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

Wyoming
Report
2018

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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 Wyoming to determine training/technical assistance needs. The survey was distributed to providers throughout the region using email list serves available through the SSA office in Wyoming and through provider contact lists within the database of the Mountain Plains ATTC.

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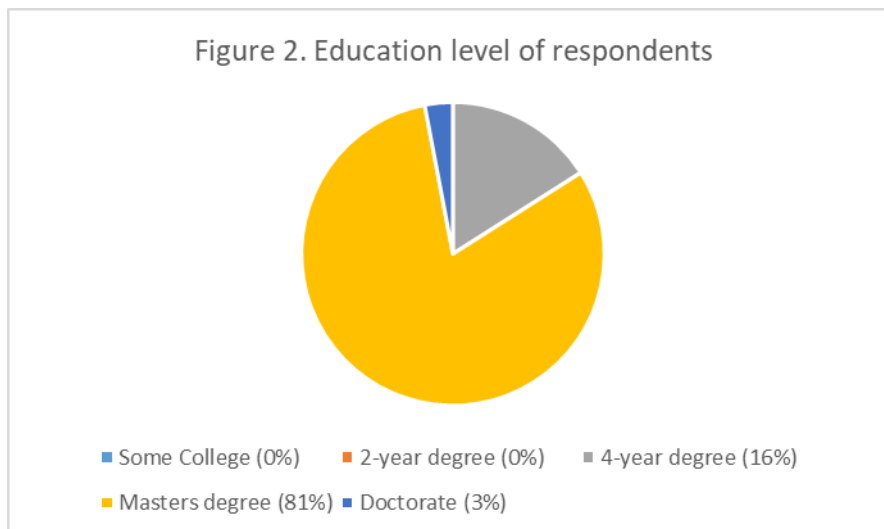
CHARACTERISTICS OF SURVEY RESPONDENTS IN WYOMING

A total of 32 individuals who work in Wyoming responded to the survey. Among these individuals, 29% were male and 71% were female. 94% of the Wyoming respondents identified their race as White, non-Hispanic; 3% identified as Multiethnic; and 3% as "Other".

As can be seen in Figure 1, individuals in the age group 50– 59 made up the largest percentage, at 35%, followed by 60-69 (26%), 40-49 (23%), 30-39 (10%), 20-29 (3%), and 70-79 (3%).

Figure 1. Percentage of Respondents, by Age Group
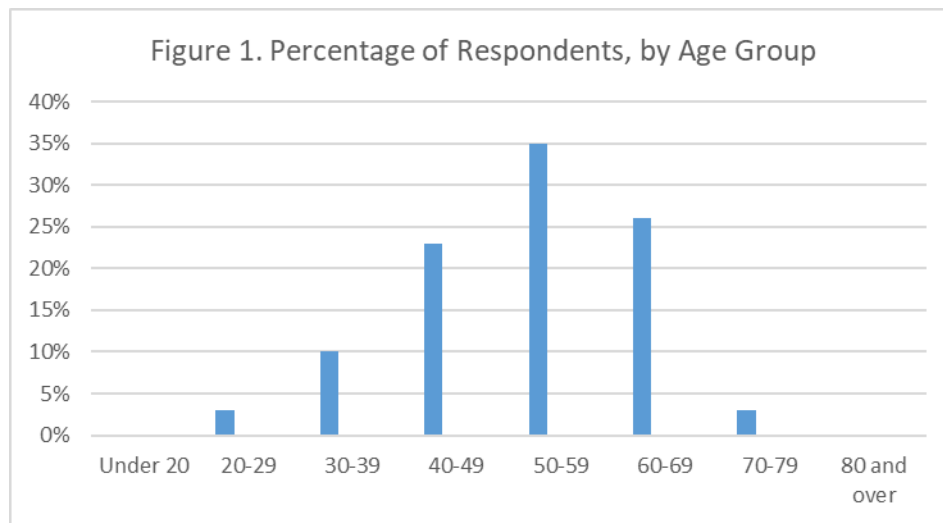
Overall, the respondents were a highly educated group, with 84% having a masters degree or higher and the remainder (16%) having a 4-year degree. Education levels are shown in Figure 2.

