



Mountain Plains ATTC (HHS Region 8)

---

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

Trainer and Technical Assistance Needs:  
Findings from Providers of  
Substance Use Disorder (SUD)



Prepared by:  
**Tracy A. Evanson, PhD, RN, PHNA-BC**  
**Mountain Plains ATTC**  
University of North Dakota,  
400 Oxford Street, Stop 9025  
Grand Forks, ND 58202  
701-777-4559

---



## INTRODUCTION

The purpose of the Mountain Plains Addiction Technology Transfer Center (ATTC) is to improve the capacity of Region 8's substance use disorder (SUD) treatment/recovery services workforce by using state-of-the-art training/technical assistance, innovative web-based tools, and proven workforce development activities to expand access to learning, change clinician practice, and advance provider efficiencies; all resulting in improved client outcomes.

In an effort to better understand the needs of providers in Region 8, Mountain Plains ATTC conducted a survey with providers of SUD services in Montana to determine training/technical assistance needs. The survey was distributed to providers in Montana using email list serves available through the SSA office and through provider contact lists within the Mountain Plains ATTC database.

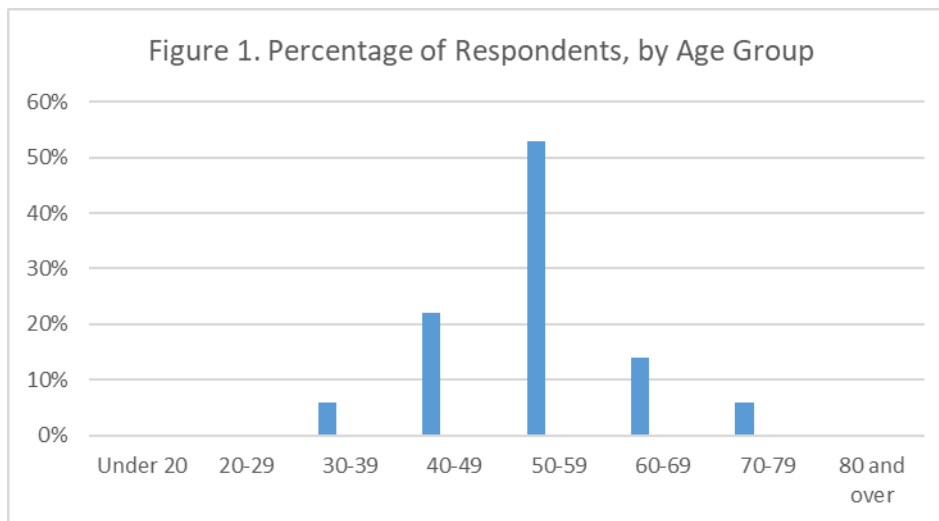
Results from this survey will help Mountain Plains ATTC better collaborate with providers and stakeholders throughout the region in the development of new products, training materials, and technical assistance requests.



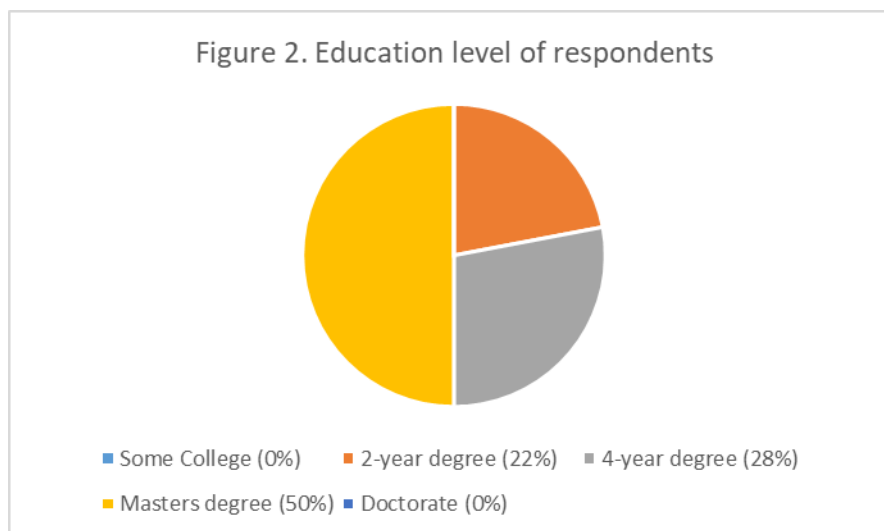
## CHARACTERISTICS OF SURVEY RESPONDENTS IN MONTANA

A total of 36 individuals who provide SUD services in Montana responded to the survey. Among these individuals, 11% were male and 89% were female; 58% were White, 39% American Indian or Alaskan Native; and 6% identified as Hispanic or Latino/a.

