

# U.S. Virgin Islands Training Needs Assessment Results, 2003

## Introduction

During the months of September 2003 through January 2004, a training needs assessment was conducted in the U.S. Virgin Islands. The main objective of this activity was to gather information from substance abuse service providers on demographics, program characteristics, job setting, satisfaction with previous trainings, training preferences, and barriers and facilitators to taking substance abuse trainings. Eight out of 13 centers participated in the assessment, throughout the three islands of Saint Thomas, Saint Croix and Saint John. Each center was asked to provide at least 3 completed surveys (1 from the director or supervisor and 2 from front line staff).

A total of 39 completed surveys were collected and analyzed. The results are presented in two parts. First, characteristics of the respondents and their programs are presented in the aggregate. Second, information on training needs and preferences, satisfaction with trainings and with the work setting, and barriers and facilitators for receiving training, is presented showing a comparison between respondents by primary role (management or direct service).

## Results

### *Provider and program characteristics*

Demographic and professional characteristics of respondents are presented in Table 1. The sample consisted of 42% management staff and 58% direct service staff, as per respondents' self-reported primary role. Females made up more than 60% of the sample, and the mean age was 48 years. Over 90% of participants identified as being non-Hispanic Black or Caribbean Islander. About 85% reported at least some college education. The most frequently reported current discipline or profession was social work/human services (39%), followed by other counseling (31%) and addiction counseling (17%). About 37% reported needing to renew a license or certification for work. The average length of time working in the substance abuse field for respondents was about 7 years. The most frequently reported reasons for entering the substance abuse field were personal interest (39%), previous experience (personal or family) with addiction or recovery (27%), and having experience in a similar field (22%). Over 90% reported they have never been certified in the substance abuse field.

Table 1. Provider Characteristics,  
USVI Training Needs Assessment 2003

Variable	Category	Frequency	Percent
Gender			
	Male	13	34.2
	Female	25	65.8
Age (yrs)	<i>Mean (SD)</i>	<i>47.8 (10.1)</i>	
Hispanic or Latino			
	Yes	4	10.5
	No	34	89.5
Race			
	Caribbean Islander	17	44.7
	Black	18	47.4
	Asian	1	2.6
	White	2	5.3
Highest academic level attained			
	High school	6	15.4
	Some college	12	30.8
	Associate	1	2.6

Table 1. Provider Characteristics,  
USVI Training Needs Assessment 2003

Variable	Category	Frequency	Percent
	Bachelor's	7	17.9
	Master's	11	28.2
	Doctoral	2	5.1
Primary role at work			
	Management	16	42.1
	Direct services	22	57.9
Current discipline/profession			
	Addictions counseling	6	16.7
	Vocational rehabilitation	1	2.8
	Social work/human services	14	38.9
	Medicine (primary care)	1	2.8
	Nursing	4	11.1
	Psychology	5	13.9
	Other counseling	11	30.6
	Education	5	13.9
	Criminal justice	3	8.3
Need to renew a professional license or certification			
	Yes	13	36.1
	No	23	63.9
Years of experience in the substance abuse field			
	<i>Mean (SD)</i>	<i>6.7 (7)</i>	
Certification status in the substance abuse field			
	Never certified	29	93.5
	Previously certified	1	3.2
	Currently certified	1	3.2
Decision to enter the substance abuse field*			
	Personal interest	13	39.4
	Previous experience with addiction or recovery	9	27.3
	Experience in a similar field	7	21.9
	Unplanned decision	5	15.6
	Academic work or degree in a similar field	4	12.5

\*Total of frequencies > N, and sum of percents > 100, due to multiple responses.

Table 2 presents descriptive characteristics of the programs in which respondents worked. The largest number of respondents reported working in outpatient facilities (35.3%), followed by inpatient/residential (23.5%) and halfway house programs (20.6%). Most respondents were employed in the governmental sector (64%), followed by private not for profit organizations (22%). The most frequently reported program services were referral, evaluation, clinical therapies, and supportive services. Regarding ways that their program develops skills and enhances abilities of direct service substance abuse treatment staff, 38% of respondents reported that there was no such development. For the remaining respondents, in-service trainings and direct supervision were the most frequently reported ways that programs addressed such staff development. Reports of the average number of clients served per month in the programs ranged from 12 to 25, with 3 to 10 new clients served per month. Among clients in their programs, the special population reported as being the most in need of overall supportive and health services was women with children, followed by adolescents and the homeless.

