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Training Needs of Peer and Non-Peer Transition Service Providers: Results of a National Survey

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Abstract

Participatory action research processes guided a national online survey of service providers working with transition age youth with mental health challenges. The survey investigated transition service providers' ratings of the importance of competencies and skills, self-assessed need for training in these competencies and skills, their preferred training modalities, and obstacles to engaging in training. The 254 participants identified trauma-informed care, understanding youth culture, promoting natural supports, and using culturally responsive practices as most important training needs. Age, years in current job, years in transition work, and race/ethnicity predicted training needs regarding some competencies and skills. Peer providers expressed preferences for young adult-led training. Qualitative responses highlighted training needs for supporting specific underserved populations: youth from communities of color, LGBTQ youth, and those with co-occurring disorders. Results may guide future training initiatives for peer support and non-peer support providers and workforce development initiatives designed to improve behavioral health services for young people.

Introduction

To keep up with new research on effective interventions and be well-prepared to meet the needs of emerging populations of youth and young adults in the transition years (aged 14–29) with mental health challenges and their families, it is clearly necessary for service providers to engage in continual learning. Gaining an understanding of service providers' training needs, their preferred modalities for training, and the contextual factors that may affect their participation in training will be useful to guide the development and implementation of behavioral health training initiatives. This in turn is likely to increase the skills of staff in providing engaging and effective services. This article reports on findings of a participatory action research project with the aim of conducting a national study of service providers' self-reported training needs and preferences to better serve young people in the transition years with mental health difficulties.

The Need for Training for Effective Transition Services

There is evidence that many young people in the transition years are poorly served or underserved by public mental health systems.[1,2] While underfunding, age restrictions, lack of organizational coordination, and other contextual variables contribute to challenges for young people trying to access

appropriate treatment,[3] a well-prepared workforce is a major factor in determining the quality and effectiveness of services. However, concerns have been raised about the growing workforce development crisis in mental health and behavioral health systems.[4] For young people to be able to access effective, developmentally appropriate, and culturally responsive services, service providers need to have their skills based in current research. This literature review examines what is currently known about transition service provider training needs and commonly available training methods.

The need for young adults with mental health difficulties to have access to appropriate behavioral health services is particularly acute given the increased prevalence of mental health challenges in adolescence and early adulthood,[5] and decreased access to both outpatient and inpatient services after the age of emancipation (18 years in most states).[2] While part of this decline in service use is attributable to organizational factors (lack of coordination between child- and adult-serving systems; lack of health insurance) and personal factors (increasing young adult autonomy), young people may find services unappealing because they are not developmentally-appropriate and responsive to youth cultures.[6]

The mental health workforce is staffed by individuals with a wide range of educational backgrounds ranging from undergraduate to graduate, and including medical, allied health, and doctoral degrees,[7] and with professional experience ranging from a few months to several decades, making it difficult to tailor initiatives to meet providers' training needs. Additionally, youth peer support has increasingly become an integral part of the behavioral health system across the United States.[8] Peer support is characterized as a mutually supportive relationship between people with shared experiences with mental health challenges that may be informal or naturally occurring, or may involve a more formalized relationship in which the individuals offering peer-to-peer support are paid for their services.[9] Young adults entering the workforce as peer support providers bring an array of additional training needs to their work.[10]

While the self-reported training needs of rehabilitation counselors and some other health and mental health professionals have been investigated,[11-15] there have been no systematic studies of the training needs of mental health service providers working with young people in the transition years. To understand and meet the need for a skilled workforce, several approaches have been used. One has been to offer training to increase providers' skills in specific areas of practice such as: positive youth development,[16] trauma-informed care;[17] culturally-responsive practice;[18-20] and Wraparound, collaborative, or integrated services.[21,22] Other approaches prepare behavioral health service providers to use one or more specific interventions that have been determined to meet criteria for evidence-based practices.[23,24] Competency-based approaches employ service user advice and expert consensus to identify core competencies, with training designed to prepare providers to achieve high levels of these competencies.[25-28] Finally, there have been initiatives to invite service providers to identify areas of needed learning based on their self-assessment of which topics are important to improve their knowledge and practice.[12-15] The latter is the approach adopted for this study.

