

A Rapid Response to Training Needs for Rehabilitation Practitioners: An Exploratory Study

**Joni N. Dolce, Ni Gao, Francine M. Bates, Amy L. Banko,
Brittany L. Stone, and Ifrah Akhtar**

Rutgers University

COVID-19 pandemic drastically affected the delivery mode of rehabilitation services, with significant shifts from in-person to remote service provision. The authors and researchers developed distance learning webinars designed to address the knowledge, skill, and resource gaps necessary to provide remote rehabilitation services during the COVID-19 pandemic. Three targeted training outcome goals were evaluated before and after the virtual training sessions and included practitioners' 1) understanding the skillset necessary for providing remote services, 2) ability to identify strategies to use the skills, and 3) confidence in applying these skills in their work. Training sessions were provided to 228 trainees over the course of 13 months. Evaluations from the 47 participants who responded to pre- and post-training surveys were largely positive and indicated that they experienced improvements in their understanding and application of the skills taught in the core content areas of remote career services training. Recommendations for future development and evaluation of remote trainings for rehabilitation practitioners are shared.

Keywords: *rehabilitation counseling, career services, supported employment/education, staff training, remote services*

A Rapid Response to Training Needs for Rehabilitation Practitioners: An Exploratory Study

The COVID-19 pandemic quickly and drastically affected rehabilitation services (Resnick et al., 2020). Social distancing requirements abruptly halted in-person services at a critical time when individuals with disabilities needed support in adjusting to the sudden and pervasive changes related to the COVID-19 pandemic. Symptoms related to anxiety and depression increased due to the pandemic, which created an even greater need for uninterrupted rehabilitation services for people with disabilities (Czeisler et al., 2020). Social distancing required many rehabilitation practitioners to work remotely and to provide distant support to individuals participating in services. As expected, this posed significant challenges for rehabilitation and behavioral health practitioners who typically delivered face-to-face services and instruction (Murphy et al., 2021; Nguyen, 2015).

One group profoundly impacted by COVID-19 pandemic were rehabilitation practitioners who were providing career services. Career service practitioners, including those in supported employment and supported education, work in a variety of community-based rehabilitation environments. During the COVID-19 pandemic, career service practitioners had to consider new ways to support individuals seeking or maintaining employment and assist those who lost work during this time in accessing ben-

efforts, such as unemployment and Social Security. Practitioners also had to navigate the new business environment, including remote interactions with employers. While the job market and job search strategies were already transitioning to more virtual communications with employers, the pandemic accelerated the need for career service and rehabilitation practitioners to adapt to these changes (Karácsony et al., 2020). Moreover, practitioners experienced challenges with supporting students in postsecondary academic institutions as they traversed the growing challenges of the remote learning environment. The provision of academic and employment related supports for individuals participating in rehabilitation services changed abruptly and drastically.

Mobile mental health has been rapidly expanding, and telehealth services have been indispensable prior to and most certainly during the COVID-19 pandemic (Molfenter et al., 2021; Smith et al., 2020). The benefits of telehealth have been numerous and have included the ability to 1) improve the quality and continuity of health services delivered to rural and remote regions, 2) provide better access to services, 3) increase information availability, and 4) expand the scope of services (Greenbaum, 2020). The COVID-19 pandemic highlighted the importance of expanding rehabilitation practitioner trainings to incorporate skills to provide remote services. Training staff in this new mode of service is necessary to address the growing needs of telehealth and remote service provision (Smith et al., 2020). Research has suggested that practitioners who provide remote services, such as in rural and underdeveloped areas, are most successful when they feel prepared for and supported in their remote work, including training and professional development (Gillespie & Redivo, 2012). There is a critical need to train practitioners to be well equipped to work with individuals participating in rehabilitation services in this new service delivery. Remote services and telehealth are likely to continue beyond the current pandemic.

Providing remote mental health and rehabilitation services is not without challenges. Preliminary studies that have explored the switch from in-person to remote mental health services have identified a decrease in service engagement and a loss of contact for some individuals participating in services. Other individuals who attempted to continue services lacked access to the needed technology and or internet services that were necessary for successful telehealth service provision (Murphy et al., 2021). Moreover, staff identified a gap in the needed skills and competencies for the effective delivery of telehealth services, which resulted in significant operational learning curves for programs and organizations (Murphy et al., 2021; Johnson & Refus, 2021). Lastly, staff reported feelings of apprehension regarding technology and decreased self-efficacy in their remote service provision (Johnson & Refus, 2021). Practitioners noted the need for telehealth counseling trainings to address these specific issues and to bolster their telehealth service provision approaches (Johnson & Refus, 2021).

On March 21, 2020, the governor's Executive Order No. 107 (2020) mandated that all residents of New Jersey were to stay at home until further notice, and similar orders were implemented throughout the country. Practitioners were facing the challenge of changing from in-person services to telehealth/remote services. Such change posed technical difficulties, including access to and the skills of using technology. Practitioners' well-being due to the sudden adjustment to providing remote services and working from home was also affected. Historically, behavioral health and addiction services' staff have experienced high rates of burnout and compassion fatigue (Dreison et al., 2018). The pandemic compounded the ongoing issue of staff burnout (Murphy et al., 2021; Zhou et al., 2020). Anecdotally, institute faculty received numerous comments from practitioners that they were experiencing diminished well-being and self-care during this time of remote work. Practitioners worked more hours and needed to learn the technology required for remote service provision quickly, which added further stress. Aside from the challenges with learning the new skillset needed to deliver telehealth services, practitioners additionally encountered barriers related to severe staff shortages, further exacerbating the potential for burnout (Bureau of Health Workforce, Health Resources and Services Administration [HRSA], 2021).

