

ILLINOIS HIGHER EDUCATION CENTER

Professional Development Needs Assessment FY15 Survey Results for Alcohol and Other Drug Prevention Professionals in Illinois Institutes of Higher Education

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A service of the
Illinois Higher Education Center
For Alcohol, Other Drug, and Violence Prevention

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Professional Development Needs Assessment

EXECUTIVE SUMMARY

During the month of February 2015, The Illinois Higher Education Center, through funding from the Illinois Department of Human Services, Bureau of Positive Youth Development, conducted a statewide survey to discern the professional development needs of alcohol and other drug prevention (aod) professionals on college campuses. Surveys were sent electronically over our listserv, asking anyone in the state of Illinois who works in college aod prevention programs to participate. Two- and four-year institutions participated, 77 surveys were started, with 55 completed and scored for this summary.

The majority of respondents are mid-level professional females, aged 45 and over, working in counseling or health promotion. They hail from four year institutions, which are mostly public, and located in rural or suburban areas. They have been affiliated with IHEC for an average of 5 years. Though we currently offer continuing education credits from IAODAPCA, the majority say they require counseling, social worker or nursing CEUs.

Respondents identified webinars as their preferred method of training, followed closely by in-house workshops and affiliate meetings. There is difficulty for some (25%) to obtain permission to travel, but the majority (63%) say that simple time constraints are the main barrier for their attendance. The majority feel engaged and connected, satisfied with content, and informed as a result of attending our affiliate meetings. They would not change the time frame, currently 4-5 hours, but some recurring ideas from the open-ended comment section are: meet in the summer, less structure, more structure (a main presentation), provide at least one “take away” skill to apply to work, and “not just aod” topics.

Of all the training topics listed, the majority require only a Refresher Course and Continued Support, which aligns with the fact that most of the respondents have been in the field on the average of five years. When it comes to specific environmental strategies, there seems to be a general disinterest or low need, but coalition building and assessment are topics of great interest and in need of reinforcement. Prescription drugs, marijuana and Core Survey analysis were also cited as topics of great interest and in need of reinforcement. In the open-ended comment section regarding topics of need/interest, alcohol and violence is mentioned multiple times.

When asked what are the three most valuable outcomes they have experienced from attending IHEC affiliate meetings and trainings, respondents ranked the following in order of most valuable: networking, education/strategies, motivation/increased sense of purpose, new data, social media skills and Core Survey information.

When asked to share three suggestions for improvement for our future events, no strong, recurring theme emerged, but respondents listed the following: pre-plan our event calendar by semester, keep using nationally known experts to provide up to date information and research, get more schools involved, and provide more support for BASICS users.

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75% completion rate (77 surveys started, 55 completed)

Participant Demographics/Preferences

- ◆ 71% of respondents were female
- ◆ 61% of respondents were above 45 years old
- ◆ 73% of respondents were from a four year institution of higher education
- ◆ 56% of the institutions were public
- ◆ 37% described their campus setting as rural by a narrow majority
 - ◆ 34% suburban
 - ◆ 29% urban
- ◆ 36% of respondents were from an institution of 5,000 to 10,000 students
- ◆ 54% of respondents were mid-level professionals
- ◆ 36% of respondents are counselors
- ◆ 27% of respondents work in health education/promotion
- ◆ Respondents have been affiliated with IHEC for an average of 5.4 years.
- ◆ Respondents identified Webinars as their preferred method of training, followed by
 - ◆ In-house Workshops and Affiliate Meetings were ranked closely as second and third
 - ◆ Panel discussion/symposium was ranked fourth

Other divisions/departments listed

- ◆ Health Services 11%
- ◆ Judicial Affairs 11%
- ◆ Residential Life 3%
- ◆ Veterans Services 1%
- ◆ CPD 1%

Identified Needs for Continuing Education Credentials

- ◆ 39% of respondents need CEU's from NBCC
 - ◆ 24% CHES/MCHES
 - ◆ 20% from IAODAPCA
 - ◆ 10% cited social worker
 - ◆ 6% require CEU's in Nursing
 - ◆ 1% Law Enforcement
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In Regards to Our Affiliate Meetings:

- ◆ 41% of respondents have never attended an Affiliate Meeting and 28% have attended at least one.
- ◆ Only 25% cited having difficulty obtaining permission to get travel approval for Affiliate Meetings.
- ◆ 63% agreed or strongly agreed that time constraints make it difficult to attend the Affiliate Meetings.
- ◆ No respondents agree that Affiliate Meetings should start earlier in the morning, and only 4% feel that Affiliate Meetings should end later in the afternoon.
- ◆ 73% agree that Affiliate Meetings provide them with information that they can use in their jobs.
- ◆ 69% are satisfied with the topics presented at Affiliate Meetings.
- ◆ 67% feel engaged and connected at Affiliate Meetings.

How can we provide a better experience for you at our Affiliate Meetings? (the following are the top responses, in no particular order):

- ◆ More focus on injury prevention and safety.
 - ◆ As a seasoned professional in the field, I feel the majority of support is put towards newer professionals or those who are new to working on a campus. That means I'm looked to for my experience more than I am able to have my own needs for professional development met. I'd like to see an occasional event that targets the needs of seasoned staff, such as effectively positioning prevention initiatives within larger strategic planning efforts and budget requests. Also, there is an emerging conversation in the field (I heard it a lot at NASPA AOD) about AOD and violence prevention as wellness issues. How do we shift the conversation after these topics have been compartmentalized for so many years?
 - ◆ Have more trainings/meetings in the summer.
 - ◆ Greater diversity of content, more challenging content and interactions.
 - ◆ Provide information on what other colleges and universities are doing in terms of programming efforts.
 - ◆ More central location, rather than in the northern part of the state.
 - ◆ I guess by making sure we walk away with at least one useful piece of information I can take back to campus and use.
 - ◆ It's always good to have some specific topics for group discussion, but it's great that we can go off topic and discuss other things. I would like to see the "main" presentation be strengthened to make it more of the cornerstone of the meeting.
 - ◆ I believe it's a good structure for the day.
 - ◆ Include more trainings on topics required by mandates other than alcohol.
 - ◆ Just provide good discussion topics.
 - ◆ It's hard for me to justify being gone because of other things going on in my office and on campus. Can we try something on-line so I can participate in the meeting but still feel like I am here for my campus too?
 - ◆ Continue to have sessions that focus on general prevention that applies to other topics than just AOD
 - ◆ More open forum, more discussion, less "planned" topics, sharing info about what works in others' communities.
 - ◆ I need more ideas for extremely rural areas.
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In Regards to Professional Development Training Topics:

Participants ranked their need for professional development in 42 topics. For this report, their answers were divided into three categories, and the top response rate is highlighted in each category.

“Considerable Training Needed”

- ◆ **Analyzing Core survey results: 70% - majority**
- ◆ Development of community-based needs assessment: 35%
- ◆ Challenging alcohol expectancies (E-CALC): 33%
- ◆ Community-based needs assessment data analysis: 33%
- ◆ Needs assessment data analysis: 32%
- ◆ Development of needs assessment: 30%
- ◆ Needs assessment data collection: 30%
- ◆ Evaluation: 30%
- ◆ Combining cognitive-behavioral skills with norms clarification and motivational enhancement interventions (ASTP): 29%
- ◆ Community-based assessment data collection: 28%
- ◆ Community coalition development and sustainability: 28%

“Refresher Course/Continues Support Needed”

- ◆ **Offering brief motivational enhancement interventions (BASICS): 56% majority**
- ◆ **Development of needs assessment: 56% majority**
- ◆ **Combining cognitive-behavioral skills with norms clarification and motivational enhancement interventions (ASTP): 53% - majority**
- ◆ **Challenging alcohol expectancies (E-CALC): 53% majority**
- ◆ **Needs assessment data collection: 52% majority**
- ◆ **Needs assessment data analysis: 52% majority**
- ◆ **Evaluation: 51% majority**
- ◆ **The formation of a campus/community coalition...effectively: 49%**
- ◆ **Community-based assessment data collection: 49% majority**
- ◆ **Development of community-based needs assessment: 47% majority**
- ◆ **Community-based needs assessment data analysis: 47% majority**
- ◆ **Responsible beverage service policies in social and commercial settings: 42%**
- ◆ **Community coalition development and sustainability: 42% majority**
- ◆ **Implementation, increased publicity, and enforcement of other laws to reduce [DUI]: 37%**
- ◆ **Grant writing: 36% majority**
- ◆ Administering Core survey: 32%
- ◆ Increased enforcement of underage drinking laws: 26%
- ◆ Restrictions on alcohol retail outlet density: 26%
- ◆ Increased prices and excise taxes on alcoholic beverages: 26%

