Tool

User Guide for the Training in Psychotherapy (TIP) Tool 2.0

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Preface

Ensuring the availability of evidence-based psychotherapy in the community is a critical component of efforts to address rising mental health needs across America. However, little is known about the extent to which trainings in evidence-based psychotherapies delivered to licensed clinicians incorporate effective approaches for achieving clinical competency.

This guide provides an update of the Training in Psychotherapy (TIP) Tool—the TIP Tool 2.0—based on pilot testing with two psychotherapy training organizations. The TIP Tool was originally developed using results from an extensive literature review to identify the core components of trainings that were successful in demonstrating clinician competency in psychotherapy. The literature review was supplemented with consultation with several national experts in psychotherapy training and implementation. The development process is documented in *Training Clinicians to Deliver Evidence-Based Psychotherapy: Development of the Training in Psychotherapy (TIP) Tool* (Hepner et al., 2018a). The tool was constructed with several potential types of users and uses in mind. The tool may be of interest to organizations that fund psychotherapy trainings, organizations that deliver these trainings, organizations and clinicians who participate in psychotherapy training, and researchers who conduct psychotherapy research. This tool is intended to be used by individuals interested in assessing the extent to which a training's approach aligns with evidence and expert-derived core components for facilitating clinician competency.

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TIP Tool 2.0 User Guide

Ensuring the availability of evidence-based psychotherapy in the community is critical to addressing rising mental health needs across America. However, little is known about the extent to which trainings in evidence-based psychotherapies delivered to licensed clinicians incorporate effective approaches for achieving clinical competency. The Training in Psychotherapy (TIP) Tool was originally developed using results from a structured literature review to identify the core components of trainings that were successful in demonstrating clinician competency in psychotherapy. The literature review was supplemented with consultation with several national experts in psychotherapy training and implementation. This development process is documented elsewhere (Hepner et al., 2018a). Resources for scoring the tool and interpreting the results are available on the TIP Tool website (Hepner et al., 2018b). This guide provides an update of the TIP Tool—the TIP Tool 2.0—based on pilot testing with two psychotherapy training organizations.

We conducted a pilot evaluation of the tool to evaluate its usability, utility, and validity. Regarding usability, we examined the clarity of the concepts and language in the TIP Tool and user guide, including ease of rating (e.g., distinguishing among different levels of a given item) and availability of information needed to assign ratings. To evaluate utility, we explored whether the TIP Tool provides useful information to training organizations—a key stakeholder. We explored whether TIP Tool results provide useful information and support identification of opportunities to modify the training to ensure that it meets its intended goals. Finally, our assessment of validity in the pilot phase focused on face validity. Specifically, we obtained input from training organizations on whether items and scores appeared to be valid measures of the concepts that the TIP Tool is designed to measure.

We applied the TIP Tool to eight psychotherapy trainings delivered by two training organizations. We conducted an in-person site visit with the first organization and a telephone visit with the second organization. We also reviewed training materials provided by each organization. This enabled us to assess whether the information needed to complete the TIP Tool could be gathered without observing a training in person, which we determined was possible. After completing the TIP Tool for each training, we conducted debriefing sessions with leadership from each organization to share the results and obtain feedback on the utility and face validity of the TIP Tool. We thank the organizations and their training staff who participated in our pilot of the TIP Tool. Based on this pilot, we made modifications to the TIP Tool, including revised wording associated with certain scores to ensure that all rating levels of each item are mutually exclusive and to provide clearer operational definitions of certain terms.

This user guide for the TIP Tool 2.0 begins by reviewing general principles for how an organization or individual would select a training to rate and then provides a detailed guide to applying the criteria and scoring the measure.

Moving forward, the TIP Tool could benefit from additional development and testing to inform future revisions and to further evaluate its reliability and validity. During the pilot phase, two raters completed the TIP Tool independently and met to discuss discrepancies in ratings. This informed revisions to the tool, such as providing clearer definitions or specific examples of certain concepts. Additional data on interrater reliability and the tool's ability to distinguish between different types of programs (e.g., from raising awareness to building competence) would be useful. In addition, an examination of the TIP Tool's predictive validity could be warranted. Specifically, the TIP Tool could be evaluated to determine how TIP scores predict post-training clinician outcomes (e.g., whether trainees reach adherence and competence) and patient outcomes. While this additional validation would be informative, our pilot testing of the tool provides support for TIP Tool implementation, including its usability and the utility of the tool for training organizations.

Users and Uses for the TIP Tool 2.0

The TIP Tool 2.0 is designed to assess psychotherapy trainings for community-based providers with respect to how they align with the core elements of trainings that were identified as potentially effective in a review of the literature and discussion with experts. The tool was constructed with several potential types of users and uses in mind. The tool may be of interest to organizations that fund psychotherapy trainings, organizations that deliver these trainings, organizations and clinicians who participate in psychotherapy training, and researchers who conduct psychotherapy research.

Regarding uses of the tool, the TIP Tool could be used to determine whether an existing training has the features necessary to achieve the stated goal of that training—whether it be to build initial knowledge in a given area, teach basic skills, or help clinicians to achieve adherence and competence in a given psychotherapy. This could be useful information for organizations who fund psychotherapy training (e.g., philanthropic organizations). Second, training leaders could use the information to determine which features to incorporate when designing a new training. The tool can also provide information on changes that can improve or enhance organizations' own training approaches. For example, by reviewing the descriptions of what constitutes each score within a given domain, a program may identify elements that could be incorporated to build its current capacity. Third, organizations or practicing clinicians could use the tool to select among different types of trainings so that they can determine whether the training meets their training goals. For example, if a clinician is seeking training that will support the clinician in being able to deliver the psychotherapy competently, the TIP Tool would provide more information than is currently available to clinicians when making this decision. Finally, the TIP Tool could be useful for researchers conducting psychotherapy efficacy or effectiveness trials, as it would allow more-thorough documentation of the training received by study clinicians. Increased documentation of psychotherapy training—both in psychotherapy trials and psychotherapy training studies—could allow analyses to identify training elements that contribute to clinician competency and improved patient outcomes. This would be a useful contribution, as our literature review conducted as part of the development process of

the TIP Tool identified several gaps in the training literature (Hepner et al., 2018a). These potential audiences and uses are summarized in Table 1.

Applying the Tool to Evaluate Trainings

Organizations may offer multiple types of trainings. In this case, there are different ways in which this tool could be applied. One option is to complete the tool based on a *typical training* offered by the organization. Specifically, an organization could select a representative program and apply the tool based on that training. Although the results may not reflect all trainings offered by the organization, they would characterize a typical type of training for that organization. Another option is to score the tool based on the *capabilities* that an organization can offer as part of a training. Though each element might not be present in every training, scoring the tool in this way would provide a sense of the highest capacity the program can offer within each domain. Finally, the tool could be applied individually to *multiple trainings* within an organization. For example, if a training is tailored for a specific audience or organization and has different features from those of a training for another audience or organization, the tool could be completed separately based on each individual program. This would provide a more nuanced perspective on each specific training offered by the organization. Our pilot-testing of the tool identified some variability in TIP scores across psychotherapy trainings delivered by a training organization, suggesting that it is likely important to apply the tool to each individual training rather than to an organization as a whole.

Characterizing Psychotherapy Trainings

Psychotherapy trainings can vary substantially in their scopes and objectives. Some trainings may be designed to provide clinicians with an introduction to a psychotherapy, such as the evidence base, theoretical underpinnings, and core elements. These trainings are valuable in

Table 1
Potential Users and Uses of the TIP Tool

Potential Users	Ways the Tool Could Be Used
Those who fund trainings	• Evaluate or compare existing trainings to determine whether they have the features necessary to achieve the stated goals of the training and funder.
Those who design or lead trainings	• Evaluate an existing training to determine whether it has the features necessary to achieve the goals of the training. • Determine what features should be incorporated when designing a new training. • Improve or enhance existing training approaches.
Those who participate in trainings	• Evaluate an existing training to determine whether it has the features necessary to meet the needs and expectations of the potential trainees. • Select among trainings when multiple options are present.
Those who conduct psychotherapy or training research	• Document elements of psychotherapy training. • Conduct analyses on how specific training elements predict clinician and patient outcomes.

that they may serve as a primer to increase a clinician's familiarity with a given psychotherapy. At the other end of the spectrum, some trainings may be designed to teach clinicians to implement a given psychotherapy in a clinical setting with fidelity. This type of training focuses not only on increasing a clinician's knowledge but also on building specific skills needed to implement the psychotherapy with adherence and competence.

Given this potential variability, this tool was designed to capture the full range of different psychotherapy trainings. In developing the tool, we considered three categories of psychotherapy trainings, described in more depth in Table 2. The first type of training is designed to *raise awareness*—that is, build a clinician's familiarity with a given psychotherapy. The second type of training is designed to promote *skill-building*. The third type of training is designed not only to build skills but also ultimately to *support competence*.

Because some trainings may implement techniques across these different categories, we have considered them along a continuum for purposes of constructing our training rating tool. For example, a training that is designed to raise awareness will likely earn a lower overall score than a training that is designed to support competence. In this way, a lower score would not necessarily be interpreted as reflecting a training that performs worse than others; instead, the lower score may indicate that the training is achieving its objective of raising awareness but perhaps does not include the objectives of promoting skills or clinician competence/fidelity. More details about scoring and interpreting the results of the tool are provided below.