Between March 26, 2020, and April 6, 2020, a statewide survey was distributed to behavioral health, rehabilitation, and substance use disorders practitioners to assess the impact of the COVID-19 pandemic on services (Levitt & Gill, 2020). Forty-eight responses from 39 organizations were received. Organizations included residential, outpatient, community support services, supported employment,

and supported education programs. Among the challenges related to the COVID-19 pandemic, the most frequently cited by respondents was the difficulty of transitioning to telehealth (46%). Another challenge noted by 26% of respondents was immediate funding concerns. Staff were concerned about being unable to provide sufficient hours of telehealth to sustain program financial stability. Unfortunately, some programs laid off or furloughed staff which inevitably exacerbated stress among the remaining practitioners. This situation highlighted the urgent need for staff to learn how to provide remote services, as one survey respondent stated a major challenge was insufficient access to resources for training staff on telehealth strategies.

Method

The authors of this paper were faculty members of a training institute within a university located in the northeastern U. S. who were charged with providing training, technical assistance, and implementation support to rehabilitation practitioners in the content areas of employment and education services for individuals with mental health conditions. Many faculty associated with the training institute have been credentialed rehabilitation counselors, graduates from rehabilitation counseling programs, and have taught courses in the department's rehabilitation counseling degree program.

For 20 years, the training institute has provided customized training and consultation to mental health organizations, in-vivo training and mentoring to individual rehabilitation practitioners, didactic training to groups. Faculty have facilitated training with communities of practice in various modalities, such as employment specialists in Assertive Community Treatment (ACT), veterans' services, and supportive housing (Bates et al., 2012; Gao et al., 2016; Gao & Dolce, 2010; Gao et al., 2009).

In the wake of the COVID-19 pandemic, institute faculty responded to identify and develop trainings to equip practitioners with the required skills to provide remote career services. Prior to the pandemic, institute faculty amassed several years of experience creating and teaching online credit-bearing courses as well as synchronous remote webinars in the areas of supported employment and supported education. Institute faculty modified existing trainings and developed new trainings to address the immediate needs of the rehabilitation workforce. Newly developed trainings and modifications to existing content were developed in accordance with training development practice standards, such as using Bloom's Taxonomy as a framework, to ensure that practitioners left the trainings with the required knowledge as well as the skills to apply and incorporate the content into their work (Deller, 2019; Saks & Belcourt, 2006).

Site of Study

The institute conducted 74 virtual trainings from April 2020 to May 2021. These focused on three professional development areas: Career Services, Pre-Vocational Services, and COVID-19/Staff Wellness related supports. The modules in those three areas included topics such as transitioning to telehealth, telehealth etiquette, remote strategies for career services, job coaching, academic coaching, job development, and self-care and well-being for practitioners. There was a strong focus on skill development and application.

Examples of skills covered in the modules included: engaging participants online and over the phone, conducting technology assessments, applying organizational and time management strategies when working from home, crafting a remote job development plan, and teaching note-taking techniques to online learners. Table 1 provides the titles and objectives of a selection of the virtual trainings/webinars that were offered.

Table 1*Sample Training and Objectives*

Training Title	Training Objectives Post training participants will be able to:
Remote Job and Academic Coaching	Identify skills and strategies to convert existing services to remote job and academic coaching. Identify resources for remote job and academic coaching. Describe skills needed by consumers during remote job and academic coaching. Apply strategies needed to conduct remote job and academic coaching.
Remote Strategies for Job Development	Identify technology and virtual resources to support remote job development. Discuss employer job development contact log. Describe the impact of social distancing on job development supports. Demonstrate strategies for virtual job development.
Remote Career Services	Identify strategies for remote career and educational services. List resources for free/reduced cost technology. Describe modes for providing career services remotely. Apply strategies for remote career and educational services.
Staff Wellness Development	Identify signs of distress and burnout. Identify tools used for wellness development: wellness self-assessments, and wellness crisis planning tools. Discuss impact of current public health crisis on career service staff/provider well-being. Apply wellness strategies to address burnout and distress.

Note: Webinar objectives and content were developed in adherence to Bloom's Taxonomy framework.

The virtual trainings were 60-90 minutes in length and were delivered using Zoom videoconferencing. The length of the modules afforded a time frame that allowed for busy practitioners to attend. Many trainings were offered more than once to accommodate provider schedules. Although some sessions accommodated over 40 participants, interactive strategies were dispersed throughout the didactic portion to engage trainees and allow for an exchange of ideas as well as discussions on how to apply the skills being taught. Multiple web-based resources were provided to participants in the trainings. Participants were encouraged to interact via Zoom's in-meeting chat feature and Q and A function, verbally, and through polling applications.

Participants

A total of 228 individuals completed the six trainings, after which they were sent a link to the survey to evaluate the trainings. Data was collected from the 47 participants who completed the surveys.

Participants ranged from career service practitioners, vocational rehabilitation counselors, job coaches, vocational specialists, to executive directors, case managers, and federal government officials. For the 47 participants who completed the survey, 55% had Masters' degrees, 27% had Bache-

lor's degrees, 6% had an Associate's degree, and 1.5% had a doctoral degree. The remaining 10.5% had some college or a high school diploma. Most participants worked in positions with job titles of Vocational Counselor/Vocational Specialist (68%) and Director/Supervisor (23%). The remaining job titles included social worker and government officials (9%). Participants had worked an average of 11 years in the field, with a range of 1 year to 34 years.

