SAMHSA-HRSA
Center for Integrated Health Solutions

Workforce Issues Related to: Bi-Directional Physical and Behavioral Healthcare Integration

Specifically Substance Use Disorders and Primary Care

A Framework of Issue Briefs

ISSUE BRIEF #5

Continuing Education/Training and Evidence Based Practices

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CONTINUING EDUCATION/TRAINING AND EVIDENCE-BASED PRACTICES

Some have suggested that "there are significant concerns about the capability of the workforce to provide quality care". Lack of training and other characteristics of the current SA workforce may present barriers to the diffusion of evidence-based practices. For example, many in the current substance abuse treatment workforce have not embraced medication assisted treatment. Thomas and others found that a lack of counselor's knowledge about naltrexone was a key barrier to its use. Knudsen and others documented that substance abuse counselors were more likely to endorse buprenorphine as an effective treatment if they had received training about buprenorphine or if they reported less endorsement of a 12 step orientation. In one study of community treatment providers, providers frequently reported that they used treatment innovations, but reported having no or minimal workshop training and only infrequent use of manuals for manualized approaches. Herbek and others found that counselors were not alone in the underutilization of effective treatment approaches but that all levels of substance abuse treatment staff need more exposure to information about evidence based approaches. Others have also reported that only half of the providers they surveyed knew the effectiveness of pharmacologic treatments. Understanding treatment providers' opinions about the relative effectiveness of any potential treatment is important because these opinions are likely to influence the extent to which interventions are used. Even more importantly, these researchers found that training when it was ongoing and adequately funded, supported the use of evidence based practices.

In a national survey of social workers, less than half of the social workers (43%) reported they screened clients for substance use disorders while 26% endorsed assessing clients with these disorders, and 19% reported providing treatment. When the substance abuse training needs of social workers employed in substance abuse treatment agencies in New England were assessed, Hall and others found that respondents reported considerable need for additional training, especially in assessment, advanced clinical techniques and dual diagnoses.

Another focus of innovation diffusion in substance abuse treatment has been the extent to which innovations are transferred from research models to normal clinical practice with fidelity. The robustness with which innovations are implemented can be reflected in patient outcomes and costs. Fidelity to specific models of interaction can be measured and individual competence in delivery assessed. Some recent work has focused on identifying methods to improve this transfer, especially in regards to manualized treatments of interpersonal interaction. Martino and others found that within the context of a National Institute on Drug Abuse Clinical Trial Network, therapists were able to deliver motivational enhancement therapy or drug counseling as usual, with fidelity following a combination of intensive expert-led workshops and program based clinical supervision and suggested that this model could improve dissemination in community treatment programs. Miller and others suggest that manuals and one time workshops are by themselves ineffective, if not coupled with performance feedback and coaching to

improve clinical skills. The New England Addiction Technology Transfer Center has reported positive outcomes in adoption of a specific evidence based practice (contingency management) by community treatment agencies through the use of an organizational change strategy, called Science to Service Laboratory. A number of workforce issues emerged during the policy forums on integration sponsored by SAMHSA and are summarized in the report, *Purchasing Integrated Services for Substance Use Conditions in Health Care Settings*. The following themes emerged: training needed by counselors and other professionals to work in health care settings, fidelity in the application of evidence based practices, especially screening, brief intervention and motivational interviewing for substance use conditions, and for primary care workers in relation to screening and brief intervention and the use of medications for substance use disorders, and the need for cross training for some parts of each workforce. Another key workforce theme was the need to provide specialty substance abuse consultation in a framework that could make it easily usable to the primary care workforce.

Schoenwald and others have suggested that there are critical gaps not only in the knowledge, skills and competencies of the behavioral health workforce, but how work is organized and in the lack of proven strategies for workforce training and support to sustain effective services. Without dramatic action being taken to change the trajectory, the substance abuse treatment workforce is likely to continue to be undermanned, to have uneven preparation and evidence based competencies to meet the demands of future patients and healthcare systems, to be culturally challenged in relating to some types of patients, to be perhaps likely to be perceived as less skilled than their mental health counterparts and with questionable team skills. Moreover counselors specifically are likely to be handicapped by their lack of acceptance of evidence based practices especially related to medication assisted treatment, training about health and disease and familiarity with processes in other health care settings.

Please Note that references supporting this brief may be found in the complete paper.