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# Notes from the Field: Responsive Continuing Education: Using a Virtual Platform to Address SUDs in the Context of the COVID-19 Pandemic

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*Collin, Putney, Halmo, Caputo, Alves, McNally, and Cadet*

## Abstract

Individuals with substance use disorders are at an increased risk for developing and suffering worse outcomes from the coronavirus disease. Increasing access to innovative substance use treatment that considers the changes to behavioral health services caused by COVID-19 is critical. This paper describes one university's virtual training series on innovative responses to the changing clinical and access needs in the field of SUD care for social workers and other behavioral health professionals. Training satisfaction and considerations for virtual training implementation are discussed.

Keywords: Substance use, virtual training

## Introduction

People with substance use disorders (SUDs) are at higher risk for developing the coronavirus disease 2019 (COVID-19) and suffering worse outcomes, including hospitalization and death, as compared to individuals without SUDs (Wang, Kaebler, Xu, & Volkow, 2020). This is especially true for African Americans with SUDs, who are at disproportionately high risk for suffering from COVID-19 due to social and economic factors that drive disparate access to healthcare services (Wang et al., 2020). Additionally, there is evidence of increased levels of substance use in the context of COVID-19, which is disproportionately represented among individuals ages 18-24, racial and ethnic minorities, essential workers, unpaid caregivers, and those receiving treatment for preexisting behavioral health conditions

(Czeisler et al., 2020). These statistics point to the importance of screening for and treating SUDs, particularly among populations disproportionately affected by the COVID-19 pandemic (Wang et al., 2020). The data also underscore the importance of expanding treatment access through telehealth, which can address multiple barriers to accessing care for SUDs (Kleykamp, Guille, Barth, & McClure, 2020). To meet the needs of individuals with SUDs, practitioners need training in telehealth and other innovative strategies for providing patient care. Given this context, there was an urgent need to rapidly pivot already planned professional education for social workers and other behavioral health professionals to address the needs of individuals with SUDs in the context of the COVID-19 pandemic and to do so in a virtual format.

In addition to the need for social distancing as a public health precaution, the logistics and planning for in-person training can be time consuming and not well suited for rapidly evolving clinical needs. Further, developing training for practitioners and educators that is readily accessible is critical in order to respond equitably to marginalized and disproportionately impacted groups. This paper describes how one university established university-community partnerships so that social work and behavioral health professionals would benefit from learning about innovative responses to the changing clinical and access needs in the field of SUD care in a virtual format.

## Training

The university was able to aptly utilize virtual

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learning platforms and respond to the training needs of social workers and other behavioral health providers. The training series established university-community collaborations and shared innovative practices with the larger behavioral health community. The series highlighted the responsive and cutting edge adaptations of SUD practice in the context of COVID-19. Likewise, each training provided actionable clinical and systemic recommendations related to SUD care to respond to the current crisis such as the use of telehealth, innovative outreach strategies, and other services via virtual platforms. The time frame for each training was 1.5 hours and hosted on the ©2020 Zoom Video Communications, Inc. platform. The trainings were marketed to university-affiliated field instructors, faculty, students, and the greater behavioral health community. The series was supported by an Opioid Workforce Expansion Program grant, which was funded by the Health Resources and Services Administration.

The first training in the series, *Low Threshold Behavioral Health Services for People with Complex Needs and Distinctive Preferences*, spotlighted the work at an urban Federally Qualified Health Center (FQHC) whose target population is the queer community. It was led by a licensed clinical social worker whose primary role at the FQHC was to provide low threshold care to patients who presented with concerns related to substance use, mental health, and complex psychosocial needs. The training detailed the health disparities faced by the queer community and examined the clinic's response to its patients with complex needs (unhoused and poor, injecting opioids and/or methamphetamine, high utilizers of the emergency department). The presenter shared adaptations to the service delivery model including the use of "virtual walk-in" access and audio-only phone-based meetings to lower barriers to virtual care in the context of the pandemic.

The second training in the series, *Innovations in Access to Substance Use Disorder Treatment During COVID*, examined the impact of the pandemic on substance use in the United States and the ways in which people access and receive care for substance use disorders. This training was led by a nurse practitioner whose primary role is a clinical educator at a local teaching hospital; their

clinical work focuses on homelessness and substance use. The training detailed the distinctive factors related to COVID-19 including isolation, physical distancing, and lack of social support and their impact on substance use, fatal overdose deaths, and treatment access. Changes to service delivery, the migration to telehealth, and the impact of the secondary social consequences of the pandemic have pressed the community to respond with innovation in treatment access. The training provided details on changes to policy and regulation related to substance use treatment and encouraged participants to adapt their practice to capitalize on these changes.

