



BRIDGING THE GAP BETWEEN PRACTICE AND TRAINING:

Empowering CBT Therapists and PWPs to deliver training/workshops

Taf Kunorubwe & Katy Emerson

“

The intricacies of organising a workshop, from conceptualisation to delivery, can be unfamiliar territory for many clinicians.

”

Have you ever found yourself looking through conference listings and CPD opportunities, contemplating the prospect of sharing your expertise? Perhaps you've thought, "I'd love to have the confidence to share my work or research". When it comes to training, you might have pondered "If only I knew where to begin creating a workshop and how do I get it from idea to reality".

These moments often stir thoughts about stepping into the role of trainer. Yet, amidst these musings lies an unspoken truth – many of us, as clinicians, harbour reservations about stepping forward as trainers. Reflecting with colleagues, supervisees, and peers there is no shortage of desire to share knowledge and insights garnered from work. However, it appears progressing from such motivation to a workshop proposal and even to delivering a session is fraught with obstacles.

In this article, we briefly outline some of the challenges that inhibit us from delivering training or workshops. It begs the question: do we need more support in the form of 'train the trainer' initiatives?

Lack of training in pedagogy

One significant obstacle faced is the absence of opportunities to learn theories, practice, and methods of teachings (pedagogy). There is often an implicit assumption that because we have been trained as clinicians, we inherently possess the skills and knowledge required to effectively train others. However, the reality is that being a proficient clinician does not automatically translate to being an adept trainer. The art of imparting knowledge, facilitating learning, understanding the curriculum, and engaging an audience

(Continued overleaf)



BRIDGING THE GAP BETWEEN PRACTICE AND TRAINING:

Empowering CBT Therapists and PWPs to deliver training/workshops

(Continued)

demands a distinct set of competencies that might not feature within clinical training (Burgess, 2015). Pedagogy has a critical role in clinical education (Tredinnick-Rowe, 2018), without which professionals can encounter difficulties such as issues with structuring workshops, designing effective learning experiences, or understanding the nuances of adult education. There is a clear gap between clinical expertise and the pedagogical skills necessary to effectively convey that expertise to others.

Knowledge of process

Another notable barrier faced by PWPs and CBT therapists is the challenge of comprehending the process and executing the logistical/administrative steps. The intricacies of organising a workshop, from conceptualisation to delivery, can be unfamiliar territory for many clinicians. Understanding planning, venue selection, promotion, registration, technical setup, delivery, and evaluation often requires a different skill set (Lorette, 2014). This knowledge gap might inhibit professionals from initiating or successfully conducting workshops. Moreover, identifying the right contacts, collaborations, or resources to assist in the planning and execution of the event can also present a predicament. Without a clear understanding of whom to approach for support, clinicians may find themselves at a loss on how to proceed.

Lack of confidence

'Imposter syndrome' frequently arises as a common barrier when considering, preparing, or delivering workshops. Despite their expertise and qualifications, professionals may grapple with feelings of inadequacy or doubt about their knowledge, skills, or worthiness (Greenwood, 2022). This psychological phenomenon can manifest as a persistent fear of being exposed as a fraud, despite evidence of competence and accomplishment.

Moreover, within psychological therapies understandably there remains a long-established emphasis and importance placed upon research, from which perhaps historically we have assumed only those with exhaustive research profiles and publication lists are eligible to present. Yet, we can acknowledge there exists multiple barriers for many in accessing opportunities for research and subsequently succeeding in publication irrespective of their expertise and skills 'in the field'. For instance, often research and training institutions do not reflect the broader diversity of our clinically trained community (Hays, 2019).

Addressing 'imposter syndrome' on an individual basis involves acknowledging and challenging these negative self-perceptions. As a profession, creating and fostering supportive environments

where professionals feel safe to share and learn without the fear of judgment can significantly mitigate the impact of imposter syndrome.

Time

Another significant barrier is the challenge posed by working in services of high caseloads and limited protected time for workshop development, or perhaps financial tensions in private practice, leading to an over-reliance on using personal time. The demanding nature of clinical responsibilities often results in a heavy caseload and lack of time being some of the key barriers (Reis et al., 2022). It restricts professionals ability to innovate, refine, or expand their educational offerings, ultimately affecting their contributions to the broader professional community. Consequently, the development of workshops might become the last priority due to the pressing demands of client care. This situation forces clinicians to rely on personal time outside of their work hours to plan and create workshop content. However, this reliance on personal time further exacerbates the work-life imbalance, potentially leading to burnout or reduced personal well-being and potentially impedes the opportunity for creativity.

