Northwest (HHS Region 10)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
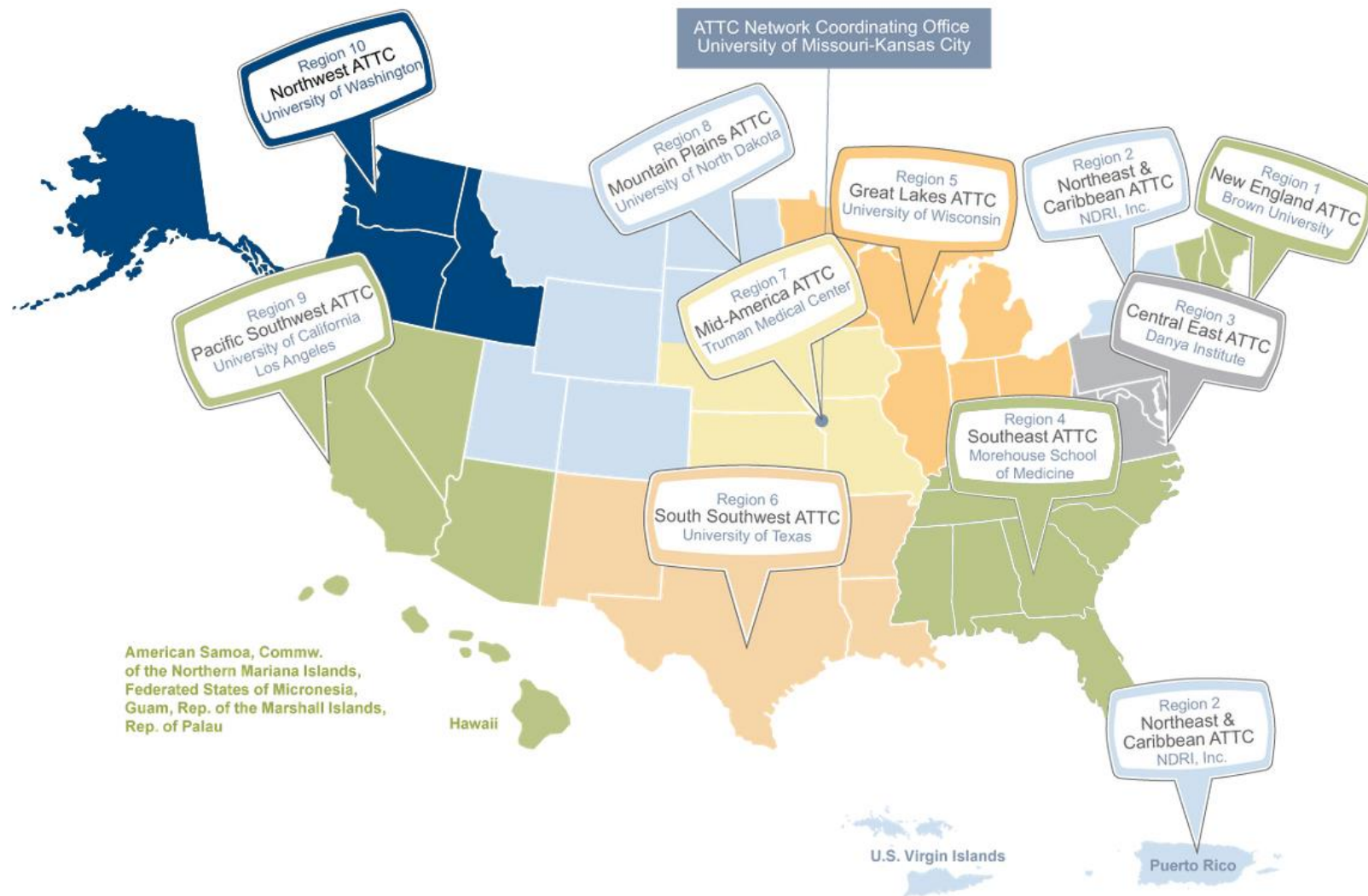
Providing Technical Assistance to a Regional Workforce to Support Implementation of MI

Denna Vandersloot & Bryan Hartzler
Northwest Addiction Technology Transfer Center
Alcohol & Drug Abuse Institute, Univ. of Washington

Motivational Interviewing Network of Trainers Forum
November 1st, 2018
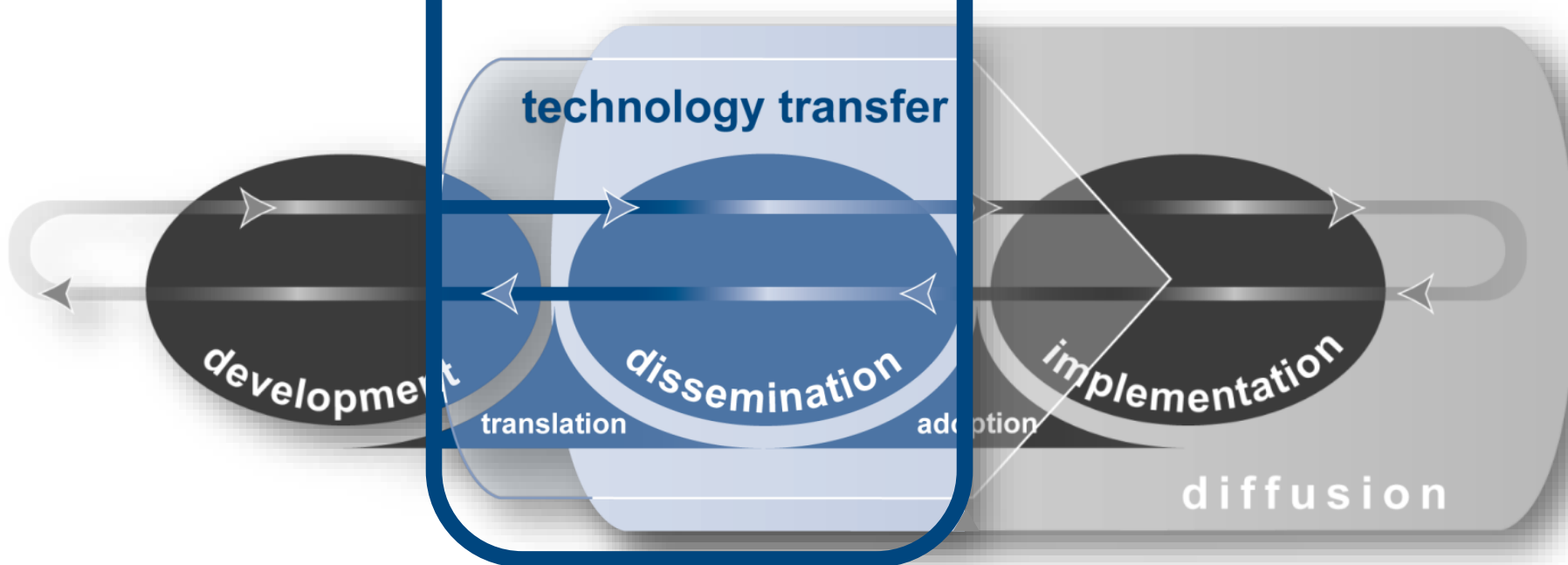
The National ATTC Network

