Online training can teach psychotherapists evidence-based treatments, study finds

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Employing online training programs to teach psychotherapists how to use newer evidence-based treatments can be as successful as in-person instruction, according to a new RAND Corporation study.

Psychotherapy treatments can lag years behind what research has shown to be effective because there simply are not enough clinicians trained in new methods. That means that many people with mental health disorders are not getting the most effective nonpharmacological treatments, RAND researchers say.

For one such treatment, Interpersonal and Social Rhythm Therapy to treat bipolar disorder, a RAND study compared face-to-face training with online training and found e-learning to be as effective as traditional in-person instruction. In addition, e-learning enhanced clinician use of the skills just as well as traditional instruction, according to findings published online by the journal *Psychiatric Services*.

"Our findings suggest that e-learning can provide an efficient and scalable approach to training large numbers of clinicians in new evidence-based treatments," said Dr. Bradley D. Stein, the study's lead author, a practicing psychiatrist and a senior scientist at RAND, a nonprofit research organization. "This may be a way to improve patient care and solve the problem of how to get new treatments to the front-line mental health workforce."

Researchers worked with five community outpatient mental health

centers and trained 36 clinicians, including social workers, licensed professional counselors, clinical psychologists and nurses, in Interpersonal and Social Rhythm Therapy to treat bipolar disorder.

The treatment approach emphasizes therapeutic techniques in interpersonal relations, as well as helping people with bipolar disorder maintain daily routines in order to help prevent exacerbation of symptoms.

In three of the mental health centers, clinicians received 12 hours of interactive online training at their convenience. They were supported by people from each clinic participating in a learning collaborative, who helped guide Interpersonal and Social Rhythm Therapy implementation through quality improvement efforts. Most clinicians had monthly hour-long telephone conferences with an expert in Interpersonal and Social Rhythm Therapy for the first three to six months following training.

Clinicians in the other two centers received traditional training consisting of a two-day, 12-hour in-person training led by Interpersonal and Social Rhythm Therapy developers. They received weekly on-site supervision of Interpersonal and Social Rhythm Therapy cases, and were encouraged to contact experts by phone or email with questions.

Researchers then asked 136 patients with bipolar disorder about their treatment from newly trained clinicians in all five mental health centers. Clinicians trained either way used the new techniques with patients equally. In addition, both groups of clinicians gradually increased their use of the evidence-based technique at six months and at a year after completing training.

"A goal of the trial was to do this in a way that would be easily replicated in real-world practice," Stein said. "The amount of time spent in training was the same in both the e-learning group and the face-to-face group.

There could be some efficiency through e-learning savings in travel time and expenses for clinical staff or for trainers."

Because there are only a handful of people qualified to train clinicians in many new therapies, the task of getting tens of thousands of mental health practitioners up to speed on evidence-based therapies through traditional in-person training is a nearly impossible challenge, Stein said.

"We know that front-line mental health clinicians turn over at about the rate of 35 percent a year," Stein said. "That's where mental health centers have a problem. Do they bring in the expert again, or lose what they've gained from this new effective treatment model? By using online training, new clinicians can more easily get instruction."

Provided by RAND Corporation

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