Training the Workforce on Implementing Effective Technology-Based Services

Wendy Woods, MA
Terra Hamblin, MA

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Technology has the potential to narrow the “access gap” to behavioral health interventions and reduce health disparities in disadvantaged and hard-to-reach populations. [Gibbons et al., 2011]
Technology can be applied to both the pharmacotherapy treatment of substance use disorders and psychosocial treatments.

Continuum of intervention, treatment, and recovery services
Technology has enormous potential to provide a highly influential tool to assist individuals in overcoming their addictions that appropriately meets individuals’ expectations and needs.

(Gainsbury & Blaszczyński, 2011)
It’s imperative that professionals understand…

- the ability of technology to reach enormous numbers of people (it is undeniable)
- the use of technology for treatment and recovery support offers the possibility of better care, reduced stigma, and broader reach
We looked at 2 interventions with good literature support and clinician interest

Videoconferencing & Technology-Based Clinical Supervision
Videoconferencing
‘The research base for telemental health-related interventions is almost 60 years old’.

(Richardson et al., 2009; Wittson et al., 1961; Wittson & Benschoter, 1972)
According to the Health Resources and Services Administration (HRSA, 2013), telebehavioral health may be one of the more successful applications of telehealth across the spectrum of clinical services.

It is well documented that technology-based services are comparable to face-to-face visits in terms of patient outcomes.
Videoconferencing Literature Review

- Patients rarely report a less satisfactory interaction by videoconferencing than in-person (Backhaus et al., 2012; Hilty et al., 2013)
- The ATA and American Association of Child and Adolescent Psychiatry have published telemental health practice guidelines
- Recent systematic reviews found two studies that examined using videoconferencing for alcohol treatment (Backhaus et al., 2012; Hilty et al., 2013; Frueh et al., 2005; Postel et al., 2005)
- Operation PAR in Florida delivers a majority of its services using videoconferencing
Videoconferencing with Patients with OUDs

- Two studies examined Web-based videoconferencing technology to provide individual counseling sessions and group counseling sessions in OTP settings (King et al., 2009; 2014).

- Web-based and in-person conditions reported similar rates of:
  - counseling adherence
  - drug-positive urine samples
  - good continuing treatment satisfaction
  - strong therapeutic relationships without evidence of deterioration during the length of the study
Technology-Based Clinical Supervision
Example Benefits

- Improved supervisee self-efficacy and self-disclosure
- Reduced supervisee anxiety and inhibition
- Effective transfer of knowledge
- Equivalent supervisory alliance
- Improved access for both rural areas and cities (less driving)
- Access for supervisees and supervisors with disabilities
- Effective for cross-cultural supervision
- Allows subtle and nuanced communication
- Teleconferencing Supervision (TCS) - MI (Smith et al., 2012)
- “Digital immigrants” can be trained to be as effective as “digital natives” (Perry, 2012)
  (Renfo-Michele, Rousmaniere, & Spinella, 2015; Rousmaniere, 2014)
To insure the efficacy of telebehavioral health services, it is essential professionals receive comprehensive and specific training and supervision in the use of technology-based interventions.
Is the workforce prepared/trained to use technology to deliver behavioral health treatment services???
What Do You Think?
Studies have found that, after controlling for other barriers (e.g., reimbursement and regulatory issues), negative attitudes of clinicians and institutions are the most significant barriers affecting use of telepsychiatric services.

(Hailey, Roinè, & Ohinmaa, 2008)
Concerns about Videoconferencing…

- Establishing rapport and successful therapeutic alliance
- Discomfort with Technology
- Inadequate training
- May add to their work burden
- Safety and security issues

(Brooks et al., 2013; Simms, Gibson, & O’Donnell, 2011; Luxton et al., 2009; Kramer et al., 2013; Hyler & Gangure, 2004; Nelson et al., 2013)
Parallel Process

use technology

expand and enhance the use of technology
Research has shown that a meaningful therapeutic alliance *can be formed over the Internet, even in the absence of nonverbal cues.*

(Might surprise some...)

(Cook, 2001; Prado & Meyer, 2006)
“People meet and fall in love on the Internet… SO why would a therapeutic relationship not also be possible?”