Using the TIP Tool

The TIP Tool includes two main sections. The first section gathers information about the training and its characteristics. This section focuses on descriptive characteristics, such as the target psychotherapies, target diagnoses, format, and timing of the training. This part of the tool is not scored, as these features were not consistently associated with better outcomes in the literature. Instead, it is designed to provide context and background on the training.

The second section consists of the scored domains of the tool. The section is organized into five domains, based on our review of the literature and consultation with experts in psychotherapy training and implementation/dissemination. These domains are as follows:

Table 2
Characterizing Psychotherapy Trainings

Type of Training	Description
Raising Awareness	These trainings are designed to provide an overview or introduction to a psychotherapy. Although specific therapeutic techniques or skills may be discussed, this is largely communicated in an informational or didactic manner.
Skill-Building	These trainings are designed not only to introduce a given psychotherapy but also to provide the foundation for and develop associated skills and therapeutic techniques. These trainings are designed to help promote positive change in clinical practice.
Supporting Competence	These trainings are designed not only to begin developing skills consistent with a given psychotherapy but also to help clinicians achieve adherence and competence—that is, to prepare clinicians to implement a psychotherapy with fidelity after completion of the training.

- **Didactic training format:** This domain includes features of the didactic portion of a training, including length of training, level of interactivity, and provision of feedback.
- **Didactic training content:** This domain focuses on the topics covered in the didactic portion of the training, such as core techniques and theory and clinical decisionmaking.
- **Consultation/supervision:** This domain focuses on the consultation/supervision component of a training, including the availability of consultation/supervision and characteristics of consultation/supervision (e.g., length, how the review of sessions is conducted).
- **Program evaluation:** This domain is designed to capture any evaluation that is incorporated into the training, including participant satisfaction and assessment of knowledge and skills.
- **Implementation facilitation:** This domain focuses on the incorporation of implementation of the psychotherapy into the trainee's practice and organization into the training.

Scoring the TIP Tool

Each of the items in the tool is rated on a scale from 1 to 5. This scale is anchored to the three categories of trainings described above: A score of 1 indicates Raising Awareness, a score of 3 indicates Skill-Building, and a score of 5 indicates Supporting Competence. Specific scoring anchors are provided for each of these levels, as well as for scores of 2 and 4. These anchors are designed to make the distinction between each level as concrete as possible.

As a general rule, all training leaders for a given training must include an element in delivering the training for that element to qualify as present in the training. For example, if one training leader typically provides guidance on measurement-based care but other training leaders do not mention or provide any resources on the topic, then the training should receive an item score of "1." When sources of information about a training conflict (e.g., training slides versus report of training leader), raters should make an effort to resolve disagreement by consulting additional sources of information about the training.

The next section provides specific guidance for each item on the scored portion of the TIP Tool. For each item, a definition is provided, as well as descriptions of any terms used in the scoring instructions. Within the tool, key terms appear in bold at their first use, along with a definition. Specific guidance is then provided for coding each item, including a description of what constitutes a score at each level.

Training Information and Characteristics

Information to complete the section can be collected from the training director or manager, website, or other written training materials.

Training Program Identification

Definition: This section is intended to record basic information on the training and details on how to gain additional information. Raters should indicate the date the tool was completed and by whom.

Training Program Identification

Date _____ **Raters** _____

Training Name _____

Website _____

Address _____

Program Contact _____

Telephone Number _____

Email Address _____

Training Characteristics

Definition: This section is intended to record the focus of the training, including the target psychotherapies and diagnoses, the size of the training, and whether there are any minimum qualifications required for clinicians (e.g., licensure in a mental health field, any prerequisite course completions). The section also gathers information about the format of the training.

- *Training format* refers to the way the training content is delivered. A rater should place a check mark next to "Available" after "In person" or "Web based" if any elements of the training are conducted in person or online, respectively. If the training features both optional and required components of a particular format (in person or web based), the rater should place a check mark in both boxes.
- *Typical length of didactic training* is the average number of hours required to complete the entire training. This number should include any required in-person and required web-based components, including training sessions, demonstrations, skill practice, discussion, and assessment. Optional components should **not** be included, such as reviewing supplemental materials, optional training components, time spent preparing for training

sessions, or time spent on homework or outside skill practice. Supervision or consultation should also not be included.

- *Typical timing of didactic training* refers to the spacing of required training sessions. If there is only one session, or if the training is typically conducted over several days without interruption, the rater should select "One time, consecutive days." If sessions take place over time, with breaks in between, the rater should select "Spaced out over time."

Training Characteristics

Target Psychotherapies Addressed by Training

_____

_____

_____

_____

_____

Target Diagnoses Addressed by Training

_____

_____

_____

_____

_____

Training Size

Number of trainings per year: _____

Average number of trainees per training: _____

Training Format

In person: ☐ Available ☐ Required

Web based: ☐ Available ☐ Required

Minimum Qualification of Trainees

_____

_____

_____

_____

_____

_____

Typical Length of Didactic Training

_____ hours

Typical Timing of Didactic Training

☐ One time, consecutive days

☐ Spaced out over time

Scored Domains

The sections below and Tables 3–19 provide more detail on the definition and scoring for each of the scored domains. Although information to complete this section may be available in written materials, it may be necessary to gather the information directly from the training director, manager, or instructor.

Raters of each item must be familiar with the content of the training course and the way in which the training content is delivered. Raters should consider all recent (within six to 12 months) iterations of the training, including any variability caused by different training leaders or customizations made for trainees with different experience levels. Item scoring should account for this variability by endorsing the score that reflects how the training is typically delivered.

I. Didactic Training Format

IA. Length of Training

Definition: This is the total time required (in hours) to complete the entire didactic training (not including breaks).

- This total *should* include the length of any required components of the training, including in-person or web-based training sessions and in-person or web-based demonstrations, skill practice, discussion, or assessment.
- This total should *not* include time spent on any of the following activities related to the training: supervision or consultation, reviewing supplemental materials, optional training components, time spent preparing for training sessions, or time spent on homework or outside skill practice.

Table 3
Item IA Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
I. Didactic Training Format					
IA. Length of Training	2 hours or less	3 to 4 hours	5 to 7 hours	8 to 13 hours	14+ hours

Item Scoring:

- **Raising Awareness (1):** *2 hours or less.* The training is two hours or less in total length, such as a one-time two-hour workshop or a self-directed web-based course that requires an estimated two hours to complete.
- **(2):** *3 to 4 hours.* The training requires approximately three or four hours to complete. Examples include a one-time four-hour workshop, a web-based facilitated training seminar completed in two sessions that are each two hours in length, or a self-directed web-based training that requires three to four hours to complete.
- **Skill-Building (3):** *5 to 7 hours.* The training requires approximately five, six, or seven hours to complete. Examples include a daylong workshop, six weekly hour-long training sessions, or a web-based seminar that takes an estimated six hours to complete.
- **(4):** *8 to 13 hours.* The training is greater than or equal to eight hours and less than or equal to 13 hours in total length. Examples include two daylong workshops that are each six hours in length, ten weekly hour-long training sessions, or a web-based training that takes approximately eight to 12 hours to complete.
- **Supporting Competence (5):** *14+ hours.* The training is 14 or more hours in total length. Examples include two daylong workshops that are each seven hours in length, ten weekly two-hour sessions, or a three-day workshop consisting of seven-hour training sessions.

IB. Level of Interactivity

Definition: This is the degree to which trainees interact with the training material through responding, reflecting, sharing, applying concepts, practicing skills, and otherwise engaging with the key concepts, theories, and skills featured in the required components of the didactic training. Interactivity may take place in person or online.

- *Self-guided* trainings are facilitated by the trainee, and there is no training leader guiding either the in-person or web-based training session—nor are there any trainee peers with whom to interact (either online or in person). Self-guided formats include self-directed web-based programs, computer-based trainings, and self-guided training through the use of a training manual or guide.
- *Didactic* refers to the delivery of training content, such as theory or key concepts, through a lecture-style format in which the trainee is a listener and the training leader or web-based training program is the speaker or presenter of information.
- *Demonstrations* may be in person, online, or in a video. Demonstrations include any of the following activities: live demonstrations by the trainer, video demonstrations of relevant concepts or skills, web-based audiovisual demonstrations, and "fishbowl"-style role plays in which one or two trainees practice a skill and are observed by other trainees and/or the training leader.
  - A video showing a therapist introducing a treatment approach to a mock patient is an example of a video demonstration. A video introducing those concepts directly to the trainees is **not** a demonstration because there is no clinical example or demonstration.
- *Role play* is an exercise in which most or all trainees practice (as the clinician) using the skills and concepts featured in the training by interacting with a mock or simulated therapy client, either in person or online. The mock client might be a fellow trainee or group of trainees, the training leader, or a simulation. Role-play exercises might take place in pairs or groups.
  - As discussed above, role plays conducted in "fishbowl" style in which the trainee(s) in the role play are observed by other trainees and/or the training leader do **not** count as role plays for this item. To qualify as a role play, most or all trainees must have the opportunity to practice the skills.
- *Other interactive elements* (**not** demonstrations or role play) include
  - group discussion about interpretation, application, or understanding of training content, including discussion about a completed homework assignment
  - interactive quizzes or exercises (completed on paper, in person, or online) that require trainees to interact with the training content
  - games or activities (online or in person) in which trainees interact with one another to apply or learn the training material
  - contributions to peer discussion boards
  - case examples or vignettes presented by the training leader
  - skill practice during training (e.g., completing a thought record).