Table 2. Program characteristics, USVI Training Needs Assessment 2003

Variable	Category	Frequency	Percent
Description of program			
	Outpatient	12	35.3
	Inpatient/residential	8	23.5
	Halfway house	7	20.6
	Therapeutic community	3	8.8
	Health services	2	5.9
	Methadone	2	5.9
Description of program ownership			
	Governmental	23	63.9
	Private not for profit	8	22.2
	Other	4	11.1
	Private for profit	1	2.8
Program services*			
	Referral	20	54.1
	Client evaluation	17	45.9
	Clinical therapies	15	40.5
	Supportive services	15	40.5
	Outreach	14	37.8
	Medication	12	32.4
	Health-related (other)	11	29.7
	Physical exam and lab tests	7	18.9
	Special population programs	4	10.8
	Follow-up	2	5.4
Methods agency uses to develops skills and enhances abilities of staff*			
	Provides in-service training	15	46.9
	Has no method/program to develop skills of staff	12	37.5
	Provides direct supervision	7	21.9
	Offers in-house mentoring program	5	15.6
	Pays cost of continuing education	2	6.3
Number of clients served per month in program (average)		Range: 12-25	
Number of new clients served per month in program (average)		Range: 3-10	
Clients most in need of overall supportive and health services*			
	Women with children	18	48.6
	Adolescents	17	45.9
	Homeless	13	35.1
	Elderly	12	32.4
	Criminal justice	12	32.4
	Women	12	32.4
	Co-occurring disorders	12	32.4
	HIV/AIDS patients	11	29.7
	Sexual abuse	9	24.3
	Emotional abuse	9	24.3
	Physical abuse	8	21.6
	Disabled	5	13.5
	Sexually transmitted diseases	5	13.5
	Gay-Lesbian-Transgender-Bisexual	4	10.8
	Sex workers	3	8.1
	Pregnant women	3	8.1

\*Total of frequencies > N, and sum of percents > 100, due to multiple responses.

*By primary role*

Table 3 presents different issues related to choice of profession and satisfaction in the current position. For both management and direct service staff the reason most frequently given for entering the addictions field was personal interest. For management staff the second most frequently cited reason was experience in a similar field, while for direct service staff it was previous experience with addiction or recovery. Regarding methods their agencies used to develop skills and enhance abilities of staff, 47% of management staff and 25% of direct service staff indicated no methods were used to develop or enhance staff skills in their programs. Another 53% of management and 48% of direct service staff reported in-service training as the most common method used. Few management staff and no direct service staff indicated that their agency paid the cost of continuing education activities.

Regarding aspects of their work providing job satisfaction, 'one-to-one interaction with clients' was mentioned most often by both groups. For management staff, this was followed by 'role as a change agent,' and 'opportunities for personal growth.' For direct service staff, the next most frequently mentioned aspects were 'commitment to treatment,' and 'opportunities for personal growth.' In terms of job dissatisfaction, salary and benefits was the most frequently mentioned item in both groups, followed by lack of career growth, particularly among direct service staff.

Table 3. Choice of substance abuse field and satisfaction with current work, by primary role  
USVI Training Needs Assessment 2003

Variable Categories	Management		Direct Service	
	Frequency	Percent	Frequency	Percent
Why did you decide to enter the field of substance abuse treatment*				
Previous experience with addiction or recovery	3	21.4	6	31.6
Personal interest	5	35.7	8	42.1
Experience in a similar field	4	28.6	3	16.7
Academic work/degree in a similar field	3	21.4	1	5.6
Unplanned decision	1	7.1	4	22.2