ATTC Network Coordinating Office
University of Missouri-Kansas City

Region 10
Northwest ATTC
University of Washington

Region 8
Mountain Plains ATTC
University of North Dakota

Region 5
Great Lakes ATTC
University of Wisconsin

Region 2
Northeast &
Caribbean ATTC
NDRI, Inc.

Region 1
New England ATTC
Brown University

Region 9
Pacific Southwest ATTC
University of California
Los Angeles

Region 7
Mid-America ATTC
Truman Medical Center

Region 3
Central East ATTC
Danya Institute

Region 4
Southeast ATTC
Morehouse School
of Medicine

Region 6
South Southwest ATTC
University of Texas

American Samoa, Commw.
of the Northern Mariana Islands,
Federated States of Micronesia,
Guam, Rep. of the Marshall Islands,
Rep. of Palau

Hawaii

U.S. Virgin Islands

Region 2
Northeast &
Caribbean ATTC
NDRI, Inc.

Puerto Rico

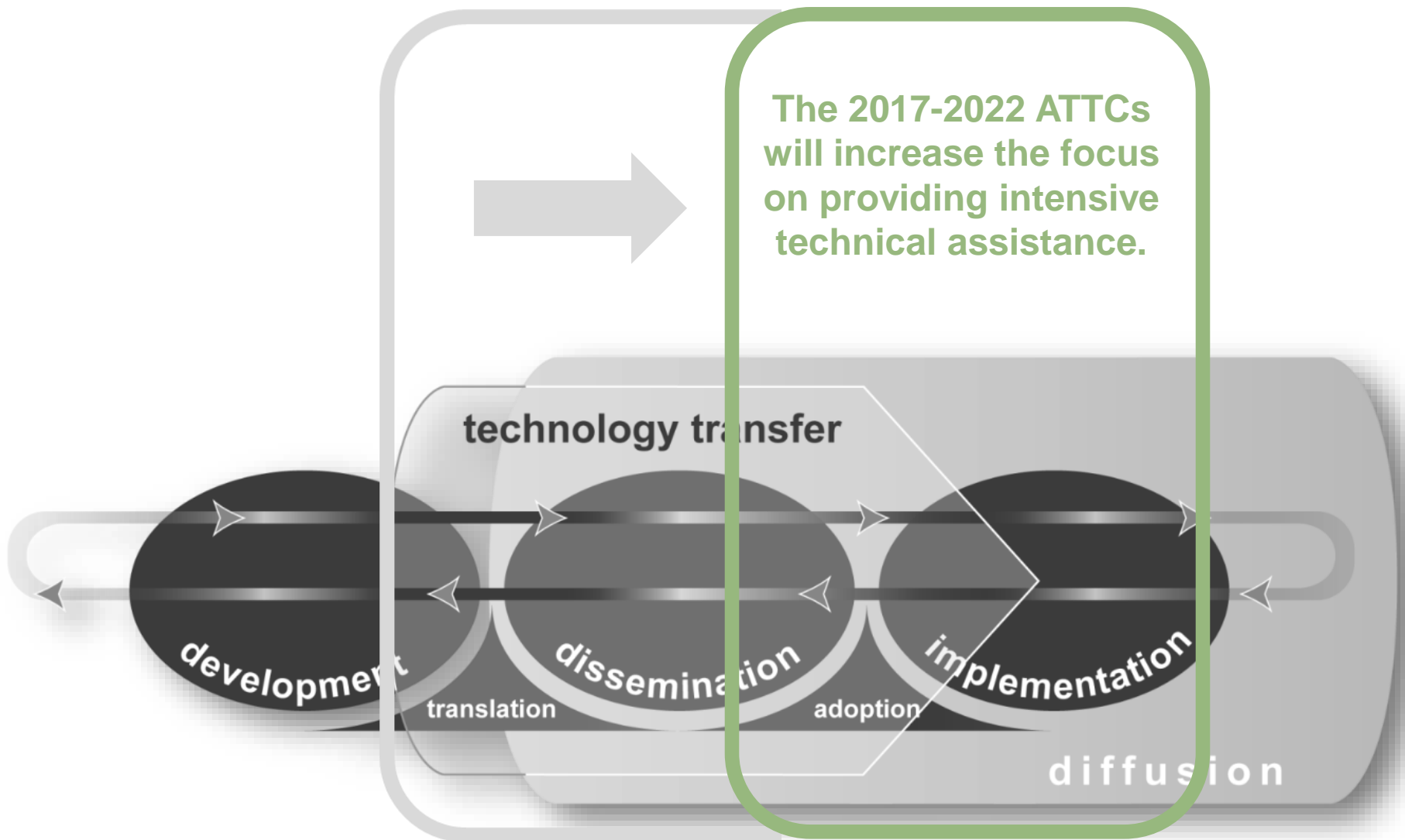# HHS Region 10: **Characteristics of the Region**

- Large geographical region with numerous rural and frontier counties

- High percentage of LGBT populations in Seattle (12.9%) and Portland (8.8%)

- High rates of veterans per capita (8-9%)

