

Indian Health Service (IHS) Tele-Behavioral Health Center of Excellence (TBHCE)

Licensed Healthcare Professional

Behavioral Health Training & Education Needs Assessment Survey

The Indian Health Service (IHS) Tele-Behavioral Health Center of Excellence (TBHCE) is committed to equipping licensed healthcare professionals working in IHS, Tribal, and Urban Indian Health Programs with the culturally sensitive training and education they need to deliver excellent behavioral health patient care.

TBHCE creates and provides behavioral health training and we want to ensure that the new courses we develop over the next few years are relevant, timely, high quality, and meet your needs.

Thank you for taking the time to share your thoughts about educational opportunities the IHS TBHCE could offer that would be the most beneficial to you.

This survey is voluntary. All responses will be anonymous. This survey will take about 10 minutes to complete.

Provider Information (Section 1)

1. Are you a licensed healthcare professional?

Yes

No

(Survey continues “yes” or ends “no”)

2. Select one of the following categories that would best describe your licensed profession:

Alcohol & Drug Counselor

Marriage and Family Therapist

Mental Health Counselor

Nurse

Nurse Practitioner

Pharmacist

Physician

Physician (Psychiatrist)

Physician Assistant

Prescribing Psychologist

Professional Counselor

Psychiatric Nurse

Psychologist

Social Worker

Other: Please specify

3. What accrediting body can you receive continuing education credits from?

(Check all that apply)

Accreditation Council for Continuing Medical Education (ACCME)

Accreditation Council for Pharmacy Education (ACPE)

American Academy of Physician Assistants (AAPA)

American Nurses Credentialing Center (ANCC)

American Psychological Association (APA)

Association of Social Work Boards (ASWB)/National Social Work Boards (NASW)

National Association for Alcoholism and Drug Abuse Counselors (NAADAC)

National Board for Certified Counselors (NBCC)

Other: Please specify

4. Select one of the following categories that would best describe the setting of your practice:

(Check all that apply)

Adult Residential Treatment Center (substance use and co-occurring treatment)

Emergency Room

Inpatient Clinic

Medical Setting/Integrated Behavioral Health Setting

Intensive Outpatient Clinic

Outpatient/Ambulatory Clinic

School-Based Health Clinic

TeleBehavioral Health

Youth Regional Treatment Center (substance use and co-occurring treatment)

Other: Please specify

5. For which type of institution/organization do you currently work?

IHS

Tribe

Urban Indian Health Program

Other

6. What IHS geographic area is your organization/institution located?

Headquarters

Alaska Area

Albuquerque Area

Bemidji Area

Billings Area

California Area

Great Plains Area

Nashville Area

Navajo Area

Oklahoma City Area

Phoenix Area

Portland Area

Tucson Area

Behavioral Health Training & Education Needs (Section 2)

7. Please identify what you consider to be the top 5 clinical topics that you would like to learn more about:

Addiction/Recovery

Anxiety Disorders

Autism Spectrum Disorders

Behavioral Health Integration

Child Maltreatment Response/Prevention

Disruptive/Conduct Disorders

Eating Disorders

Ethics

FASD/ Neurodevelopmental Disorders
Grief/Death/Dying
Human Trafficking
Intimate Partner Violence
LGBTQI/Two Spirit Topics
Medication-Assisted Treatment (Opioid Addiction, etc.)
Medication Benefits and Risks
Mood Disorders (Bipolar, Depression, etc)
Obsessive Compulsive Disorders
Personality Disorders
Provider burnout/prevention
Schizophrenia Spectrum/Psychotic Disorders
School Mental Health
Sexual Assault Response/Prevention
Suicide Prevention/Intervention/Treatment
Trauma and Stress Related Disorders (PTSD, etc)
Trauma Informed Care

Other: please specify

8. What areas do you need more skills in?

Screening
Brief Interventions
Diagnosis/Assessment
Child/Adolescent Therapy
Adult Therapy
Couples Therapy
Family Therapy
Experiential Therapy
Group Therapy
Crisis counseling/intervention
Medication Management

Medications for Children/Adolescents

Medications for Geriatric Patients

Organizing community crisis response (suicide postvention/homicide postvention)

Behavioral Health Leadership

Other: please specify

9. What patient populations would you like to expand your clinical skill set with?

(Check all that apply)

Children (ages 0-12)

Adolescents (ages 13-24)

Adults (24+)

Seniors (65+)

LGBTQI/Two Spirit

Couples

Families

Groups

10. What training and education activities would you find most useful and relevant to your practice?

(Check All that Apply)

1:1 Provider Case Consultation

ECHO Clinics

Live Webinars

Web-based On Demand Training (self-paced)

In person "Hands On" Skill Building Workshops

In Person Conferences

Mentoring

Peer Support

Other: Please specify

11. What are your most preferred learning formats?

(Check all that Apply)

Lecture/Presentation

Case Discussion/Presentations

Panel Discussions

Demonstrations

Participant Role Play or Rehearsal

Participant Roundtable Discussions

Video Vignettes

Other: Please specify

12. How do you use Continuing Education (CE) Activities?

(Check All that Apply)

To enhance patient care/Improve patient outcomes

To enhance clinical skills

Keep up-to-date on emerging clinical developments

To meet licensure requirements

Other, Please specify

13. What three agencies/programs do you currently utilize the most to obtain your CE credits?

IHS Area/Regional Trainings

IHS Clinical Support Center (CSC)

IHS TBHCE

National Conferences (not sponsored by IHS)

National IHS Conferences

Private Company

Through my national professional association (i.e. APA, ASWB, NASW)

Through my state licensing board

Tribe/Tribal Organization

Urban Indian Health Program

Other: Please specify

14. What is your average (annual) out of pocket expense for CE credits?

- 0
- 250
- 500
- 1000
- 1500
- 2000
- 2000+

15. How much does your place of employment (on average) pay annually for CE training for you?

- 0
- 250
- 500
- 1000
- 1500
- 2000
- 2000+

TBHCE Training Activities (Section 3)

16. Are you aware of the TBHCE Tele-Education program?

- Yes
- No

17. How many TBHCE webinars, ECHO clinics, or on demand trainings have you attended in the past year?

- 0
- 1-5
- 6-10
- 11-15
- 16-20
- 20+

18. What would make TBHCE trainings more appealing or relevant for you?

(Check All that Apply)

More diverse clinical topics
More on demand (self-paced) training options
More culturally sensitive trainings
Different learning formats, other than lectures
More in person training opportunities
Identify content level as beginning, intermediate, advanced
Other, specify

19. What barriers prevent you from attending TBHCE Education activities?

(Check All that Apply)

Does not address my learning style/needs
Does not meet my licensure jurisdiction requirements
Lack of time in my workday
Not enough advanced notice of when activities will occur
Not offering CE credits for my discipline
Technology connectivity issues
Other, specify

20. How can the tele-education program assist with overcoming barriers or what solutions would you recommend?

21. If you have any needs or concerns that were not addressed in this survey, please feel free to tell us about them.

Thank you!