

Implementing a Staff Training on Hepatitis C at Drug Treatment Programs: Translating Research into Practice

**C. Munoz-Plaza, J. Astone-Twerell, S. Strauss,
D. Des Jarlais, M. Gwadz, H. Hagan, A. Osborne, and A. Rosenblum**

***National Development and Research Institutes
Beth Israel Medical Center***

December 8, 2005

Presenter:

Shiela Strauss, Ph.D., Principal Investigator

Location:

National Viral Hepatitis Prevention Conference, Washington, D.C.

Sponsored by:

The Centers for Disease Control

Previous research

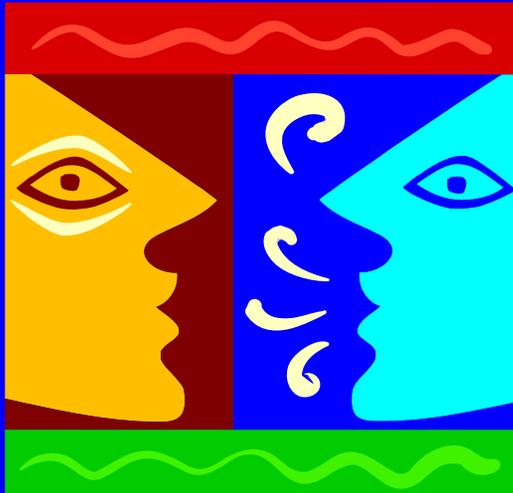
HCV Service Innovations in Drug Treatment Programs

August, 2000 – June, 2004

Funded by NIDA, 1R01DA13409, S. Strauss, PI

- We examined the extent to which HCV education, HCV testing, and HCV medical care and support services are provided by a random nationwide sample of methadone and drug-free treatment programs (N=614) in the US.
- Case studies at 11 drug treatment programs illuminated the HCV services innovation and implementation processes

Our research demonstrated that there is a need for a staff training on HCV in drug treatment programs



- Drug treatment program patients and staff often have limited knowledge about HCV
- HCV services are often underutilized in drug treatment programs
- Patients often turn to staff for support about health and other issues
- Staff often have difficulty knowing how to communicate with patients about HCV

Current research

Increasing HCV Knowledge and Service Use in Drug Treatment Programs

July, 2004 – December, 2007

Funded by NIDA, 2R01DA13409
S. Strauss, PI

The “STOP HEP C” staff training project

The information presented in the following slides are based on our experiences at a total of 8 programs located in the New York area:

- 4 pilot programs (March 2005 – July 2005)
 - 2 Methadone Programs & 2 Drug Free Programs
- 4 test programs (September 2005 – November 2005)
 - 2 Intervention Programs
 - 1 Methadone & 1 Drug Free
 - 2 Control Programs
 - 1 Methadone & 1 Drug Free

The “STOP HEP C” staff training project ... AIMS



1. Develop a training on hepatitis C for staff in drug treatment programs to increase their knowledge about the virus and their skills in sharing this information with patients.
2. Assess the training's impact on participating staff, patients, and the drug treatment organization.

The “STOP HEP C” staff training project... THEORETICAL GUIDANCE FOR DEVELOPMENT

- The staff training was designed to include both an HCV knowledge component and a component that addresses how best to communicate this knowledge to patients.
- Our approach to training staff in communication skills is guided by Social Cognitive Theory (SCT):
 - SCT suggests that staff’s past success (or lack of success) in communicating effectively with patients about HCV forms their expectations of the success of future communications.
 - By modeling effective communication techniques, and practicing these techniques during the training, the goal is to improve expectations for successful HCV related communication with patients.

From Social Cognitive Theory to Practice...MOTIVATIONAL INTERVIEWING (MI)

The specific communication skills taught in the training are based on MI principles

Motivational Interviewing (MI)

- Directive, patient-centered counseling style
- Used effectively with substance using populations
- MI helps individuals explore and resolve ambivalence

The “STOP HEP C” staff training project... DEVELOPMENT

Reviewed others' HCV training curricula from HCV organizations, CDC, etc. Training needed to be specific to and relevant for drug treatment programs. Needed to take into account the fact that there is variation in drug treatment program types:

- a. Modality
- b. Size (numbers of staff, patients, patient/staff ratio)
- c. Geographic location
- d. Culture
- e. Resources
- f. Medical orientation



The “STOP HEP C” staff training project... DEVELOPMENT



- What topics to cover in a limited period of time?
- Wanted the training to be useful to all staff: administrators, clinical, medical, etc.
- Needed to determine the best way to incorporate motivational interviewing

The “STOP HEP C” staff training project... RECRUITMENT

First involved a conversation with the program director



- What’s in it for the program and participants?
 - a. Free on-site staff training
 - b. Desktop computer (used for data collection, but later becomes the property of the program)
 - c. CASAC credits for participating staff
 - d. (Hopefully) an increase in patients’ use of HCV services

The “STOP HEP C” staff training project... RECRUITMENT

What are the program’s responsibilities?