- 800,000 people report limited English proficiency

- Diverse populations with special needs around access and adaptation of evidence-based practices
    - Hispanic/Latino – 9.7%
    - Asian – 5.1%
    - American Indian/Alaska Natives – 5%
    - African Americans – 2.7%
    - Native Hawaiian and Pacific Islanders .8%

Facilitating EBP Implementation

For about 25 years, the ATTCs have focused on diffusion, providing numerous trainings to large participant groups.

technology transfer

development

translation

dissemination

adoption

implementation

diffusion

Facilitating EBP Implementation

The 2017-2022 ATTCs will increase the focus on providing intensive technical assistance.

technology transfer

development

translation

dissemination

adoption

implementation

diffusion

The Case for Intensive Technical Assistance

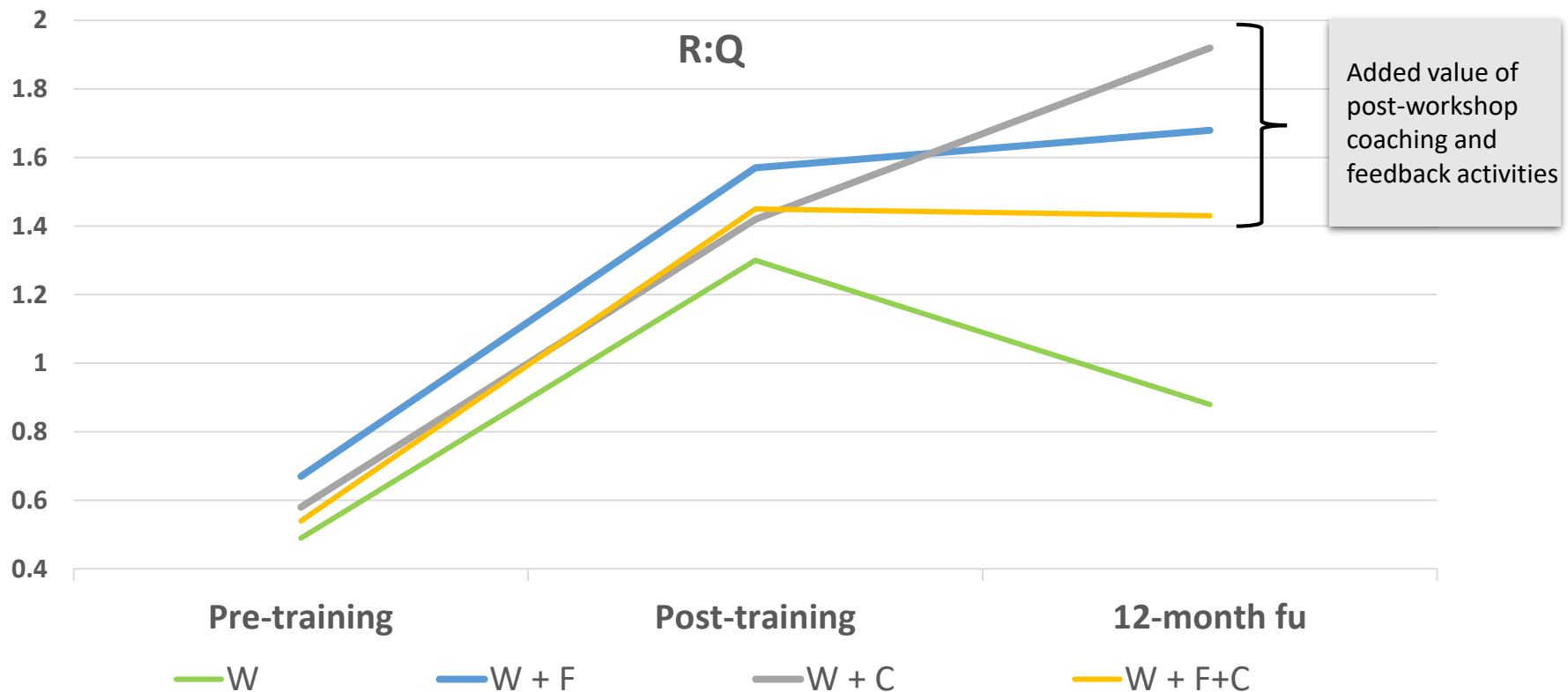**For most, stand-alone workshops are insufficient**