*Reducing Harm in the COVID Era*, the third training, examined how recovery services and the overall experience of engaging in harm reduction services transformed through the onset of the COVID-19 pandemic. The training was led by two clinical social workers, one from an urban health center and one from a rural health center, with expertise in substance user health and harm reduction strategies. The training explored the changes to the illicit drug market, availability of treatment and recovery services, impact of social distancing, and the ways in which substance users' experiences were shaped by COVID-19. The training also discussed strategies to address the shifting stressors and challenges experienced by social workers and other behavioral health providers as well as clients. The training identified the systemic changes brought about by the pandemic and examined opportunities for adjustments in service delivery, encouraging participants to explore solutions to challenges in their own agency.

The final training in the series, *An Overview of Methamphetamine Use Disorder*, responded to a growing need for clinical knowledge due to the rising use of methamphetamines in the state; psychostimulant overdose deaths in the state have increased over 425% since 2000 ([State] Department of Public Health, 2020). The training was led by a clinical nurse educator at a teaching hospital whose expertise is in infectious disease and the co-occurrence with substance use disorders, community outreach, and harm reduction. The training addressed the changes and challenges of service delivery related to COVID-19 and its impact on individuals using methamphetamines. The training utilized case-based learning and resource

sharing to address the epidemiological data related to vulnerability and risk, elaborate on biological considerations for patients with methamphetamine use disorders and current recommended treatment modalities, review harm reduction education practices and de-escalation strategies, and address the syndemic of trauma and methamphetamine use.

### Methods

Satisfaction surveys were administered to all participants after each individual training. The survey included a total of eight items, with six items scored continuously on a 5-point Likert scale and two open-ended questions. Items asked participants to rate the content of the session, the knowledge and preparedness of facilitators, the relevance of pretraining readings/coursework, the applicability of training content to their clinical practice, and the contribution of training content to achieving their personal and professional goals. These items were scored on a 5-point Likert scale, where 1 is “strongly disagree,” 2 is “disagree,” 3 is “neutral,” 4 is “agree,” and 5 is “strongly agree.” Another item asked participants to rate the overall quality of the training along a 5-point Likert scale where 1 is “poor” and 5 is “excellent.” The two open-ended questions asked participants to indicate what they liked most and what they liked least about the training. Descriptive statistics were conducted to calculate frequencies of participant responses, both overall and for the four individual trainings. A content analysis of participant comments was conducted to identify overall themes with selected quotes presented.

### Results

Two hundred virtual logins were recorded in the training series; 64 participants attended *Low Threshold Behavioral Health Services for People with Complex Needs and Distinctive Preferences*, 25 participants attended *Innovations in Access to Substance Use Disorder Treatment During COVID*, 64 participants attended *Reducing Harm in the COVID Era*, and 47 participants attended *An Overview of Methamphetamine Use Disorder*. Of the participants who provided information on profession ( $n = 167$ ) and/or agency type ( $n = 192$ ), 31% ( $n = 51$ ) were independently licensed clinical social workers, 25% ( $n = 41$ ) were mas-

ter’s level social workers, 5% ( $n = 9$ ) were nursing professionals, 5% ( $n = 9$ ) were licensed substance use counselors, and 34% ( $n = 57$ ) indicated other, including students, public health professionals, mental health clinicians, and human service professionals. Types of agencies represented at the trainings included 24% ( $n = 47$ ) hospital/healthcare agency, 34% ( $n = 66$ ) community-based services, 36% ( $n = 70$ ) academic institutions, and other 5% ( $n = 9$ ) including public schools, police departments, and private practice.

Results of the descriptive statistical analysis suggest that, of participants who completed the satisfaction survey ( $N = 152$ ), 70.4% ( $n = 107$ ) rated “the overall quality” as excellent. Ninety-five percent ( $n = 145$ ) of participants either agreed or strongly agreed that the trainings met the stated learning objectives, while 97.3% ( $n = 148$ ) agreed or strongly agreed that training facilitators were knowledgeable and well-prepared. Over 62% of participants ( $n = 88$ ) agreed or strongly agreed that pretraining coursework contributed to their understanding of the training content. Eighty-nine percent ( $n = 135$ ) of participants agreed or strongly agreed that the information presented could be applied to their practice, while 91.4% ( $n = 139$ ) agreed or strongly agreed that the information presented could contribute to achieving their personal and professional goals. See Table 1.

Descriptive statistical analysis of individual trainings within the series indicate that 48.9% ( $n = 22$ ) of participants of *Low Threshold Behavioral Health Services for People with Complex Needs and Distinctive Preferences* rated the quality of the training as excellent, 76.9% ( $n = 10$ ) of participants of *Innovations in Access to Substance Use Disorder Treatment During COVID* rated the training quality as excellent, 67.4% ( $n = 29$ ) of participants of *Reducing Harm in the COVID Era* rated the training quality as excellent, and 90.2% ( $n = 46$ ) of participants of *An Overview of Methamphetamine Use Disorder* rated the training quality as excellent. See Table 2.

