Surveying provider training needs

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"Transferring Research to Practice" — a new special issue of the *Journal of Substance Abuse Treatment*.

See *Research Highlights* for overview of these articles.

The look of the IBR Web site has been recently updated and new assessments and research materials added, based, in particular, on our interest in improving technology transfer research in the substance abuse field. We also have completed several papers to be published early this summer as part of a special issue of the *Journal of Substance Abuse Treatment* on *Transferring Research to Practice* ([Dwayne Simpson](#) and [Barry Brown](#), Guest Editors). These include conceptual, methodological, and practical papers on this important topic, with contributions from **Howard Liddle** at the University of Miami and **Paul Roman** at the University of Georgia.

Some of our most recent work at the IBR focuses on defining program needs and provider preferences for ways to learn about and implement treatment innovations. Indeed, if new evidence-based practices are to be blended into existing clinical practice, then training strategies must reflect input from the field. The *TCU Program Training Needs* (PTN) survey is designed for this purpose, and we recently helped Louisiana's alcohol and drug abuse treatment agency use it to develop a training plan for treatment providers in that state.

In keeping with our practice of reporting findings related to technology transfer research conducted by IBR in conjunction with the Prairielands and Northwest Frontier Addiction Technology Transfer Centers (ATTCs), this newsletter describes some of the findings from the statewide PTN survey completed by treatment programs in Louisiana. The state is a member of the Gulf Coast ATTC that is collaborating with IBR on this work. The PTN helps gauge program needs and interests for training, and as part of a broader context, its administration in Louisiana will be followed by assessments of organizational factors related to readiness for change. Later, following the provision of training based on needs identified by the PTN, program staff will evaluate the usefulness and relevance of the training and whether or not they have implemented what they learned. This will allow for a comprehensive study of organizational factors related to change and further the development of a predictive model of technology transfer in substance abuse treatment. ■

Forms at IBR Web site:
View or download all forms discussed in this issue in [Forms](#), [Core Set of Forms](#) at [www.ibr.tcu.edu](#).

TCU Program Training Needs (PTN): Results of a statewide survey

The DATAR-Phase 3 project (Transferring Drug Abuse Treatment and Assessment Resources) continues to work with regional Addiction Technology Transfer Centers (ATTC) across the country to study organizational factors involved in how substance abuse programs respond to and integrate evidence-based treatment and assessment strategies into their clinical practice. To date, the TCU Organizational Readiness for Change (ORC) instrument has been found useful for determining organizational traits associated with successful technology transfer. Most recently, the TCU Program Training Needs (PTN) survey has added to this process by providing a means of identifying treatment issues that program staff and management believe should be addressed. Together, the PTN and ORC should help predict the types of programs most open to change, and the relationship between program factors, perceived training exigencies, and the adoption of treatment innovations.

Forty-three substance abuse treatment programs representing 10 regions in Louisiana participated in the first administration of the PTN inside the Gulf Coast ATTC. There are two versions of the PTN — one for program directors and one for clinical staff. The PTN-D (for Program Directors) consists of 52 items organized into six domains reflecting Program Background, Program Needs, Training Needs, Pressure to Change, Diagnostics and Billing, and Organizational Environment. The PTN-S (for Clinical Staff) has 52 items organized into six domains:

Facilities and Climate, Satisfaction with Training, Preferences for Training Content, Preferences for Training Strategy, Barriers to Training, and Computer Resources. (See **Figure 1** for examples of PTN items.) A total of 54 program director forms and 252 clinical staff forms were returned (for an average return rate of about 85%).

Results were calculated for the PTN-D and PTN-S samples as a whole and also by region. As shown in **Figure 2**, program directors reported that their most urgent program needs were for training to document program effectiveness (81%) and evaluating the performance of clients over time (75%). They also wanted advice on setting training goals (81%). Directors believed counselors most needed training on ways to help improve their clients' cognitive skills (81%), behavioral management (79%), and participation in treatment (77%). They indicated that their pressures to

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Sample Items from Program Training Needs (PTN)
5-point scale: "Strongly Agree" to "Strongly Disagree"

PTN-D Survey
Program Directors Version

Program Needs:
Your program needs guidance in tracking and evaluating the performance of clients over time.