R:Q
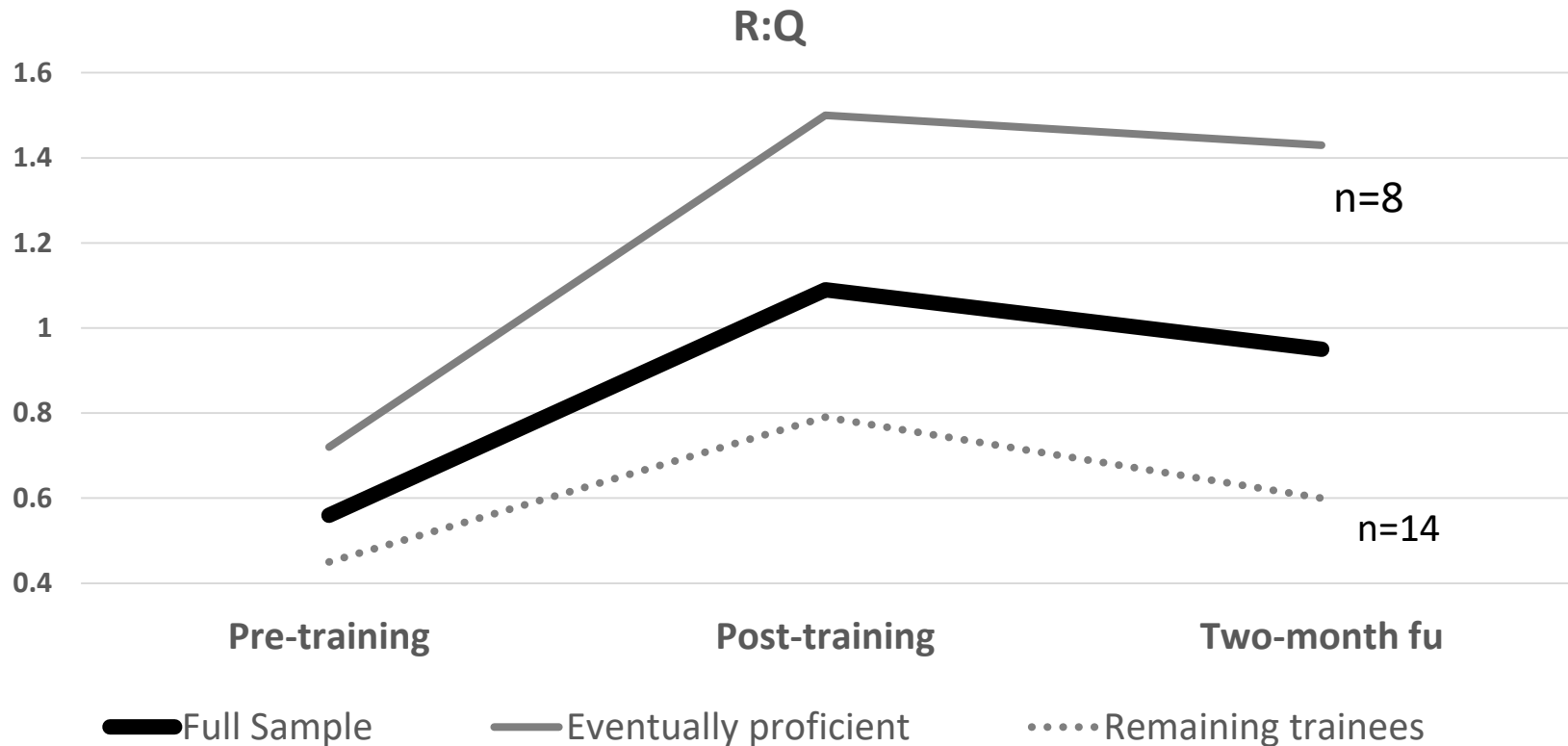
Data Source:

Baer, Rosengren, Dunn, Wells, Ogle, & Hartzler (2004). An evaluation of workshop training in motivational interviewing for addiction and mental health clinicians. *Drug and Alcohol Dependence, 73*, 99-106.

The Case for Intensive Technical Assistance

Trainer feedback and/or coaching activities help build skills

R:Q

Added value of post-workshop coaching and feedback activities

Legend: W, W + F, W + C, W + F+C

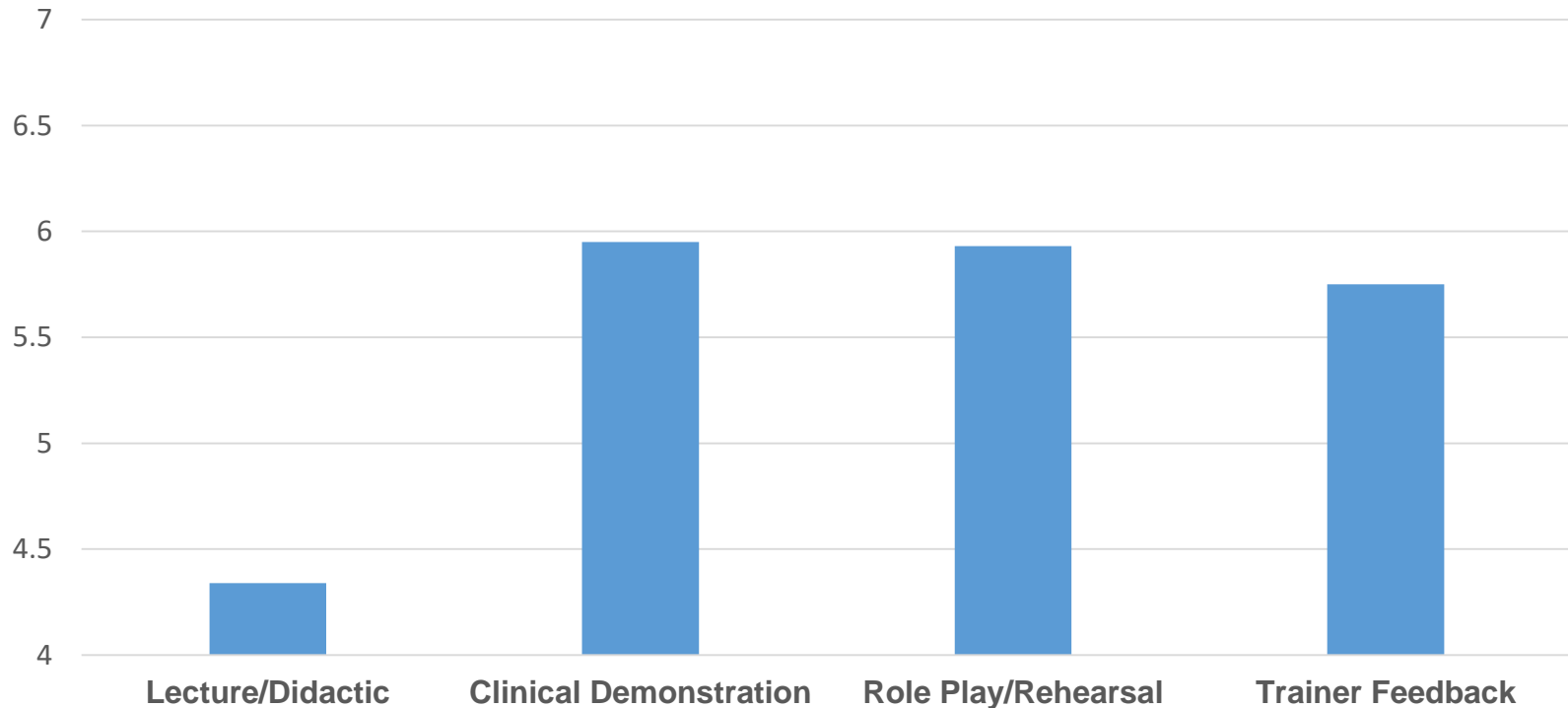X-axis: Pre-training, Post-training, 12-month fu

Data Source:

Miller, Yahne, Moyers, Martinez, & Pirritano (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology, 72*, 1050-1062.