Table 4
Item IB Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
I. Didactic Training Format					
IB. Level of Interactivity	Self-guided	**Didactic** only	Didactic, plus *either* **demonstrations** or **other interactive elements**	Didactic, plus *both* demonstrations and other interactive elements	Didactic, plus *all* of the following: demonstrations, other interactive elements, and **role plays**

Item Scoring:

- **Raising Awareness (1):** *Self-guided.* The trainee does not engage or interact directly with a training leader, nor does the trainee interact with trainee peers. Training content is delivered in a self-guided format, which may consist of a written or computer-based training manual, book, or online asynchronous web-based learning program that the trainee completes in his/her/their own time. An example of a training in this category is one that consists of a training manual plus quizzes on content.
- **(2):** *Didactic only.* There is little to no interaction between the trainee and the training leader, and there is little to no interaction with other trainees. Training content is delivered by a training leader either in person or online. The trainee listens but does not interact with the leader or content apart from asking clarifying questions.
- **Skill-Building (3):** *Didactic, plus **either** demonstrations or other interactive elements.* There is little to moderate interaction between the trainee and the training leader and/or trainee peers. Demonstrations (video or real-time) *or* other interactive elements are used to show a real-world application of the training content. The program uses a lecture format (in person or online) in which trainees listen at times without interacting, and it also features demonstrations or applications of relevant concepts or skills. The training does **not** include role play.
- **(4):** *Didactic, plus **both** demonstrations and other interactive elements.* There is moderate to significant interaction between the trainee and the training leader and/or trainee peers. The training uses a lecture format (in person or online) in which trainees listen at times without interacting, and it also features both demonstrations and applications of relevant concepts or skills. The training does **not** include role play.
- **Supporting Competence (5):** *Didactic, plus **all** of the following: demonstrations, other interactive elements, and role plays.* There is significant interaction between the trainee and the training leader and/or peers. The training uses a lecture format (in person or online) in which trainees listen at times without interacting, and it also features demonstrations, other applications of relevant concepts or skills, and role play.

IC. Individual Feedback During Training

Definition: This is information for the individual trainee conveyed during didactic training either aloud or in writing—and either in person or online—about individual learning, mastery, content knowledge, or skills pertaining to the training. Individual feedback is tailored in some way for the trainee; this item does not refer to feedback that might be given to the *entire group* of trainees.

- *Self-guided or self-generated feedback* is not tailored directly to an individual trainee, and it does not come from a person (e.g., trainer, peer). Examples include feedback generated from a self-assessment tool, tips identified through a training manual, and the results of a multiple-choice quiz.
- *Informal feedback* from the trainer or peer(s) refers to information that is shared (spoken or in writing) in an ad hoc fashion with the trainee. Examples include
  - observations or comments reflecting on trainee skill practice or role play
  - peer feedback during small-group discussion
  - reflections on a skill practice exercise conducted in pairs
  - leader comments on a homework assignment.
- *Structured feedback* uses a structured tool to provide feedback on strengths and opportunities for growth with regard to the course material. This feedback might pertain to performance (e.g., skill practice, role play) or to understanding of content. Examples include
  - graded or formal assessment on an assignment, exercise, or role play
  - use of a standard assessment to evaluate a role play or skill rehearsal.
- If the rater is unable to observe the training, this item can be assessed by examining whether the materials (e.g., slide deck, handouts) reflect a clear intention to provide individual feedback, such as through the use of guidelines, scripts, checklists, or other tools.

Table 5
Item IC Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
I. Didactic Training Format					
IC. Individual Feedback During Training	**None**—or **self-guided or self-generated** feedback only	Few trainees receive **informal** feedback from leader *or* peer(s)	Some but not all trainees receive informal feedback from leader *or* peer(s)	All trainees receive informal feedback from leader *or* peer(s)	**Structured**, individual feedback

Item Scoring:

- **Raising Awareness (1):** *None—or self-guided or self-generated only.* No feedback is provided, or the feedback that is provided is the same for everyone, and it does not come from a person.
- **(2):** *Few trainees receive informal feedback from leader **or** peer(s).* The feedback conveyed to trainee(s) is informal, meaning that it is delivered in an ad hoc manner in response to the trainee. One, two, or three trainees receive feedback.
- **Skill-Building (3):** *Some but not all trainees receive informal feedback from leader **or** peer(s).* More than three but fewer than all trainees receive feedback. The feedback (spoken or

written) conveyed to trainees is informal, meaning that it is delivered in an ad hoc manner in response to the trainee.

- **(4):** *All trainees receive informal feedback from leader **or** peer(s).* The feedback (spoken or written) conveyed to trainee(s) is informal, meaning that it is delivered in an ad hoc manner in response to the trainee. A training that scores a 4 on this item likely creates multiple opportunities to deliver feedback so that, over time, every trainee has the opportunity to receive comments from the leader or peer(s). For example, role plays could include another trainee who serves as an observer and provides feedback following the role-play exercise.
- **Supporting Competence (5):** *Structured, individual feedback.* All trainees in the training receive individual feedback from the training leader(s), either spoken or written. The purpose of the feedback is to evaluate the trainee's understanding or apparent mastery of training content by providing information about particular strengths or opportunities for improvement.

ID. Integration of Written Materials

Definition: This is the extent to which print resources are used and integrated in the training. This refers to review of the materials by trainees independently, outside of the didactic training (e.g., review of the materials before the training begins, between didactic training days for multi-day trainings, or after the training has ended).

- *Written materials* include training manuals or guides, books, handouts generated from a book or manual, and handouts developed specifically for the training, as well as the availability of these materials online or through a computer program. This does not refer to printouts of briefing slides used in the training but instead refers to supplemental resources.

Table 6
Item ID Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
I. Didactic Training Format					
ID. Integration of Written Materials	No use of **written materials**	Written materials provided but not integrated into didactic training	Review of written materials suggested	Review of written materials strongly encouraged but not required	Review of written materials required

Item Scoring:

- **Raising Awareness (1):** *No use of written materials.* The training does not use or suggest that trainees use any materials, such as manuals, guides, books, or handouts. A training with this score does not offer any optional materials through an online platform or computer program.
- **(2):** *Written materials provided but not integrated into didactic training.* The training may provide access to written materials, but this resource is not mentioned during training, nor is it suggested as a helpful prerequisite. A training with this score might list an optional text in a syllabus without mentioning it during the course, or it might post supplemental materials online for trainees to access based on interest.
- **Skill-Building (3):** *Review of written materials suggested.* The training suggests that trainees access written materials but does not require it. The trainer might reference the availability or possible use of materials during the training, but the materials are not discussed at length or in great detail.
- **(4):** *Review of written materials strongly encouraged but not required.* The training encourages trainees to access written materials. Although use or review of the materials is not a requirement, there is a sincere attempt on the part of the training leader to encourage trainees to do so. For example, the leader might mention the availability of such resources more than once during the training, and there is likely an opportunity to discuss or review material related to these resources during the didactic training.
- **Supporting Competence (5):** *Review of written materials required.* A training meeting this score has a stated requirement involving a training manual, book, or other written resource that trainees are required to review or use as a part of the training. The requirement need not be enforced through an exam or other measure, but it must be a requirement of the training such that the majority of trainees do make use of these resources.

II. Didactic Training Content

IIA. Core Techniques and Theory

Definition: This is the extent to which the didactic training content includes and covers the theoretical underpinnings and central therapeutic techniques of the psychotherapy on which the training is focused. This item pertains to didactic training content only, **not** consultation/supervision.

- *Concepts* refers to core techniques and/or theory:
  - *Core techniques* are the actual methods or processes by which a clinician delivers a psychotherapy. Examples of techniques include
    - in vivo exposure (facing a fear in a safe environment with the goal of decreasing future discomfort and avoidance associated with that fear)
    - breathing retraining (training to slow down breathing)
    - progressive muscle relaxation (an exercise in which muscles are squeezed and released in coordination with breathing to reduce tension)
    - identifying cognitive distortions (inaccurate, incomplete, or unbalanced thoughts that have a negative impact on the patient's mood or experience)
    - cognitive restructuring (a process of evaluating thoughts to examine them and shift thoughts to be more accurate, complete, and balanced)
    - behavioral experiments (engaging in activities to test beliefs or perceptions)
    - activity monitoring/scheduling (identifying and increasing the frequency of behaviors that improve mood)
    - using a Subjective Units of Distress Scale.
  - *Theory* is an explanation of how the psychotherapy helps patients change. For example, a training that covers the theory of cognitive behavioral therapy would explain how thoughts and behaviors relate to mood. Other examples of theory include
    - cognitive theory of posttraumatic stress disorder, which suggests that the way an individual recalls traumatic events can shape subsequent adaptation and well-being
    - emotional processing theory, which holds that trauma and memory are interrelated such that trauma memories must be reprocessed to assign new meaning to reduce posttraumatic stress disorder symptoms.
- *Supplemental materials* include training manuals or guides; books; course handouts; such resources as videos, graphics, websites, or reports that are posted to a website or available through a computer program; and anything else that is provided to trainees for review outside of the didactic training.