Survey Questions

Survey questions were tailored to the specific skills in each module, but three targeted training outcome goals were consistently evaluated before and after the training session: 1) understanding the skill; 2) identifying strategies to use the skill; and 3) confidence in applying the skill. The skills evaluated were those specific to each topic and referred to those taught in each session. Participants were asked to choose from one of the four levels: Low, Moderate, Strong, and Very Strong in the pre- and post-survey. Participants were also provided with an opportunity to include comments.

Results

The pre- and post-survey results of the six online webinars, are shown in the bar charts in Figure 1. Attendees reported general improvement in all three areas: understanding the skill, identifying strategies to use the skill, and confidence in applying the skill. All "Low" ratings in the pre-survey were changed to "Moderate" or higher ratings in post-survey. Two trainings were eliminated from the analysis due to too few responses, and two trainings were duplicates and combined in the final analysis.

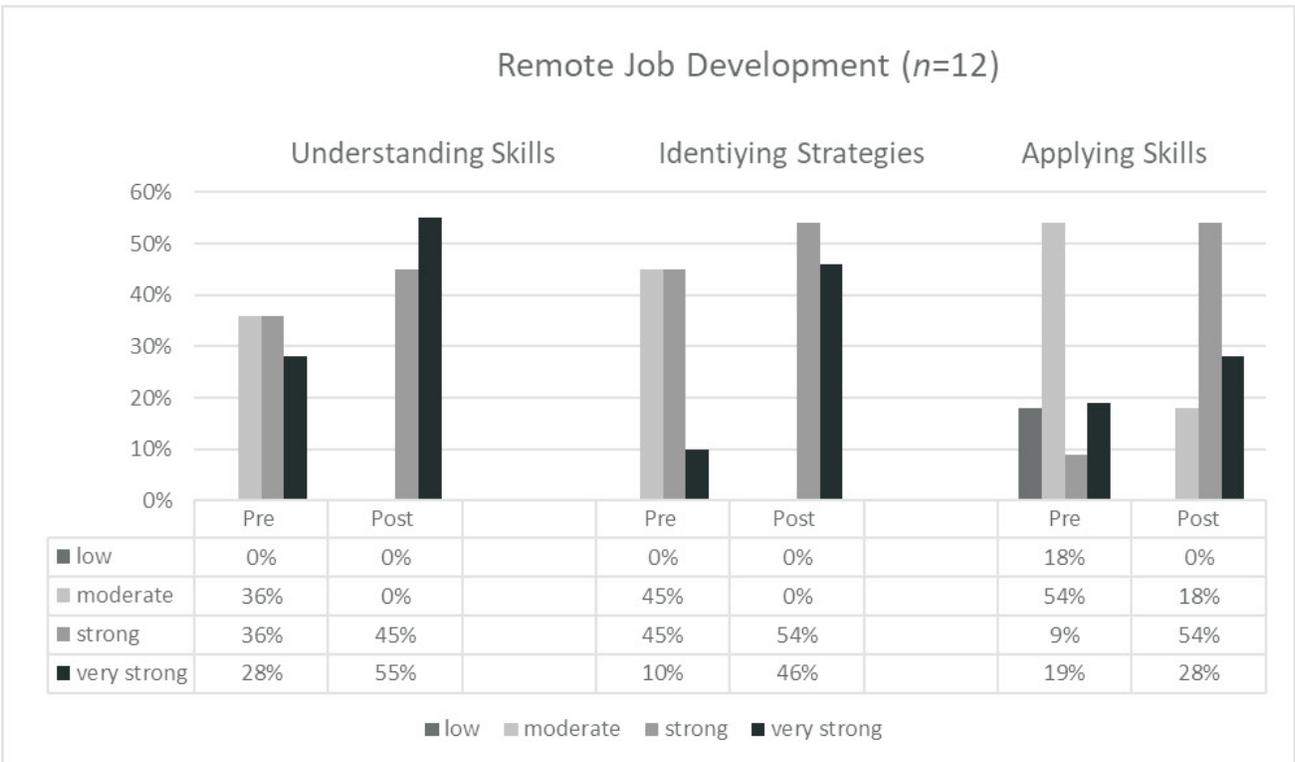
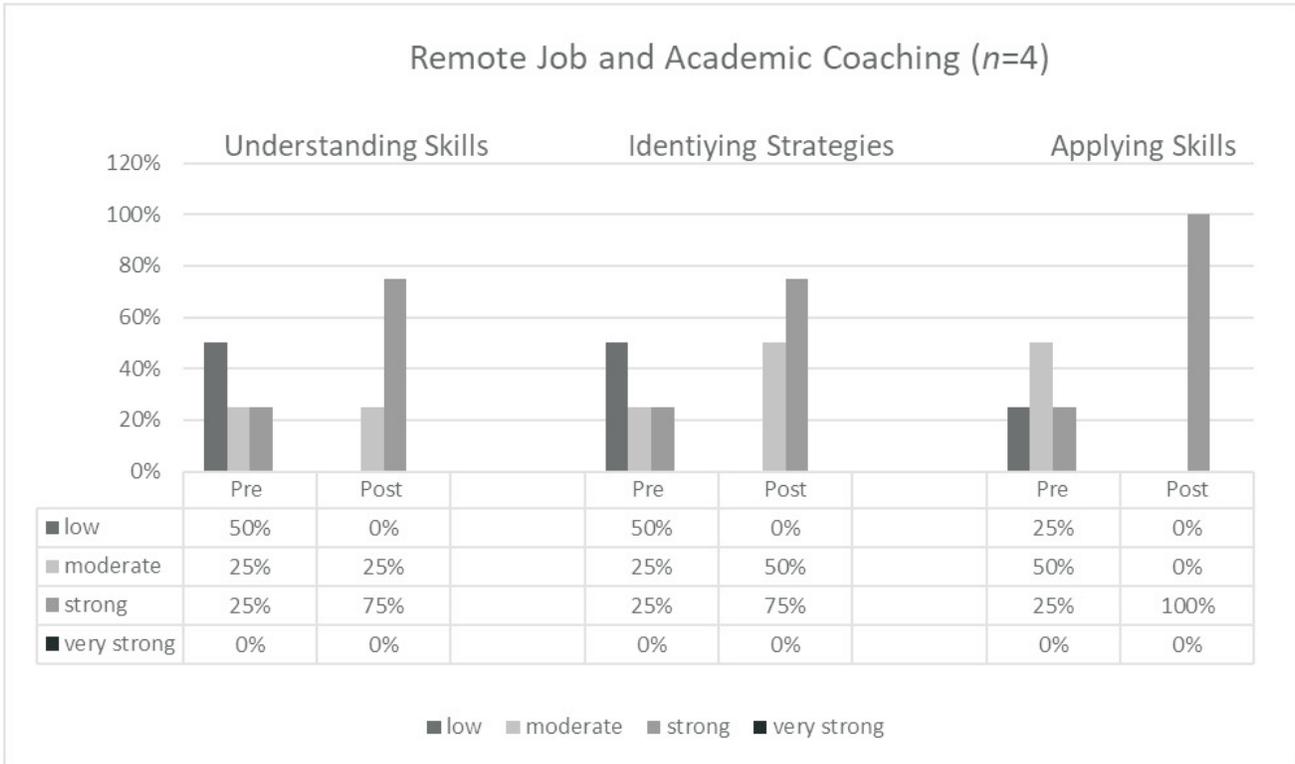
Participants also provided positive comments that included,