- a. Director – participation in 3 interviews over a 3 month period; identification of 20 patients to participate in data collection
- b. Patients – participation in 3 computer assisted interviews over a 3 month period
- c. Staff – time to attend the training, and a booster session one month later. Time to complete surveys at 4 points over a 3 month period
- d. Main Contact Person – staff member designated to champion the research

Challenges to recruiting drug treatment programs to participate in a HCV staff training

Recruitment challenges included:

- Having program directors embrace both the training and the research components of the project.
- Acknowledging that participation in the training required a program to allocate significant time and resources toward the project.



The “STOP HEP C” staff training project... TRAINING DELIVERY

Enhancing its impact and acceptance:

- a. Training conducted twice, in two half day sessions, so that all staff can be accommodated without disrupting program operations
- b. Role plays and group sessions promote engagement and group cohesion
- c. Lunch served

AND... 

The “STOP HEP C” staff training project... TRAINING DELIVERY

- d. Providing take home materials – magnets, buttons, HCV recipe box, etc. – were very well received at past training sites



The “STOP HEP C” staff training project... TRAINING DELIVERY

Challenges:

- a. Maximizing staff engagement in the training. Dealing with possible hostility of some staff to participation
- b. Making the training “work” for staff with various degrees of HCV expertise and patient contact
- c. Successfully integrating HCV knowledge with skill-building techniques for HCV communication
- d. Tailoring the training to individual programs (based on their current level of HCV education, testing, and medical services)

The “STOP HEP C” staff training project... TRAINING DELIVERY

More Challenges:

- a. Available space at program may not be conducive to training
- b. Transporting and storing training materials
- c. Must be flexible to meet the realities of drug treatment programs



The “STOP HEP C” staff training project... RESEARCH COMPONENT – Intervention Programs

- Directors:
 - Director interviews: worksheets; telephone interviews at baseline, 90 days post staff training; face-to-face interview 30 days post staff training
- Staff:
 - four paper and pencil interviews: pre-training, post-training, 30 days post-training, 90 days post-training. Focus group with 5 staff at 30 days post-training. Face-to-face interviews with 5 staff 30 days post-training
- Patients:
 - three computer assisted interviews: baseline, 30 days post staff training, 90 days post-staff training. Focus group with 5 patients at 30 days post staff training.



The “STOP HEP C” staff training project... RESEARCH COMPONENT – Delayed Intervention Programs

Training provided 90 days post-baseline.

- a. Director interviews: worksheets; telephone interviews at baseline, 90 days post baseline.
- b. Staff: three paper and pencil interviews: baseline, 30 days post-baseline, 90 days post-baseline.
- c. Patients: three computer assisted interviews: baseline, 30 days post baseline, 90 days post baseline.

The “STOP HEP C” staff training project... RESEARCH COMPONENT – Some challenges



- a. Motivating delayed intervention programs to participate
- b. Obtaining valid and reliable data – e.g., survey length, data collection issues at remote sites.
- c. Retaining study participants

Staff reactions to the training...MOST IMPORTANT THING LEARNED

1. *“Factual information on hepatitis C.”*
2. *“How serious the problem is.”*
3. *“How much I didn’t know.”*
4. *“I learned the value of encouraging the client to make a positive change to improve his/her health in terms of behavior motivation; I also learned it is up to the client to make the change.”*

Staff reactions to the training...DID THE TRAINING CHANGE THE WAY YOU WORK WITH CLIENTS AROUND HCV?

1. *“I think it has made me a little bit more client sensitive...You know, um, with clients, you know, they in passing talk about, well, you know, I’ve been tested; and I, I do have Hepatitis C. And then sometimes I would just let that slide by and then like maybe engage them further and find out about their HIV status. And then [now] I will go and find out if they are on a regimen of medications for each, respectively, you know what I mean.”*
2. *“Well, she [a client] had just took the little biopsy test. And she was going through a lot of feelings about taking the test...And in the hall I just gave her information, you know, that people who do take the medication there’s a high percentage that they do get rid of the virus...And I learned that from the training...[before the training I would have told her to] go to the health care coordinator...So, now I can give her some type of information. But they’ll still go see [the health care coordinator] for more information and her expertise. But at least I was able to help her while she was going through her emotional distress.”*

Acknowledgments

We would like to thank Shanequa Anderson, M.P.A., Research Assistant for the STOP HEP C Project, for her tremendous assistance and dedication in implementing the staff training intervention.

In addition, we would like to thank both the patients and staff members at each of the drug treatment programs for participating in this study and for so generously sharing their experiences with us.