As reflected in Figure 1, individuals in the age group of 50-59 were the largest percentage at 53%, followed by 40-49 (22%), 60-69 (14%), 30-39 (6%) and 70-79 (6%).

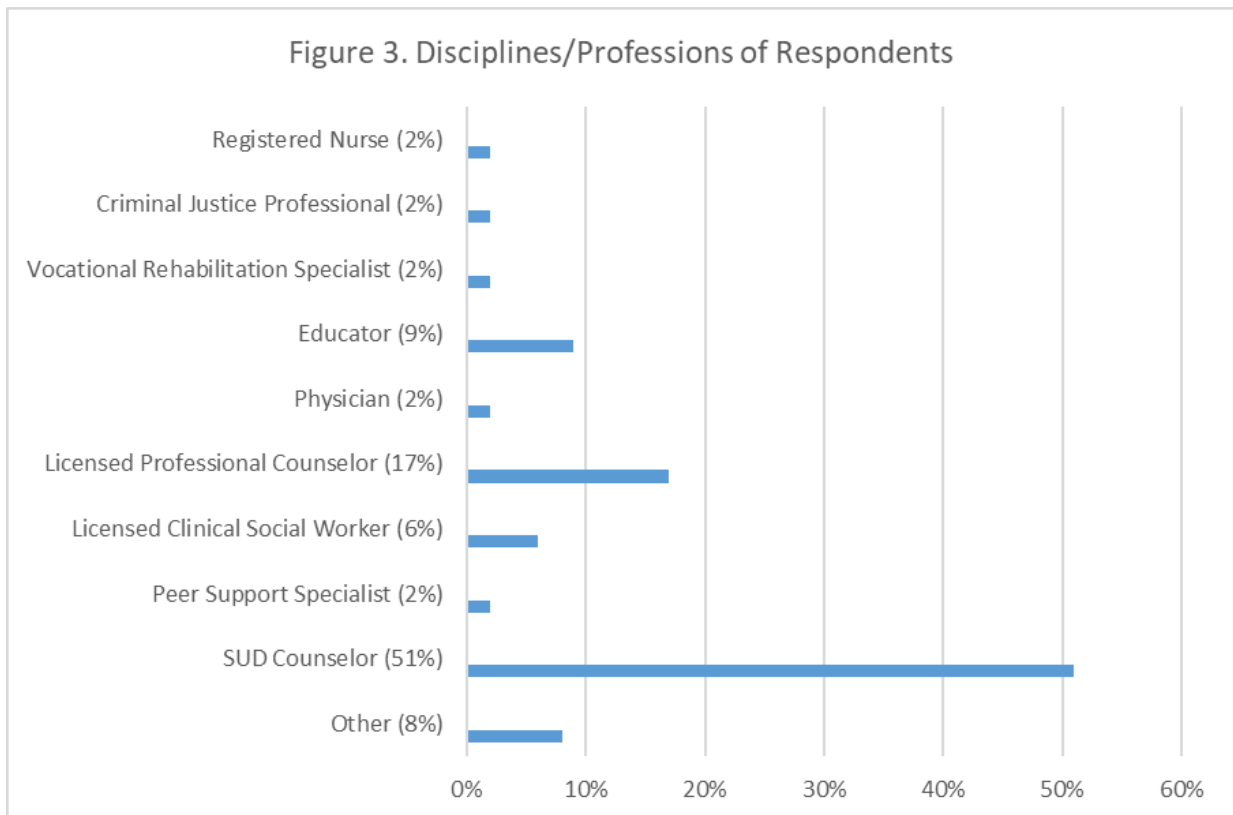


Overall, the respondents were a highly educated group, with 50% having a masters degree or higher and 28% having a 4-year degree. Education levels are shown in Figure 2.