Research on Effective Training Strategies for Providers in Behavioral Health and Human Services

Training and ongoing technical assistance are key elements of interventions to improve the effectiveness of behavioral health and human service systems.[29,30] Across many fields of practice, theories of adult learning propose that individuals learn best when they are self-directed, internally motivated, and actively engaged.[31] Furthermore, learning is enhanced when it is linked with typical situations experienced by the person, along with coaching and supervision available to provide support and feedback.[31] Guidelines for competency-based education include the principles that education and training are aligned with the learning needs of participants and incorporate attention to their learning goals and engage participants in regular self-assessment.[32,33] Effective training builds on what individuals already know, and takes into account

their stage of professional development and their learning modality preferences (auditory, visual, sensory, experiential),[34] suggesting that accurate knowledge of service providers' learning needs and preferences for training methods will be helpful for future training initiatives. Familiarity and comfort with using technology are also relevant for participation in technology-based training initiatives.[35,36] Little is known about service providers' preferences regarding training modalities, although trainee self-efficacy is considered relevant,[37] underscoring the importance of understanding training needs.

Research on the training methods used to assure applications of new learning in day-to-day practice indicates that ongoing multi-component training initiatives are most effective[38] and that consultation and assistance from supervisors and administrators and support from peers are essential following training workshops.[10,23,39] Additionally, geographic location and concrete issues such as cost, distance, workload, and organizational commitment to support participation in training and improvements in practice affect engagement in training and applications of new learning in practice.[40,41]

To improve behavioral health services and supports for youth in transition, training initiatives are needed that prepare service providers to work with the types of young people assisted by their organizations.[42] Increasingly, communities of color, family support organizations, and advocacy groups are seeking involvement in service provider training initiatives to increase providers' cultural responsiveness and understanding of service user needs. Service user involvement in practice training initiatives is believed to enhance the relevance of interventions and there is some beginning evidence of its positive impacts on providers' attitudes toward service users.[43] Therefore, this study was designed using a participatory approach to move beyond fact finding and ensure that knowledge gained will guide change in communities, organizations, and programs by maximizing the involvement of those living with mental health challenges.[44]

The Current Study

As described above, there is evidence that training needs assessment, personal learning goals, motivation, content relevance, organizational support, and obstacles to participation all affect engagement in training and knowledge transfer.[37] Given the lack of research on transition service providers' training needs, the urgent requirement for a well-trained workforce to serve youth and young adults with mental health challenges, and the benefits of service user involvement in training, a team of researchers at the Research and Training Center for Pathways to Positive Futures (RTC) partnered with Youth MOVE National (YMN), a national youth advocacy group to collaboratively design and conduct a national survey of mental health service providers using a youth participatory action research (YPAR) framework.[45] As a youth-led advocacy organization, YMN is dedicated to improving the lives of young people by ensuring youth are empowered, educated, and given decision-making roles in their own lives and in the policies and procedures that affect them. To advise the field on the development and application of best practice approaches for engaging youth in systems transformation, YMN established the Youth Best Practice Committee (YBPC) with a robust, culturally diverse membership who range in age from 19 to 29 and have lived experience across a spectrum of systems and within historically disadvantaged communities. Members have varying levels of experience conducting research and participating in local and national efforts to better define youth-adult partnerships.

This study focused on answering the research question, "What are the training needs and preferences of transition service providers who serve young people with mental health difficulties?" It also explored obstacles encountered by service providers as they sought to locate and engage in training. The goal of this study was to obtain findings that could guide development of training resources and training programs to improve supports to youth and young adults with mental health needs in the transition years.

Method

Members of the two collaborating organizations examined an existing list of core competencies developed by staff of the RTC and their community

partners, and YBPC members provided ongoing feedback to develop language, prioritize themes, and limit the number of items in the survey tool. The YBPC members reviewed several iterations of the tool and the research team made final revisions to the survey based on feedback. Team members of YBPC endorsed the final version of the tool and supported survey implementation efforts. Member feedback was also solicited during the analysis phase of the survey to better understand the findings from a young adult perspective.

The survey, *Supporting You in Supporting Youth: A Survey on Training Needs of Transition Age Youth Service Providers* was conducted between June 23 and July 24, 2017 to capture providers' self-assessments of training needs and preferences, and the barriers they faced to accessing and participating in transition-focused training. The research partners also developed a collaborative action plan for using findings to guide development of training resources to improve services for youth and young adults with mental health needs in the transition years.