Your program needs guidance in generating timely management reports on clinical, financial, and outcome data.

Training Needs:
Your counseling staff needs training for increasing client participation in treatment.

Your counseling staff needs training for improving client thinking and problem solving skills.

Pressure to Change:
Current pressures to make program changes come from program staff members.

Current pressures to make program changes come from funding and oversight agencies.

PTN-S Survey
Clinical Staff Version

Climate:
Most staff feel positive and confident about the quality of services at your program.

Computer Resources:
Most client records for this program are computerized.

Satisfaction with Training:
You found good outside training events to attend last year.

Preferences for Training Content:
Staff training is needed on dual diagnoses and appropriate treatment.

Preferences for Training Strategy:
Intensive full-day training on special topics is an effective workshop format.

Barriers to Training:
Your budget does not allow most staff to attend professional conferences annually.

Figure 1.

change were mostly from within the organization – from program supervisors (75%) and staff (65%).

Overall, clinical staff rated the organizational climate in their programs favorably (64% to 76%) and reported they were satisfied with training opportunities provided (56% to 70% satisfied).

However, fewer than half believed that their facilities were adequate (35% to 48%) and 73% indicated that their programs needed more computer resources. Staff specified needs for training on new medications (84%), dual diagnosis (82%), brief screening instruments (82%), neurobiology of addiction (79%), and improving family support for clients (78%). Intensive, full-day

training on special topics was the most endorsed type of training strategy (85%), group exercises and role plays were seen as valuable learning activities (71%), and they stressed the need for help in adapting new innovations to local needs (75%) (see **Figure 3**). Developing ways to exchange ideas with staff at other programs with similar interests was rated important by 92%. Funding was seen as the major barrier to training, with 65% reporting that their budgets did not allow staff to attend major conferences.

There was considerable variation among programs by region, based on responses from directors and clinical staff, with different regions reporting different kinds of interests and needs. For example, program directors in some regions were more interested than others in technology related to accounting practices, such as automating client records for financial reporting and improving recording and retrieval of financial information. Likewise, regional directors varied in their perceived need for client monitoring improvements, such as evaluating client performance over time and documenting program effectiveness. Directors also reported varying sources of pressure for making program change (beyond internal pressures from staff). For example, community action groups were seen as exerting strong pressure for change in one region, while most other regions reported this as a minimal source of pressure. Similarly, one region noted that funding and oversight agencies were a small source of pressure for change, while most others rated it as a moderate to strong pressure. There were differences by regions in directors' per-

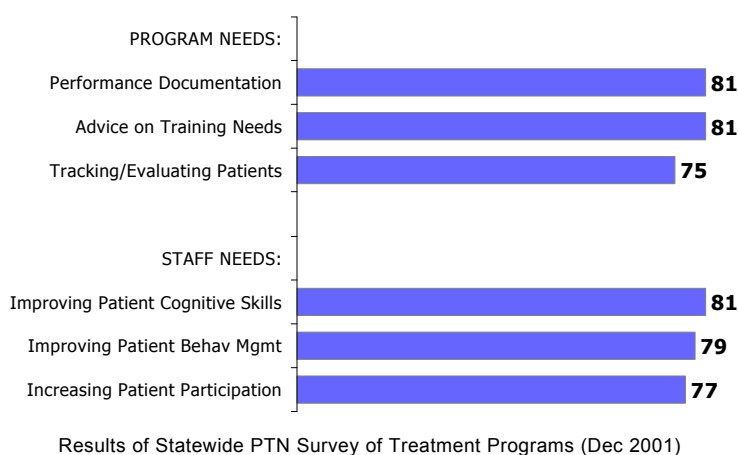### Program Training Needs (PTN) Survey
(% Agreement from 54 Directors)

PROGRAM NEEDS:

Performance Documentation	81
Advice on Training Needs	81
Tracking/Evaluating Patients	75

STAFF NEEDS:

Improving Patient Cognitive Skills	81
Improving Patient Behav Mgmt	79
Increasing Patient Participation	77

Results of Statewide PTN Survey of Treatment Programs (Dec 2001)

Figure 2.

