EVIDENCE

Training and Support

2011 - 2014 Review Date - 2017

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Introduction

The current chapter discusses the role of training and support for staff when working with those with alcohol or drug issues, or when providing related programmes or interventions. It should be noted that much of the research is undertaken with respondents working in primary care, and so the generalisability of findings to non-primary care staff working in prevention and education is questionable. However, there are common themes indicating the need for staff to be provided with training and support that is tailored to their needs. This does highlight a gap in the research, in relation to the training needs of other staff and professional groups.

Staff attitudes

Staff attitudes are an important factor in the successful implementation of systematic alcohol strategies and policies. Individuals who have issues with substance misuse are more likely to disengage from services if the process of engagement is hindered by negative attitudes of staff. Low assessment and intervention rates by staff have been explained by not only a lack of training and knowledge, but also by attitudes that consider alcohol consumption to be a private lifestyle or behaviour impossible to change, (Aalto et al., 2001) and by a variety of barriers and difficulties (lack of time, etc).

Research has indicated that staff often have a lack of knowledge or negative attitudes towards individuals with addictions, which can lead to a reduced and ineffective level of service for these individuals. Field et al (2011) found that trauma staff's attitudes regarding those who misuse alcohol demonstrated a somewhat weak understanding of the etiology of alcoholism and the effectiveness of brief intervention and referral for treatment. Gilchrist et al (2011) reported on a study comparing the regard for working with different patient groups (including substance users) among different professional groups in eight European countries. Respondents (n = 866) were a sample of professionals working in primary care, general psychiatry and specialist addiction services in Bulgaria, Greece, Italy, Poland, Scotland, Slovakia, Slovenia and Spain. Results indicated that regard for working with alcohol and drug users was consistently lower than for other patient groups across all countries participating in the study, particularly among staff from primary care compared to general psychiatry or specialist addiction services.

Neale at al (2008) conducted qualitative research with current injecting drug users (n = 75) in England to investigate difficulties they face in accessing specialist addiction services. They identified a range of barriers including stigma and negative staff attitudes, with the barriers they faced being contingent on a range of factors including the attitudes of individual professionals.

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The need for training

It is a widely held view, among both researchers and practitioners, that providers of evidence-based programmes require ongoing support during programme implementation in order to ensure successful outcomes. Roche and Freeman (2009) discussed how as a stand-alone strategy to increasing the capacity of professionals to deliver alcohol, tobacco and other drug interventions, building relevant knowledge, skills and attitudes through the provision of education and training may have limited impact. They highlighted that a range of factors relate to workforce development including capacity building and professional development. This highlights that a training programme in itself may not be sufficient, but that instead, a range of support options for staff is required. Durlak and DuPre (2008) conducted a review on factors impacting on the implementation of programmes. They reviewed over 500 qualitative studies and found that as well as the implementation process being affected by variables related to prevention delivery system (i.e., organisational functioning), the prevention support system (i.e., training and technical assistance) was also important.

Various other studies have indicated the need for on-going training and support for staff working with individuals with addictions, with staff indicating training needs. Davoudi and Rawson (2010) conducted a review of screening, brief intervention, and referral to treatment (SBIRT) initiatives in California. It was proposed that to assist projects to overcome challenges (including leadership support and staff resources) local authorities could benefit from promoting SBIRT among healthcare leaders, identifying and sharing successful SBIRT "models" and providing tailored trainings and on-going technical assistance.

Sheridan et al (2011) conducted a qualitative study to explore the views and experience of treatment workers in relation to perceived facilitators and barriers to service provision. In total, 32 English front line treatment workers from Drugs Action Teams or Drug and Alcohol Teams were interviewed across a range of services. Staff identified unmet training needs as a barrier, as was a lack of support by management which was seen to undermine the benefits of both supervision and peer-support. Overall, the participants indicated that drug treatment in England was delivered within a complex structure by services that had varied treatment philosophies and sometimes competed for funding. Despite this, the system was seen as functioning due to the high level of commitment of the people who work within it. Cleary et al (2009) examined the views of a wide range of Australian mental health service providers (n = 66) on staff education and training and a range of other issues while dealing with patients with substance misuse issues. Results indicated that almost all indicated a need for further training in the area of dual diagnosis. Further issues included education and training and clinically relevant research evaluating the effectiveness of practice.