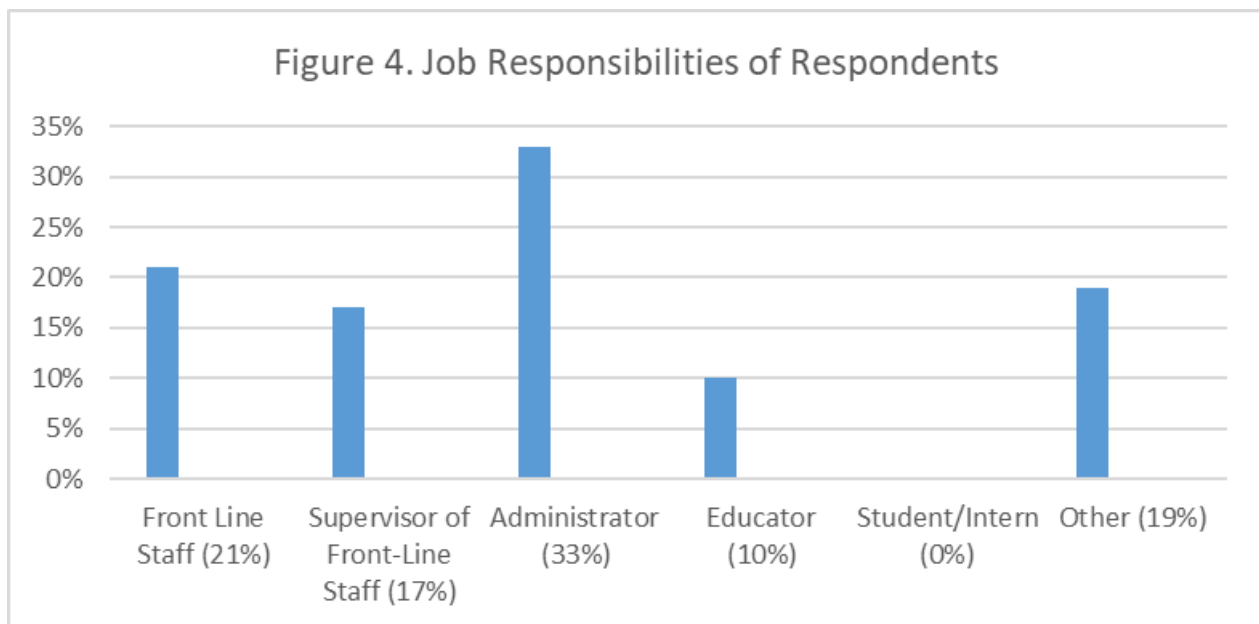
In relation to certification/licensure among providers who responded, 77% indicated they were currently certified and/or licensed in the field of SUD. Disciplines/professions of the respondents are shown here. The largest percentage identified themselves as an SUD counselor (51%). Other disciplines/professions can be found in Figure 3. (Note that respondents were asked to check all that applied, so may be represented in more than one discipline/profession.)





In terms of employment setting, 29% of respondents were currently working at a Community Mental Health Center and 46% described their practice as rural, 34% urban, 6% suburban, and 14% “other.” Among those who indicated “other”, several described their practice setting as frontier.

Respondents were asked to identify their job responsibilities, and they could choose all that applied. The largest majority of respondents identified themselves as administrators (33%), followed by front-line staff (21%), and supervisors of front-line staff (17%), as can be seen in Figure 4. Several respondents chose more than one category, indicating that they wore several hats within their agency.





## TRAINING AND TECHNICAL ASSISTANCE NEEDS

Survey respondents were provided with a series of topics and asked to indicate how important they believed it was for them to receive training and/or technical assistance on each of the topics listed. They rated each topic based upon a Likert scale of “Extremely Important” – “Important” – “Neither Important or Unimportant” – “Somewhat Unimportant” – “Completely Unimportant.” The topics presented were based on needs identified by the Mountain Plains ATTC Advisory Board at their December 7, 2017 meeting, as well as topics that Mountain Plains ATTC Co-Directors and Single State Authorities identified as important to include. Figure 5 (on the following page) shows how each of the topics were rated by respondents in Montana.