The Case for Intensive Technical Assistance

Workforce members want to learn by 'seeing and doing'

Data Source:

Hartzler & Rabun (2014). Training addiction professionals in empirically supported treatments: Perspectives from the treatment community. *Substance Abuse, 35,* 30-36.

The Case For Intensive Technical Assistance

Other sources of influence complicate things…

- Clinician attributes
    - Background, treatment philosophy
    - Attitude toward novelty/change
    - Empathy capacity

- Service attributes
    - Service format
    - Contact time, workflow
    - Competing EBP initiatives

- Setting attributes
    - Mission, treatment philosophy
    - Organizational climate/culture
    - Presence of clinical supervisors, other implementation supports

The Case For Intensive Technical Assistance

How much post-workshop coaching/feedback is enough?

- Schwalbe and colleagues (2014) estimate at least:
    - 3-4 supervisory contacts ~ 5 hours of contact time
    - Focus of time on performance-based feedback, coaching
    - Duration of 6 months

- Martino and colleagues (2011) advocated for a tiered approach
    - All clinicians receive training and opportunity to demonstrate skills
    - Intensity/duration of post-training activities based on demonstrated need
    - Better for resource allocation

- Madson and colleagues (2016) suggest a blended approach
    - Mixture of in-person and virtual learning activities
    - All activities interactive, requiring active participation
    - If possible, use standardized clinical stimuli (i.e., SP, OSCE)

Intensive Technical Assistance: An Example
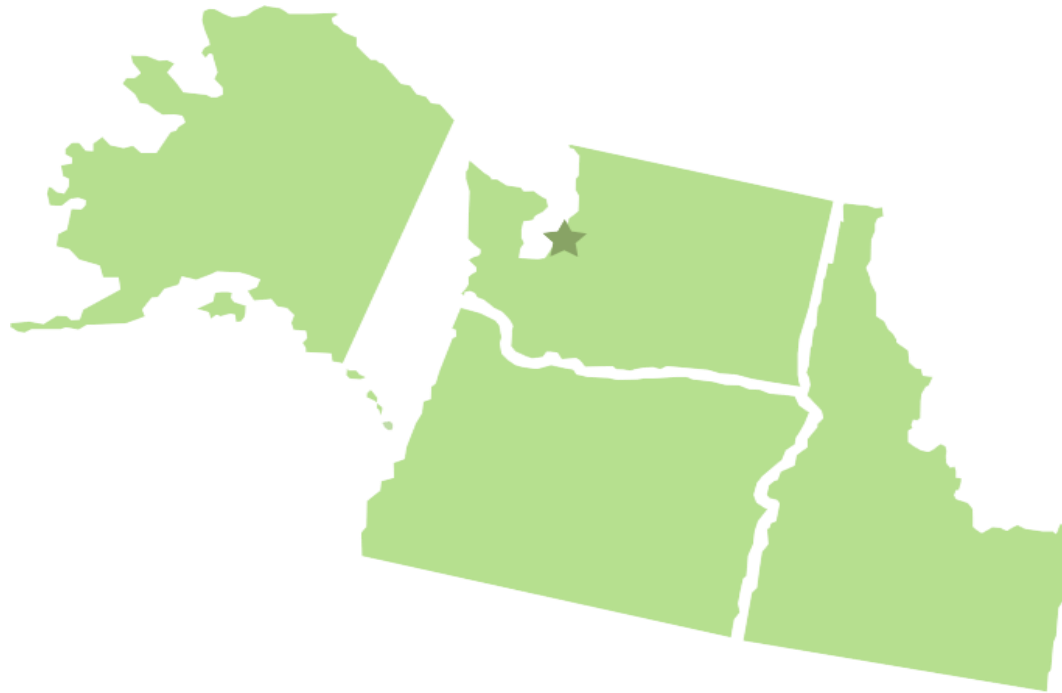
But what about the addiction workforce in HHS Region 10?
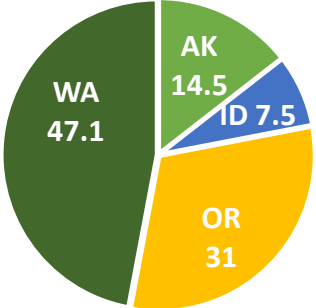
NWATTC Needs Assessment Survey

N=302 survey respondents

Age-Groups

18-25 yrs	1.4%
26-35 yrs	12.8%
36-45 yrs	18.9%
46-55 yrs	22.3%
56-65 yrs	33.1%
66+ yrs	10.8%

Gender

Female	72.2%
Male	25.5%
Non-conforming	2.3%

Geography (%)

WA 47.1
AK 14.5
ID 7.5
OR 31

Professional Discipline (%)

Medicine/Nursing, Psychology/MH, Social Work, Public Health, Chemical Dependency
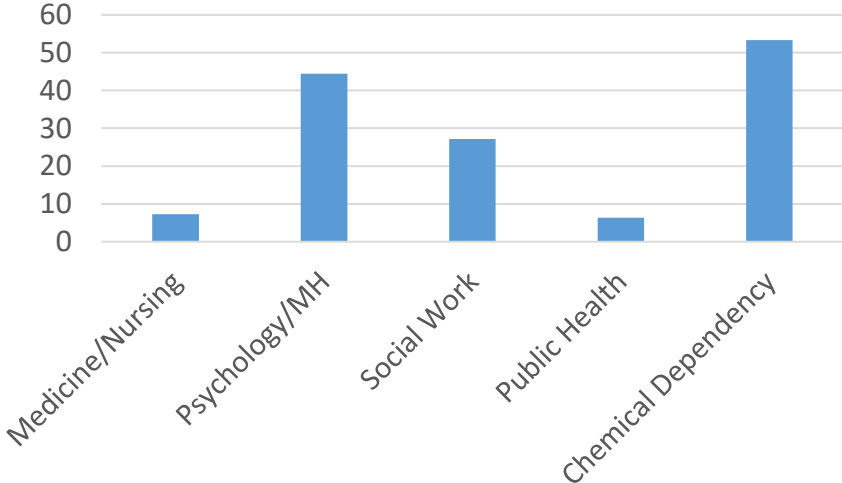
NWATTC Needs Assessment Survey