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The need for training (continued)

Lacey (2009) examined the perceptions and training needs of English health visitors, school nurses, nursery nurses and practice nurses in relation to alcohol misuse primary prevention and the delivery of brief interventions in their day-to-day work. Staff indicated training needs which reflected the level of knowledge, skills and confidence of the different professional groups. It was suggested that needs-led alcohol training may help to promote the effective delivery of support and brief interventions to individuals, families, schools and communities.

For example, Field et al (2011) examined the knowledge and attitudes related to screening and brief intervention (SBI) for alcohol problems amongst health staff (doctors, nurses, nurse's aides, and technicians) (n = 362). Results indicated that staff had a limited understanding of the components of brief intervention, which could negatively influence the viability of SBI programmes and potentially impact programme performance and possibly patient outcomes. However, it was seen to be noteworthy that the knowledge and attitudes regarding SBI were neutral (as opposed to being negative), perhaps suggesting that staff may benefit from the additional training regarding alcohol problems and brief intervention.

Holmqvist et al (2008) conducted research with Swedish occupational physicians and nurses (n = 313 and 759 respectively) on the extent to which they undertake alcohol intervention activity with their patients. The significant majority reported that they "frequently" discussed alcohol problems with their patients, and the majority had participated in, at most, a half-day training course in handling risky drinking. Both physicians and nurses felt that knowledge of counselling techniques for alcohol-related symptoms was the most important facilitator to increased intervention activity, and they were interested in gaining further education and knowledge in this respect.

Freeman et al (2011) examined Australian emergency department nurses' practices in assisting patients manage their alcohol consumption and investigate strategies to support nurses in these interventions. Participants held generally positive attitudes, perceived norms, feelings of legitimacy and perceived ability to ask about and intervene for alcohol, but lower role adequacy. Participants asked approximately one in four patients about alcohol. Several strategies were identified that might increase rates including raising confidence and skills, making supports such as drug and alcohol units or nurses available, and implementing organisational policies on alcohol.

Ford et al (2008) conducted an Australian study which examined factors impacting on generalist nurses' (n = 3241) therapeutic attitude to patients who use illicit drugs. They concluded that these nurses struggle to provide care to this patient group. Role support was found to be the strongest driver of nurses' therapeutic attitude, and workplace illicit drug education was only useful in combination with high role support. As such, it was recommended that as dealing with this vulnerable group was complex and demanding, workforce development should focus on increasing role support (in terms of appropriately skilled staff readily available for consultation and advice) and also general support, in the form of evidence-based practice standards and appropriate time allocation.

Training and Support

The need for training (continued)

This research was qualified by a similar study by Ford et al (2009) which demonstrated that workplace education only occurred when nurses had at least a moderate level of role support. Thus, the authors maintained that workforce development needed to focus on strategies that provide role support, as without the ready availability of someone in the nurse's clinical field to advise and assist them, efforts to increase nurses' knowledge and skills are wasted.

Impact of training programmes

Various studies have shown even short, one-off training sessions to be effective in raising staff knowledge and increasing staff capacity to undertake BIs or preventative work with individuals with addiction issues.

Off and On Sale Establishments

Wolff et al (2011) conducted a community randomised study among 209 retailers (77 intervention and 132 control) to assess the impact of an alcohol toolkit (posted to retailers) targeting best retailer practices. Specifically, the intervention focused on increasing positive alcohol retailer attitudes towards checking IDs, encouraging managers to formalise ID checking procedures with their employees, and promoting consumers to be prepared to show ID when purchasing alcohol. Results indicated that retailers involved in the intervention compared to controls reported displaying an average of one additional sign or wall display in their establishments, and were twice as likely to distribute written guidance on ID checking to staff. However, there was no difference in changing establishment policies or retailer attitudes. Further results indicated that retailers perceived all components of the toolkit to be very useful, and nearly all reported having shared materials with their employees and customers. Thus, the toolkit was seen to be partially successful in producing significant changes in alcohol retailer establishment practices among motivated owners or managers, although it was suggested that alternative dissemination and marketing strategies beyond direct mail should be encouraged to encourage greater utilisation.