Program Training Needs (PTN) Survey
(% Agreement from 252 Counselors)

TOP TRAINING NEEDS:

New Medications	84
Dual Diagnosis	82
Brief Diagnostic Tools	82
Neurobiology of Addiction	79
Improving Family Support	78

TRAINING PREFERENCES:

Full Day on Special Topics	85
Group Activity & Role Playing	71
Help with Local Adaptation	75

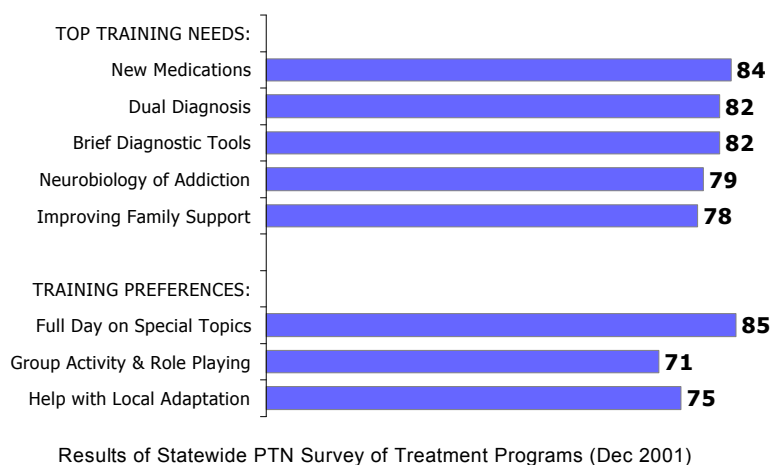Results of Statewide PTN Survey of Treatment Programs (Dec 2001)

Figure 3.

PTN Survey, continued from page 3.

ceptions of counselor training needs as well. For example, most expressed the need for training in cognitive, behavioral, and problem-solving strategies, but some were more interested than others in receiving training on assessing client problems or in improving rapport with clients.

Among clinical staff across regions, most noted that their work facilities were somewhat inadequate in terms of things like having enough office space, equipment, and staff to handle caseloads. However, organizational climate (e.g., staff feeling positive about the quality of service) was rated favorably across all regions. Staff access to computers for e-mail and the Internet appeared to vary considerably across regions, and only one region indicated movement toward using computerized client records. Overall, there was moderate satisfaction with current training opportunities across the regions. Regional staff were interested in all of the training topics mentioned on the PTN survey, although there were variations in the strength of their interests. The greatest variations in interest were reported for the topics of dual diagnoses, basic counseling concepts and skills, ethics and confidentiality, and effective clinical supervision. In terms of barriers to training, the primary regional differences were related to workload pressures and lack of budget for training. **Figures 4** and **5** illustrate staff ratings of "Climate" and "Computer Resources" by region.