Participants

A total of 254 participants completed the survey. Participants came from 39 states and the District of Columbia, representing the regions: Northeast (26%), South (21%), Midwest (21%), and West (32%). The most common work setting was urban (30.3%), but substantial proportions worked in suburbs (23.0%), rural areas (21.7%), or two or more types of settings (23.4%). Participant ages ranged from under 18 to over age 60, and the median age was between 40-49 years old. The majority of participants identified as female (80.5%). Most indicated they were non-Hispanic White (69.8%), while 8.7% of participants identified as Black or African American, 7.9% as Hispanic/Latino, 5.9% as mixed race, 3.7% as Native American, and 3.7% as Asian/Pacific Islander. More than half of participants provided the following services to transition age youth: mental health (58.7%), family support (55.9%), transition planning (52.8%), and/or youth advocacy services (52.4%). Most participants reported having a four-year college degree or higher (80.6%), with 53.6% holding a graduate degree (see Table 1). Service providers were employed in their current job for an average of 4.68 years (SD = 5.96), and worked with transition age youth for a mean of 12.70 years (SD = 3.70). As a group, the 41.5% of participants providing peer support services were significantly younger (X^2 [5, N = 240] = 12.44, p < .05), had less education (X^2 [5, N = 248] = 18.21, p < .01), and fewer years in transition work (t [224] = -2.193, p < .05) than those not providing peer support.

Procedures

Service providers working with transition-aged young people with mental health challenges were recruited through the YAG and RTC websites, or received emailed invitations sent by the collaborators and other partner organizations. The survey was accessed via a link provided through the websites and the emailed invitations. If interested in participating in the survey, service providers clicked on the link and read an informed consent statement, and if agreeing to participate, they accessed the anonymous survey that was presented using Qualtrics software. The survey included 22 questions and could be completed in approximately 15 minutes. Respondents had the option of participating in a random drawing for four $25 gift cards. The survey was conducted using procedures approved by the Portland State University Institutional Review Board.

Measures

Quantitative Measures. The survey included four quantitative scales that participants used: to rate the importance of, and need for training in, sets of transition-related competencies and skills; to indicate their preferences for common training delivery modalities; and to assess the effect that potential barriers had on their access to training.

1. *Transition Service Provider Competency Scale—Importance and Training Needs* was adapted from the *Knowledge Validation Inventory-Revised* (KVI-R).[46] The original scale, the Knowledge Validation Inventory (KVI) was developed by Leahy, et al.[47] and further refined by Chan et al., [46] and used by Leahy et al. [48] as the

Table 1. Participant Characteristics by Service Provider Affiliation

	Peer Support		Non-Peer-Support		*Total*		
	N	**%**	***N***	**%**	***N***	**%**	***p***
Age							
Under 20	1	1.0%	1	.7%	2	.8%	<.05*
20-29	29	29.0%	17	12.1%	46	19.2%	
30-39	23	23.0%	31	22.1%	54	22.5%	
40-49	23	23.0%	39	27.9%	62	25.8%	
50-59	17	17.0%	37	26.4%	54	22.5%	
60+	7	7.0%	15	12.8%	22	9.2%	
	100	100%	140	100%	240	100%	
Education Level							
Some High School	1	1%	0	0%	1	.4%	<.01*
High School diploma or GED	4	3.9%	1	.7%	5	2.0%	
Some college	16	15.5%	7	4.8%	23	9.3%	
Two-year college degree	9	8.7%	10	6.9%	19	7.7%	
Four-year college degree	31	30.1%	36	24.8%	67	27.0%	
Graduate Degree	42	40.8%	91	62.8%	133	53.6%	
	103	100.0%	145	100.0%	248	100.0%	
Group Statistics							
	Mean	**Standard Deviation**	**Mean**	**Standard Deviation**	**Mean**	**Standard Deviation**	***p***
Years in Current Job	4.60	6.51	4.73	5.57	4.68	5.96	NS
Years in Transition Work	11.07	9.67	13.81	8.91	12.70	9.30	<.05~

Note. Percentages are based on the total number of participants responding to the demographic item.

* indicates significance from chi square statistic.

~ indicates significance from independent t-test statistic.

NS indicates non-significance.

KVI-R. Subsequently the KVI-R was used by Leahy et al.[49] and Beveridge et al.[11] to gauge rehabilitation counselors' training needs for core competencies identified for their professional group. These studies using the KVI-R were able to link scale ratings to practice settings, frequency of use in practice, and job functions. The instrument used in the current study listed the nine transition service provider competencies identified by the collaborators and asked participants to rate them on two dimensions using 5-point Likert-type scales. Examples of listed competencies included "Employing trauma informed principles to guide your work with young people" and "Supporting youth empowerment." Participants first indicated the importance of each competency for their work with youth and young adults to be successful (1 = *not at all important*, 5 = *very important*), and then rated their own personal need for more training in this competency (1 = *not at all needed*, 5 = *very much needed*). Similar to the findings of Leahy, Muenzen, et al.[49] who reported Cronbach's alphas ranging from .93 to.70 on scales measuring the importance of knowledge subdomains for certified rehabilitation counselors, we obtained satisfactory reliability ratings of competence importance (alpha = .823) and training need (alpha = .918).