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Off and On Sale Establishments (continued)

Toomey et al (2008) evaluated Alcohol Risk Management (ARM); a training programme for owners/managers of alcohol establishments specifically in relation to the propensity to sell alcohol to obviously intoxicated patrons, and changing establishment-level policies/practices. Alcohol establishments such as bars and restaurants (n = 231) were randomly assigned to intervention and delayed-intervention/control conditions. Training programmes consisted of one-to-one sessions in order to help owners/managers to select and implement alcohol control policies in their establishments. The full training consisted of four one-to-one sessions and the express training was a single session. Findings indicated that sales rates to pseudo-intoxicated patrons reduced by 23% (relative to delayed-intervention/control condition) at the first follow-up purchase but returned to baseline levels 3 months later. On average, establishments selected 13 of 18 recommended policies, but there were no significant differences at follow-up in reported policies/practices across establishments. Thus, the authors concluded that manager training to promote responsible establishment alcohol policies is not sufficient to prevent illegal alcohol sales to obviously intoxicated patrons and to reduce alcohol-related problems.

Health Professionals

Fitzgerald et al (2009) examined community pharmacist's readiness to provide BIs, and subsequently developed a training course on this issue. Interviews were conducted with pharmacists from 8 community pharmacies in Greater Glasgow to examine current practice, attitudes towards a proactive role, and perceived training needs. A two-day course was designed which included: consequences of problem alcohol use; attitudes; sensible drinking; brief interventions and motivational interviewing. Results indicated that participants felt it feasible for trained pharmacists to provide brief interventions but that core training needs centred on communication and alcohol related knowledge. It was concluded that the training course was positively evaluated and led to increases in knowledge, attitudinal scores and self-related competence.

Nehlin et al (2011) investigated the effectiveness of a 3 hour training programme to improve knowledge and attitude towards problem drinking among staff in Sweden. In total, 115 participants (both medical and non-medical staff (such as psychologists and social workers)) took part in the training and evaluation. The training consisted of a 2 hour workshop and a 1 hour follow-up session. After training, both staff groups estimated their capacity to help a patient with complex problems to be higher, with role adequacy also being higher. Thus, the training was viewed to be a success.

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Health Professionals (continued)

Shellenberger et al (2009) examined the effectiveness of team based learning in relation to training on alcohol screening and brief interventions (SBI). Respondents were participants taking part in such training as part of a residency programme. The training consisted of an initial 3 hour session, and 3 team-based learning booster sessions lasting 75 minutes, spaced 4 months apart. After the training programme, the majority of participants reported performing SBI and that their levels of confidence in performing interventions in their current and future practices was moderately high. They also preferred the team based learning format over traditional lectures. Faculty members found team based learning to be both efficient but labour-intensive for training large groups.

Howard and Holmshaw (2010) found that among mental health staff in England (n = 84), those who had received training in how to work with people who use illicit drugs were found to have a less negative attitude towards these patients. Qualitative research also indicated that staff members reported a lack of training and difficulty in accessing support as barriers. The research was seen to highlight the importance of training to support staff in working with mental health patients who use illicit drugs; and how this affects staff attitude positively towards patients with these problems.

Marc et al (2008) examined whether training on hazardous drinking could improve the knowledge, attitudes and behaviour of health professionals in a Spanish hospital (n = 38). The one hour training session consisted of an introduction to the concept of hazardous drinking and its clinical relevance, and an explanation of brief interventions. Results indicated that staff knowledge of tools to identify early identification of hazardous drinking (standard drink units, questionnaires) improved after training. Hazardous drinkers were asked significantly more often about their alcohol consumption after staff had received training. However, although staff viewed alcohol as an important health determinant, most felt they lacked training to conduct interventions successfully (this was true both before and after training) with most staff asking for additional training on alcohol issues. It should be noted that the relatively small number of patients and professionals is an important limitation of this study. It was concluded that this short intervention resulted in some modest changes in staff's attitudes and behaviours regarding hazardous drinking, but more continuous strategies need to be developed.

Nilsen et al (2011) reported on the Swedish Risk Drinking Project, a government-supported continuing professional education (CPE) project for health professionals. Surveys were conducted with occupation health care professionals at baseline and follow up. Results indicated that the proportion of nurses and physicians who had taken part in ≥ 3 days training on risk drinking issues rose from 10 to 59% and from 7 to 59%, respectively. The professionals' perceived knowledge and efficiency concerning lifestyle counselling improved from 2005 to 2008, considerably more so for alcohol than the other lifestyle issues. The most competent nurses and physicians were more likely to have participated in training lasting ≥ 3 days and had become better at initiating conversations about alcohol and at informing, providing advice and discussing alcohol with their clients. Overall, the nurses achieved more improvements than the physicians.