Figure 2. Education level of respondents

Some College (0%)   2-year degree (0%)   4-year degree (16%)
Masters degree (81%)   Doctorate (3%)

Mountain Plains ATTC (HHS Region 8)

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

In relation to certification/licensure in the field of SUDs, 94% of respondents indicated they were currently certified and/or licensed. Disciplines/professions of the respondents are shown here. The largest percentage identified themselves as a SUD Counselor (31%). 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.)

Figure 3. Disciplines/Professions of Respondents
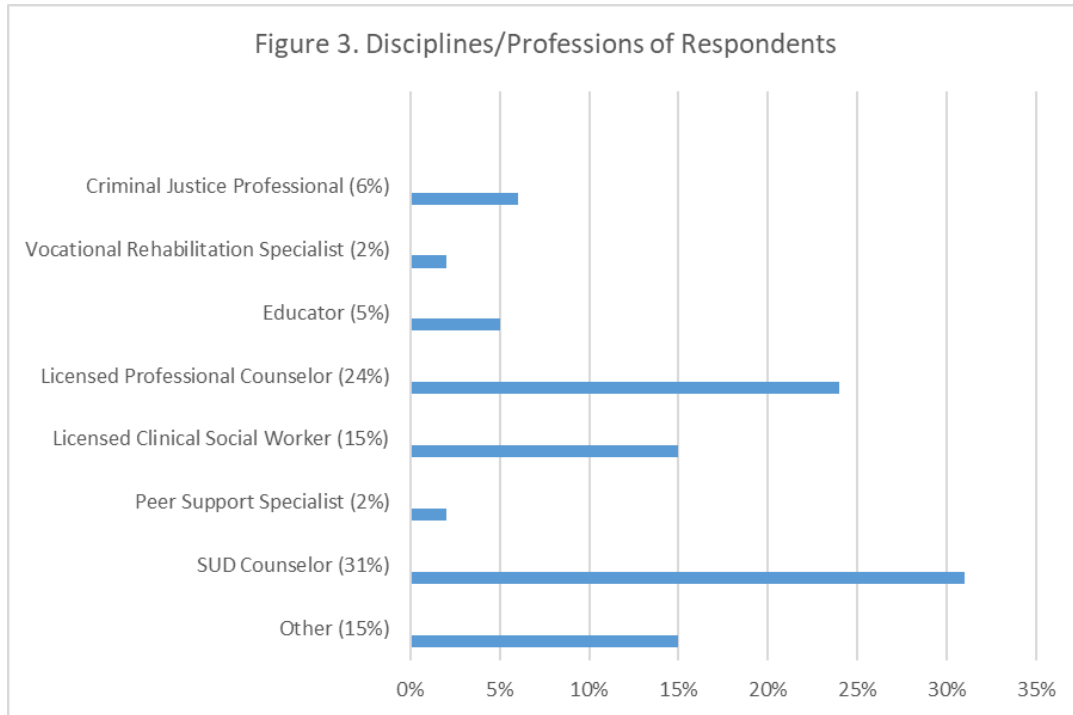
In terms of employment setting, 29% of respondents were currently working at a Community Mental Health Center and 74% described their practice as rural, 3% urban, 13% suburban, and 10% "other," with some noting their practice area was in corrections.

Respondents were asked to identify their job responsibilities, and they could choose all that applied. The largest majority of respondents identified themselves as administrator (34%), followed by front-line staff (29%), and supervisors of front-line staff (22%), as can be seen in Figure 4. Several respondents chose more than one category, indicating that they wore several hats within their agency.