2. *Transition Service Provider Skills Scale—Importance and Training Needs* was also adapted from the KVI-R,[11,46] and listed eight transition service provider skills identified through the collaborative process, such as "Clarifying my role in interdisciplinary teams" and "Collaborating with providers to access resources for youth." As with the competency instrument, participants used 5-point Likert-type scales to indicate the importance of the skill for their success in delivering transition services (1 = *not at all important*, 5 = *very important*), and their personal need for training (1 = *not at all needed*, 5 = *very much needed*). Again, these scales had suitable reliability for the participant ratings of the listed skills' importance (alpha = .851) and training need (alpha = .901).
3. *Training Modalities Scale* listed ten common training modalities and invited participants to rate their preference for each of the training methods using a 3-point scale (1 = *least preferred*, 2 = *somewhat preferred*, 3 = *most preferred*). Listed training modalities included "Self-paced online training" and "On the job coaching."
4. *Barriers to Training Access Scale* asked participants to assess the extent to which each of eight possible factors identified in the training literature affected their participation in training. The assessments used a 5-point Likert-type scale ranging from 1 (*a great deal*) to 5 (*not at all*). Examples of potential barriers included "Heavy workload" and "Distance to training."

Qualitative Questions. Open-ended questions collected information on any additional competencies and skills that participants reported they and their colleagues needed to work with youth. Participants were also asked about the population groups of young people who were underserved in their area and the additional training they would need to better meet the needs of these underserved youth.

Service and Demographic Measures. Finally, the survey concluded with a combination of closed and open-ended questions that collected information on the types of services participants provided, the service sector of their employing organizations, length of service in their current job, years of experience working with transition-aged young people, demographic characteristics, and geographic location.

Analyses

Quantitative Analysis. Using SPSS© Version 24, descriptive analyses were completed for the four major scales and their component ratings. Additionally, bivariate relationships were examined for competency and skill items. Additional analysis was used to explore possible relationships between participant characteristics and their ratings of competencies, skills, barriers to training, and preferred training modalities.

Qualitative Analysis. Content analysis was selected as a strategy to identify trends and patterns in responses to open-ended questions because the researchers were interested in the types and qualities of responses and their meanings, relationships, and distinctions among them, as well as the frequency of types of responses.[50,51] Using a constant comparison approach,[52] two members of the research team independently read and re-read the text of responses to one question to identify and create categories of responses and to attach representative labels, each with a definition of what was included in the category. Each team member then identified patterns in the responses and grouped the categories thematically, and expanded and/or contracted categories as more data were reviewed and more linkages and distinctions between categories were noticed, as recommended by Marshall and Rossman.[51] Categories were then grouped into larger themes based on dimensions of relatedness, with some responses that encompassed more than one meaning included in multiple categories.[51,53]

Subsequently, the team members engaged in detailed discussions of their rationales for coding decisions to enhance the trustworthiness of findings.[54] The final stage was reconciling of themes and categories so that both were in agreement. For subsequent questions, independently-coded data were compared and re-compared until agreement was reached on all responses. Frequency of responses was also noted, since the purpose of the survey was to identify service providers' training needs and preferences in order to determine the focus and goals for future training initiatives. Draft copies of the analytic framework and responses were shared with YBPC members who concurred that the analyses shared were reasonable and who provided assistance in interpreting findings. Following analysis of qualitative responses by question, the team combined responses in the same category across questions resulting in several large categories of responses that reflected the topics listed in the quantitative questions about competencies and skills.

Quantitative Results

Transition Competency Ratings

Participants' mean ratings of their personal need for training in each competency were between 3.43 and 3.10 indicating "moderate need" (See Table 2). The five competencies with the highest expressed training needs were: *employing trauma informed principles, engaging young people effectively by understanding youth culture, promoting natural supports, using culturally responsive practices,* and *helping young people navigate transitions.* When considering the importance of the nine listed transition competencies, service providers' ratings ranged from 4.75 to 4.41, between "important" and "very important" for their work. Only 4 of the 9 competencies had significant positive correlations between participants' ratings of importance and their personal need for training: *using culturally responsive practices, engaging young people effectively by understanding youth culture, using technology effectively to communicate with youth,* and *collaborating with peer support providers.*

Transition Skill Ratings

Table 2 reveals that average ratings of training needs for the transition skills were somewhat lower than for competencies, ranging from 3.41 to 2.89, again indicating a "moderate need" for training in each of the skills. The top five identified needs for skills training were: *collaborating with other providers to access resources for youth, supporting young adult peer support providers, advocating for program improvements, increasing youth-driven practice within my organization,* and *employing ethical principles to guide the use of technology.* Participants gave a somewhat wider range of mean importance ratings to the eight transition skills (4.68 to 4.08) than they gave to the competencies, again indicating that the listed skills were between "important" and "very important" for their work. It should be noted that for all of the eight skills, importance ratings were positively and significantly correlated with the participants' training need ratings.

