Do Youth-Focused Clinicians Learn Just as Well in Online Versus In-person Training?

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BACKGROUND

- Evidence-based treatments (EBT), such as cognitive behavioral therapy (CBT) remain underused in community mental health (CMH) settings in part due to financial, time, and access barriers associated with training clinicians in-person [1-2].
- Online EBT training offers a potentially cost-effective and feasible alternative; however, limited research has compared its effectiveness to in-person training in improving clinicians' perceived knowledge and skills for assessing and treating youth for the most common mental health conditions.

AIM

The current study uses benchmarking analyses to compare change in clinicians' self-report, perceived knowledge and skill scores for assessing and treating youth with depression, anxiety, traumatic stress and behavior problems among clinicians trained in-person versus those trained online.

METHODS

- 1,250 Washington State CMH clinicians (M_{age} = 35.58 years, *SD* = 12.12, 92% Master's level) participated in the CBT+ initiative, a state-funded and statewide EBT training program[3].
- Of these clinicians, 658 attended training in-person (years 2016–2019), while 592 participated virtually (years 2020–2023).
- Clinicians completed a self-report survey rating their perceived knowledge and skill scores for assessing and treating youth with depression, anxiety, traumatic stress, and behavior problems before training and after completing training and a six-month 2x monthly consultation period.

DATA ANALYSIS PLAN

- Benchmarking analysis is a program evaluation approach that was used in this study to examine whether online training is "good enough" compared to in-person[4].
- Aggregated effect sizes for assessment across all domains, and treatment for each specific problem domain were computed for change scores from pre-training to post-consultation, and compared between in-person and online training clinicians.

Youth-focused Community Mental Health Clinicians ***can learn just as well*** in online versus in-person training for evidence-based, cognitive behavioral therapy for treating youth depression, anxiety, traumatic stress and behavior problems.

RESULTS

Across assessing and treating all problem domains and each training cohort, perceived knowledge and skill scores significantly increased from pre-training to post-consultation for in-person training clinicians (all *p*'s < .001, Cohen's *D* ranged from .93 to 1.61), as well as online training clinicians (all *p*'s < .001, Cohen's *D* ranged from .75 to 1.73). From benchmarking analyses, online training appears equivalent to in-person training for all domains.

Table 1: Aggregated effect sizes for in-person training and online training for depression, anxiety, traumatic stress, behavior problems and assessment.

Domain	In-person Cohen's *D*	Online Cohen's *D*
Depression	1.10	1.15*
Anxiety	1.24	1.15*
Traumatic Stress	1.56	1.62*
Behavior Problems	1.03	0.92*
Assessment	1.49	1.40*

Note: * = clinically equivalent

CONCLUSION

- Online provider training appears to serve as an equivalent alternative to in-person training, and may offer additional benefits, such as expanding reach when in-person is too expensive or impractical.
- As the need for youth mental health services continues to grow, it is vital to evaluate alternative training methods to expand access to training providers on delivering high-quality mental healthcare.

Acknowledgement

This study is made possible in part by funding from the Washington State Department of Social and Health Services, Division of Behavioral Health Recovery (WA DBHR), American Psychological Association Summer Undergraduate Psychology Experience in Research Fellowship (APA SUPER) and Mary Gates Research Scholarship.