

*RESEARCH ON TRAINING TRAINERS IN PROGRAM IMPLEMENTATION:  
AN INTRODUCTION AND FUTURE DIRECTIONS*

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“The process of applying research in special education can never be better than the local practitioner is able to make it” (Malouf & Schiller, 1995, p. 423).

Implementation and maintenance of treatment programs by practitioners have received considerable attention in this journal. One approach to meeting this need, illustrated in the following series of studies, is to teach local participants in a program or community how to provide effective training, consultation, and supervision to those who will implement the program (e.g., Gillat & Sulzer-Azaroff, 1994; Page, Iwata, & Reid, 1982). For example, in their discussion of the 27-year evolution, replication, and dissemination of the Teaching Family Model of group-home treatment, Fixsen and Blase (1993) point out,

The proper use of a treatment component with a child depends upon adequate training and consultation being in place for the clinical staff person, which in turn depends upon skilled trainers and consultants being in place . . . which in turn depends upon the program developers and researchers. . . . Thus, staff training may be viewed as an independent variable with respect to the skills of the clinical staff, but it may be a dependent variable when considering program dissemination efforts. (pp. 604-605)

As the scope of investigation expands from treatment recipients to treatment providers, to trainers or supervisors, and to their trainers or supervisors, the complexity of the research increases as well. The collection of studies in this issue extends the generality of a “train-the-trainers” model of behavioral consultation, as ap-

plied to implementation of relatively complex behavior-reduction procedures (McGimsey, Greene, & Lutzker; Shore, Iwata, Vollmer, Lerman, & Zarcone) as well as acquisition programs (Parsons & Reid; Neef) by individuals in a variety of roles (paraprofessionals, supervisors, graduate students, parent peers). The articles also contribute information about some of the conditions that underlie the effectiveness of this model. The participant trainers in each study gained experience and demonstrated competence in conducting the procedures with the clients or children. Fixsen and Blase (1993) “also discovered that the content tended to become more conceptual and less specific and practical when the trainer had not been a Teaching Parent” (p. 603). This appears to be a necessary but insufficient condition of effectiveness; McGimsey et al. and Parsons and Reid found that most trainers did not demonstrate the feedback and consultation skills that had been applied in teaching the trainers to implement the procedures until instruction in those skills was also provided (this was a component of all four studies in this issue).

Each of these studies also had in common characteristics of a linear model; the interventions validated by research were disseminated to individuals, who disseminated them to practitioners, who then applied them in their own settings. Implicit in this model is the unidirectional flow of information from researchers to practitioners (as from physicists to engineers) and the assumption that teachers and clinicians will, like their counterparts in the physical sciences, apply (or maintain) in practice the solutions that have been developed and validated by researchers, provided they have the skills to do so. It has often been observed, however, that

conditions encountered in practice are not conducive to direct translations of validated procedures in the social sciences (Cronbach, 1975; Goldenberg & Gallimore, 1991; Malouf & Schiller, 1995). The clinical conditions under which a caretaker may demonstrate competent and effective use of a specific behavior management strategy, for example, may be quite different from those in the home, where there are likely to be competing demands (e.g., a phone ringing, baby crying, pot boiling over), a non-supportive social environment (e.g., disapproval by others in the individual's family or community), or other situational, political, cultural, or setting constraints. For this reason, social science researchers have been urged to consider the ecology of the client's environment carefully in order to ensure that the "solutions" developed are compatible with the extant social systems and networks into which our interventions will necessarily intrude (Malouf & Schiller, 1995; Shadish, 1984; Willems, 1974).

In pointing to the deleterious effects of the isolation of basic and applied sectors of behavior analysis, Mace (1994) proposed a model for researchers to collaborate in deliberately coordinated ways. The disconnection between applied research and practice seems at least as great as that between basic and applied research, and some have argued that alternatives to the predominant linear model are needed to address the problem (Malouf & Schiller, 1995). These alternatives include more interaction between researchers and consumers, in which practitioners have significant involvement in the various processes of research and development rather than only as "implementers" of an intervention (Cole & Knowles, 1993; Fawcett, 1991; Huberman, 1990; Richardson, 1994).

These alternatives are not new to behavior analysis; they have been represented in both research articles (e.g., Kern, Childs, Dunlap, Clarke, & Falk, 1994; Welsh, Miller, & Altus, 1994) and discussion articles (e.g., Fantuzzo & Atkins, 1992; Schwartz & Baer, 1991) published in *JABA*. They do, however, suggest an

expanded role for trainers of trainers in behavioral consultation, in which the focus, in a sense, is less on ensuring the fidelity of implementation of highly prescriptive solutions than on systematically promoting their infidelity—that is, guiding practitioners in choosing, adapting, applying, and evaluating interventions to suit local conditions. This approach acknowledges and capitalizes on the potential contributions of key program participants who, by virtue of their position, role, or experience in the system, have specialized knowledge of conditions that can affect the social validity or invalidity of the interventions. The following four studies on a train-the-trainers model of behavioral consultation suggest a methodology that might be profitably extended for that purpose.

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