Table 2. Service Providers' Ratings of Transition Competencies and Skills: Personal Need for Training and Importance

Rating Categories	Training need rating (TNR)		Importance rating (IR)		Correlation of IR & TNR
Competency	**Mean**	***SD***	**Mean**	***SD***	**Pearson *r***
1. Employing trauma informed principles to guide your work with young people	3.43	1.19	4.60	.68	.09
2. Engaging young people effectively by understanding youth culture	3.40	1.17	4.61	.64	.15*
3. Promoting natural supports for young people	3.36	1.21	4.75	.52	.08
4. Using culturally-responsive practices	3.35	1.11	4.65	.64	.21**
5. Helping young people to navigate transitions	3.32	1.03	4.70	.57	.06
6. Applying positive youth development principles in your work	3.26	1.06	4.64	.65	.02
7. Supporting youth empowerment	3.23	1.14	4.69	.58	.05
8. Using technology effectively to communicate with youth	3.22	1.30	4.45	.79	.20**
9. Collaborating with peer support providers	3.10	1.19	4.41	.85	.19**
Skill					
1. Collaborating with other providers to access resources for youth	3.41	1.18	4.68	.59	.12*
2. Supporting young adult peer support providers	3.35	1.13	4.29	.92	.32**
3. Advocating for program improvements	3.33	1.19	4.38	.76	.26**
4. Increasing youth-driven practice within my organization	3.28	1.17	4.28	.82	.25**
5. Employing ethical principles to guide the use of technology for communication	3.17	1.20	4.32	.87	.27**
6. Responding to workplace stress by applying self-care principles	3.07	1.25	4.41	.86	.29**
7. Clarifying my role in interdisciplinary teams	2.93	1.23	4.08	1.02	.43**
8. Using supervision to support my work	2.89	1.24	4.08	1.00	.34**

Note. *$p < .05$; **$p < .01$.

Table 3. Transition Service Providers' Rating of Preferences for Training Modalities

Training Modality	Most Preferred (Percent)	Somewhat Preferred (Percent)	Least Preferred (Percent)
1. Face to face workshops	64.5	29.8	5.6
2. Training led by young adults	54.8	38.7	6.5
3. Conference	45.6	39.5	14.9
4. Guidance by member of cultural group	43.5	46.8	9.7
5. On-the-job coaching	38.5	36.4	25.1
6. Self-paced online training	32.7	39.1	28.2
7. Learning communities	31.3	51.4	17.3
8. Webinars	27.8	44.4	27.8
9. Videos	20.8	53.6	25.6
10. Podcasts	16.6	34.8	48.6

Note. $N = 254$.

Preferred Training Modalities

As can be seen in Table 3, participants' "most preferred" trainings were face-to-face formats, including workshops, trainings led by young adults, conferences, cultural mentoring, and on-the-job coaching. Although technology-based trainings were generally at least "somewhat preferred" there were distinct differences, with learning communities rarely given a "least preferred" rating, and podcasts being "least preferred" by nearly half of participants.

Barriers to Accessing Training

Participants indicated that two obstacles were affecting their access to training "a lot:" expense ($M = 3.59$; $SD = 1.32$) and heavy workload ($M = 3.58$; $SD = 1.26$). Barriers that on average were rated as affecting training access "a moderate amount" were shortage of funds for travel ($M = 3.31$; $SD = 1.42$), distance to training ($M = 3.17$; $SD = 1.32$), and limited time off ($M = 3.12$; $SD = 1.34$). Finally, these service providers indicated that they were least affected by lack of organizational support ($M = 2.52$; $SD = 1.38$), access to technology for online training ($M = 1.95$; $SD = 1.17$), and supervisor support ($M = 1.85$; $SD = 1.25$).