Learning Formats

Usefulness for Learning

Format	Rating
In-person meetings/workshops	4.35
Online peer networks	3.05
E-learning materials	3.57
Webinars	3.65
Online/print materials	3.48
Interactive videoconferencing	3.45
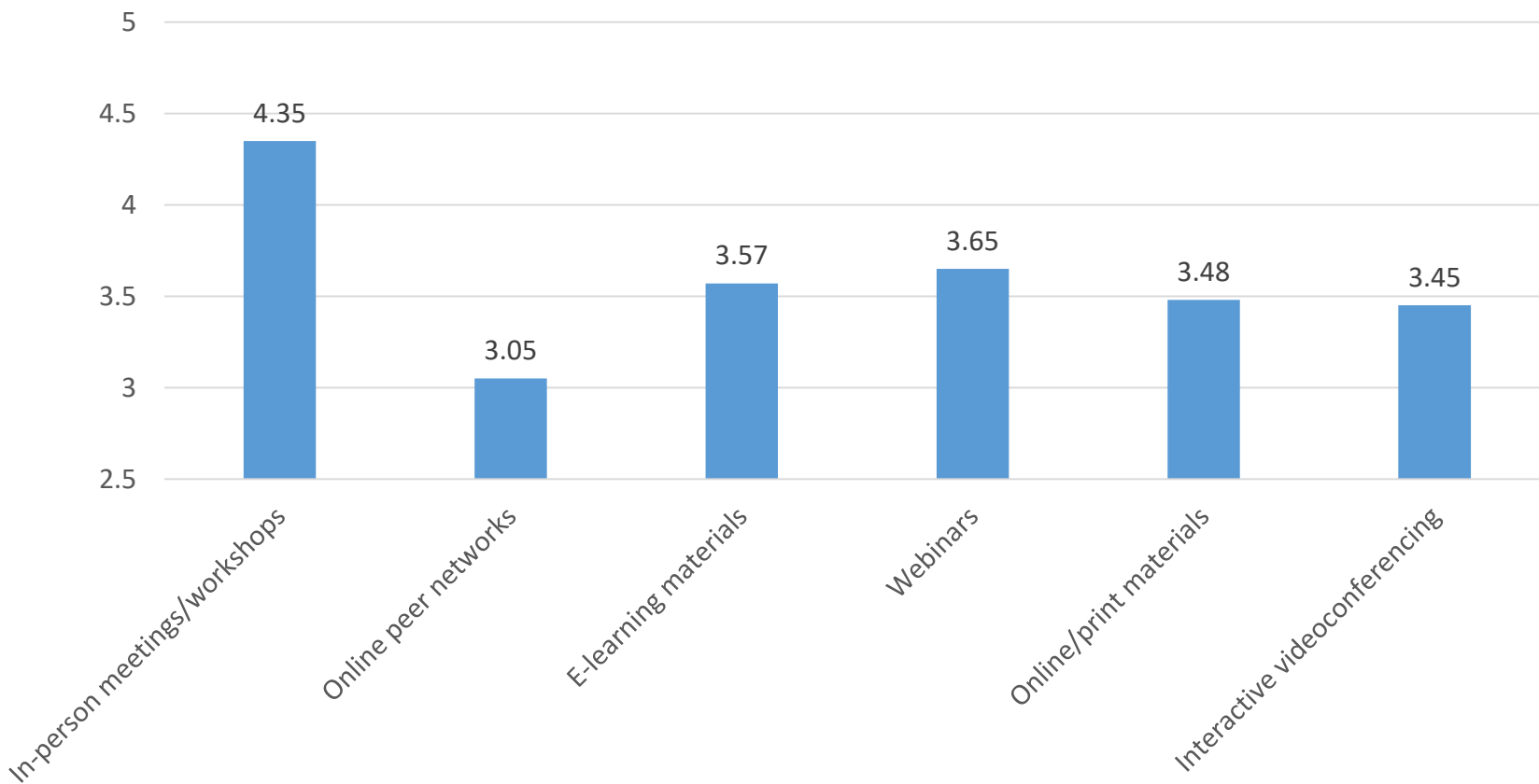
NWATTC Needs Assessment Survey