Figure 4. Job Responsibilities of Respondents
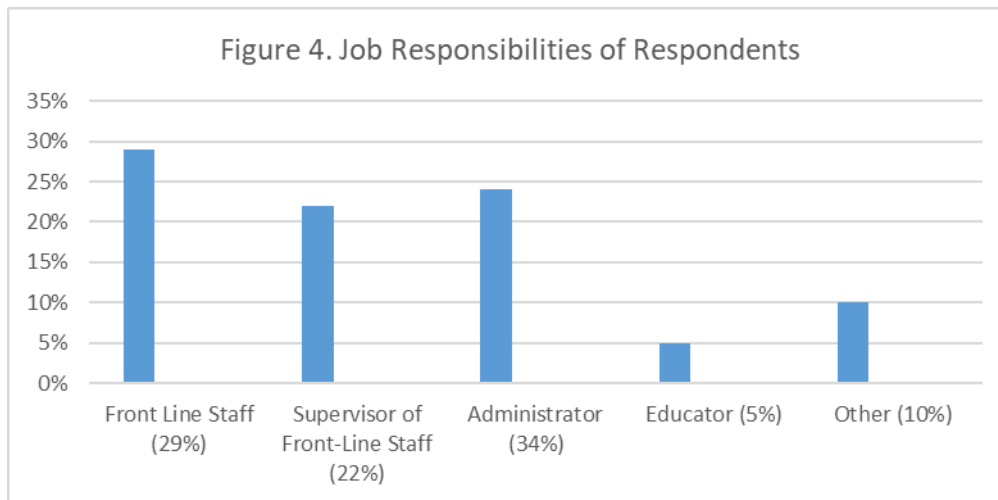
TRAINING AND TECHNICAL ASSISTANCE NEEDS

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 wished to include. Figure 5 (on the following page) shows how each of the topics were rated by respondents in Wyoming.

If we examine only those topics that were rated "Extremely Important," the top training/technical assistance topics for Utah were identified as:

1. Trauma-informed care (62.50%)
1. Co-occurring disorders (62.50%)
3. ASAM placement, continued stay and discharge criteria (53.13%)
4. Suicide assessment and prevention (50.00%)
5. Strategies to reduce stigma toward individuals with SUD (46.88%)
5. Family support models for clients in treatment for SUDs (46.88%)

If, however, the ratings of "Extremely Important" and "Important" are combined into one category, the training/technical assistance priorities change only slightly. Trauma-informed care and co-occurring disorders continued to be identified as the top two training/technical assistance needs:

1. Trauma-informed care (96.88% combined)
1. Co-occurring disorders (96.88% combined)
3. ASAM placement, continued stay and discharge criteria (93.76% combined)
4. Advancing skills and knowledge in working with diverse populations (87.51% combined)
4. Social and environmental factors which affect substance use, treatment, and recovery (87.51% combined)
4. Suicide assessment and prevention (87.5% combined)
4. Treatment approaches that focus on clients'/patients' individual strengths (87.5% comb.)