If we examine only those topics that were rated “Extremely Important,” the top training/technical assistance topics for Montana were:

1. Trauma-informed care (75.0%)
2. Treatment approaches that focus on clients’/patients’ individual strengths (63.89%)
2. Prevention of burn-out among staff (63.89%)
4. Effectively managing dual relationships (e.g. counselors and clients/patients in small, rural communities) (63.89%)

If, however, the ratings of “Extremely Important” and “Important” are combined into one category, the training/technical assistance priorities change somewhat, although trauma-informed care remains the top identified training/technical assistance need.

1. Trauma-informed care (100% combined)
2. Co-occurring disorders (97.22% combined)
2. Family support model for clients in treatment for substance use disorder (97.22% combined)
2. Suicide assessment and prevention (97.22% combined)

Thus, approximately 97% - 100% of the respondents in Montana believed it was either important or extremely important that they receive training and/or technical assistance on these four topics.



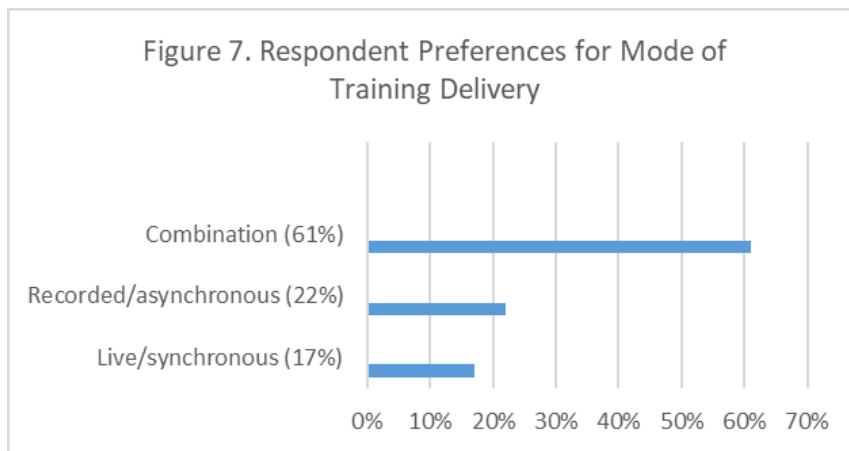
**Figure 5. Importance of Training/Technical Assistance Topics, as Rated by Respondents**

	Extremely Important	Important	Neither Important or Unimportant	Somewhat Unimportant	Completely Unimportant
Using data to improve business practices and client/patient outcomes	52.78%	36.11%	11.11%	0.00%	0.00%
Treatment approaches that focus on clients'/patients' individual strengths	63.89%	27.78%	8.33%	0.00%	0.00%
Trauma-informed care	75.00%	25.00%	0.00%	0.00%	0.00%
Technology-supported clinical documentation	58.33%	30.56%	11.11%	0.00%	0.00%
Technology skills to deliver assessment, treatment, and recovery services	50.00%	41.67%	8.33%	0.00%	0.00%
Support for recovery and crisis stabilization	52.78%	41.67%	5.56%	0.00%	0.00%
Suicide assessment and prevention	55.56%	41.67%	2.78%	0.00%	0.00%
Strategies to reduce stigma toward individuals with substance use disorders	61.11%	27.78%	11.11%	0.00%	0.00%
Social and environmental factors which affect substance use, treatment, and recovery	61.11%	33.33%	5.56%	0.00%	0.00%
Skills in the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT)	41.67%	41.67%	13.89%	2.78%	0.00%
Skills in the application of Motivational Interviewing	52.78%	41.67%	5.56%	0.00%	0.00%
Recruitment and retention strategies for staff	47.22%	36.11%	16.67%	0.00%	0.00%
Prevention of burn-out among staff	63.89%	30.68%	5.56%	0.00%	0.00%
Peer support specialist training	47.22%	27.78%	19.44%	2.78%	2.78%
Organizational change strategies	50.00%	36.11%	13.89%	0.00%	0.00%
Models of MAT technology-based service delivery	44.44%	30.56%	22.22%	2.78%	0.00%
Medication Assisted Treatment (MAT) for opioid use disorders	55.56%	33.33%	11.11%	0.00%	0.00%
Improving access and client/patient retention in treatment	58.33%	30.56%	11.11%	0.00%	0.00%
Family support models for clients in treatment for substance use disorders	52.78%	44.44%	2.78%	0.00%	0.00%
Ethical issues related to use of technology to deliver client/patient services	55.56%	36.11%	8.33%	0.00%	0.00%
Effectively managing dual relationships (e.g. counselors and clients/patients in small rural communities)	63.89%	30.56%	5.56%	0.00%	0.00%
Co-occurring disorders	61.11%	36.11%	2.78%	0.00%	0.00%
Confidentiality and privacy rules, including HIPAA and 42CFR Part 2	50.00%	36.11%	11.11%	2.78%	0.00%
Clinical supervision, including technology-based clinical supervision	47.22%	33.33%	19.44%	0.00%	0.00%
An integrated care model that promotes the use of interprofessional teams to provide coordinated patient care	52.78%	41.67%	5.56%	0.00%	0.00%
Advancing skills and knowledge in working with diverse populations	55.56%	38.89%	5.56%	0.00%	0.00%
ASAM placement, continued stay and discharge criteria	61.11%	30.56%	8.33%	0.00%	0.00%