Participants' Characteristics and Training Needs

Multiple regression revealed that a combination of provider age, years in current job, and years in transition work significantly predicted their ratings of need for training in engaging young people by understanding youth culture, $F\ (3/208) = 3.892$, $p = .01$; $R^2 = .053$. Provider age, years in current job, and in transition work also combined for a significant prediction of their need for training in the use of technology to communicate with youth, $F\ (3/210) = 5.885$, $p = .001$, $R^2 = .078$, with age being a significant independent predictor of need for technology training, $\beta = .184$, $p = .045$. Providers' number of years in transition work was also directly related to their indicated need for training on employing ethical principles to guide the use of technology for communication ($r = .136$, $p = .04$).

Peer support providers were found to have significant differences from other participants in their preference ratings for three of the ten training modalities. Peer service providers gave higher

preference ratings than other providers to training led by young adults, t (246) = 2.448, p = .019, and learning communities, t (241) = 2.113, p = .036. Peer support providers also gave lower ratings to webinars than other participants: t (246) = -2.092, p = .037. Additionally, there was a trend level difference between peer support providers and others, with peer support workers giving higher ratings to on-the-job coaching, t (245) = 1.926, p = .055.

Participants identifying as Hispanic and/or from a racial group other than White gave significantly higher ratings than non-Hispanic Whites to their needs for training in four areas. Independent samples t-tests revealed significantly higher ratings for their training needs regarding: (a) collaborating with peer support providers, t (236) = 2.107, p = .036; (b) using supervision to support their work, t (229) = 2.107, p = .036; (c) clarifying their roles in interdisciplinary teams, t (227) = 2.169, p = .031; and (d) responding to workplace stress by applying self-care principles, t (232) = 2.270, p = .024.

Qualitative Findings

Many survey participants shared responses to open-ended questions that reflected and extended their responses to the topics listed in the survey. The following description provides examples of illustrative responses related to the five competency and five skill areas in which participants reported that they most needed training. Responses to open-ended questions about underserved populations and training to better serve them are also reported here.

Needed Training in Competencies

The majority of participants (61%) responded to an open-ended question about other competencies needed for working with young people with mental health needs and 58% provided ideas about what additional training they felt they needed to support their work. Many responses focused on participants' needs for training in *trauma-informed care*, with preferences expressed for in-depth skill development, for example, "Instead of superficial broad training, more specific interventions and ways to interact with clients that have a trauma history" and "Not just 'trauma informed care' but using very specific evidenced based trauma assessments and interventions." Participants wished for increased *understanding of youth culture*, as expressed in the following examples: "Learning about what's new and going on with them in music, slang, communication, and drugs" and "Youth culture, positive youth development principles." There were also expressed desires for opportunities to increase skills in *engaging young people*, such as, "Engaging youth and young adults in programs and keeping them active and excited about independent living skills and how to continue to be well" and "Healthy relationship building, gaining trust and getting youth motivated to accomplish their goals."

Promoting natural supports was described as a needed competency, with suggestions for opportunities to learn about "Strategies to create natural supports and opportunities for youth in their communities" and ways to "Engage in community and/or with others for support." Many responses focused on desires for both general training in using *culturally responsive practices*, such as "working with language/cultural differences" and specific training needs "in Spanish since terms are different in Spanish" and for "More trauma informed training with cultural components to improve delivery." Participants also emphasized skills for *helping young people navigate transitions*, including, "Supporting youth to understand what it means to transition and what it will look like for them," as well as "Ability to give realistic guidance regarding lifespan issues of employment, equality, housing, 'real adult living.'" In addition to responses linked with the listed competencies, participants reported training needs in *youth development*, exemplified by "not enough training is offered about the effect of puberty and brain development on the behavior and thinking." Others expressed training in *behavioral and mental health*, including "deeper understanding of mental health diagnoses and the impact on youth and young adults" and *specific interventions*, such as "Motivational interviewing – specifically for transitional age youth" and "Youth Mental Health First Aid training." Another area of reported training need was for *supporting and empowering youth*, illustrated by comments such as, "Developing goals

and effective communication in order to ensure that they understand the power they have with the choices and decisions they make to transform their lives." Participants also wanted information about resources to be able to better support youth with *specific needs* related to housing, finances, education, employment, and life skills. They reported wanting to learn to *work effectively with families*, illustrated by the suggestion, "Helping empower parents to allow their children to experience both success and failure… Help parents better understand the transition process."