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	15.63%	59.38%	21.88%	3.13%	0.00%
Treatment approaches that focus on clients'/ patients' individual strengths	37.50%	50.00%	9.38%	3.13%	0.00%
Trauma-informed care	62.50%	34.38%	3.13%	0.00%	0.00%
Technology-supported clinical documentation	19.35%	35.48%	38.71%	3.23%	3.23%
Technology skills to deliver assessment, treatment, and recovery services	22.58%	51.61%	19.35%	3.23%	3.23%
Support for recovery and crisis stabilization	43.75%	37.50%	15.63%	0.00%	3.13%
Suicide assessment and prevention	50.00%	37.50%	9.38%	3.13%	0.00%
Strategies to reduce stigma toward individuals with substance use disorders	46.88%	37.50%	12.50%	3.13%	0.00%
Social and environmental factors which affect substance use, treatment, and recovery	40.63%	46.88%	9.38%	3.13%	0.00%
Skills in the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT)	16.13%	48.39%	19.35%	12.90%	3.23%
Skills in the application of Motivational Interviewing	25.00%	56.25%	15.63%	3.13%	0.00%
Recruitment and retention strategies for staff	32.26%	29.03%	29.03%	3.23%	6.45%
Prevention of burn-out among staff	43.75%	37.50%	15.63%	0.00%	3.13%
Peer support specialist training	9.68%	32.26%	41.94%	16.13%	0.00%
Organizational change strategies	18.75%	31.25%	40.63%	3.13%	6.25%
Models of MAT technology-based service delivery	16.13%	45.16%	35.48%	0.00%	3.23%
Medication Assisted Treatment (MAT) for opioid use disorders	21.88%	62.50%	6.25%	9.38%	0.00%
Improving access and client/patient retention in treatment	22.58%	51.61%	22.58%	3.23%	0.00%
Family support models for clients in treatment for substance use disorders	46.88%	31.25%	18.75%	3.13%	0.00%
Ethical issues related to use of technology to deliver client/patient services	28.13%	43.75%	21.88%	6.25%	0.00%
Effectively managing dual relationships (e.g. counselors and clients/patients in small rural communities)	40.63%	34.38%	21.88%	3.13%	0.00%
Co-occurring disorders	62.50%	34.38%	3.13%	0.00%	0.00%
Confidentiality and privacy rules, including HIPAA and 42CFR Part 2	15.63%	62.50%	12.50%	6.25%	3.13%
Clinical supervision, including technology-based clinical supervision	28.13%	40.63%	28.13%	3.13%	0.00%
An integrated care model that promotes the use of interprofessional teams to provide coordinated patient care	34.38%	46.88%	15.63%	0.00%	3.13%
Advancing skills and knowledge in working with diverse populations	34.38%	53.13%	9.38%	3.13%	0.00%
ASAM placement, continued stay and discharge criteria	53.13%	40.63%	3.13%	3.13%	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.

Figure 7. Respondent Preferences for Mode of Training Delivery
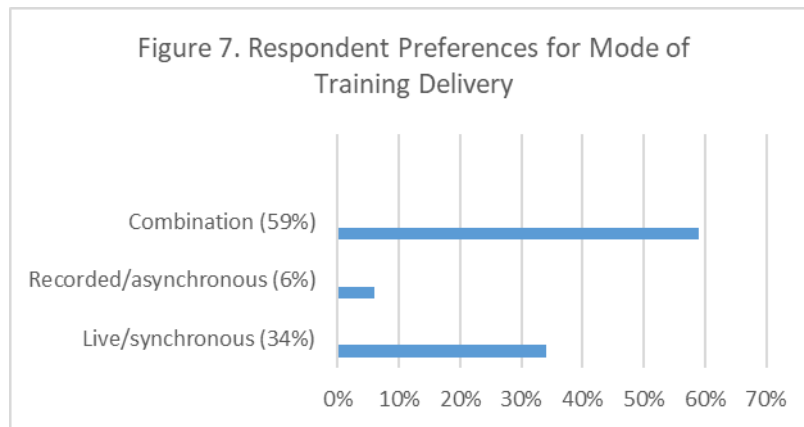
Respondents were also asked to indicate if they were to attend a live/synchronous session, what time of the day would best work for them to be able to attend the training. Figure 8 indicates that the best live training time for respondents in Wyoming is over the noon hour (37%) or late morning (22%). However, several respondents indicated that it would depend upon the day and what they already had scheduled. Scheduling of live sessions well in advance was noted as important.