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“No Additional Training Required”

- ◆ **Increased prices and excise taxes on alcoholic beverages: 64% majority**
- ◆ **Restrictions on alcohol retail outlet density: 58% majority**
- ◆ **Administering Core survey: 46% majority**
- ◆ **Increased enforcement of underage drinking laws: 41% majority**
- ◆ **Implementation, increased publicity, and enforcement of other laws to reduce alcohol impaired driving: 41% majority**
- ◆ Responsible beverage service policies in social and commercial settings: 39%
- ◆ Grant writing: 34%
- ◆ The formation of a campus and community coalition involving all major stakeholders may be critical to implement these strategies effectively: 32%

The vast majority of respondents in each of the following categories stated a need for “Considerable Training “ (highest need in each category is in bold letters):

- 1. Prescription drugs intervention strategies: 57%**
2. Prescription drugs prevention strategies: 55%
3. Prescription drugs policy: 53%
4. Prescription drugs pharmacology: 53%
- 5. Marijuana prevention strategies: 50%**
- 6. Marijuana intervention strategies: 50%**
7. Marijuana policy: 48%
8. Marijuana pharmacology: 48%

The vast majority of respondents in each of the following categories stated a need for a “Refresher Course or Continued Support” (ranked in order of highest need to lowest):

1. Risk and protective factors for high-risk alcohol use among college students: 68%
 2. Social Norms: 65%
 3. Social policy: 65%
 4. Alcohol and sexual assault risk: 64%
 5. Enforcement of alcohol policy: 61%
 6. Alcohol and brain development: 60 %
 7. Alcohol Free Events and Supporting Abstainers: 58%
 8. Peer-led programs: 56%
 9. Strategic planning for comprehensive alcohol prevention programs: 56%
 10. Drug Free Schools and Communities Act/Biennial Review: 53%
 11. Working with special populations (Greek life, athletics, intramural sports, LGBTQA, etc): 53%
 12. Campus judicial policies: 51%
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13. Strategic planning with coalitions and task forces: 49%
14. Campus Recovery Communities: 47%
15. Working with campus and community law enforcement agencies: 44%
16. Medical amnesty policy development and implementation: 44%
17. Impact of community alcohol policy change (pricing, drink specials, bar entry age, etc): 42%

NOTE: "Working with campus and community medical staff": 46% cited No Additional Training Needed/ Not Interested.

Please list any other topics that you are interested in and/or need more professional development:

- ◆ Injury and safety and violence prevention
- ◆ Synthetic drugs
- ◆ Working with the media
- ◆ Expanding bystander trainings (for instance bystander 101 and bystander 201) - more skill building/specific ideas for bystander intervention types/styles
- ◆ Best practices for community college AOD programs. Do they exist?
- ◆ Campus response to legal medical marijuana
- ◆ Alcohol and Suicide
- ◆ Alcohol and date rape
- ◆ Motivational Enhancement, Mindfulness Based Stress Reduction
- ◆ Marijuana assessment and education for students.
- ◆ Trends and treatment
- ◆ Alcohol Free Events/Alternative Programming
- ◆ Campus Recovery Communities

What are the three most valuable outcomes you have experienced from attending IHEC affiliate meeting/trainings? (the following are the most recurring responses, in order):

- ◆ Networking, meeting other professionals, support from other professionals
 - ◆ AOD information, strategies and data, current trends
 - ◆ Learning what others are doing in the field, learning program successes from colleagues
 - ◆ Motivation, stimulation of new ideas, re-energized
 - ◆ Social Media information
 - ◆ Core Survey
 - ◆ BASICS and Motivational Interviewing
 - ◆ Assessment knowledge
 - ◆ Biennial Review
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What are three suggestions for improvement that you would like to see in future IHEC events:

- ◆ More webinars, more focus on violence, more focus on safety
- ◆ As universities continue to get tighter with travel funds it may be helpful to have a semester list of activities given through IHEC.
- ◆ I have no suggestions for improvement. All of you are so knowledgeable, approachable, and organized. IHEC has made me so much more effective in providing AOD intervention and prevention on my campus.
- ◆ Less structure, more interaction
- ◆ Keep bringing in experts from around the country to help keep us up to date with our efforts
- ◆ Make sure time allotted is used appropriately.
- ◆ More education on BASICS/CASICS implementation--Is there a certain standard of methodology?
- ◆ Interpreting CORE Survey data--What it means for each campus?
- ◆ Alcohol-free programming ideas
- ◆ Maybe shorter training sessions and having them in various locations, such as near Chicago area.
- ◆ Let's reach more schools. Do the City Colleges ever attend? South Suburban? Governors State? Let's build our network.
- ◆ It would be great to establish a permanent location with teleconferencing capability to reduce/eliminate travel.
- ◆ A brief ice-breaker after the first hour of sitting that involves movement or laughter and the opportunity to establish a personal connection would be nice sometimes. If related to the main topic of the meeting, even better, e.g. the Spirituality presentation had the human chain activity.
- ◆ Summer offerings, affiliate meetings in Chicago area
- ◆ Continue offering northern area affiliate meetings Web-based or self-study BASICS course
- ◆ Provide Social work CEUs
- ◆ More for campuses that have been doing AOD prevention programming for a while and need to share/compare strategies with others in the same stage (as opposed to campuses that are just beginning to implement things like BASICS), opportunity to work on innovative projects together with colleagues.
- ◆ I would like to see them on a Friday

Anything else?

- ◆ Keep up the great work!
 - ◆ we are very lucky to have IHEC - most states have nothing like IHEC and we are very blessed to have the office and staff to help keep us up to date on these issues and also the networking opportunities and support for our efforts are wonderful
 - ◆ You are doing a good job! Thanks!
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Conclusion & Recommendations

In general, the majority of the respondents like what IHEC is currently doing and appreciate our efforts to provide networking opportunities, education and support for their prevention programs. They offered practical, easily-implemented suggestions for our future events.

Based on the responses gathered from this survey, and from comments that have been received in person by individuals over the past two years, the following recommendations are proposed:

Though the focus of our grant is alcohol prevention, affiliates have stated a need for information on emerging marijuana and prescription drug issues, as well as sexual violence. In order to meet these needs, Advisory Meetings are a likely avenue, calling on experience and expertise of our veteran constituents and those campuses that have found success in their own programs. Grant monies could be used as stipends for these shorter, more informal settings. Using our networking opportunities, rather than a dedicated training day or webinar could be the best way to appease all.

On the topic of Advisory Meetings, affiliates have expressed two distinct and opposite points of view: either more networking, less structure, or more planned programming. A balance can be struck, especially when we consider our affiliates' travel limitations. Advisory Meetings are held quarterly. They can be extended to a day-long event, 9:00am to 4:00pm, and easily include a formal program (offering CEUs) for one half of the day and adequate time to allow for free-flowing, "organic" conversation as the group sees need. The practice of offering the meetings in two locations shall continue.

Regarding our training style, affiliates are more in favor of electronic means such as live webinars. With the help of technology, we can continue to offer quality presentations and relevant information through webinars, whiteboard presentations, shorter video clips (ie, Ted Talks style), and through informational flyers that convey action steps. The creation of tool kits for common evidence-based practices, such as social norms campaigns and environmental strategies, as well as current trends in social media, can be added to our website for easy access.

With IHEC's funding uncertainty and the need to be conservative with our own travel, we could limit our trainings to Advisory Meetings and bigger, once-a-semester symposia, with specialty train-the-trainer events or evidence based strategies workshops held one or two days. In other words, "a bigger bang for our buck."

We will do the required applications to the Department of Financial and Professional Regulation as well as IAODAPCA (if necessary) in order to offer CEU's to a larger population of professional licensures.

Publishing a calendar of the entire year of IHEC events should be made easier by sending a Call for Programs Machform in spring. Begin soliciting schools to host the quarterly advisory meetings as well.

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