Variable Categories	Management		Direct Service	
	Frequency	Percent	Frequency	Percent
Methods agency uses to develop skills and enhance abilities*				
Has no method/program to develop skills of staff	7	46.7	4	25.0
Pays cost of continuing education	2	13.3	0	0.0
Offers in-house mentoring program	4	26.7	1	6.3
Provides direct supervision	3	20.0	4	25.0
Provides in-service training	8	53.3	7	43.8
What in your work gives you job satisfaction*				
Salary/benefits	1	6.7	4	18.2
Career growth	3	20.0	5	22.7
Commitment to treatment	5	33.3	12	54.5
One-to-one interaction	11	73.3	15	68.2
Opportunities for personal growth	8	53.3	12	54.5
Agency-co-workers	0	0.0	2	9.1
Ability to influence	5	33.3	2	9.1
Role as a change agent	10	66.7	6	27.3
What in your work leaves you dissatisfied*				
Nothing, I am satisfied	1	6.7	2	9.1
Limited role as a change agent	1	6.7	6	27.3
Salary/benefits	8	53.3	13	59.1
Agency co-workers	3	20.0	3	13.6
Lack of commitment	1	6.7	6	27.3
Lack of career growth	3	20.0	10	45.5
Inability to influence agency	2	13.3	4	18.2
Lack of opportunities	1	6.7	8	36.4

\*Total of frequencies > N, and sum of percents > 100, due to multiple responses.

Table 4 provides information on availability of computer resources to program staff. Only 1 management and no direct service staff reported having computerized client records. About 67% of management and 48% of direct service personnel reported feeling comfortable using computers. However, 81% of direct service staff reported needing more computer resources. Just 15.8% of direct service staff, and 26.7% of the management staff, reported having access to e-mail and the Internet at work. Management staff reported less frequently than direct service staff that there were policies limiting access to e-mail and the Internet, although this did not reach statistical significance.

Table 4. Agreement with statements about computer resources and access, by primary role, USVI Training Needs Assessment 2003

Variable Categories	Management		Direct Service	
	Frequency	Percent	Frequency	Percent
Computer Resources*				
Most client records for this program are computerized	1	7.1	0	0.0
Staff here feel comfortable using computers	10	66.7	10	47.6
More computer resources are needed here	10	66.7	17	81
Staff here have easy access for using e-mail and the Internet at work	4	26.7	3	15.8
There are program policies that limit staff access to the Internet and use of e-mail	5	35.7	11	52.4

\*Total of frequencies > N, and sum of percents > 100, due to multiple responses.

Table 5 shows number and percent of respondents who agreed with positive statements about the facilities and atmosphere at their current worksite, by primary role. Management staff agreed with the statements more often than direct service staff, with less than 25% of direct service staff in agreement with any of the statements. Under 10% of direct service staff agreed that their program has a secure future ahead, compared with 40% of management staff. Similarly, 15.8% of direct service staff agreed that offices, equipment and supplies were adequate, compared with 43.8% of management staff.

Very few management or direct service staff indicated that their program had enough counselors and staff to meet current client needs (14.3% and 10.5%, respectively), while somewhat more management than direct service staff indicated overall resources were adequate for meeting clients' medical and psychiatric needs (28.6% vs. 10.5%).

Table 5. Agreement with positive statements about facilities and atmosphere, by primary role, USVI Training Needs Assessment 2003

Variable Categories	Management		Direct Service	
	Frequency	Percent	Frequency	Percent
Facilities and atmosphere*				
Staff offices, equipment and supplies are adequate at your program	7	43.8	3	15.8
Your program has enough counselors and staff to meet current client needs	2	14.3	2	10.5
Your program has adequate resources for meeting most medical and psychiatric client needs	4	28.6	2	10.5
Most staff feel positive and confident about the quality of services at your program	7	43.8	4	21.1
Your program has a secure future ahead	6	40.0	2	9.5
The staff here gets along very well	9	56.3	4	23.5

\*Total of frequencies > N, and sum of percents > 100, due to multiple responses.

As shown in Table 6, both management and direct service staff reported finding good outside trainings to attend in the past year (56% and 43%, respectively). While 50% of management staff reported that their program provided good in-house training for staff, only 14.3% of direct service staff agreed with this statement. About one-third in both groups reported that good training was provided by regional organizations such as the ATTC.

Table 6. Satisfaction with training activities in the past year by primary role, USVI Training Needs Assessment 2003

Variable Categories	Management		Direct Service	
	Frequency	Percent	Frequency	Percent
Satisfaction with training*				
Good in-house (in-service) training is provided to staff in your program	8	50.0	3	14.3
You found good outside training events to attend last year	9	56.3	9	42.9
Your state-funded drug or alcohol agency provided good training in the past year	4	26.7	3	14.3
Regional authorities or groups (eg, ATTC) provided good training in the past year	5	35.7	7	33.3

\*Total of frequencies > N, and sum of percents > 100, due to multiple responses.