Table 7
Item IIA Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
II. Didactic Training Content					
IIA. Core Techniques and Theory	Not included	Concepts addressed in **supplemental materials** or resources but not discussed in didactic training	Concepts introduced in didactic training	Concepts discussed with examples in didactic training	Trainees given opportunity to practice or apply concepts in didactic training

Item Scoring:

- **Raising Awareness (1):** *Not included.* The training does not include any of the core techniques or theory during didactic training, nor does it provide any resources on these topics.
- **(2):** *Concepts addressed in supplemental materials or resources but not discussed in didactic training.* The training provides materials or resources that mention core techniques and theory, but they are not discussed during didactic training.
- **Skill-Building (3):** *Concepts introduced in didactic training.* At least one core technique and at least one aspect of theory is explicitly mentioned during didactic training without going into depth with examples. These components might be mentioned only once, or they might be mentioned more than once without any applied examples. Trainees do not have the opportunity to practice or apply information on this topic.
- **(4):** *Concepts discussed with examples in didactic training.* Technique and theory are introduced and explicitly discussed with applied examples for either or both components during didactic training. There are no opportunities to practice the techniques or apply concepts of theory through role play or any other applied method.
- **Supporting Competence (5):** *Trainees given opportunity to practice or apply concepts in didactic training.* The training provides explicit instruction on both core techniques and theory during didactic training, including applied examples. Trainees are given the opportunity to practice or apply the concepts that are discussed. Practice might take the form of a role-play or skill exercise, or trainees in small groups might discuss hypothetical scenarios and the way they would respond. In general, the examples and the exploration of the material that are provided during training are relatively in depth and detailed. The training does not necessarily cover all aspects of theory and techniques for the psychotherapy of focus, but it likely touches on more than one aspect of each.

IIB. Clinical Judgment and Decisionmaking

Definition: This is the extent to which the didactic training content includes instruction about clinical decisionmaking with the psychotherapy of focus or how to decide what to do during a psychotherapy session. This item pertains to didactic training content only, **not** consultation/supervision.

- Examples of clinical decisionmaking (*concepts* and *examples*) include instruction on
  - what to do when the basics do not work
  - how to decide when or how to use a therapy technique
  - an overview of common therapist mistakes implementing the therapy and guidance on how to avoid making them
  - examples of ways the clinician can maintain adherence to the psychotherapy while tailoring its application to the needs of the patient.
  - examples of modifications to a therapy that can be made so that the therapy is more culturally competent or otherwise tailored to a particular population without deviating from the core theory.
- *Supplemental materials* include training manuals or guides; books; course handouts; such resources as videos, graphics, websites, or reports that are posted to a website or available through a computer program; and anything else that is provided to trainees for review outside of the didactic training period.

Table 8
Item IIB Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
II. Didactic Training Content					
IIB. Clinical Judgment and Decisionmaking	Not included	Concepts addressed in supplemental materials or resources but not discussed in didactic training	Concepts introduced in didactic training	Concepts discussed with clinical examples in didactic training	Trainees given opportunity to practice or apply concepts in didactic training

Item Scoring:

- **Raising Awareness (1):** *Not included.* The training does not cover the topic of clinical judgment and decisionmaking during didactic training, nor does it provide any resources on this topic.
- **(2):** *Concepts addressed in supplemental materials or resources but not discussed in didactic training.* The training provides materials or resources that mention the concept of clinical judgment and decisionmaking using the evidence-based practice of focus, but this topic is neither discussed nor practiced during didactic training.
- **Skill-Building (3):** *Concepts introduced in didactic training.* The training explicitly mentions the concept of clinical judgment and decisionmaking during didactic training without going into depth with examples. Trainees do not have the opportunity to practice or apply information on this topic.

- **(4):** *Concepts discussed with clinical examples in didactic training.* Clinical decisionmaking is introduced and explicitly discussed with applied examples during the didactic training. There are no opportunities for trainees to practice or apply information on this topic.
- **Supporting Competence (5):** *Trainees given opportunity to practice or apply concepts in didactic training.* The training provides explicit instruction on clinical decisionmaking during didactic training, including applied examples. Trainees are given the opportunity to practice or apply the concepts that are discussed. Practice might take the form of a role play or skill exercise, or trainees might discuss in small groups a series of hypothetical scenarios and the way they might respond based on the information provided during the training.

IIC. Addressing Co-Occurring Disorders

Definition: This is the extent to which the didactic training content includes instruction about addressing co-occurring disorders with the psychotherapy of focus. If the treatment does not explicitly include techniques for treatment of co-occurring disorders, the training could include an overview of how to manage patients who present with co-occurring disorders (e.g., through supplemental treatment approaches or referrals). This item pertains to didactic training content only, **not** consultation/supervision.

- *Supplemental materials* include training manuals or guides; books; course handouts; such resources as videos, graphics, websites, or reports that are posted to a website or available through a computer program; and anything else that is provided to trainees for review outside of the didactic training period.

Table 9
Item IIC Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
II. Didactic Training Content					
IIC. Addressing Co-Occurring Disorders	Not included	Concept addressed in supplemental materials or resources but not discussed in didactic training	Concept introduced in didactic training	Concept discussed with clinical examples in didactic training	Trainees given opportunity to practice or apply concept in didactic training

Item Scoring:

- **Raising Awareness (1):** *Not included.* The training does not include the topic of co-occurring disorders during didactic training, nor does it provide any resources on this topic.
- **(2):** *Concept addressed in supplemental materials or resources but not discussed in didactic training.* The training provides materials or resources that mention the concept of treating co-occurring disorders with the psychotherapy of focus, but this topic is neither discussed nor practiced during didactic training.
- **Skill-Building (3):** *Concept introduced in didactic training.* The training explicitly mentions the concept of addressing co-occurring disorders with the psychotherapy of focus during didactic training without going into depth with examples. Trainees do not have the opportunity to practice or apply information on this topic.
- **(4):** *Concept discussed with clinical examples in didactic training.* Addressing co-occurring disorders with the psychotherapy of focus is explicitly discussed with applied examples during didactic training. There are no opportunities for trainees to practice or apply information on this topic.
- **Supporting Competence (5):** *Trainees given opportunity to practice or apply concept in didactic training.* The training provides explicit instruction on addressing co-occurring disorders with the psychotherapy of focus during didactic training, including applied examples. Trainees are given the opportunity to practice or apply the concepts that are discussed. Practice might take the form of a role-play or skill exercise, or trainees might discuss in small groups a hypothetical case formulation and the way they might treat or manage that client differently from how they might treat someone without co-occurring conditions, based on the information provided during the training.

IID. Measurement-Based Care

Definition: This is the extent to which the didactic training content includes the topic of measurement-based care. Measurement-based care is the systematic, repeated administration of symptom measures to assess patient progress over the course of treatment and use of the information from these measures to inform clinical decisionmaking at the individual patient level (Fortney et al., 2016). Common symptom measures include the Patient Health Questionnaire-9; the Posttraumatic Stress Disorder Checklist for the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition; and the Columbia Suicide Severity Rating Scale. This item pertains to didactic training content only, **not** consultation/supervision.

- *Supplemental materials* include training manuals or guides; books; course handouts; such resources as videos, graphics, websites, or reports that are posted to a website or available through a computer program; and anything else that is provided to trainees for review outside of the didactic training period.

Table 10
Item IID Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
II. Didactic Training Content					
IID. Measurement-Based Care	Not included	Concept addressed in supplemental materials or resources but not discussed in didactic training	Concept introduced in didactic training	Concept discussed with clinical examples in didactic training	Trainees given opportunity to practice or apply concept in didactic training

Item Scoring:

- **Raising Awareness (1):** *Not included.* The training does not include the topic of measurement-based care during didactic training, nor does it provide any resources on this topic.
- **(2):** *Concept addressed in supplemental materials or resources but not discussed in didactic training.* The training provides materials or resources that mention the concept of measurement-based care, but this topic is neither discussed nor practiced during didactic training.
- **Skill-Building (3):** *Concept introduced in didactic training.* The training explicitly mentions the concept of measurement-based care during didactic training without going into depth with examples. Trainees do not have the opportunity to practice or apply information on this topic.
- **(4):** *Concept discussed with clinical examples in didactic training.* Measurement-based care is explicitly discussed with applied examples during didactic training. There are no opportunities for trainees to practice or apply information on this topic.
- **Supporting Competence (5):** *Trainees given opportunity to practice or apply concept in didactic training.* The training provides explicit instruction on measurement-based care during didactic training (e.g., selecting appropriate measures, frequency of administering measures, how to use the data to adjust treatment), including applied examples. Trainees

are given the opportunity to practice or apply the concepts that are discussed. Practice might take the form of a role-play or skill exercise, or trainees might discuss in small groups a hypothetical case and strategies to integrate measurement-based care based on the information provided during the training (e.g., ways to discuss treatment progress with patients using measurement-based care data).