Figure 8. Preferred times for Live/Synchronous Training
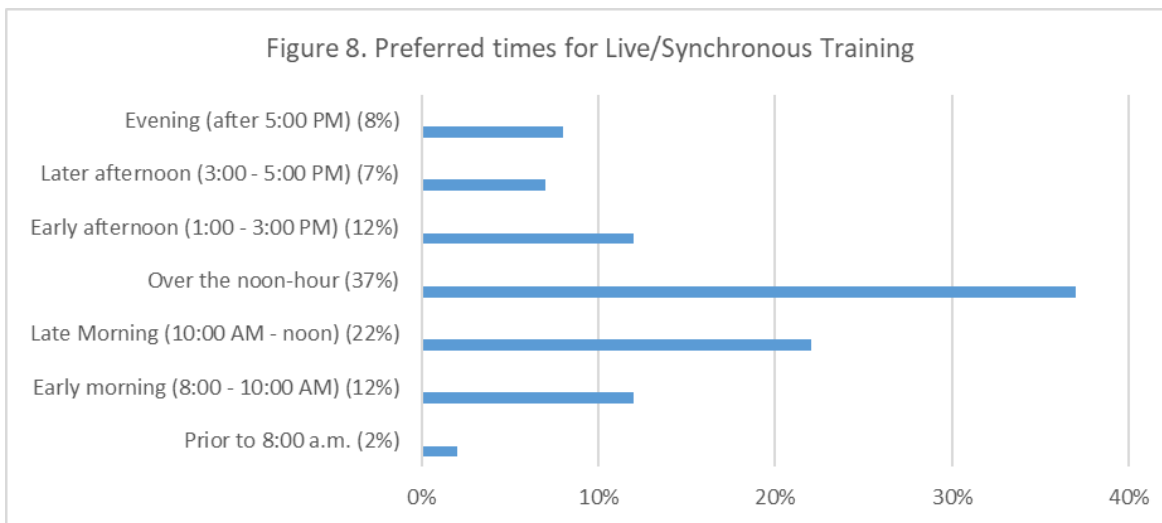
Respondents were also asked the length of time that works best for them if they were to attend a training. The majority of participants (52%) indicated that one to two hours was the best length of time. Additional responses can be seen in Figure 9.

Figure 9. Preferences for Length of a Live Training
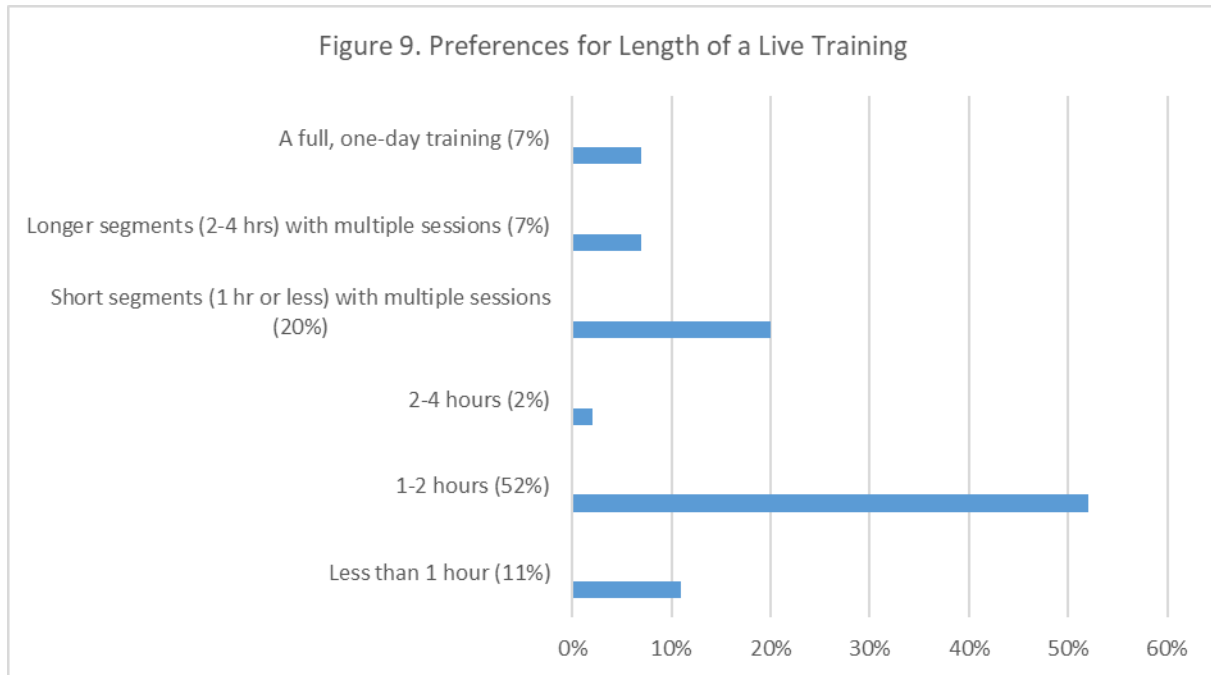
Lastly, respondents were asked how important it was for them to receive continuing education units (CEUs) for training sessions they planned to attend. This was clearly a priority for the respondents, as 88% indicated it was "extremely important" and another 12% indicated it was "important." Licensed Addiction Counselors (LAC), Licensed Professional Clinical Counselors (LPCC), and Social Work were the most commonly stated disciplines/associations in which CEUs were needed.