There were 116 comments across the four trainings in the series. While there were comments about access to updated research, statistics, data, real life examples, knowledgeable presenters, and the convenience and ability to share ex-

periences online, a content analysis resulted in one major theme: learning ways in which social work and behavioral health programs are managing the changing clinical and access landscape during the COVID-19 pandemic and identifying new ways of serving individuals with SUDs.

A quote from each of the trainings in the series, collected from the open-ended survey question “what did you like most about this training?”, represents this theme. Specifically, for the training *Low Threshold Behavioral Health Services for People with Complex Needs and Distinctive Preferences*, participants noted “...the creative approach to problem solving and flexibility required to increase engagement for some of the most vulnerable members of our communities.” Relatedly, the training, *Innovations in Access to Substance Use Disorder Treatment During COVID* elicited feedback from participants regarding the “good breadth of information about a broad variety of changing situations.” For the training, *Reducing Harm in the COVID Era*, participants acknowledged the “...discussion around not just keeping people alive but really helping people recover.” Finally, participants noted an appreciation for the “...discussion of ‘in the moment’ fixes...” in the training *An Overview of Methamphetamine Use Disorder*. These comments support the central theme related to learning new methods adopted by behavioral health programs to continue to effectively serve individuals with SUDs amidst the shifting clinical landscape in the era of COVID-19.

### **Discussion**

Continuing education and training is an essential activity for ensuring the provision of quality behavioral health services (National Association of Social Workers, 2003). As the impact of the global COVID-19 pandemic on individuals who use substances grew, a large gap in responsive clinical and access services was exposed. Rapid changes in the behavioral health landscape due to COVID-19 demanded relevant and timely training (Priest, 2020). Training offerings must be nimble in format and content and respond to the needs of the behavioral health workforce. Virtual training models allow for agility in timing and content (Dhawan, 2020). Such models mitigate the typical barriers that prevent behavioral health

providers from accessing valuable training such as logistics, transportation, geographic area, timing, and space, as well as COVID-19-related barriers such as the need for physical distancing..

In the context of the COVID-19 crisis, and its disproportionate impact on vulnerable populations including those with SUDs, the ability to respond quickly and provide access to rapidly changing information and innovations in care and access is critical. Because of the virtual format employed by the university, the training reached participants beyond the immediate geographic area and captured nearly double the number of attendees typically served through in-person training.

While virtual training provides a vehicle to respond rapidly to the needs of social workers and other behavioral health services providers and their clients, considerations for implementation are also important for success. Participant engagement is one such consideration. Utilizing a training series model focused on a relevant and timely topic is crucial to ensure broader and more consistent engagement among training participants. The authors heard the requests of the social work and behavioral health community to provide content that addressed the changes to clinical practice and services related to SUDs and COVID-19 and responded accordingly. Importantly, these requests came from both Master of Social Work (MSW) students and behavioral health professionals in practice. Thus, the authors invited students and practicing professionals to the trainings to learn alongside each other in the virtual environment. Likewise, the length of each distinct training was kept to 1.5 hours, recognizing the many commitments and responsibilities of those practicing in unprecedented times. The authors suggest that the accessibility of the training contributed to participant engagement.

Embracing the virtual model of training allowed the university to pivot its training resources and topics to meet the training needs of the behavioral health community in real time. Capitalizing on behavioral health service innovation occurring in the community, this training series provided social workers and behavioral health providers with the information needed to do their jobs more effectively and meet the needs of the individuals they serve.

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**Table 1.**  
*Participants' (N = 152) satisfaction with professional development training series.*

	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
The training met the stated	107	70.4	38	25.0	7	4.6	0	0	0	0
The facilitators were knowledgeable and well prepared.	120	78.9	28	18.4	3	2	0	0	1	0.7
The pretraining coursework contributed to my understanding	61	43.3	27	19.1	44	31.2	6	4.3	3	2.1
The information presented in the training could be applied to	95	62.9	40	26.5	14	9.3	2	1.3	0	0
The information presented in the training could contribute to achieving my personal and professional goals.	94	61.8	45	29.6	12	7.9	1	0.7	0	0

*Note.* Percentages reflect valid percentages.

**Table 2.**  
*Participants' perception of overall quality of professional development training series and individual training sessions.*

	Excellent 5		4		3		2		Poor 1	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Overall	107	70.4	33	21.7	12	7.9	0	0	0	0
Low Threshold Behavioral Health Services for People with Complex Needs and Distinctive Preferences	22	48.9	14	31.1	9	20.0	0	0	0	0
Innovations in Access to Substance Use Disorder Treatment During COVID ( <i>n</i> = 13)	10	76.9	2	15.4	1	7.7	0	0	0	0
Reducing Harm in the COVID Era	29	67.4	13	30.2	1	2.3	0	0	0	0
An Overview of Methamphetamine Use Disorder ( <i>n</i> = 51)	46	90.2	4	7.8	1	2.0	0	0	0	0

*Note.* Numbers and percentages represent participants who completed the satisfaction survey.

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