III. Consultation/Supervision

IIIA. Availability of Consultation/Supervision

Definition: This is the extent to which the training offers consultation or supervision. Supervision or consultation involves an expert in the modality providing support, guidance, and critical feedback to the trainee over time. Consultation/supervision may be conducted in person or via telephone or video/web conference and as group or individual supervision.

Table 11
Item IIIA Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
III. Consultation/Supervision					
IIIA. Availability of Consultation/ Supervision	Not referenced	Consultation/ supervision (from training or training partner) is referenced during didactic training	Consultation/ supervision (from training or training partner) is available and is suggested	Consultation/ supervision (from training or training partner) is available and is encouraged	Consultation/ supervision (from training or training partner) is available and is required

Item Scoring:

- **Raising Awareness (1):** *Not referenced.* The training does not mention supervision during didactic training.
- **(2):** *Consultation/supervision (from training or training partner) is referenced during didactic training.* The training leader might mention consultation/supervision aloud, or an online training might contain a written reference to consultation/supervision, but trainees are **not** prompted to consider whether they might want to seek consultation/supervision.
- **Skill-Building (3):** *Consultation/supervision (from training or training partner) is available and is suggested.* The training suggests that trainees might seek consultation/supervision, either provided by the training or through a training partner. The training does **not** try to persuade trainees to seek consultation/supervision, but it is referenced as an option.
- **(4):** *Consultation/supervision (from training or training partner) is available and is encouraged.* The training attempts to persuade trainees to seek consultation/supervision, but it is not a requirement.
- **Supporting Competence (5):** *Consultation/supervision (from training or training partner) is available and is required.* Every trainee in the program is required to complete consultation/supervision.

IIIB. Review of Sessions

Definition: This is encouragement or requirement for the review of therapy sessions as part of the consultation or supervision component of the training.

- *Consultation/supervision* involves an expert in the psychotherapy providing support, guidance, and critical feedback to the trainee over time. It may be conducted in person, via telephone, or via video/web conference and as a group or individually.
- *Trainee therapy sessions* are those sessions conducted by the trainee with an actual client. Recordings or reports of practice sessions with mock or simulated patients are not to be included in rater assessment and scoring of this item.

Table 12
Item IIIB Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
III. Consultation/Supervision					
IIIB. Review of Sessions	Not available	Formal review of **trainee therapy sessions** is not provided but is suggested	Written or spoken self-report of trainee therapy session(s) reviewed	Live or recorded trainee therapy session(s) reviewed and evaluated without a structured coding tool	Live or recorded therapy session(s) reviewed and evaluated using a structured coding tool

Item Scoring:

- **Raising Awareness (1):** *Not available.* The training does not offer review of recorded therapy sessions by a clinical supervisor, nor does it suggest or encourage trainees to seek outside supervision for review of recorded therapy sessions.
- **(2):** *Formal review of trainee therapy sessions is not provided but is suggested.* The training encourages trainees to seek outside supervision for review of recorded or therapy sessions.
- **Skill-Building (3):** *Written or spoken self-report of trainee therapy session(s) reviewed.* The training provides review of written or spoken self-report of trainee therapy session(s) as a part of the training. This review process can take place in person, over the phone, or by videoconference. The supervisor might provide a written or spoken evaluation of the trainee or may use a standardized tool to provide feedback to the trainee, but an evaluative component is not required to receive a score of 3.
- **(4):** *Live or recorded trainee therapy session(s) reviewed and evaluated without a structured coding tool.* The training provides review of live or recorded trainee therapy session(s), and this review is accompanied by an unstructured evaluative component.
- **Supporting Competence (5):** *Live or recorded therapy session(s) reviewed and evaluated using a structured coding tool.* The training provides an evaluation of live or recorded trainee therapy session(s), giving feedback to trainees using a structured coding tool.

IIIC. Supervision Length

Definition: This is the provision of trainee supervision or consultation as a component of training. Supervision or consultation could include assessment of skills using a structured coding tool of trainee adherence and competence.

- *Consultation/supervision* involves an expert in the psychotherapy providing support, guidance, and critical feedback to the trainee over time. It may be conducted in person, via telephone, or video/web conference and as a group or individually.
- *Structured coding tools* are standardized instruments designed to assess adherence and competence. These include validated measures, such as the Cognitive Therapy Scale—Revised (Blackburn et al., 2001) or the Yale Adherence and Competence Scale (Carroll et al., 2000). These could also include checklists developed to assess the absence or presence of key elements of the psychotherapy or rating scales developed to assess adherence and competence that have not been formally validated.

Table 13
Item IIIC Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
III. Consultation/Supervision					
IIIC. Supervision Length	No consultation/ supervision provided	Consultation/ supervision provided, but no specified length or case target	Consultation/ supervision provided for at least two months	Consultation/ supervision provided for at least six months or until trainee demonstrates adherence and competence (assessed using a structured coding tool) with one patient	Consultation/ supervision provided and continues until trainee demonstrates adherence and competence (assessed using a structured coding tool) with at least two patients

Item Scoring:

- **Raising Awareness (1):** *No consultation/supervision provided.* Consultation/supervision might be mentioned, suggested, or even encouraged by the training, but it is not a requirement.
- **(2):** *Consultation/supervision provided, but no specified length or case target.* Consultation/supervision is provided on multiple occasions over time, but there is no minimum length of time or number of client cases required for consultation/supervision.
- **Skill-Building (3):** *Consultation/supervision provided for at least two months.* The training requires a minimum of two months of consultation/supervision, either provided by a partner training or facilitated by the training itself.
- **(4):** *Consultation/supervision provided for at least six months or until trainee demonstrates adherence and competence (assessed using a structured coding tool) with one patient.* The training requires a minimum of six months of consultation/supervision, either provided by the training organization or facilitated by the training itself, unless the trainee dem-

onstrates adherence and competence before six months. Assessment of trainee adherence and competence must be completed using a structured coding tool to assess trainee live or recorded therapy sessions. Though some trainings may require completion of a certain number of training cases, for trainings offering less than six months of supervision to obtain this score, there must be assessment of adherence and competence with those training cases.

- **Supporting Competence (5):** *Consultation/supervision provided and continues until trainee demonstrates adherence and competence (assessed using a structured coding tool) with at least two patients.* The training requires that a trainee continues in consultation/supervision until achieving adherence and competence with two patients, based on an assessment of trainee live or recorded therapy sessions using a structured coding tool.

IIID. Certification

Definition: This is encouragement or requirement of trainee certification[1] as a part of the training.

- *Certification* in a psychotherapy typically indicates that the clinician has demonstrated an ability to deliver the psychotherapy with fidelity. An example of a certification program is the Academy of Cognitive Therapy, which certifies clinicians in cognitive behavioral therapy. Other examples include network provider status for cognitive processing therapy or prolonged exposure. These are distinct from licensure and other certification or credentialing programs that do not include an assessment of fidelity to the psychotherapy. This does not refer to certificates of completion provided at the end of a training and must involve some demonstration of skill or fidelity (e.g., submitting progress notes from sample patients, submitting treatment recordings).

Table 14
Item IIID Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
III. Consultation/Supervision					
IIID. Certification	Training does not mention **certification** to trainees	Supplemental materials or resources mention certification but not discussed in didactic training	Certification is mentioned during training or supervision as an option	Certification is encouraged	Certification is strongly encouraged, and training tracks the number of trainees who receive certification

Item Scoring:

- **Raising Awareness (1):** *Training does not mention certification to trainees.* A psychotherapy that does not have an established certification process would receive a score of "1" for this item.
- **(2):** *Supplemental materials or resources mention certification but not discussed in didactic training.* Supplemental materials might include handouts or online resources.
- **Skill-Building (3):** *Certification is mentioned during training or supervision as an option.* Trainees are neither required nor encouraged by the training to pursue certification.
- **(4):** *Certification is encouraged.* Certification is mentioned during didactic training or supervision as an option, and trainees are encouraged to think about obtaining certification upon completion of the training.
- **Supporting Competence (5):** *Certification is strongly encouraged, and training tracks the number of trainees who receive certification.* Certification is the ultimate goal of the training. Although not all trainees may be certified, it is strongly encouraged, and the training tracks the number of trainees who receive certification.

[1] It is important to acknowledge that not all evidence-based psychotherapies have an associated certification process or accrediting body. Moreover, there can be substantial variability in the requirements when certification is an option. That said, the types of certification processes assessed by this item are a way to emphasize the importance of formally testing a clinician's skill. In this way, encouraging trainees to obtain certification may provide an incentive for clinicians to reach adherence and competence.

IV. Program Evaluation

IVA. Course Evaluation

Definition: This is an assessment of the trainee experience and satisfaction with the training and the extent to which any information collected is used to improve the training.