Concerning trainings needed related to special populations (Table 7), homeless clients along with criminal justice-involved clients were the top two groups selected by management staff. Direct service

staff most frequently reported needing training related to GLBT and adolescent populations. In terms of general training needs, in both groups the content areas of motivational interviewing strategies and co-occurring disorders and appropriate treatment were at the top of the list. Among management staff these priorities were followed closely by neurobiology of addiction, pharmacotherapy, and family intervention, while among direct service staff the topics of brief diagnostic screening tools and crisis intervention strategies shared the top priority, followed by family intervention and relapse prevention, each reported by more than 90% of respondents

Table 7. Priority topics in special populations, and general training needs in the substance abuse field, by primary role, USVI Training Needs Assessment 2003

Variable Categories	Management		Direct Service	
	Frequency	Percent	Frequency	Percent
Topics in special populations				
Gay/lesbian/transgender/bisexual clients	9	60.0	16	76.2
Adolescents	9	60.0	15	71.4
Women	8	57.1	12	60.0
Incarcerated/criminal justice involved	11	78.6	12	60.0
Disabled clients	8	61.5	14	66.7
Homeless clients	11	78.6	13	61.9
Training needs				
Neurobiology of addiction	11	73.3	13	65.0
Pharmacotherapy	11	73.3	15	75.0
Ethics and confidentiality of information	10	66.7	15	71.4
Family involvement interventions and related issues	11	73.3	19	90.5
Co-occurring disorders and appropriate treatment	11	78.6	20	95.2
Brief diagnostic screening tools	10	71.4	20	95.2
Relapse prevention strategies	9	64.3	19	90.5
HIV/AIDS and STDs and appropriate treatment	9	64.3	15	71.4
Crisis intervention strategies	10	71.4	20	95.2
Motivational interviewing techniques	11	78.6	20	95.2

As shown in Table 8, the top three preferences for training formats differed somewhat between the groups. Management staff indicated most frequently 1) that training or educational activities should include role-playing and group activities, 2) that exchanging ideas with other programs that have similar interests would be helpful, and 3) that an intensive full-day training is an effective format. The greatest number of direct service staff indicated that 1) exchanging ideas with other programs with similar interest, followed by 2) including role playing and group activities, and 3) telephone consultations after the training will be an effective format, were effective formats.

Table 8. Training format preferences by primary role,  
USVI Training Needs Assessment 2003

Variable Categories	Management		Direct Service	
	Frequency	Percent	Frequency	Percent
Training format preferences				
A general introductory session on multiple topics is an effective workshop format	9	60.0	11	52.4
Intensive full-day training on special topics is an effective workshop format	13	81.3	15	71.4
A conceptual treatment process model to show how treatment activities contribute to recovery would be helpful	11	78.6	0	0.0
Training workshops should be based on evidence-based and manual-guided interventions	11	78.6	14	66.7
Training workshops should include role-playing and group activities	15	93.8	16	76.2
Telephone consultations after specialized training would be useful	9	56.3	16	76.2
Specialized training available over the Internet would be useful	8	57.1	11	52.4
Exchanging ideas with other programs that have interests similar to yours would be helpful	14	87.5	19	90.5

\*Total of frequencies > N, and sum of percents > 100, due to multiple responses.

Table 9 illustrates that, among possible barriers to training, budget issues were identified by over 70% of respondents in both groups. A second barrier perceived by management staff was that workload and pressures keep motivation for new training low (63%). For direct service staff, the next most frequently mentioned barrier was that topics presented at recent training workshops and conferences were too limited (36%); however, this represented only half the number who identified budget issues as a barrier. Regarding limitations to applying lessons learned, management staff indicated that background and training of staff limit the kinds of treatment changes possible (68.8%); but more than 50% also agreed that program limitations (such as space and budget) are barriers to implementing lessons learned and making changes in the program. Also, over 50% of management staff perceived current pressure to make changes in the program as being initiated by a combination of different groups including program supervisors or managers, funding and oversight agencies, clients in the program, and program staff members, while direct service staff see the changes as being initiated by program supervisors or managers.