This preliminary investigation of the utility of the PTN survey, based on its administration to treatment providers in Louisiana, has shown the instrument to be reliable and sensitive to concerns of both management and clinical staff. In addition, the PTN appears to be useful for highlighting regional and across-program training needs. The next stage of our study will involve administering organizational (ORC) and client-level (Client Evaluation of Self and Treatment – CEST) assessments prior to and following a statewide counselor training initiative that will be based on information from the PTN. Program staff also will be asked to evaluate the training and report on their adoption of counseling interventions covered in the workshops. Considered together, these assessments should further the development of a comprehensive model of technology transfer and the organizational factors that impact it. ■
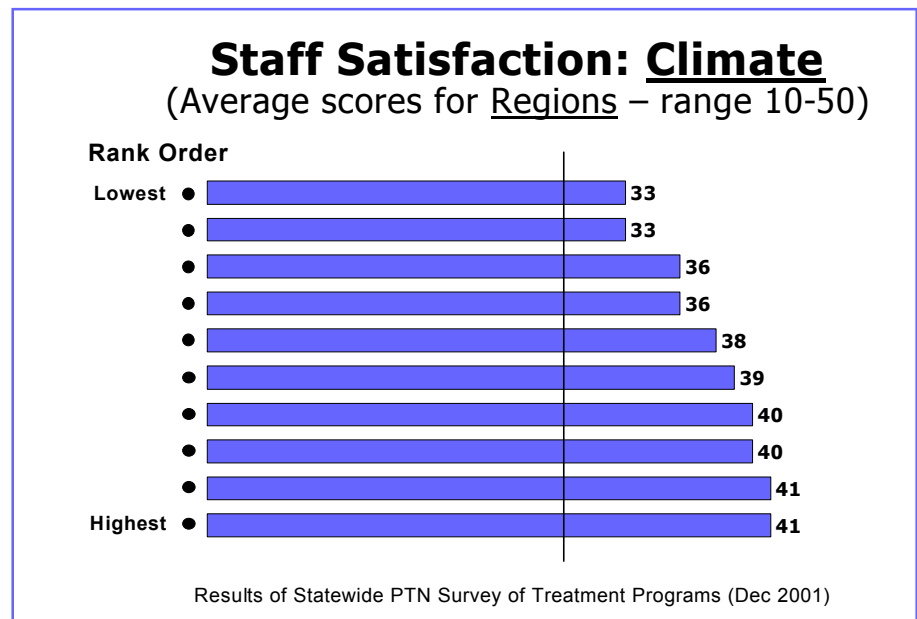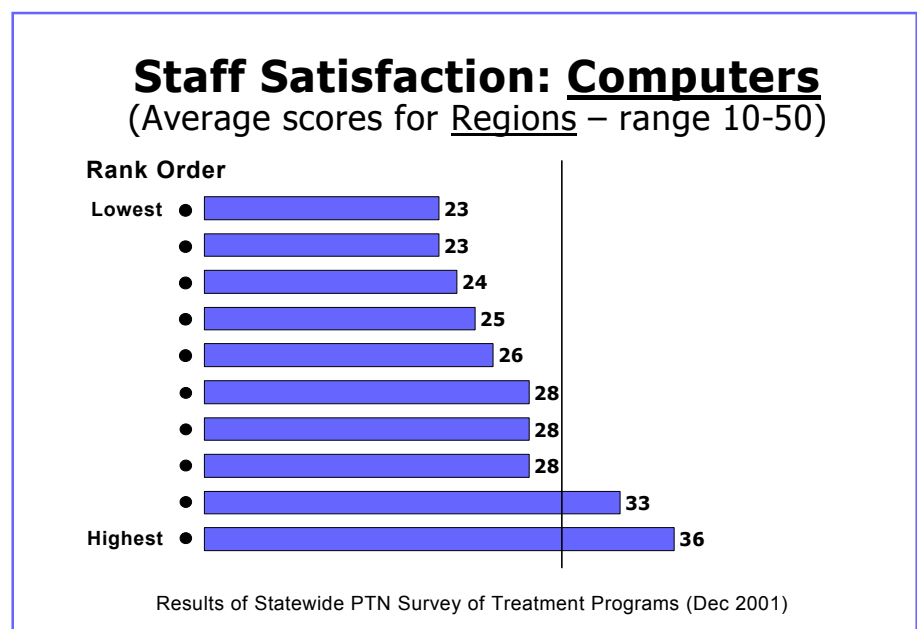

Figure 4.

Figure 5.