Table 15
Item IVA Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
IV. Program Evaluation					
IVA. Course Evaluation	No course evaluation of the training	Optional course evaluation or other opportunity to share trainee feedback with the training	Required assessment of trainee experience with the training	Information from the required assessment of trainee experience with the training is routinely shared with trainers	Information from the required assessment of trainee experience with training is used to improve training content, format, and facilitation

Item Scoring:

- **Raising Awareness (1):** *No course evaluation of the training.* The training does not provide opportunity for trainees to give any formal feedback or course evaluation.
- **(2):** *Optional course evaluation or other opportunity to share trainee feedback with the training.* The training leader or training staff express a willingness to receive feedback, either informally or through a course evaluation. The training program does not require the training leader(s) to collect trainee feedback.
- **Skill-Building (3):** *Required assessment of trainee experience with the training.* The training requires training leader(s) to collect trainee feedback, but the information is not routinely shared with trainers, nor is it used to improve the training.
- **(4):** *Information from the required assessment of trainee experience with the training is routinely shared with trainers.* The training requires training leader(s) to collect trainee feedback. Although the training leaders are informed of trainee feedback, this information is not otherwise used to make significant changes to the content or delivery of the training.
- **Supporting Competence (5):** *Information from the required assessment of trainee experience with training is used to improve training content, format, and facilitation.* The training requires training leader(s) to collect trainee feedback. Not only is the information about trainee feedback routinely shared with training leaders, but the training also has responded by making significant improvements to the content or delivery of training in response to trainee feedback.

IVB. Knowledge

Definition: This is an assessment of trainee knowledge related to the psychotherapy of focus.

- An assessment of *perceived knowledge* asks the trainee to estimate how much they have learned about the psychotherapy (e.g., participant ratings of the extent to which participation in the training led to an increase in knowledge). Perceived knowledge tests are coded by the training to determine the trainee's self-reported perceived level of knowledge about the psychotherapy.
- A knowledge *test* assesses understanding of key concepts and techniques. Unlike tests of perceived knowledge, tests of knowledge are graded by the training to determine the trainee's actual, objective level of knowledge about the psychotherapy.

Table 16
Item IVB Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
IV. Program Evaluation					
IVB. Knowledge	No assessment of trainee knowledge	Brief post-training assessment (5 items or fewer) of **trainee-perceived knowledge** change	Post-training assessment of trainee-perceived knowledge change	Post-training test of trainee knowledge	Pre- and post-training test of trainee knowledge

Item Scoring:

- **Raising Awareness (1):** *No assessment of trainee knowledge.*
- **(2):** *Brief post-training assessment (five items or fewer) of trainee-perceived knowledge change.* There may or may not be a pre-course assessment of perceived trainee knowledge.
- **Skill-Building (3):** *Post-training assessment of trainee-perceived knowledge change.* The training asks trainees to reflect on whether their knowledge about the psychotherapy has changed. There may or may not be a pre-course assessment of perceived trainee knowledge (e.g., "How knowledgeable are you about creating thought records?"). The training does **not** administer a knowledge test (e.g., "Which of the following is a definition of an automatic thought?").
- **(4):** *Post-training test of trainee knowledge.* There is no pre-test or baseline assessment. The training may or may not ask trainees about perceived knowledge, but it must assess knowledge using a test that is scored by the training leader.
- **Supporting Competence (5):** *Pre- and post-training test of trainee knowledge.* Trainees complete a test related to the training content both before and after the training so that pre/post scores can be compared to determine change over time. The training may or may not ask trainees about perceived knowledge, but it must assess knowledge using a test that is scored by the training leader.

IVC. Skills

Definition: This is an assessment of trainee skills related to the psychotherapy of focus.

Table 17
Item IVC Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
IV. Program Evaluation					
IVC. Skills	No assessment of trainee skills	Post-training assessment of trainee-perceived skills	Post-training assessment of trainee-perceived ability to use specific skills	Post-training assessment of trainee self-reported confidence in applying specific skills	Post-training assessment of trainee ability to use specific skills (e.g., role play)

Item Scoring:

- **Raising Awareness (1):** *No assessment of trainee skills.* The training does not provide any assessment of trainee skills related to the psychotherapy of focus.
- **(2):** *Post-training assessment of trainee-perceived skills.* The training asks the trainee to indicate which therapeutic skills were included in the training content. These questions might be incorporated in a questionnaire about satisfaction with the training or asked independently as a measure of what skills trainees recall learning during the training. The training does **not** ask the trainees about their perceived ability to use the therapeutic skill(s).
- **Skill-Building (3):** *Post-training assessment of trainee-perceived ability to use specific skills.* The training asks the trainee to report their perceived ability to use therapeutic skills associated with the psychotherapy of focus. For example, a post-training assessment for a cognitive processing therapy training might ask trainees whether they know how to work with a client to identify stuck points. The training does not ask the trainees about how confident they are in their ability to use the therapeutic skill(s).
- **(4):** *Post-training assessment of trainee self-reported confidence in applying specific skills.* The training asks trainees to estimate how well they think they might do with applying therapeutic skill(s) during psychotherapy with a client.
- **Supporting Competence (5):** *Post-training assessment of trainee ability to use specific skills (e.g., role play).* Rather than asking the trainee to report on their perceived learning, ability, or confidence, the training uses an objective test to evaluate trainee therapeutic skill that is facilitated through a role play or similar exercise.

V. Implementation Facilitation

VA. Development of a Plan for Implementation

Definition: These are activities during didactic training to assist clinicians in developing an implementation plan for the incorporation of new knowledge and skills into their clinical practice. These activities are distinct from the specific knowledge and skills associated with the psychotherapy; instead, they focus on contextual factors that may shape a trainee's ability to deliver the psychotherapy in their usual care setting. For example, this may include organizational context (e.g., leadership support), clinician attitudes or perceptions of the treatment, and patient attitudes or perceptions.

- *Implementation plan* refers to a written document that will guide the implementation of the psychotherapy in a trainee's practice setting. It may include elements such as next steps to prepare for implementation (e.g., plans for identifying appropriate patients, securing supervision), resources needed, identification of barriers and potential solutions, and identification of indicators of successful implementation.

Table 18
Item VA Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
V. Implementation Facilitation					
VA. Development of a Plan for Implementation	Not present	Didactic training indicates that trainees should consider implementation context	Didactic training includes discussion of implementation context	Training provides time for clinicians to develop a basic plan for implementation	Training includes the development of a comprehensive plan for implementation

Item Scoring:

- **Raising Awareness (1):** *Not present.* There is no mention of implementation barriers or facilitators and no mention of developing a plan for implementing the psychotherapy into the trainee's clinical practice.
- **(2):** *Didactic training indicates that trainees should consider implementation context.* This includes implementation barriers and/or facilitators. This indication could be made through written materials provided during the didactic training or verbally during the didactic training. However, the training does not include any formal discussion of implementation and does not provide specific guidance as to how to develop an implementation plan.
- **Skill-Building (3):** *Didactic training includes discussion of implementation context.* This discussion might include common implementation challenges or ways to address these challenges. However, the discussion does not include consideration of barriers and facilitators specific to each individual trainee's practice setting. Trainees might have access to a template that could be used to develop an implementation plan that they could complete on their own, but there is no facilitated completion of such a plan during didactic training.

- **(4):** *Training provides time for the clinician to develop a basic plan for implementation.* In addition to discussion of implementation context, the training provides time for trainees to begin developing a basic plan for implementation. For example, trainees may be asked to identify the three implementation barriers most relevant to their organization and generate specific solutions.
- **Supporting Competence (5):** *Training includes the development of a comprehensive plan for implementation.* The training provides time for trainees to develop a comprehensive plan for implementation. Trainees are guided to consider any challenges they may encounter and ways to address those issues. This could include a structured assessment of implementation barriers that is completed by the trainee or their organization, such as a measure of organizational context or clinician attitudes. Trainees are provided with a structured way to develop the implementation plan, such as a worksheet or implementation plan template.

VB. Implementation Support

Definition: This is the amount of support for implementation of the psychotherapy that is available through the training, outside of implementation support provided during the didactic component of the training. Implementation support includes working with a trainee and/or the trainee's organization to identify and address implementation challenges. It may also include implementation support provided to trainees during consultation/supervision.

- *Outside resources* include any of the following:
  - websites or links to information online
  - recommended training manuals, guides, books, or other written materials
  - a list of recommended agencies or institutions that support implementation.

Table 19
Item VB Response Options

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
V. Implementation Facilitation					
VB. Implementation Support	Not available	Implementation support is not available, but self-guided use of **outside resources** is suggested	Informal implementation consultation is available from the training	Formal implementation support is available before or after didactic training	Formal implementation support is available from the training before and after didactic training

Item Scoring:

- **Raising Awareness (1):** *Not available.* There is no support available for implementation.
- **(2):** *Implementation support is not available, but self-guided use of outside resources is suggested.* The training identifies specific resources that trainees might use to support implementation.
- **Skill-Building (3):** *Informal implementation consultation is available from the training.* The training provides limited support for implementation after the didactic component of the training. For example, implementation challenges may be addressed as part of consultation following a didactic training if a trainee raises a question about implementation challenges (e.g., difficulty identifying patients), but implementation support is not a standard topic during consultation.
- **(4):** *Formal implementation support is available before or after didactic training.* Implementation support is a standardized element of the training. This might include brief consultation with the trainee's agency to understand organizational context and make recommendations or addressing implementation barriers as a standardized component of post-didactic training consultation sessions. The training provides support for implementation at one time point only: before or after didactic training.
- **Supporting Competence (5):** *Formal implementation support is available from the training before and after didactic training.* Implementation support is a standardized element of the training, and the training provides support for implementation before and after the didactic training.