Table 9. Barriers to attend trainings and limitations for implement knowledge/skills learned in educational activities, by primary role; USVI Training Needs Assessment 2003

Variable Categories	Management		Direct Service	
	Frequency	Percent	Frequency	Percent
<b>Barriers to attend trainings*</b>				
The workload and pressures at your program keep motivation for new training low	9	64.3	4	19.0
Your budget does not allow most staff to attend professional conferences annually	12	75.0	16	72.7
Topics presented at recent training workshops and conferences have been too limited	2	13.3	8	36.4
Training activities take too much time away from delivery of program services	0	0.0	2	9.1
Training interests of staff are mostly due to licensure or certification requirements	2	14.3	4	19.0
<b>Limitations to implementing knowledge/skills learned*</b>				
It is often too difficult to adapt things learned at workshops so they will work in your program	5	31.3	6	28.6
Limitations at your program (e.g., office space or budget) make it difficult to adopt new treatment ideas	8	53.3	11	52.4
The background and training of staff at your program limits the kind of treatment changes possible	11	68.8	6	30.0
There are too few rewards for trying to change treatment or other procedures at your program	3	23.1	7	33.3
<b>Pressure for system change*</b>				
Clients in the program	6	50.0	8	38.1
Program staff members	6	50.0	9	45.0
Program supervisors or managers	8	66.7	13	61.9
Agency board members	2	16.7	5	23.8
Community action groups	5	38.5	2	9.5
Funding and oversight agencies	7	53.8	10	47.6

\*Total of frequencies > N, and sum of percents > 100, due to multiple responses.

Finally, the data in Table 10 indicate that, when management staff need information about substance abuse issues, the most common sources for obtaining that information are: continuing education activities (94%), followed by training in the workplace (81.3%), and the Internet (75%). Direct service staff mentioned training in the workplace (70%) and the Internet (65%) as the most common sources for obtaining information. Both groups indicated that they would be interested in receiving more information about substance abuse through conferences or workshops, although direct service staff also preferred self-learning courses. In addition, more than 50% in each group indicated they would be interested in acquiring information through distance learning via the Internet.

Table 10. Need for and interest in receiving substance abuse educational information, by primary role, USVI Training Needs Assessment 2003

Variable Categories	Management		Direct Service	
	Frequency	Percent	Frequency	Percent
When you need information regarding substance abuse related issues, you would like to obtain it from:*				
College education	9	56.3	9	45.0
Continuing education activities	15	93.8	5	25.0
Experience in the field	9	56.3	10	50.0
Friends or colleagues	5	31.3	5	25.0
Personal experiences	3	18.8	6	30.0
Radio, press, TV	7	43.8	6	30.0
Scientific journals	7	43.8	7	35.0
The Internet	12	75.0	13	65.0
Training in the workplace	13	81.3	14	70.0
Would you be interested in receiving educational information about substance abuse-related issues through:*				
Workshops or conferences (classroom)	11	68.8	12	60.0
Distance learning audio	5	31.3	5	25.0
Distance learning e-mail	6	37.5	5	25.0
Distance learning internet	8	50.0	10	50.0
Distance learning video	8	50.0	9	45.0
Self-learning course	4	25.0	11	55.0

\*Total and percents are overlapping due to multiple choices.

## Conclusions

Although demographic characteristics, job satisfaction, and reasons for entering the substance abuse field were similar between management and direct service staff, in other areas surveyed there were some differences. The results indicate that a clear differentiation occurs between management and direct service staff regarding training format preferences, training needs, barriers to training and limitations to implementation, sources for information to gain knowledge and skills, and availability of computer resources.

The responses regarding clients most in need of overall supportive and health services could be considered an indicator of the need for more services in the Islands, and that more training is probably needed to provide the knowledge and skills necessary in order to meet the needs of these special populations.

Less than 50% of respondents agreed with most of the positively worded items regarding the facilities and atmosphere in their current work place. This section could be used as an indicator of level of satisfaction with the work setting. Workplace facilities and atmosphere need to be improved for better functionality and staff performance, and increased staff satisfaction.

Management staff indicated that intensive full-day training is an effective format; however 36% of direct staff mentioned that trainings in the last year were too limited. Designing specific trainings for different groups could likely be helpful or using combination of one or two intensive full-days incorporating role-playing and group activities followed by exchanging ideas with others in the same group also could be a beneficial use for the attendees.

The CBHATTC is committed to the professionalization of the substance abuse field, especially in the U.S. Virgin Islands. Using the information gathered through this training needs assessment, the Center is designing a training work-plan, which takes into consideration the barriers, limitations, and preferences of the substance abuse programs and service providers.