Needed Skills Training

Responding to a question about what additional skills they thought staff in their organization needed to work more effectively, 57% of participants described skill training needs, with many examples illustrating the items they most frequently endorsed. *Collaboration with other providers to access resources* was an identified area of needed learning, with examples focused on general collaboration skills, exemplified by "navigating the different systems and agencies in the youth's city" and collaboration with specific organizational domains, such as, "understanding IDEA for support in youth transitions" and "Gaining collaboration with community partners, e.g. potential employers." *Peer support* was seen as essential for youth and survey participants expressed wishes for information about "Building peer support into youth services," "Sustaining peer support," and "How to run a peer led youth group."

Many comments about the inadequacy of existing services for youth in transition were embedded in participants' qualitative responses, with related reports of advocacy training needs, such as "We need to continue to gain a knowledge and understanding of this population in order to support and advocate for them more effectively" and "How do we advocate for resources needed for the transitional age youth if those resources do not exist in our immediate county?" Participants reported wanting to gain increased skills in *youth driven care* and suggestions included training for "The ability to be client centered, allowing the youth to take the lead in developing their goals" and "Helping youth find their voice to advocate for themselves while understanding the constraints of a public mental health system." *Applying ethical principles in the use of technology for communication* was another area of practice in which participants expressed a need for training, exemplified by, "Adapting youths' technological needs for effective engagement while also meeting HIPAA, managing risk (such as getting a suicidal text)," and "Increased capacity for technology use without confidentiality problems."

Training Needs to Better Serve Underserved Populations

An open-ended question about underserved populations in participants' local areas elicited responses from 76% of participants. Youth and young adults of color and specific racial and ethnic groups were most frequently mentioned as underserved groups, particularly African American, Native American, and Latino/Hispanic young people, and immigrant youth. LGBTQ youth, youth with specific mental health conditions, and young people with co-occurring mental health needs and disabilities (intellectual, physical, or sensory) and/or substance use disorders were also described as underserved. Additionally, youth with complex needs such as those living in or transitioning from foster care or juvenile justice settings, homeless youth, impoverished youth, and youth who have experienced trauma were all mentioned. When asked about training to better serve these identified populations, 67% of participants provided recommendations either for general skill development or for training to better serve specific groups. Suggestions for general skill development were exemplified by training to develop "Effective communication skills" and "Ways to make mental health services more appealing and accessible." Ideas about needed training to better serve specific groups included "Better understanding of Latinx culture and how to overcome barriers in order to engage in treatment," "Trauma informed [care] for young adults aging out of foster care," and "I think it would be most helpful to have training around socio-economic levels and how to best serve this population with very limited transportation and resources."

Discussion

The use of a YPAR approach strengthened the relevance of the survey questions and findings, through the YBPC's provision of thoughtful input on the development of questions, distribution of the survey, interpretation of findings, and ideas about how best to use the findings to guide training initiatives. The study sample included participants from all regions of the U.S., from all working age decades, and with substantial experience on average of working with young people with mental health needs. Participants' mean ratings between "important" and "very important" for all specific competencies listed in the survey indicate that the collaborative team of researchers and youth advocates had identified areas of training focus that service providers deemed relevant to their work with young people in the transition years with mental health difficulties. Self-reported responses also revealed moderate needs for training in all of the focal competency areas. Similarly, mean ratings were between "important" and "very important" for training in specific skills, although responses regarding personal needs for training in the identified skills were mixed. There is reason to believe that training need ratings might have been higher if the sample had been less experienced and well-educated.

Survey findings reflect the broad recognition in human services generally, and in transition services specifically, of the importance of applying principles of trauma-informed care, with this competency rated most highly across the sample. There were differences among participants' responses related to age, race, and ethnicity, with older and ethnically and racially diverse participants indicating higher needs for training in specific areas. Of particular interest were the findings that older service providers with more years of experience working with youth expressed needs for training to better understand youth cultures and to be able to communicate with young people using technology. Taking account of the rapid pace of cultural and technological change, it may be worthwhile to explore ongoing learning opportunities in these competency areas, perhaps led by youth and young adult leaders who are most familiar with youth preferences. Additionally, participants identifying as Hispanic and/or non-White reported greater training needs related to several skill areas: collaborating with peer support providers; using supervision; clarifying their roles in interdisciplinary teams; and responding to workplace stress by applying self-care principles. These findings merit further exploration, since they may indicate that service providers of color have some uncertainties about their role and feel more in need of supervision and support to do their work effectively; alternatively these findings may point to a lack of adequate supervision offered to providers of color, as reported in a study by Constantine and Sue.[55]

Not unexpectedly, peer support providers expressed some different training needs from non-peers. Specifically, non-peer support providers expressed higher levels of need for training in understanding youth cultures and using technology to communicate with youth. Given the nature of the peer role and the relative newness of the service, it is reasonable that the peer workforce identified different training needs and preferences. For many youth peer providers, being paid to offer peer support is their first experience in a professional role. Further, most are still in recovery from their own mental health challenges, which may explain the articulated desire for learning communities and training led by peers, as well as on-the-job coaching. Peer service providers also expressed higher preference ratings for training led by young adults, participation in learning communities, and on-the-job coaching than other providers, and they gave lower ratings to webinars than other participants. Based on the expectations of the peer support role around shared experiences and mutuality, it is not surprising participants expressed a preference for youth-led and in-person training.