Scoring Guidance

Scores on individual items should be selected based on the best available information about the training. The total sum is calculated by summing the raw item scores for the 17 items in each of the five domain sections I through V: Didactic Training Format (items A–D), Didactic Training Content (items A–D), Consultation/Supervision (items A–D), Program Evaluation (items A–C), and Implementation Facilitation (items A–B). The total sum will range between 17 and 85 (see Table 20). The TIP score is calculated by dividing the total sum by 17. TIP scores will range between 1 and 5, or between Raising Awareness (1) and Supporting Competence (5). The overall TIP total score should be used to determine the corresponding TIP score category (Raising Awareness, Skill-Building, or Supporting Competence). A TIP total score of 1.00 to 2.33 corresponds to Raising Awareness, a total score of 2.34 to 3.66 corresponds to Skill-Building, and a total score of 3.67 to 5.00 corresponds to Supporting Competence. The domain sums and scores in each section may provide more-specific feedback about the strengths and opportunities for program changes. Each domain sum is calculated by summing the raw item scores for the items within that domain. Domain sums will range between 4 and 20 for Didactic Training Format, Didactic Training Content, and Consultation/Supervision. The domain sum for Program Evaluation will range between 3 and 15, and the domain sum for Implementation Facilitation will range between 2 and 10. The more informative TIP domain score is calculated by dividing the domain sum by the total number of items in that section, as specified on the scoring sheet. TIP domain scores will range between 1 and 5, or between Raising Awareness (1) and Supporting Competence (5). Each domain score should be used to determine the corresponding domain score category (Raising Awareness, Skill-Building, or Supporting Competence). A domain score of 1.00 to 2.33 corresponds to Raising Awareness, a domain score of 2.34 to 3.66 corresponds to Skill-Building, and a domain score of 3.67 to 5.00 corresponds to Supporting Competence.

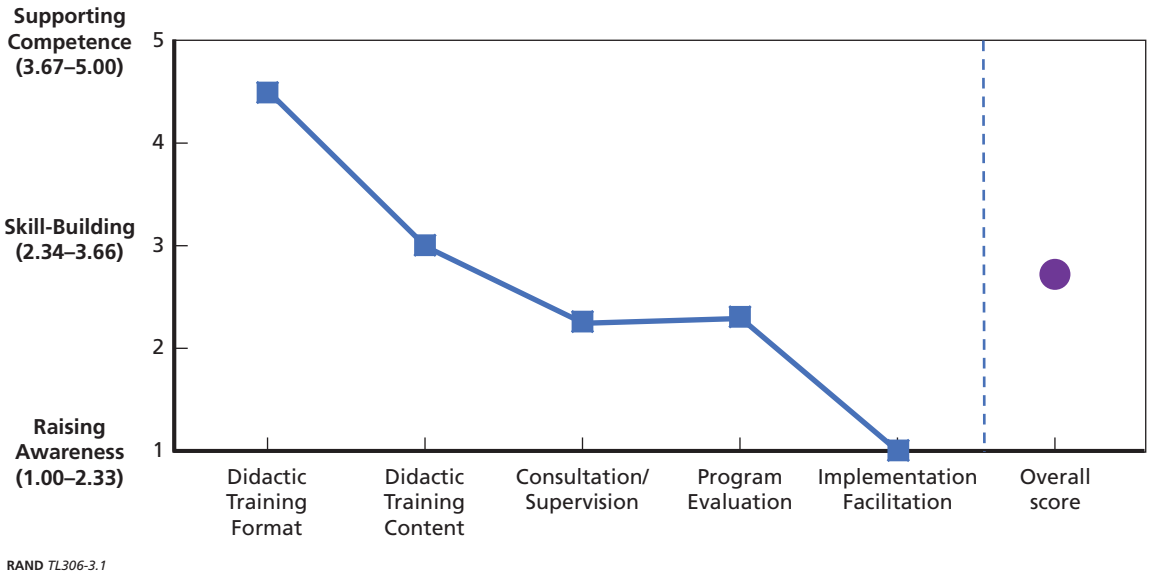
After calculating the domain and overall scores, the results can be plotted on the TIP Tool scoring template. An example template that has been completed appears in Figure 1, and a blank template is included in Appendix C. Plotting the results can assist in the interpretation of TIP Tool scores. For example, the training characterized in Figure 1 scores a 4.5 for Didac-

Table 20
TIP Tool Scoring Summary

Domain	Number of Items	Domain Sum Range	Domain Score Range
I. Didactic Training Format	4	4–20	1–5
II. Didactic Training Content	4	4–20	1–5
III. Consultation/Supervision	4	4–20	1–5
IV. Program Evaluation	3	3–15	1–5
V. Implementation Facilitation	2	2–10	1–5
		Total Sum Range	**TIP Score Range**
Overall score	17	17–85	1–5

NOTE: As described above, each domain score is calculated by dividing the domain sum by the number of items for that domain; the overall TIP score is calculated by dividing the total sum by the total number of items.

Figure 1
TIP Tool Scores



RAND *TL306-3.1*

tic Training Format, which falls into the Supporting Competence range, whereas the scores for Didactic Training Content and Program Evaluation fall into the Skill-Building range. The score for Consultation/Supervision is at the top end of the Raising Awareness range; this information may be of use to the organizers of the training because making even small changes to the supervision component of the training may help the program move up into the Skill-Building range. Because this training does not address implementation, its score in the Implementation Facilitation falls into the bottom of the Raising Awareness range. This may be appropriate, given the focus or resources of the training; alternatively, the organizers could use the scoring anchors for the items in this category to gain ideas on how they might achieve a higher score in this domain. Finally, the overall score for the program is in the Skill-Building range. Depending on the way the organization plans to use the scores from this tool, this may be helpful information. For example, the organization leadership can determine whether this score is consistent with their goal for the program. If not, an examination of the domain scores will provide more concrete guidance as to changes that could be made to the training.

Summary

This user guide provided an overview of the TIP Tool 2.0, including potential users and uses of the TIP Tool, as well as ways that the tool could be used to assess a training. It also provided detailed instructions for scoring each item on the tool and deriving domain and total scores.

It is important to note that the interpretation of the domain and total scores will vary based on the goal of the training. As described previously, some trainings may have the goal of raising awareness. These trainings provide an overview of a given psychotherapy, such as the underlying theory and key clinical techniques, but might not intend to help therapists achieve

competence or adherence. For these trainings, domain and total scores toward the lower end of the 1–5 range are consistent with the goals of the training. Similarly, although some training leaders/organizations may be interested in their scores on all domains of the tool, as well as the total score, others may be interested in interpreting specific domain scores. For example, leaders/organizers of a training that is not designed to provide supervision or facilitate implementation of a given psychotherapy may be less interested in their scores on Domains IV and V and may opt not to interpret the total score, instead focusing on scores for Domains I, II, and III. In this way, the TIP Tool is designed to be applicable to a broad range of trainings and users.

APPENDIX

The TIP Tool 2.0

This appendix contains a blank version of the TIP Tool 2.0, a table with descriptions for scoring each domain, a blank table for calculating a TIP score, and a blank graph on which to plot the score.

Training in Psychotherapy (TIP) Tool 2.0: Training Program Identification

Date _____ **Raters** _____

Training Name _____

Website _____

Address _____

Program Contact _____

Telephone Number _____

Email Address _____

Training Characteristics

Target Psychotherapies Addressed by Training

_____

_____

_____

_____

_____

Target Diagnoses Addressed by Training

_____

_____

_____

_____

_____

Training Size

Number of trainings per year: _____

Average number of trainees per training: _____

Training Format

In person: ☐ Available ☐ Required

Web based: ☐ Available ☐ Required

Minimum Qualification of Trainees

_____

_____

_____

_____

_____

_____

Typical Length of Didactic Training

_____ hours

Typical Timing of Didactic Training

☐ One time, consecutive days

☐ Spaced out over time

TIP Tool 2.0: Scored Domains

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
I. Didactic Training Format					
IA. Length of Training	2 hours or less	3 to 4 hours	5 to 7 hours	8 to 13 hours	14+ hours
IB. Level of Interactivity	Self-guided	**Didactic** only	Didactic, plus *either* **demonstrations** or **other interactive elements**	Didactic, plus *both* demonstrations and other interactive elements	Didactic, plus *all* of the following: demonstrations, other interactive elements, and **role plays**
IC. Individual Feedback During Training	**None**—or **self-guided or self-generated** feedback only	Few trainees receive **informal** feedback from leader *or* peer(s)	Some but not all trainees receive informal feedback from leader *or* peer(s)	All trainees receive informal feedback from leader *or* peer(s)	**Structured**, individual feedback
ID. Integration of Written Materials	No use of **written materials**	Written materials provided but not integrated into didactic training	Review of written materials suggested	Review of written materials strongly encouraged but not required	Review of written materials required
II. Didactic Training Content					
IIA. Core Techniques and Theory	Not included	Concepts addressed in **supplemental materials** or resources but not discussed in didactic training	Concepts introduced in didactic training	Concepts discussed with examples in didactic training	Trainees given opportunity to practice or apply concepts in didactic training
IIB. Clinical Judgment and Decisionmaking	Not included	Concepts addressed in supplemental materials or resources but not discussed in didactic training	Concepts introduced in didactic training	Concepts discussed with clinical examples in didactic training	Trainees given opportunity to practice or apply concepts in didactic training
IIC. Addressing Co-Occurring Disorders	Not included	Concept addressed in supplemental materials or resources but not discussed in didactic training	Concept introduced in didactic training	Concept discussed with clinical examples in didactic training	Trainees given opportunity to practice or apply concept in didactic training
IID. Measurement-Based Care	Not included	Concept addressed in supplemental materials or resources but not discussed in didactic training	Concept introduced in didactic training	Concept discussed with clinical examples in didactic training	Trainees given opportunity to practice or apply concept in didactic training

