Provider Training and Education of Social Workers and Allied Providers:
A Nationwide Response to HIV/AIDS

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ABSTRACT

Working as clinicians, administrators, case/care managers, educators, and volunteers, social workers have and continue to provide expertise through research, policy, and direct services in HIV prevention, care and treatment. Yet social workers worldwide face conflicting demands that make it difficult to stay current on the range of practice issues necessary to ensure comprehensive services to persons living with HIV/AIDS and related chronic illnesses. Whether direct service or administration, it is becoming increasingly challenging to meet the complex needs of clients living with HIV/AIDS.

Since 1995, the National Association of Social Workers has provided social workers and allied health and mental health professionals continuing education opportunities through the NASW HIV/AIDS Spectrum: Mental Health Training and Education of Social Workers Project (or NASW HIV/AIDS Spectrum Project).

Program content provides the opportunity to 1) identify provider attitudes that may create barriers to care; 2) help providers to learn and implement strength-based skills in HIV mental health care and treatment; 3) strategize ways to implement content into the provider's work setting. Provider feedback is used to modify program content and expand skills and knowledge of participants.

PROJECT OVERVIEW

The NASW HIV/AIDS Spectrum Project is based on a Training of Trainer (TOT) model. Twenty-four Senior Faculty provide skill-building workshops throughout the United States. Additionally, internet-based education, distance learning (such as audio-conferencing and tele-video conferencing), and technical assistance is offered through the NASW national office.

The goal of the NASW HIV/AIDS Spectrum Project is to provide the necessary HIV and mental health, substance use, and HIV practice skills to enhance and promote culturally competent practice with individuals, families, and communities affected by HIV/AIDS. Working in collaboration with NASW chapters, federal and state agencies, national and state associations, universities, community-based organizations, and businesses, the project has reached over 12,000 providers across the United States. Curricula content has been modified and used in Africa, Europe, Canada, and Mexico.

EVALUATION AND FINDINGS

The purposes of the evaluation are to assess change in participants' HIV/AIDS knowledge, attitude, and skills prior to and following the training sessions; assess participants' perspectives about the training and the training's impact on knowledge, attitudes, skills, and behavior; and assess training satisfaction.

Data is collected via three forms: 1) Participant Feedback Form, 2) Ethics Participant Feedback Form, and 3) Adherence Participant Feedback Form. The SPSSx was used to analyze the data.
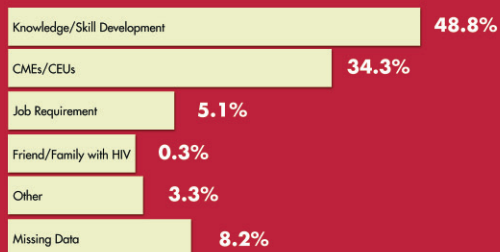
This presentation highlights a one-year snapshot (September 2006 – October 2007) of three of the workshops offered by the NASW HIV/AIDS Spectrum Project: *Substance Use, Mental Health, and HIV/AIDS: An Integrated Response; Addressing Ethical Dilemmas in an Era of Complex Practical Issues: HIV/AIDS as a Case Study;* and *The ADHERE Model: the Role of the Provider in Treatment Adherence.*

Who are the providers accessing the skill-building workshops? (n = 659)

Participants self-identified as White (63%), Black or African American (23%), Asian (4%), American Indian or Alaska Native (1%), Native Hawaiian or Pacific Islander (1%); and Hispanic or Latino descent or origin 8%.

Participation in the skill-building workshops was noted for a range of reasons. See Chart One below.

CHART ONE

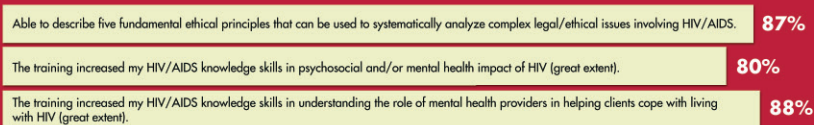|	
Knowledge/Skill Development	48.8%
CMEs/CEUs	34.3%
Job Requirement	5.1%
Friend/Family with HIV	0.3%
Other	3.3%
Missing Data	8.2%

Participants' primary work setting represented a broad range of practice arenas: community-based organizations (23%), other hospital clinics (21%), public health agencies (7%), hospital mental health clinics (7%), private practice (5%), academic setting (5%), health clinic/agency (5%), substance use treatment (3%), "other" (17%), and no response (7%).

Impact of Training/Continuing Education

Participants stated they would promote HIV/AIDS awareness and knowledge through sharing training resource materials with colleagues (80%), as well as modifying content for use with clients or consumers (85%). Additionally, 80% of workshop participants self-reported a willingness and readiness to provide treatment and/or care for individuals with HIV/AIDS.

Chart Two highlights skills learned by participants in the three workshops.

CHART TWO

Able to describe five fundamental ethical principles that can be used to systematically analyze complex legal/ethical issues involving HIV/AIDS.	87%
The training increased my HIV/AIDS knowledge skills in psychosocial and/or mental health impact of HIV (great extent).	80%
The training increased my HIV/AIDS knowledge skills in understanding the role of mental health providers in helping clients cope with living with HIV (great extent).	88%

CONCLUSIONS

Participation in provider education ensures a workforce that is prepared to provide culturally competent care and ensure access to services for all clients/consumers. With limited resources and increased need, providers are looking for training, education, and technical assistance that maximize personal and professional competence. To promote quality of care and workforce capacity building, it is critical that adequate funding is available for ongoing training and skill building of the workforce. Finally, participation in provider education programs promotes HIV/AIDS awareness and knowledge through the exchange of training resource materials with colleagues, as well as the modification of content for use with clients or consumers.

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