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Education Establishments

Special Interest Articles - Rohrbach et al (2010)

Rohrbach et al have been published various articles on the Project Towards No Drug Abuse (TND), specifically in relation to influences on outcomes. Project TND is a nationally recognised substance abuse prevention programme that targets high school age young people (Sussman et al., 2002). In their studies, a total of 65 high schools were randomised to one of three conditions: regular workshop training; comprehensive implementation support; or standard care control.

Teachers in the support and regular conditions participated in a one-day workshop designed to introduce the key concepts and skills required by the programme, build teacher self-efficacy and comfort with the programme approach, and generate enthusiasm and commitment to the programme. Trainers presented an overview of the theory and evidence behind the curriculum, provided detailed instruction about each programme lesson, and provided opportunities to practice key programme activities. Following the workshop, teachers attended a 2 hour technical assistance session that provided an overview of the web site and coaching components. In addition, these teachers received a further two coaching sessions at later stages that focused on feedback from the trainer about delivery of the observed lesson, problem solving about issues pertinent to the teacher's programme delivery context, and implementation tips designed to help the teacher prepare for the remaining lessons. The web-based component of the training provided teachers with access to a web site where they could participate in a discussion forum about implementation issues and download teaching tips, scientific articles, and additional information related to the programme. Throughout the programme delivery phase, additional technical assistance from the trainers and programme developers was made available to the teachers via telephone and e-mail, on an as-needed basis.

Rohrbach et al (2010a) assessed the fidelity of implementation of the programme. The importance of implementing prevention programmes with fidelity to the original design has been previously discussed in the literature. To illustrate, in substance abuse prevention trials, low fidelity has resulted in smaller or no programme effects on behavioural outcomes (Derzon et al. 2005). Results indicated higher fidelity in the comprehensive relative to the regular training condition.

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Education Establishments

Special Interest Articles - Rohrbach et al (2010) (continued)

Rohrbach et al (2010b) examined the effectiveness of TND at one-year follow-up when implemented on a large scale and also the relative effectiveness of the training approaches for programme implementers. Results indicated that the programmes showed a marginally significant effect in lowering marijuana use from baseline to one-year follow up, with reductions on hard drug use only being evident for non-users. The results indicated no evidence for improved one-year programme outcomes for subjects in the comprehensive, relative to the standard teacher training condition. The authors suggested that this could be partly due to the teacher's engagement in all features of the training programme.

That is, teachers' use of the web-based resources and technical assistance (both designed to be teacher-initiated) was limited with on-site coaching being the most intensive component of implementation support that teachers received. Thus, it was speculated that the level of implementation support may have been inadequate, or the primary component of the implementation support intervention may have been ineffective, or both. This was said to indicate that the effectiveness of a training programme with different support elements can be compromised by lack of engagement by participants.

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Implications for Practice

Staff need ongoing training and support

The research highlights that staff working with individuals with alcohol and drug issues often lack the required knowledge and skills to undertake their role effectively. If these staff members also have negative attitudes towards the target group, this can have a detrimental impact on the service provided to clients. Even amongst those staff who have positive attitudes and perceived ability to tackle alcohol and drug misuse, they can experience issues surrounding role adequacy. This indicates the need for ongoing training and support.

Training (even in the form of a three hour training session) has been shown to be effective in improving role adequacy, increasing perceived capacity to help, increased confidence in delivering interventions, reducing negative attitudes, and improving knowledge and self-related competence.

Training should be tailored to the staff group

Research has indicated the value of providing training that specifically meets the needs of the target group, and is linked to their levels of knowledge, skills and confidence. Thus, it is recommended that the training needs of different target groups are established and training courses are developed accordingly.

Training in itself not enough

Research has indicated that training in itself can be inadequate to provide staff with the necessary skills, knowledge and confidence. Instead, it is proposed that staff require a full range of support, particularly as role support has been shown to be an important factor.

Training required for those delivering programmes and interventions

Research has highlighted the need for ongoing training for those involved in implementing programmes or interventions, with training being associated with greater programme fidelity. However, the effectiveness of such training can be compromised by a lack of engagement or commitment from those staff involved (particularly if elements of the training are participant led) and so attempts should be made to encourage and monitor the involvement of participants.

Link to Other Core Elements

Brief Intervention Approaches

Education

Harm Reduction – Alcohol

Harm Reduction - Drugs