(Alleman, 2002, p. 201)
Create this feeling among TPI participants
TPI Goals

- increase knowledge
- build skills
- enhance performance through feedback
- promote implementation of proposed topics with target populations
- experience how effective professional and therapeutic relationships can be built online
- increase comfort with technology related to videoconferencing
Extensive research literature review of adult learning, EBP adoption and implementation, and workplace learning formed the foundation of the TPIs.
Principles of the New Model for Health Workforce Development

1. Learning is competency-based and embedded in the workplace.
2. All workers learn; all learners work.
3. Learning is undertaken by individuals, teams, and institutions and is linked to patient needs.
4. Learning activities are modular; the system allows multiple entry and exit points.
5. Learning is inter-professional, with shared facilities, common schedules, and shared foundational coursework.

(Miller, 2010)
Review of the Literature

• Combining web-based self-paced learning with online consultation groups that includes performance feedback improved both knowledge and skills of clinicians in CBT as well as helped with its implementation. ([Curran et al., 2015; Kobak et al., 2013; Weingardt et al., 2009]

• Effective training approaches involve multifaceted strategies including a treatment manual, multiple days of intensive workshop training, expert consultation, live or taped review of client sessions, supervisor trainings, and booster sessions. ([Herschell et al., 2010])
• Multicomponent trainings which included multiple training methods such as ongoing consultation and supervisor feedback… enhanced clinician skill, adherence, knowledge, and rates of implementation, as well as client outcomes, more consistently than workshops alone.

(Edmunds, 2013 & Herschell, 2010)

• Community mental health therapists who attended a 2-day workshop on motivational interviewing, followed by eight group consultation sessions allowing opportunities for self-evaluation, evidenced improved motivational interviewing skills.

(Schoener, 2006)
• Linking training to other services, like expert consultation, performance feedback, peer support, reminders, and case studies, can dramatically improve training outcomes.

   (Leathers et al., 2016)

• Providing synchronous online or tele-conferencing consultation has been shown to be effective, especially in areas where access to EBP experts is limited.

   (Curran et al., 2015)
Sequenced Learning Events

These learning activities were sequenced in a structured manner to maximize impact.
Feedback can contribute to reflection and conceptualization as well as assist in improving clinician skill.

(Kolb, 1984 & Edmunds, 2013)
Synchronous and Asynchronous Learning
TelePractice Improvement (TPI)

- Web-based training and technical assistance model
- Sequenced topic-specific interactive experience
- Multiple learning components
  - Online interactive training
  - Skill-based learning and practice
  - Group and self-study activities
  - Reading assignments
  - Discussion on topics essential to practicing online
20-hour Web-Based Series

Tele-Practice Improvement (TPI) Model

Designed to increase:
- Knowledge & skills
- Skill & practice behaviors
- Implementation

Online Skill-Building + Performance Feedback + Consultation
Technology-Based Clinical Supervision (TBCS)
Skill-based Videoconferencing (SbVC)
Technology-Based Clinical Supervision (TBCS)

OBJECTIVES

Following the TBCS-TPI, participants will be able to

- Describe the role of technology in conducting clinical supervision
- Demonstrate knowledge of TBCS and application in practice
- Identify the therapeutic alliance via technology
- Discuss the legal and jurisdictional implications for conducting TBCS
- Gain experience conducting TBCS
Skill-based Videoconferencing (SbVC)

OBJECTIVES

Following the SbVC-TPI, participants will be able to

- Describe the role of telebehavioral health in the clinical services continuum
- Demonstrate knowledge of telebehavioral health and application in practice
- Identify, locate, and experience online support groups
- Discuss the professional code of conduct for specific professional associations
- Understand the legal and jurisdictional implications for individual practice
- Gain experience using videoconferencing to conduct counseling services
TPI Prerequisites

- Experience working in behavioral health or substance use disorders treatment/recovery support services
- Baseline knowledge of web-based videoconferencing
- Support for using technology to deliver clinical services
- Ability to fully participate in each weekly session
TPI Series Participants are expected to...