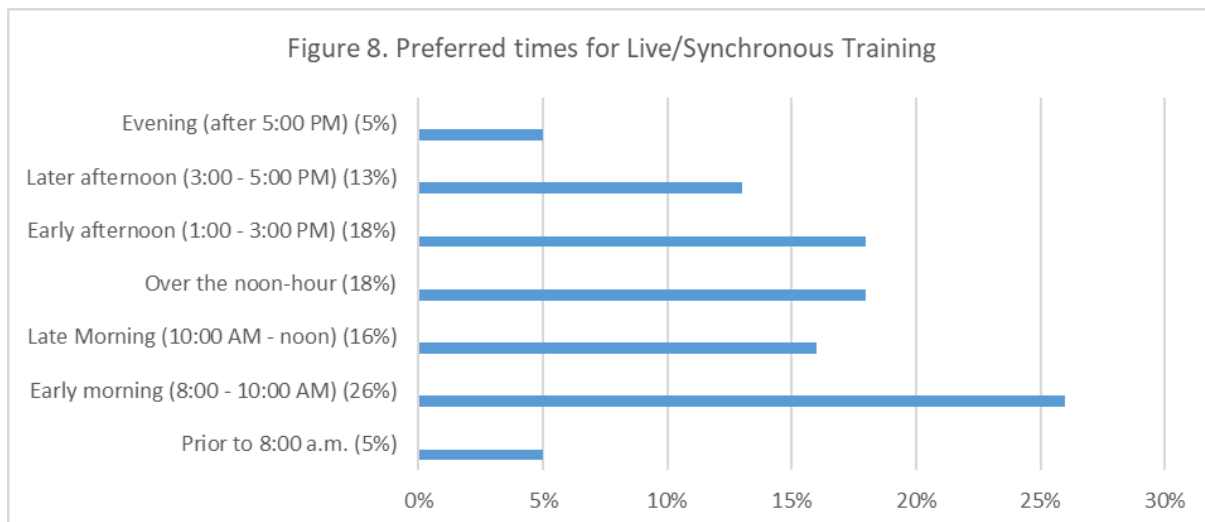


## PREFERENCES RELATED TO TRAINING MODALITIES AND TIMES

Mountain Plains ATTC was not only interested in identifying the top training needs among SUD treatment and recovery service providers, but it was also important to identify the best methods and times to deliver trainings and technical assistance in order to maximize attendance. Respondents were asked to indicate which modes of online delivery of trainings they preferred: live (also called synchronous), recorded (also called asynchronous), or a combination of both. It can be seen in Figure 7 that the majority of respondents preferred a combination of both live/synchronous and recorded/asynchronous delivery.



