This activity is designed to assist with evaluating the training requirements specified by the treatment developers or outside training organization that must be met in order to deliver the research-based treatment you are considering adopting.

To identify the training requirements of a new research-based treatment, search for the original treatment or treatment article on the Internet or in the research literature.

***Necessity for Training***

1. Are there training requirements that must be met in order to deliver the treatment?

\_\_\_\_\_Yes \_\_\_\_\_No

***Staff Involved***

1. What staff are required to receive training? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Direct providers | Support staff | |
| Supervisors | Other: |  |
| Agency leaders | No requirements specified | |

1. Who is required to deliver training? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Direct providers | Outside trainer | |
| Supervisors | Other: |  |
| Agency Leaders | No requirements specified | |
| Support staff | | |

***Training Model***

1. Is there a specific training model required? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Didactics | Educational brochure/handout | |
| Workshop/ Seminars | Other: |  |
| Online training | No requirements specified | |
| On-the-job training | | |

1. Are there training strategies that are required to be used during trainings? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Behavior rehearsal | Role playing | |
| PowerPoint presentations | Reading materials | |
| Modeling | Watching videos | |
| Group activities | Supervision | |
| Individual activities | Other: |  |
| Shadowing | No requirements specified | |
| Active participation | | |

1. Are there specific materials that are required for training? (Select all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Manuals | Toolkits | | |
| Handouts/Brochures | Technology devices: | |  |
| Guidelines | Other: |  | |
| Videos | No requirements specified | | |

***Outside Training***

1. Are staff who will be trained required to receive training outside of the agency?

\_\_\_\_\_Yes \_\_\_\_\_No

1. Which staff are required to receive training outside of the agency? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Direct providers | One staff member who can train the rest of the staff in your agency (train-the-trainer) | |
| Supervisors |
| Agency leaders | Other: |  |
| Support staff | No requirements specified | |

***Duration of Training***

1. Is there a certain number of training hours required?

\_\_\_\_\_Yes \_\_\_\_\_No

1. If so, please list the number of training hours required.

***Travel***

1. Is travel required for training?

\_\_\_\_\_Yes \_\_\_\_\_No

1. Which staff are required to travel for training?

|  |  |  |
| --- | --- | --- |
| Direct providers | Support staff | |
| Supervisors | Other: |  |
| Agency Leaders | No requirements specified | |

1. Where are staff required to travel to, if known?

***Maintenance***

1. Are efforts required to maintain the skills learned in training?

\_\_\_\_\_Yes \_\_\_\_\_No

1. Who is required to oversee maintenance efforts? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Direct provider(s) | Support staff | |
| Supervisor (s) | Outside trainer(s) | |
| Agency leader(s) | Other: |  |
| Clinical Director(s) | No requirements specified | |

1. Are any of the following ongoing training components required? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Ongoing consultation | Booster sessions | |
| Supervision upon request | Submission of videos | |
| Submission of materials | Other: |  |
| Regular supervision | No requirements specified | |

***Provider Credentials***

1. Is there a certificate that is specific to this treatment that is required to deliver the treatment?

\_\_\_\_\_Yes \_\_\_\_\_No

1. If so, what treatment-specific certificate is required?
2. Is there a general certification (i.e., BCBA) that staff are required to have to deliver this treatment?

\_\_\_\_\_Yes \_\_\_\_\_No

1. If so, what certificate is required?
2. What degree are staff required to have to receive training or certification in this treatment?

|  |  |  |
| --- | --- | --- |
| High school diploma | Doctoral degree | |
| Bachelor’s degree | Other: |  |
| Master’s degree | No requirements specified | |

1. What discipline/educational background are required of staff to deliver this treatment?

|  |  |  |
| --- | --- | --- |
| Psychology | Physical Therapy | |
| Marriage and Family Therapy | Education | |
| Social Work | Behavior Specialist | |
| Speech / Language/ Communication | Other: |  |
| Occupational Therapy | No requirements specified | |

1. Are staff required to have a specific number of years of experience in the field?

\_\_\_\_\_Yes \_\_\_\_\_No

1. If so, please list the number of years of experience required.

***Additional Requirements***

1. Are there additional training requirements for the treatment that were not listed here?

\_\_\_\_\_Yes \_\_\_\_\_No

1. If so, list the additional training requirements.