionally, qualitative information was collected from respondents (Collins et al., 2008 p.51). Trainees reported that the training had positive impacts on their clients in that skills learned translated to improved practices in teaching their clients more skills and strategies for transitioning into independent living, integrating the young people in the program in decision-making skills, and helping their young clients to express and develop their goals, and, further, to take more proactive and concrete steps to achieve those goals.

Scherer and Kimmel (1993) conducted a study to examine the effectiveness of a one-day training designed to alter teachers' attribution styles so that they reflect more optimistic patterns. Four groups of teachers participated in the attribution retraining workshop. A comparison group consisting of 36 teachers was given the same pre- and post-test as the groups that participated in the six-hour workshop. The same trainer presented each of the trainings. There were 52 participants in the study. Lecture, modeling, and role-play were used to train participants. Pre- and post- test questionnaires were administered to determine attribution styles: the Scores Attribu-

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tion Style Questionnaire (ASQ) and the Teacher Attributions for Academic Performance Scale (TAAPS). ASQ pre-test scores were similar between the control group and the groups that participated in the training. However, following the training, the scores reflected a significant increase in participants' optimism compared to the control group. Many workshop participants did not complete the TAAPS form; only 11 were analyzed. TAAPS measured Internal Attributions for Academic Success, External Attributions for Academic Success, Internal Attributions for Academic Failure and External Attributions for Academic Failure. Following the workshop, significant changes were found only in the scores for Internal Attributions for Academic Success. This study indicates that teacher's attribution styles were modified as a result of the one-day training.

Limitations

One plausible limitation of this literature review is that there may be a significant area of research that is not published due to non-significant results concerning one-day trainings. This review did not suggest that one-day trainings are by any means the preferred overall method to present training and should not be generalized as such. More specific literature reviews pertaining to specific subject areas in the genre of one-day trainings would add to the research knowledge base and, with proper methodologies, provide some possible frameworks for one-day trainings that may be generalized to selected subject areas.

Conclusion

In conclusion, it is arguable that any effective and valid one-day training provides benefit to both the clinician and to the clients served by the clinician. The ethical questions associated with one-day trainings will continue to arise as long as there are limited resources to which the field of mental health has access. The key to success may well be research that scrutinizes, from a critical perspective, one-day trainings and expedient trainings regardless of the factors influencing the initiation of the training. Finally, the literature suggested that in order for one-day trainings and workshops to have a positive impact, evidence-

based and well-researched interventions and training topics should be deeply considered. Trainings must have specific, clearly defined goals. Reference materials presented at a training that the clinician may keep and continue to use after training are likely to help to maintain fidelity to the training topics and help sustain the benefit attained from training over an extended time (Tucker & Blythe 2008).

Implications and Future Directions for Research

It is evident from the growing body of current literature that one-day trainings and expedited trainings will continue to burgeon into the sector of human services and continuing education professional trainings. There are, however, some other critical aspects of one-day trainings that should be researched. For example, what role or effect do one-day trainings have on clinical supervision, upper management, and organizations as a whole? The effects of one-day trainings on supervision, leadership, and other areas on the mezzo/organizational level should prove to be a viable research area.

Identifying client benefit from one-day trainings for clinicians through the literature has proven to be a more arduous undertaking than identifying direct benefit to clinicians from these trainings. The ultimate goal of most one-day trainings is to positively affect clients and populations through training and/or skill-building of the clinician. One area of consideration for future research should focus on how to directly assess and measure the impact of one-day trainings on clients and targeted populations. One suggestion for a possible study may be a three-tiered research study that uses measures that evaluate data at the trainer/program level, the clinician/provider level, and the client/recipient population level. Three-tiered studies would provide insight into the big picture of one-day trainings and would, further, help to identify the needs, shortcomings, and positive aspects of one-day trainings, as well as provide future direction for development and research of these trainings.

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