- Complete the 30-minute technology knowledge and skills prerequisite session prior to the first day of training
- Have access to appropriate technology for using the online videoconferencing platform
- Commit to participating in each weekly training
- Be available to meet for 1.5 hours each week on scheduled days and time
- Complete ONE hour of homework each week
- Be prepared and actively participate in each session
No Credit was awarded for non-attendance

Make-up Work was not accepted
TBCS Participants
48 Registered
30 Participated
24 Completed

SbVC Participants
47 Registered
35 Participated
22 Completed
LESSONS LEARNED
Complete the 30-minute technology knowledge and skills prerequisite session prior to the first day of training.
Videoconferencing from the bottom of a purse
Participant Demographics, Propensity to Adopt Technology, Attitudes, Use, and Satisfaction
TPI Participants - Experience

Experience Providing Clinical Supervision

In person: Average: 4.1 years
Technology-based: Average: 2.6 years

Experience Providing Clinical Services

In person: Average: 4.0 years
Technology-based: Average: 3.6 years
Have Used Technology to Deliver ...

TBCS
1. Videoconferencing
2. Telephone; Email
3. Text/Chat
4. Mobile Apps

Clinical Services
1. Telephone
2. Email
3. Text/Chat
4. Mobile Apps
TBCS Consents and Policies

**Organization-Level**

- 80% have a protocol/policy on using technology to deliver services
- 73% have a TBCS-specific consent form

**State-Level**

- 62% have a policy on using technology to supervise counselors
SbVC Consents and Policies

**ORGANIZATION-LEVEL**

- 58% have a protocol/policy on using technology to deliver services
- 58% have a TBCCS-specific consent form

**STATE-LEVEL**

- 39% have a policy on using technology to supervise counselors
Propensity to Adopt Technology & Attitudes

Optimism
- belief that technology increases control and flexibility in life
- incorporates aspects of the perceived usefulness of technology to make life easier and ability to do the things at convenient times

Proficiency
- confidence in one's ability to quickly and easily learn to use new technologies, as well as a sense of being technologically competent

Dependence
- sense of being overly dependent, or feeling of being enslaved by, technology

Vulnerability
- belief that technology increases the chances of being taken advantage of by criminals
- measures the degree to which respondents believe their odds of being victimized are increased by new technologies because the technologies facilitate exploitative practices

(Ratchford & Barnhart, 2012)
Propensity to Adopt Technology & Attitudes

Proficiency/Optimism \( (sig. \ 001) \)

Dependence \( (sig. \ 05) \)

Vulnerability \( (NS) \)

Technology can

- be a valuable adjunct to in-person care
- expand client access to SUD treatment services
- expand client access to recovery support services
- expand client access to health care services
- be effective in delivering SUD treatment services
- be effective in delivering recovery support services
- be effective in delivering other health-related services
Results were consistent across all TPIs

95% - 100%

- Satisfied with training, instructor, and materials
- Information was relevant and useful
- Shared the information with colleagues
- Would recommend the training to colleagues
80% applied what they learned within 30 days of completing the training.
• Liked the learning format
• Provided an opportunity to
  - explore ethical and confidentiality issues related to using technology
  - discuss legal regulations related to technology-based services
  - practice using an online platform and get comfortable with it
  - gain hands-on experience by doing teach backs and role play
  - learn from others how best to use technology to deliver services
  - increase effectiveness providing supervision and clinical services
• Would like ongoing support/consultation following the course
Would like ongoing support/consultation following the course
Next Steps

1 hr online training

Designed to Increase

knowledge & skills
skill & practice behaviors
implementation

9 hrs - 6 wk online skill-building
3 hrs - 2 wk performance feedback
Up to 2 hrs consultation

new practice sustainability

Expanded TPI Model

NFAR TEC

CoP CoP CoP CoP CoP CoP CoP CoP

CoP CoP CoP CoP CoP CoP CoP CoP
Communities of Practice (CoP) will assist organizations and professionals support and sustain change, encourage continued learning, and create regional experts.
Conclusions

The TPI model of didactic and hands-on training

- provided participants experience managing the distractions that can occur when using an online format and feedback on how to better deliver technology-based services
- holds positive and exciting implications for future workforce training and practice, especially in rural and frontier areas
Videoconferencing
All Learners Work and All Workers Learn
Beginning October 1, 2017

National Frontier and Rural Telehealth Education Center