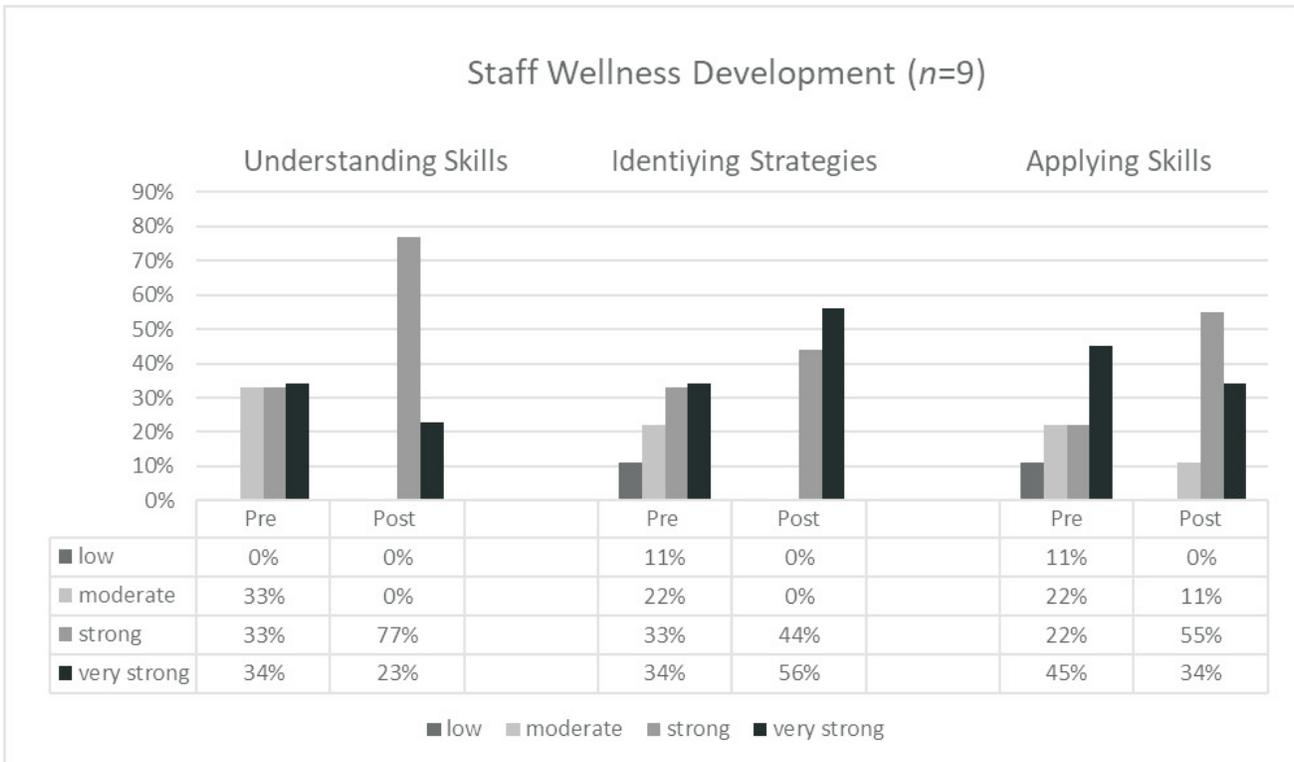
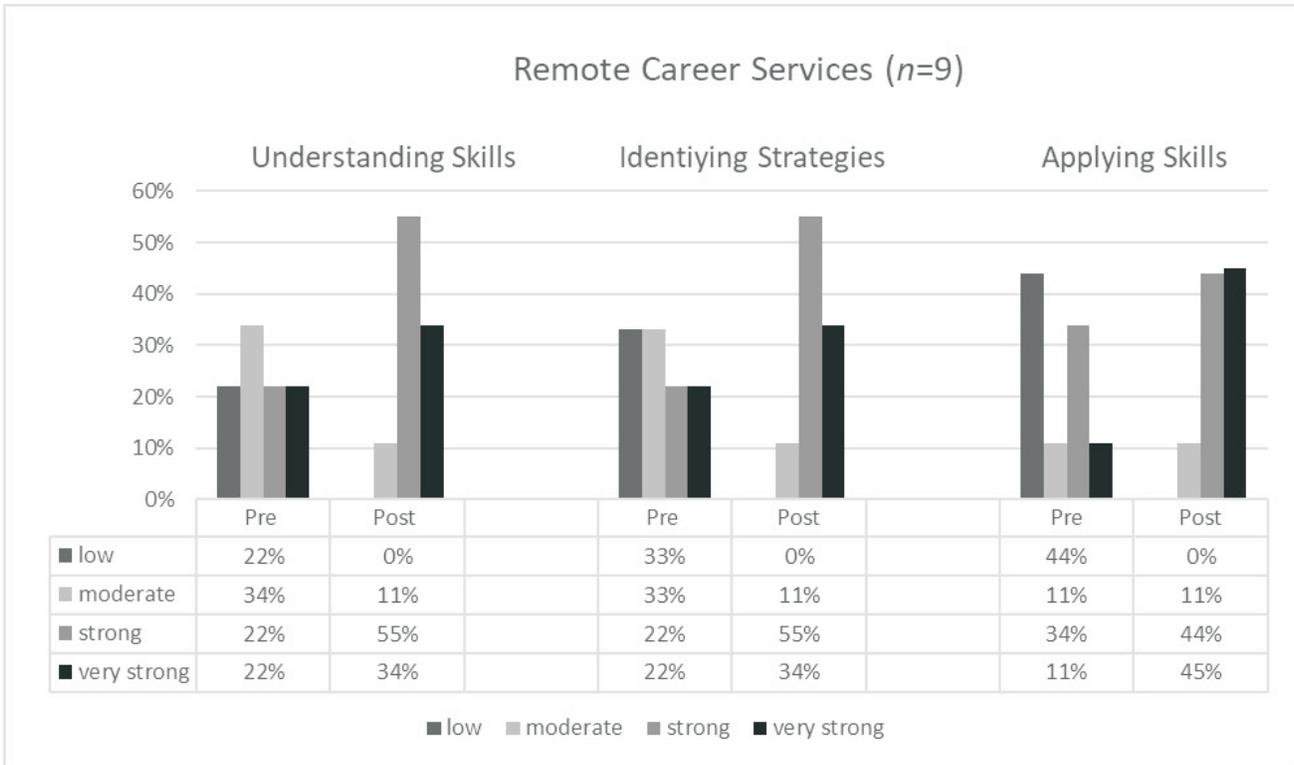
- "this training helped with ideas and feeling less alone to know other people are struggling while working at home as well"
- "the sharing of information between participants was beneficial"
- "skilled and engaging trainers, they were also enthusiastic"
- "great presentation flow, very informative presenters with informative content and slides"
"access to web resources"
- "the webinar allowed one to stop and focus on ourselves and our need for a healthy mind to better serve our community of individuals"