Learning Activities

Usefulness for Learning

Bar chart showing usefulness ratings:
- Lecture/Didactics: 4.03
- Clinical Demonstration: 4.37
- Role-Play/Rehearsal: 3.77
- Coaching/Feedback: 3.94
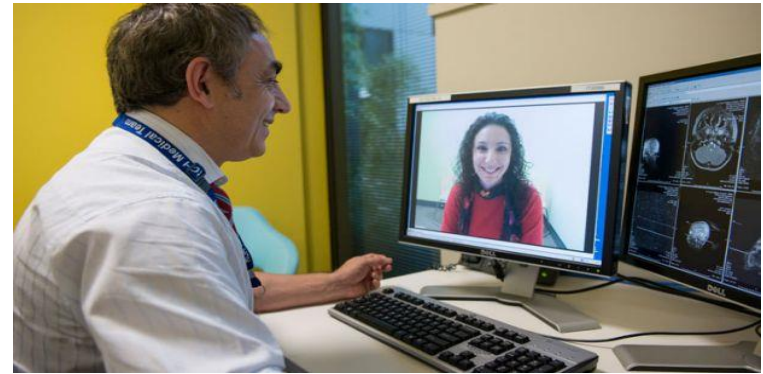- Case Consultation: 4.11
- Academic Detailing: 3.56
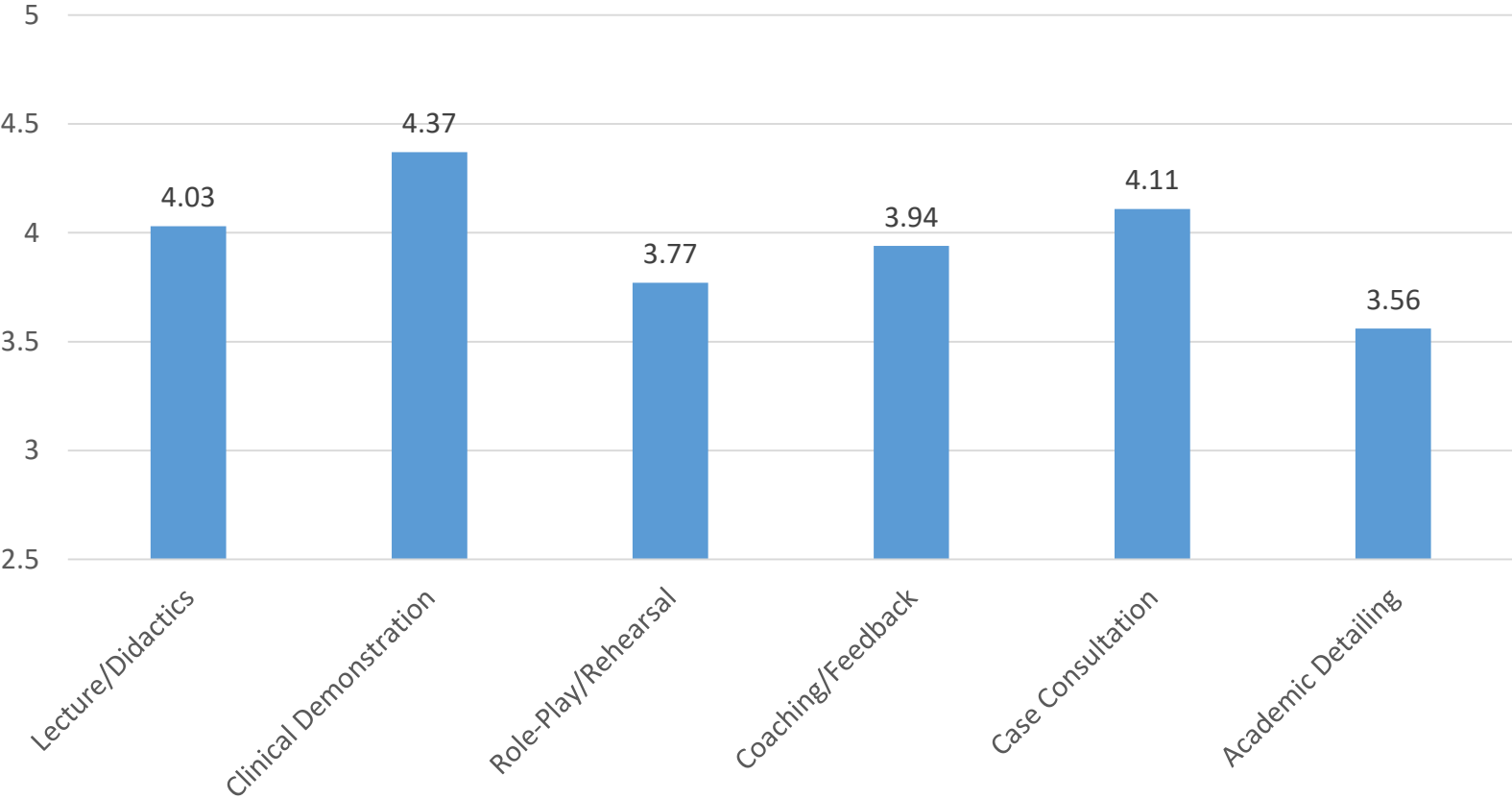
Facilitating EBP Implementation

Possible technical assistance activities

targeted didactics

case-based consultation

clinical demonstration

simulation/role-play with feedback

NWATTC Intensive Technical Assistance Model

Explore
Assess needs
Identify changes
Create a work plan

Prepare
Identify support staff
Customization
Multi-format trainings

Technical Assistance Model

1

2

3

4

Sustain
Booster sessions
Long-term processes
Plan for future

Implement
Coaching and support
Address challenges
Monitor progress
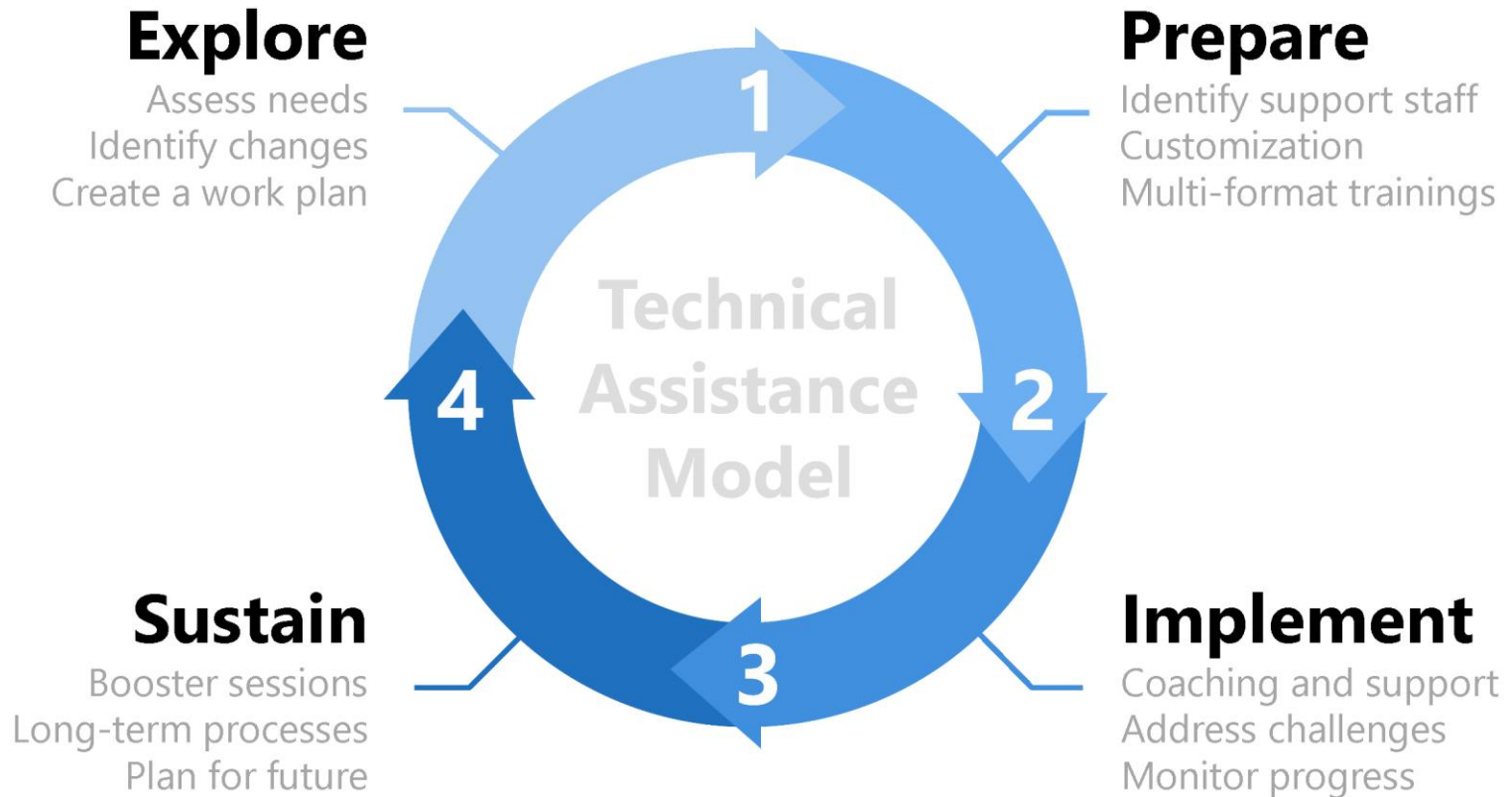
MI Teaching and Coaching Project