USE OF TECHNOLOGY IN SUD TREATMENT AND RECOVERY SERVICES

In order to get a sense of respondents' beliefs and perceptions about the use of technology in relation to SUD treatment and recovery services, a series of statements were provided 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. 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	81.26
Technology can be effective in delivering substance use treatment services	62.51
Technology can be effective in delivering substance use recovery support services	78.13
Technology can be effective in delivering other health-care services	78.11
Substance use treatment delivered via technology can be as effective as face-to-face	25.01
Substance use recovery services via technology can be as effective as face-to-face	34.38
Other health-related services delivered via technology can be as effective as face-to-face	34.38
I am comfortable using technology to delivery services to my clients	40.63

Most respondents believed that technology can be an effective adjunct to in-person care, and a majority believed that technology can be effective at delivering SUD treatment and recovery support services, as well as other healthcare services. However, only one fourth of respondents believed that substance use treatment services delivered via technology can be as effective as face-to-face. Importantly, only 40% of respondents indicated that they were comfortable using technology to deliver services to their clients. Thus, it is possible that if respondents' comfort with use of technology to deliver client services were to increase, then their beliefs about the effectiveness of technology-delivered services might also increase.

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 (42%), webinars (39%), recorded trainings online (30%), and online learning websites (29%). However, many respondents had either never used or had never heard of Skype (55%), Zoom (48%), blogs (53%), mobile apps (42%), podcasts (33%), You Tube (33%), and Echo-like sessions (34%) in relation to enhancing their knowledge and skills. Some participants did indicate in comments that their employment setting restricted access to certain websites, such as You Tube, for security reasons.

SUMMARY

Among the 32 individuals in Wyoming who responded to the Mountain Plains ATTC survey of SUD treatment and recovery providers, the majority were female and highly educated, most were White, non-Hispanic. More than half identified themselves as either an SUD counselor or a licensed professional counselor, and the largest percentage of respondents held an administrative position. The vast majority described their work setting as rural. There were three training/technical assistance needs that rose to the top, both when only the rating of "extremely important" was examined, and also when the ratings of "extremely important" and "important" were combined. These top three topics were: trauma-informed care, co-occurring disorders, and ASAM criteria. Approximately 94-97% of respondents in Wyoming believed that receiving training/technical assistance on these three topics was either important or extremely important.

Most of the respondents believed that technology can be an effective adjunct to in-person care, and that technology-delivered services could be effective, but few believed that it could be as effective as face-to-face delivery. Further, less than half reported feeling comfortable with the use of technology to deliver client services.

Overall, respondents preferred to attend trainings that are combination of live/synchronous and recorded/asynchronous modes of delivery. The best training times for most of the respondents would be during the noon hour. Any training provided should include the option of receiving CEUs, since 100% of respondents indicated that this had some level of importance to them.

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 Wyoming. 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 Wyoming provider who would be appropriate to complete the survey.

Despite this limitation, the data provided by the survey is informative and will help Mountain Plains ATTC coordinate state-specific training and technical assistance efforts within Wyoming. 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 Wyoming. 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.