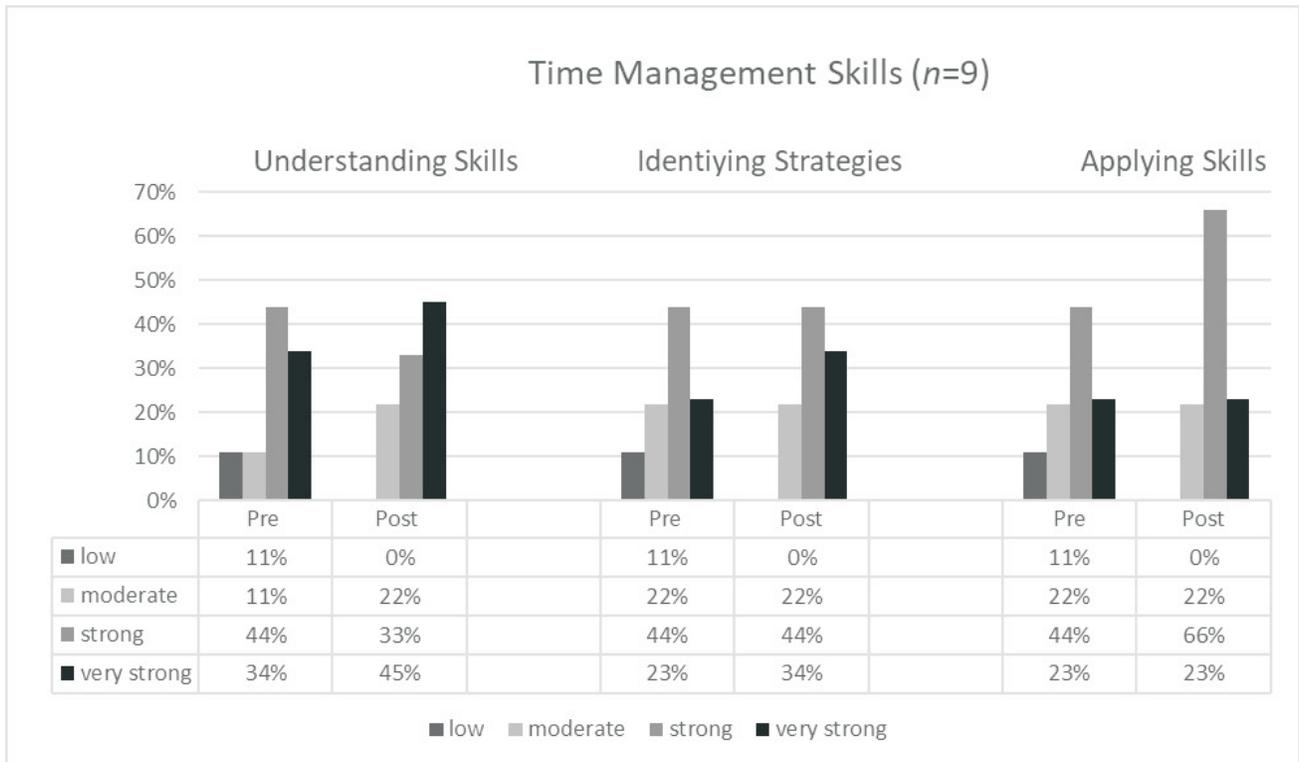
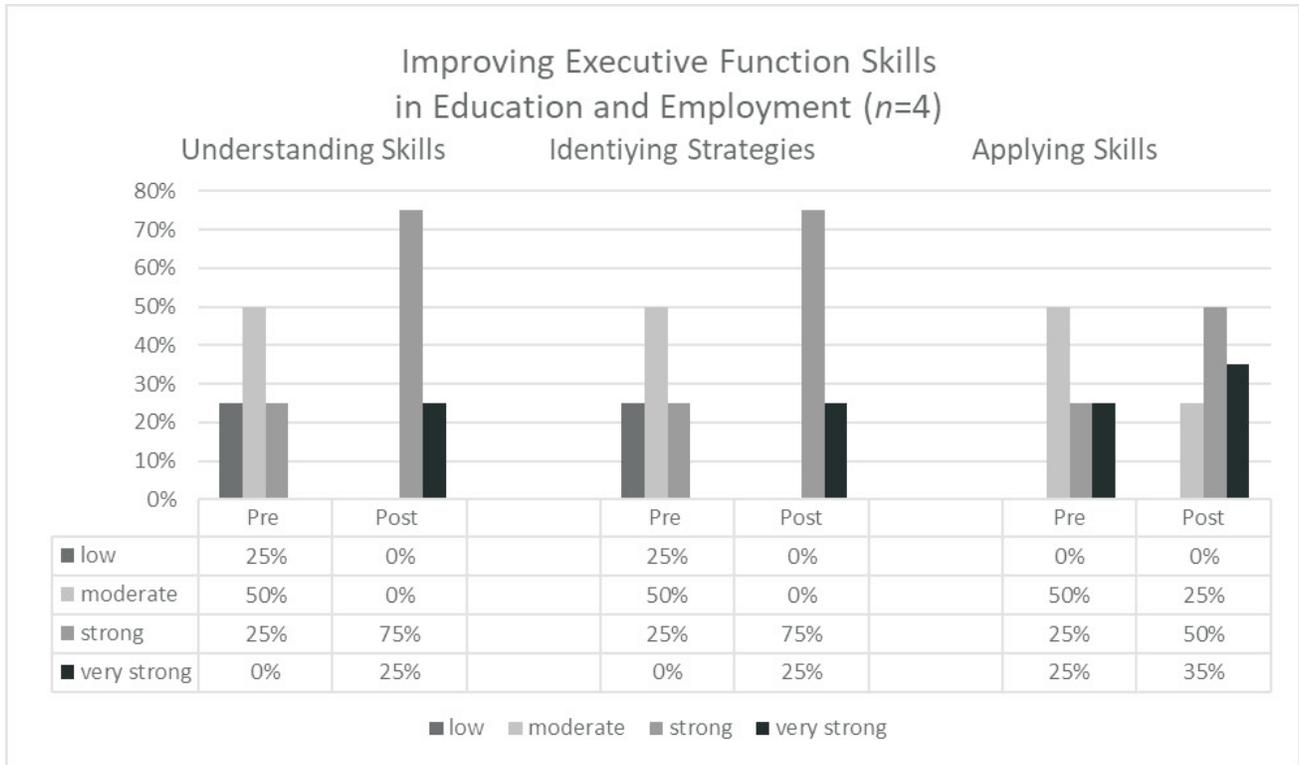
Figure 1