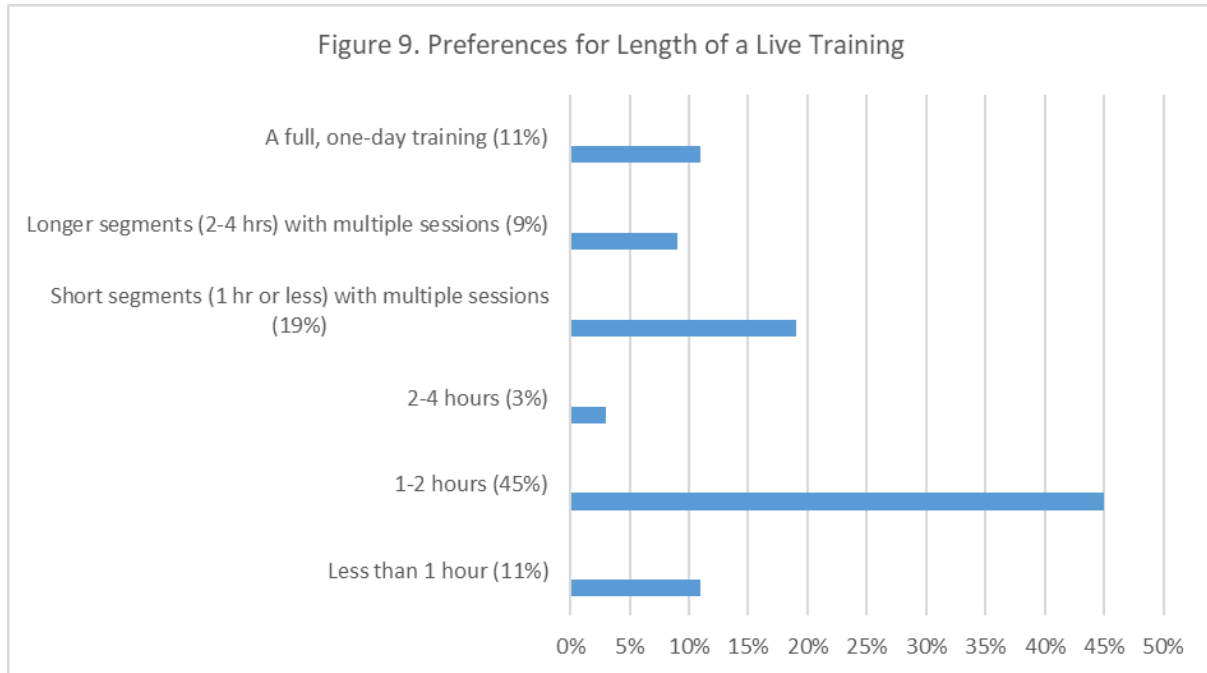
Respondents were also asked to indicate if they were to attend a live/synchronous session, what time of the day would best work for them to be able to attend the training. Figure 8 indicates that the best live training times for respondents in Montana were in the early mornings, but late morning to early afternoon hours were also preferred by many. Few preferred the hours before and after the traditional work day.







Respondents were also asked the length of time that works best for them if they were to attend a training. The largest percentage (45%) indicated that one to two hours was the best length of time. Additional responses can be seen in Figure 9.



Lastly, respondents were asked how important it was for them to receive continuing education units (CEUs) for training sessions they planned to attend. This was clearly a priority for the respondents, as 72% indicated it was “extremely important” and another 22% indicated it was “important.” Licensed Addiction Counselors (LAC) and Licensed Professional Clinical Counselors (LPCC) were the predominantly identified disciplines in which CEUs were needed.



## USE OF TECHNOLOGY IN SUD TREATMENT AND RECOVERY SERVICES

Regarding respondents’ beliefs and perceptions about the use of technology in relation to SUD treatment and recovery services, a series of statements were listed in the survey and respondents were asked to indicate if they agreed or disagreed with the statement. The scale used to assess this was “Strongly Agree” – “Agree” – “Neither Agree nor Disagree” – “Disagree” – “Strongly Disagree.” Figure 6 summarizes the findings of those who agreed or strongly agreed with the statements.