Lack of research

The lack of dedicated research exploring the intricacies of CBT training and workshops is another barrier. The absence of comprehensive research underpinned by theory or in-depth analyses specifically focused on the pedagogical aspects of training in these disciplines creates a knowledge gap. The main implication of this is lack of understanding around the most effective methods for training and enhancing the skills of CBT therapists and PWPs to optimise their performance and ensure the highest quality of care for clients. And secondly, clinicians themselves feeling empowered and knowledgeable to go onto then train other clinicians and disseminate their knowledge and expertise.

Additionally, the lack of research in various areas related to clinical work within CBT and PWP practices further compounds this challenge. For instance, areas related to its application with diverse populations, long-term effectiveness, service development and integration with emerging therapeutic approaches. A greater breadth of innovative research would enrich and inform best practices, impacting the quality and relevance of the content they deliver.

Addressing barriers

In summary, the barriers facing PWPs and CBT therapists in delivering workshops encompass a range of challenges, including

the lack of teaching training, knowledge of the process, time, clinicians' own beliefs regarding their capabilities and even the lack of research into training methodologies and broader clinical areas.

To overcome these barriers related to teacher training, one approach is by implementing training focused explicitly on teaching methodologies. Whether this is in the form of train the trainer events or a coherent programme of study across multiple sessions, especially considering becoming a trainer is a developmental process that requires active learning coupled with ongoing reflection (Higgs & McAllister, 2007).

To inform the delivery of such programmes, the barriers related to lack of research needs to be overcome; there is a crucial need for increased investment and focus on research dedicated to training methodologies. Moreover, encouraging and funding research in various related areas of clinical work is equally essential to provide robust evidence bases to draw upon.

Addressing these barriers related to lack of time requires a multifaceted approach. Employers can play a crucial role by recognising the importance of professional development and allocating dedicated time within work schedules for clinicians to focus on workshop creation and delivery. Moreover, as a profession we can facilitate opportunities within existing events allowing professionals to invest more time in workshop development without relying extensively on personal time.

To overcome the barrier related to understanding of the process, this involves providing accessible resources or training opportunities specifically tailored to guiding clinicians through the multiple aspects of workshop development. Offering guidance focused on the practical aspects of organising and facilitating workshops could empower professionals to confidently navigate the complexities of planning and delivering educational sessions. Additionally, establishing networks or contacts within the field who specialise in workshop organisation could offer valuable guidance, mentorship and support to clinicians venturing into this domain for the first time.

We acknowledge that each of these propositions requires significant resources, time, and staff of which this article is a key starting point for wider discussions. In the meantime, we are planning to run a workshop to equip clinicians with some introductory skills needed to be able to start to address these barriers and build a case for comprehensive initiatives to support clinicians to become trainers.

Finally, and crucially, the newly formed 'Training Practices in CBT Special Interest Group' will in no

doubt be a source for developing and sharing best practice. <https://babcp.com/Training-Practices-in-CBT-SIG>

Conclusion

The journey toward empowering CBT therapists and PWP's to deliver impactful workshops is laden with multifaceted challenges. However, the resounding answer to the proposed question is, yes, we do need more initiatives to support practitioners to develop and deliver training, and that this needs to be supported at all levels.

In this pursuit, the upcoming "Train the Trainer" workshop presents an opportunity to equip clinicians with some skills and act as a starting point for building opportunities within the BABCP for additional support for potential trainers.

“

'Imposter syndrome' frequently arises as a common barrier when considering, preparing, or delivering workshops.

”



References

- Burgess, A., Oates, K., & Goulston, K. (2016). Role modelling in medical education: the importance of teaching skills. *The clinical teacher*, 13(2), 134-137. <https://doi.org/10.1111/tct.12397>
- Greenwood G (2022) How imposter syndrome can help shape professional identity. *Nursing Times* [online]; 118: 11.
- Hays, P. A. (2019). Introduction. In Iwamasa, G. Y. & Hays, P. A. (eds), *Culturally Responsive Cognitive Behavior Therapy: Practice and Supervision*, 3-24. American Psychological Association. <https://doi.org/10.1037/0000119-001>
- Higgs, J., & McAllister, L. (2007). Educating clinical educators: using a model of the experience of being a clinical educator. *Medical teacher*, 29(2-3), e51-e57. <https://doi.org/10.1080/01421590601046088>
- Lorette, K. (2014). *The Complete Guide to Running Successful Workshops & Seminars: Everything You Need to Know to Plan, Promote and Present a Conference Explained Simply*. Atlantic Publishing Company.
- Reis, T., Faria, I., Serra, H., & Xavier, M. (2022). Barriers and facilitators to implementing a continuing medical education intervention in a primary health care setting. *BMC health services research*, 22 (1), 638.
- Tredinnick-Rowe, J. (2018). The role of pedagogy in clinical education. In Bernad-Cavero, O., & Llevot-Calvet, N. (eds), *New Pedagogical Challenges in the 21st Century: Contributions of Research in Education*, 269-285. IntechOpen.