Pre and Post Survey Responses

(See Six Graphs on following pages).







Note. Three targeted training outcome goals were evaluated pre and post training and included practitioners' understanding the skills necessary for provision of remote services, ability to identify strategies to use the skills, and their confidence in applying these skills in their work..

Discussion

The COVID-19 crisis reintroduced the great need for remote training of rehabilitation practitioners to address the growing demand for telehealth and distance service provision. Online learning has been in its boom phase globally (Peia & Wub, 2019). Effective teaching platforms and qualified educators have been shown to provide quality education to students engaging in remote platforms (Al-Samarraie et al., 2018). Online synchronous learning offers an effective answer to the professional development of rehabilitation practitioners to ensure quality services (Al-Samarraie et al., 2018; Peia & Wub, 2019).

The COVID-19 pandemic highlighted the importance of expanding rehabilitation practitioners' trainings to incorporate remote service provision, including career services that are traditionally provided in person. Training practitioners in this new service mode is necessary to address the growing needs of telehealth and remote service provision. (Smith et al., 2020). The institute that served as the site of this study developed and provided synchronous trainings to practitioners, thus covering effective remote service provision and addressing wellness needs. Participants improved their skills to remotely support individuals, participating in services, with their employment and education goals.

Limitations

There were some lessons learned from the development of these trainings. The length of time of each webinar needed to be carefully considered. Participants appeared to be experiencing or were at risk of "zoom fatigue", requiring a paring down of content while still ensuring adequate transfer of knowledge and skills. Practitioners managed multiple responsibilities in their environments, such as homeschooling children while simultaneously attending the trainings. Therefore, strategies to promote engagement included interactive activities such as polls, breakout rooms, and the chat feature.

Similar to criticisms of emergency remote teaching, these webinars would have benefitted from more planning time and curriculum development (Hodges et al., 2020). This is not to say that the trainings presented here were insufficiently planned. Fortunately, institute faculty had years of experience developing curriculum for both face to face and online formats. This experience aided in assuring that quality training standards were implemented.

There were limited responses to the surveys. Survey responses and demographic information of the participants has been shared as frequency distributions only. Because the intention of the emergency virtual trainings was primarily to inform practitioners rather than collect data for study purposes, there was limited meaningful data available to perform statistical analyses of.

Recommendations

The COVID-19 pandemic has highlighted the ongoing need for remote service provision and telehealth to be considered in all training and curriculum development for both practitioners and rehabilitation counseling students. As this was an exploratory study, there continues to be a great need for evidence-based research to evaluate the effectiveness of remote services as well as training practitioners to provide remote services (Olf, 2015).

Additional evaluation is needed to further explore the effectiveness of remote training of career service practitioners compared to traditional in-person trainings. These evaluations should identify the critical components of an online training curriculum for rehabilitation practitioners as well as the impact of such training on the transfer of knowledge and skills. This recent study demonstrated the demand for virtual trainings in remote services, as well as the need to develop structured studies, collect

data, and evaluate the effectiveness of virtual trainings for practitioners in the provision of remote vocational rehabilitation services.

References

- Al-Samarraie, H., Teng, B. K., Alzahrani, A. I., & Alalwan, N. (2018) E-learning continuance satisfaction in higher education: A unified perspective from instructors and students, *Studies in Higher Education*, 43(1), 2003-2019. <https://doi.org/10.1080/03075079.2017.1298088>
- Bates, F. M., Waynor, W. R., & Dolce, J. N. (2012). The cognitive apprenticeship model: Implications for its use in psychiatric rehabilitation provider training. *Journal of Rehabilitation*, 78(1), 5–10.
- Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of September 30, 2021 available at <https://data.hrsa.gov/topics/health-workforce/shortage-areas>.
- Czeisler, M. É, Lane R. I, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. <http://dx.doi.org/10.15585/mmwr.mm6932a1>
- Deller, J. (2019, March 9). *How to use Bloom's hierarchy to succeed in evaluating training effectiveness*. Kodo Survey. <https://kodosurvey.com/blog/how-use-blooms-hierarchy-succeed-evaluating-training-effectiveness>
- Dreison, K. C., Luther, L., Bonfils, K. A., Sliter, M. T., McGrew, J. H., & Salyers, M. P. (2018). Job burnout in mental health providers: A meta-analysis of 35 years of intervention research. *Journal of Occupational Health Psychology*, 23(1), 18–30. <https://doi.org/10.1037/ocp0000047>
- Exec. Order No. 107, 3 C.F.R. Statewide Stay at Home Order, Closure of All Non-Essential Retail Businesses (2020). <https://www.nj.gov/governor/news/news/562020/20200320j.shtml>
- Gao, N., & Dolce, J. N. (2010). A case illustration of strategies to improve employment outcomes among individuals receiving ACT Services. *American Journal of Psychiatric Rehabilitation*, 13(2), 94–104.
- Gao, N., Dolce, J. N., Rio, J., Heitzmann, C., & Loving, S. (2016). In-vivo job development training among peer providers of homeless Veterans supported employment programs. *Psychiatric Rehabilitation Journal*, 39(2), 191–192.
- Gao, N., Waynor, W. R., O'Donnell, S. (2009). Creating organizational commitment to change: Key to consumer employment success in a supportive housing agency. *Journal of Vocational Rehabilitation*, 31(1), 45–50.
- Gillespie, J. & Redivo, R. (2012). [Type of community as confounding variable in the satisfaction of rural child and youth mental health clinicians: Implications for evidence-based workforce development. The Journal of Mental Health Training, Education, and Practice](https://doi.org/10.1108/17556221211230561), 7(1), 20–32. <https://doi.org/10.1108/17556221211230561>
- Greenbaum, Z. (2020). How well is telepsychology working? *Monitor on Psychology*, 51(5), 46–51. <https://www.apa.org/monitor/2020/07/cover-telepsychology>
- Hodges, C. B., Moore, S., Lockee, B. B., Trust, T., & Bond, M. A. (2020). The difference between emergency remote teaching and online learning. *Educause*, <https://medicine.hofstra.edu/pdf/faculty/facdev/facdev-article.pdf>
- Johnson, K. F., & Reh fuss, M. (2021). Telehealth interprofessional education: Benefits, desires, and concerns of counselor trainees. *Journal of Creativity in Mental Health*, 16(1), 15–30. <https://doi-org.proxy.libraries.rutgers.edu/10.1080/15401383.2020.1751766>