The expressed training needs of peer support providers may be related to the lack of manualized training and inconsistencies in how organizations are implementing peer-to-peer services. Currently, there are no standardized competencies, training curricula, or fidelity monitoring mechanisms for youth peers. The absence of a core set of practice standards and values that is embraced by both the

youth and adult systems has created a lack of clarity regarding the role of a youth peer provider. To more clearly articulate the peer provider role and identify needed competencies, training, certification, and a professional development pathway is an important area for future system development. The participating organizations are engaged in initiatives to develop clear role descriptions, practice standards, and training activities for peer providers guided by research such as that by Gopalan and associates.[8] Additionally, the current survey findings are being used to guide the development of accessible online training materials focused on identified areas of training need for transition service providers generally.

These current findings also point to the benefits of increased understanding of the training needs and preferred training modalities of specific service provider populations at different stages of their working lives and based on the uniqueness of the services being offered. For example, increased cross-system collaboration is a potential benefit of co-training opportunities across child and adult-serving systems.[23]

A number of study limitations are relevant to consideration of these findings. First, while recruitment via the websites and newsletters of several research- and service-focused and advocacy organizations resulted in a sample that included participants from all regions of the U.S., there is no way to know how representative they were of the larger population of transition mental health service providers. Indeed, as noted above, there is reason to believe that the participants were more experienced and well-educated than transition service providers generally, although this cannot be determined in the absence of a national census of providers. Similarly, there is no way to know whether the age range, race, and ethnicity of participants are representative of the population of service providers, suggesting that research to gain an in-depth understanding of the characteristics of the population of service providers working with youth in transition is urgently needed in order to assure the delivery of effective services and training.

Implications for Behavioral Health

Findings from this national survey are likely to be useful to trainers and organizational administrators who plan behavioral health workforce development or dedicate resources to sending staff to participate in training opportunities. Training needs in the field of youth and young adult mental health may be greater than these results indicate, since the sample was highly experienced, with a mean of over 4 years in their current position and an average of over 12 years work with transition age youth. Additionally, over half of the participants had a graduate degree. Responses to open-ended questions added details to quantitative responses and participants indicated their desires to enhance their skills for work with specific underserved populations, suggesting that while they had solid preparation for work in transition services, over time they have become aware of the unique and complex challenges facing some sub-groups of young people in their area.

Participants indicated clear preferences for face-to-face training in workshops and conferences, including training delivered by young adults, and moderate preferences for on-the-job coaching. These findings deserve further consideration, given the research literature indicating that conferences and workshops alone are less effective training modalities and that coaching is an essential component for achieving long-term practice changes.[10,23,56] Participants also reported barriers to their participation in training primarily related to limited resources and heavy workloads, suggesting that behavioral health organizations may want to prioritize funding for staff participation in training and coaching in order to assure the delivery of evidence-based, engaging behavioral health services and supports to youth and young adults.

In conclusion, as the first national examination of transition service providers' needs for training to be able to more effectively serve young people with mental health challenges, this study provides guidance for behavioral health organizational administrators and trainers for the design and development of future training initiatives. Findings about the differing training needs and preferred training modalities between peer support providers

and non-peers are intriguing and might be used to guide the development of training initiatives to strengthen the skills of these provider groups. As the behavioral health field continues to evolve and face new challenges, and in order to support the growth of peer-to-peer support, it is critical to undertake the development of nationally recognized standardized competencies, training curricula, supervision models, and credentialing processes. Enhancing existing practices will assist the field in understanding how peer support models can supplement the behavioral health service array to better serve transition age youth and young adults. Results of studies showing the inadequacy of public mental health services for youth in transition[1] and dismal outcomes for this population[2] point to the importance of meeting training needs to assure that a well-trained behavioral health workforce is equipped to deliver age-appropriate, youth-driven, and culturally appropriate services.

Compliance with Ethical Standards

Conflict of Interest. The authors declare that they have no conflict of interest.

Ethical Approval. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent. Informed consent was obtained from all individual participants included in the study.

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