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
III. Consultation/Supervision					
IIIA. Availability of Consultation/ Supervision	Not referenced	Consultation/ supervision (from training or training partner) is referenced during didactic training	Consultation/ supervision (from training or training partner) is available and is suggested	Consultation/ supervision (from training or training partner) is available and is encouraged	Consultation/ supervision (from training or training partner) is available and is required
IIIB. Review of Sessions	Not available	Formal review of **trainee therapy sessions** is not provided but is suggested	Written or spoken self-report of trainee therapy session(s) reviewed	Live or recorded trainee therapy session(s) reviewed and evaluated without a structured coding tool	Live or recorded therapy session(s) reviewed and evaluated using a structured coding tool
IIIC. Supervision Length	No consultation/ supervision provided	Consultation/ supervision provided, but no specified length or case target	Consultation/ supervision provided for at least two months	Consultation/ supervision provided for at least six months or until trainee demonstrates adherence and competence (assessed using a structured coding tool) with one patient	Consultation/ supervision provided and continues until trainee demonstrates adherence and competence (assessed using a structured coding tool) with at least two patients
IIID. Certification	Training does not mention **certification** to trainees	Supplemental materials or resources mention certification but not discussed in didactic training	Certification is mentioned during training or supervision as an option	Certification is encouraged	Certification is strongly encouraged and training tracks the number of trainees who receive certification
IV. Program Evaluation					
IVA. Course Evaluation	No course evaluation of the training	Optional course evaluation or other opportunity to share trainee feedback with the training	Required assessment of trainee experience with the training	Information from the required assessment of trainee experience with the training is routinely shared with trainers	Information from the required assessment of trainee experience with training is used to improve training content, format, and facilitation
IVB. Knowledge	No assessment of trainee knowledge	Brief post-training assessment (5 items or fewer) of **trainee-perceived knowledge** change	Post-training assessment of trainee-perceived knowledge change	Post-training **test** of trainee knowledge	Pre- and post-training test of trainee knowledge

	1 = Raising Awareness	2	3 = Skill-Building	4	5 = Supporting Competence
IVC. Skills	No assessment of trainee skills	Post-training assessment of trainee-perceived skills	Post-training assessment of trainee-perceived ability to use specific skills	Post-training assessment of trainee self-reported confidence in applying specific skills	Post-training assessment of trainee ability to use specific skills (e.g., role play)
V. Implementation Facilitation					
VA. Development of an Implementation Plan	Not present	Didactic training indicates that trainees should consider implementation context	Didactic training includes discussion of implementation context	Training provides time for clinicians to develop a basic plan for implementation	Training includes the development of a comprehensive plan for implementation
VB. Implementation Support	Not available	Implementation support is not available, but self-guided use of **outside resources** is suggested	Informal implementation consultation is available from the training	Formal implementation support is available before or after didactic training	Formal implementation support is available from the training before and after didactic training

TIP Tool 2.0 Scoring

I. Didactic Training Format

A. _____

B. _____

C. _____

D. _____

Sum (A + B + C + D): _____

Score (Sum/4): _____

☐ Raising Awareness (1.00–2.33)
☐ Skill-Building (2.34–3.66)
☐ Supporting Competence (3.67–5.00)

II. Didactic Training Content

A. _____

B. _____

C. _____

D. _____

Sum (A + B + C + D): _____

Score (Sum/4): _____

☐ Raising Awareness (1.00–2.33)
☐ Skill-Building (2.34–3.66)
☐ Supporting Competence (3.67–5.00)

III. Consultation/Supervision

A. _____

B. _____

C. _____

D. _____

Sum (A + B + C + D): _____

Score (Sum/4): _____

☐ Raising Awareness (1.00–2.33)
☐ Skill-Building (2.34–3.66)
☐ Supporting Competence (3.67–5.00)

IV. Program Evaluation

A. _____

B. _____

C. _____

Sum (A + B + C): _____

Score (Sum/3): _____

☐ Raising Awareness (1.00–2.33)
☐ Skill-Building (2.34–3.66)
☐ Supporting Competence (3.67–5.00)

V. Implementation Facilitation

A. _____

B. _____

Sum (A + B): _____

Score (Sum/2): _____

☐ Raising Awareness (1.00–2.33)
☐ Skill-Building (2.34–3.66)
☐ Supporting Competence (3.67–5.00)

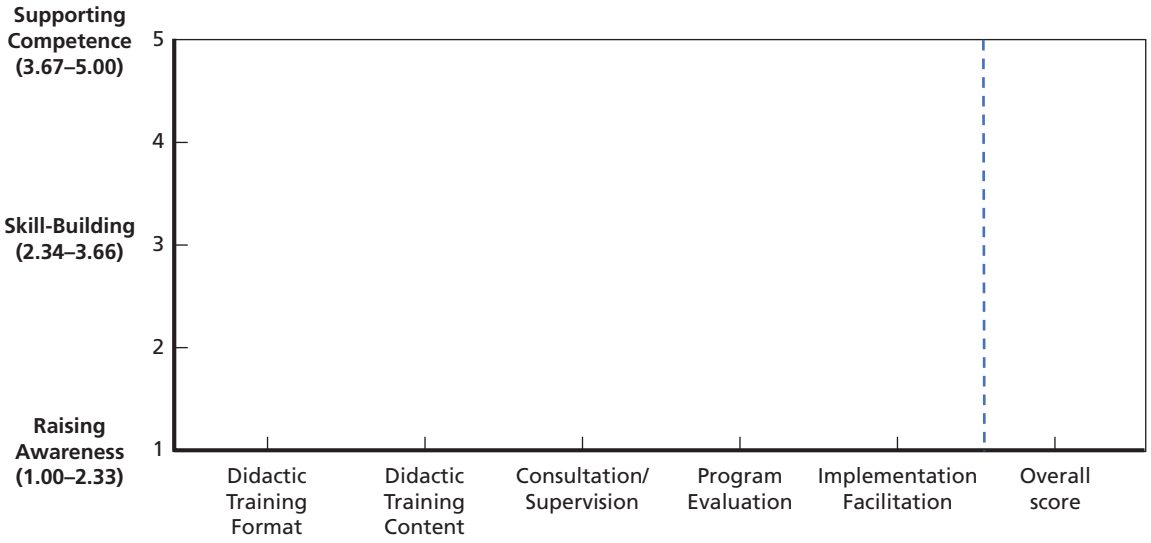
Training Total Score

Total sum (Items IA–VB): _____

Total score (Total sum/17): _____

☐ Raising Awareness (1.00–2.33)
☐ Skill-Building (2.34–3.66)
☐ Supporting Competence (3.67–5.00)

TIP Tool 2.0 Scores



References

Blackburn, Ivy-Marie, Ian A. James, Derek L. Milne, Chris Baker, Sally Standart, Anne Garland, and F. Katharina Reichelt, "The Revised Cognitive Therapy Scale (CTS-R): Psychometric Properties," *Behavioural and Cognitive Psychotherapy*, Vol. 29, No. 4, October 2001, pp. 431–446.

Carroll, Kathleen M., Charla Nich, Rachel L. Sifry, Kathryn F. Nuro, Tami L. Frankforter, Samuel A. Ball, Lisa Fenton, and Bruce J. Rounsaville, "A General System for Evaluating Therapist Adherence and Competence in Psychotherapy Research in the Addictions," *Drug and Alcohol Dependence*, Vol. 57, No. 3, January 2000, pp. 225–238.

Fortney, John C., Jürgen Unützer, Glenda Wrenn, Jeffrey M. Pyne, G. Richard Smith, Michael Schoenbaum, and Henry T. Harbin, "A Tipping Point for Measurement-Based Care," *Psychiatric Services*, Vol. 68, No. 2, September 2016, pp. 179–188.

Hepner, Kimberly A., Stephanie Brooks Holliday, Jessica Sousa, and Terri Tanielian, *Training Clinicians to Deliver Evidence-Based Psychotherapy: Development of the Training in Psychotherapy (TIP) Tool*, Santa Monica, Calif.: RAND Corporation, TL-306-BWF, 2018a. As of October 14, 2019: https://www.rand.org/pubs/tools/TL306.html

———, "Training in Psychotherapy (TIP) Tool," Santa Monica, Calif.: RAND Corporation, TL-306-BWF, 2018b. As of October 14, 2019: https://www.rand.org/pubs/tools/TL306-1/tip.html

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