Partners: Tri-County Behavioral Health Association, Multnomah County, & Washington County, 18 Substance Use Disorder & MH Treatment Agencies

Goal: Increase coaching, teaching, and clinical supervision skills to enhance in-house capacity to support MI skill development across a three county region in Oregon.

Northwest ATTC

ADAI | ALCOHOL & DRUG ABUSE INSTITUTE

Tri-County Behavioral Health Association MI Teaching & Coaching

1. Explore

- Leadership meetings
- Goal/outcomes identified
- Develop work plan
- Secure leadership buy-in
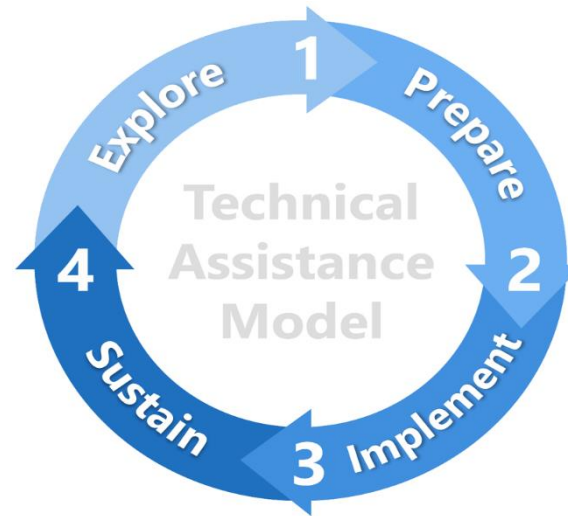
2. Prepare

- Participant audio/written applications
- Rate samples/provide FB
- 1.5 day teaching and coaching workshop
- MIA:STEP Coding Workshop
- Individual coaching as needed
- Develop 10 (90-minute) MI Skill Modules

Technical Assistance Model

1 Explore
2 Prepare
3 Implement
4 Sustain

4. Sustain

- Support and help prepare 2-3 individuals to apply to attend the 2019 MINT TNT
- Secure funding to support individuals accepted into the TNT
- On-going learning collaborative (if participants are interested)

3. Implement

- 10 MI skill modules delivered during 7 Coaching/TA sessions
- Individual coaching and TA provided as needed
- Participants deliver a module each month after LC sessions

# Multnomah County Health Department MI ITA

Partners: **Multnomah County Health Department; 7 Federally Qualified Health Clinics (FQHCs)**

Goal: : Provide motivational interviewing training and technical assistance to staff working at seven Multnomah FQHC clinics to improve access and retention to mental health and substance use disorder treatment services.

Multnomah County Motivational Interviewing ITA Project

1. Explore

- Planning meeting with leadership
- Goal/outcomes identified:
    - Increasing retention/engagement
    - All staff proficient in MI
- Assessed current staff MI proficiency
- Develop initial implementation plan
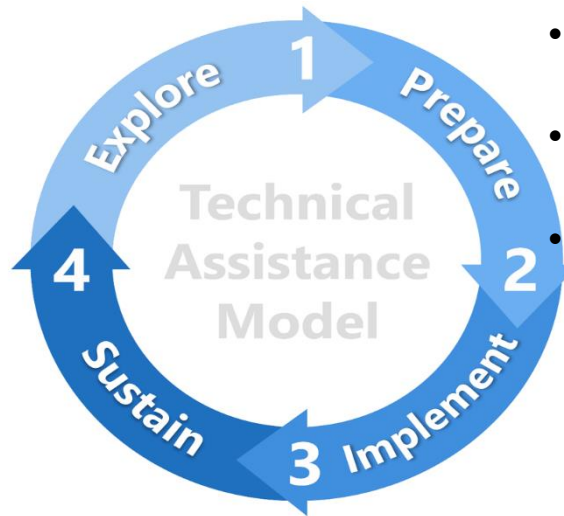
2. Prepare

- Coach leadership team
- MI Champions selected and coached
- MI training modules developed and customized for specific roles
- MI Project Lead oriented staff members
- MI trainings (Months 3-6)

Technical Assistance Model

(Explore 1, Prepare 2, Implement 3, Sustain 4)

4. Sustain

- MI Project lead participating in 9-month MI LC and will apply for MINT TNT
- Maintain or adapt outcome tracking measures
- Address system change issues
- Assist change team to develop 'on-boarding' EBP training processes
- Provide MI Booster Sessions

3. Implement

- Training evaluations and local performance measures tracked.
- BH providers receive training in teaching and coaching others
- BH providers will lead monthly MI Learning Collaboratives

IDEAS

Gallery Walk