- Karácsony, P., Izsák, T., & Vasa, L. (2020). Attitudes of Z generations to job searching through social media. *Economics and Sociology*, 13(4), 227–240. doi:10.14254/2071-789X.2020/13-4/14
- Levitt, A. J. & Gill, K. J. (2020). *Survey of New Jersey Mental Health Providers Organization Challenges and Adaptations*. Rutgers University: Piscataway, NJ.
- Molfenter, T., Heitkamp, T., Murphy, A. A., Tapscott, S., Behlman, S., & Cody, O. (2021). Use of telehealth services during and after COVID-19. *Community Mental Health Journal*, 57, 1244–1251. <https://doi.org/10.1007/s10597-021-00861-2>
- Murphy, A. A., Karyczak, S., Dolce, J. N., Zechner, M., Bates, F., Gill, K. J., & Rothpletz-Puglia, P. (2021). Challenges experienced by behavioral health organizations in New York resulting from COVID-19: A qualitative analysis. *Community Mental Health Journal*, 57(1), 111–120. <https://doi.org/10.1007/s10597-020-00731-3>
- Nguyen, T. (2015). The Effectiveness of Online Learning: Beyond No Significant Difference and Future Horizons. *Journal of Online Learning and Teaching*, 11(2), 309–319.
- Olf, M. (2015). Mobile mental health: a challenging research agenda, *European Journal of Psychotraumatology*, 6(1), 27882. <https://doi.org/10.3402/ejpt.v6.27882>
- Peia, L., & Wub, H. (2019). Does online learning work better than learning in undergraduate medical education? A systematic review and meta-analysis. *Medical education online*, 24(1), 1–13. <https://doi.org/10.1080/10872981.2019.1666538>
- Resnick, S. G., Roe, D., & Salyers, M. P. (2020). Psychiatric Rehabilitation Journal in the era of COVID-19. *Psychiatric Rehabilitation Journal*, 43(2), 83–84. <http://dx.doi.org/10.1037/prj0000434>
- Saks, A. M., & Belcourt, M. (2006). An investigation of training activities and transfer of training in organizations. *Human Resource Management*, 45(4), 629–648.
- Smith, A., Thomas, E., Snoswell, C. L., Haydon, H., Mehratro, A., Clemensen, J., & Caffrey, L. J. (2020). Telehealth for global emergencies: Implications for coronavirus disease 2019 (COVID-19). *Telemedicine and Telecare*, 26(5), 309–313.
- Zhou, X., Snoswell, C. L., Harding, L. E., Bambling, M., Edirippulige, S., Bai, X., & Smith, A. C. (2020). The role of telehealth in reducing the mental health burden from COVID-19. *Telemedicine and e-Health*, 26(4). <https://doi.org/10.1089/tmj.2020.0068>

Author Notes

Joni N. Dolce, MS, CRC is an Assistant Professor at Rutgers, the State University of New Jersey in the Department of Psychiatric Rehabilitation and Counseling Professions and a Project Associate with the SAMHSA-funded Northeast and Caribbean Mental Health Technology Transfer Center. Her areas of interest include assisting organizations and providers in implementing career services and understanding employers' views on hiring people with mental health conditions.

Dr. Ni Gao, PhD, LCSW, is an Associate Professor at Rutgers, the State University of New Jersey in the Department of Psychiatric Rehabilitation and Counseling Professions. She is also the Principal Investigator of two studies of education and employment outcomes for individuals with mental health conditions, funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). She has published extensively on related topics.

Dr. Francine M. Bates is an Assistant Professor in the Department of Psychiatric Rehabilitation and Counseling Professions at Rutgers University. She is a licensed professional counselor and a certified Work Incentive Practitioner. Her areas of interest include expanding employment opportunities for individuals with mental health conditions and Social Security Work Incentives.

Amy L. Banko, MS, CPRP is an Instructor at Rutgers, the State University of New Jersey in the Department of Psychiatric Rehabilitation and Counseling Professions. She is Co-Investigator of two Na-

tional Institute on Disability, Independent Living, and Rehabilitation Research funded studies exploring career services for people with mental health conditions.

Brittany L. Stone, MS, LAC, CRC, NCC is a Lecturer at Rutgers, the State University of New Jersey in the Department of Psychiatric Rehabilitation and Counseling Professions. Her work focuses on the attainment of education and employment for people with mental health conditions, disclosure of non-apparent conditions, college student mental health, and training and education of counselors.

Ifrah Akhtar is an administrative assistant within Rutgers School of Health Professions. She has a variety of experiences from being a Gilman Scholar and studying abroad in South Korea, being an alumni of the Institute for Women's Leadership at Rutgers, creator of the Muslims Abroad guide, and currently editor-in-chief of the digital publication and media platform, MODEST. Her work and expertise centers around storytelling and fostering a collaborative environment where design and knowledge intersect.