**Figure 6. Percentage of Respondents who either Strongly Agreed or Agreed with Statements about Technology in relation to SUD treatment and recovery services.**

Statement	% who “Strongly Agreed” or “Agreed”
Technology can be a valuable adjunct to in-person care	97.15
Technology can be effective in delivering substance use treatment services	91.67
Technology can be effective in delivering substance use recovery support services	94.45
Technology can be effective in delivering other health-care services	91.67
Substance use treatment delivered via technology can be as effective as face-to-face	61.11
Substance use recovery services via technology can be as effective as face-to-face	55.55
Other health-related services delivered via technology can be as effective as face-to-face	50.00
I am comfortable using technology to delivery services to my clients	72.22

The vast majority of respondents believed that technology can be an effective adjunct to in-person care and can be effective at delivering both treatment and recovery support services, as well as other healthcare services. However, a much lower percentage believed that services delivered via technology could be as effective as face-to-face services. Almost three-fourths of respondents indicated that they were comfortable using technology to deliver services to their clients. Thus, it is likely that many providers in Montana are already integrating technology-based delivery services into their practices.

Participants were also asked to indicate how often they used various types of technologies to enhance their SUD assessment, treatment, and recovery knowledge and skills. The types of modalities used frequently were locating evidence-based sources online (53%), webinars (49%), recorded trainings online (43%), and online learning websites (29%). However, the percentage of respondents who had either never used or had never heard of Skype was 34%, Zoom—49%, You Tube—22%, blogs—40%, podcasts—37%, and Echo-like sessions—60%, in relation to enhancing their knowledge and skills.



## SUMMARY

Among the 36 individuals in Montana who responded to the Mountain Plains ATTC survey of SUD treatment and recovery providers, the majority were female and highly educated. While the majority were White non-Hispanic, American Indian/Alaskan Natives made up more than one third of the survey respondents. More than half identified themselves as a licensed SUD counselor; with approximately one third identifying as an administrator. The top training needs identified as either important or extremely important were: trauma-informed care, suicide assessment and prevention, co-occurring disorders, and family support models for clients in treatment for SUDs.

Overall, respondents preferred to attend trainings that are a combination of live/synchronous and recorded/asynchronous modes of delivery. The best training times for most of the respondents would be between 8:00 a.m. and 3:00 p.m. Any training provided should include the option of receiving CEUs, since 73% of respondents indicated that this had some level of importance to them.

Most of the respondents believed that technology can be an effective adjunct to in-person care, both in terms of treatment and recovery support services. Almost three-fourths of the respondents indicated they are comfortable using technology to deliver services to their clients and patients.

The survey results are somewhat limited, in that it is unknown how representative this sample of providers is in relation to the entire population of SUD treatment and recovery service providers in the state of Montana. The response rate to the survey cannot be accurately calculated, as the Mountain Plains ATTC staff were unable to keep a count of how many people were invited to participate. Invitations to participate were sent out through various means: the state SSA's office distributed the invitation to their email list serves, and those invited to participate were encouraged to share the link with others who might be appropriate to complete the survey. Thus, while these were effective recruitment efforts, the actual number of those invited to participate is unknown; therefore the response rate is also unknown. It is likely that the recruitment efforts did not reach every Montana provider who would be appropriate to complete the survey.

Despite these limitations, the data provided by the survey is informative and will help Mountain Plains ATTC coordinate state-specific training and technical assistance efforts within Montana. It is hoped that the findings can also be used as a tool for discussion with stakeholders in order to gain more information about how inter-agency efforts can be coordinated to meet the training needs of SUD treatment and recovery service providers in the state and region.



## Acknowledgements

We would like to thank all those who responded to the survey. The time that you took to complete the survey will help the Mountain Plains ATTC better serve the needs of all those SUD providers in Montana. Additionally, we are very appreciative of those who assisted with recruitment, particularly staff in the SSA offices, who were instrumental in helping us distribute invitations to participate in the survey. Finally, there were multiple staff members within the Mountain Plains ATTC who made significant contributions to this process: Joyce Hartje, Nancy Roget, and Thomasine Heitkamp, who collaborated with development of the survey and editing of reports, and Susan Mickelson, who formatted the final reports.