Research Highlights

Reports in press on "Transferring Research to Practice"

The basis for a heuristic model of organizational factors that influence technology transfer in community drug treatment is examined in this lead paper for a Special Issue of *Journal of Substance Abuse Treatment.* Four stages of activity involved in program change (exposure, adoption, implementation, and practice) are described. The influence of staff attributes and that of organizational readiness, climate, and resources is discussed and assessment instruments for measuring organizational functioning are introduced, along with preliminary support for their validity in providing a better understanding of program change. Simpson, D. D. **(in press). A conceptual framework for transferring research to practice.** *Journal of Substance Abuse Treatment.*

The psychometric properties, including reliability and construct validity, of the TCU Client Evaluation of Self and Treatment (CEST) instrument were examined using client samples from 87 programs that participated in a series of technology transfer workshops. The CEST is a brief, comprehensive instrument designed to measure client motivation, psychosocial functioning, treatment process, social support, and perception of treatment services. Acceptable reliabilities and construct validity were demonstrated, and prediction

analyses were conducted to illustrate the sensitivity of the CEST for monitoring drug abuse treatment delivery and client progress. Joe, G. W., **Broome, K. M., Rowan-Szal, G. A., & Simpson, D. D. (in press). Measuring patient attributes and engagement in treatment.** *Journal of Substance Abuse Treatment.*

The rationale and structure of the TCU Organizational Readiness for Change (ORC) instrument and its psychometric properties are described using results of surveys administered to over 500 treatment personnel from more than 100 drug treatment programs. Results indicate the ORC is a useful assessment for the study of organizational functioning, readiness for change, and for identifying functional barriers to technology transfer. Lehman, W. E. K., **Greener, J. M., & Simpson, D. D. (in press). Assessing organizational readiness for change.** *Journal of Substance Abuse Treatment.*

Research-to-practice issues involved in the technology transfer of cognitive mapping, a graphic tool to assist communication and problem solving in drug abuse counseling, are examined based on results from a mapping training developed to facilitate use of this evidence-based technique in treatment programs. Training pitfalls and strategies for successful training are recommended. Dansereau, D. F., **& Dees, S. M. (in press). Mapping training: The transfer of a cognitive technology for improving counseling.** *Journal of Substance Abuse Treatment.*

The role of the Federal government in the promotion of technology transfer of substance abuse treatment research is the focus of this paper. History suggests that interpersonal strategies are the most effective for encouraging program change at the individual and organizational level. A paradigm and structural elements are introduced to help improve government efforts in furthering technology transfer. Brown, B. S., **& Flynn, P. M. (in press). The federal role in drug abuse technology transfer: A history and perspective.** *Journal of Substance Abuse Treatment.*

Other reports in press

The relationship between counseling rapport and drug-related topics discussed in counseling sessions was examined in a sample of 330 clients and 9 counselors in a methadone treatment program. Higher rapport was associated with positive counselor style that emphasized relapse prevention, while lower rapport was associated with punitive styles that emphasized rules and compliance. Client background and behaviors, such as continued cocaine use, and counselor differences also influenced rapport. The findings suggest that counseling that focuses on constructive solutions is the preferred approach. Joe, G. W., **Simpson, D. D., & Rowan-Szal, G. A. (in press). Interaction of counseling rapport and topics discussed in sessions with methadone clients.** *Substance Use & Misuse.* ∎

What's New on the Web

At the IBR site, http://www.ibr.tcu.edu

Revised home page: The new look helps emphasize our Web site's **Spotlights** and **New Activities**, and will feature links to the **Resource Collections** coming soon.

IBR 2001 Annual Report: Download the report from the **About IBR** section and follow the Web markers that link to resources in the IBR and DATOS Web sites.

Presentations, Feature Presentations: Handouts are available in Adobe PDF from recent and upcoming presentations that highlight "treatment process and outcomes" and "assessments and program change."

Forms, Core Set of Forms: Data collection forms to assess program training needs (PTN-D and PTN-S) and workshop evaluation (WEVAL and WAFU) are added to the TCU Core Set of Forms. http://www.ibr.tcu.edu/pubs/datacoll/coresetforms.html

Downloads — This page provides a convenient, indexed list of all PDF files that can be downloaded from the IBR site.

Graduating soon? Check out **Graduate Student Training Opportunities** in **About IBR.**

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