

Virtual Training on a National Mental Health Study: Complex Times and Complex Systems



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National Study of Mental Health (NSMH)

- Conducted to estimate the prevalence of mental health and substance use disorders in adults across the United States
- Household data collection
 - ~6,000 clinical interviews
- Non-household data collection
 - ~500 in prisons
 - ~500 in homeless shelters
 - ~200 in state psychiatric hospitals
- 60 clinical interviewers located across the U.S.
- Clinical interviews conducted via video or phone
- Data collection: October 2020 – December 2021

Study Overview: MDPS Process



TELE SAGE™ SCREEN & DIAGNOSE TRACK OUTCOMES IVR SOFTWARE ABOUT CONTACT

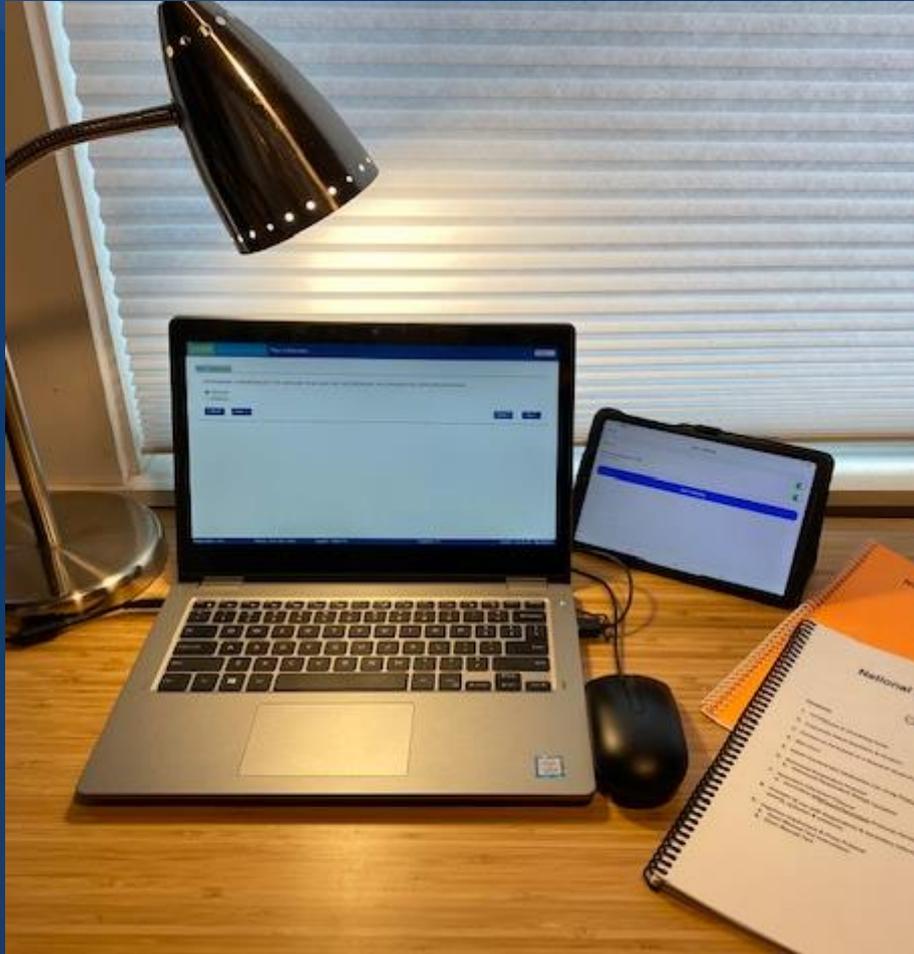
NetSCID-5

The evolution of the SCID
(Structural Clinical Interview for the DSM-5)

Original vs Revised Training Plans

	Original	Revised
# Clinical Interviewers	50	65
Training Location	Virtual + Local	Virtual
# Training hours	40	40
# Training Days	5	10
Training launch	July 2020	September 2020

NSMH Technical Systems



Hardware

Android Tablet: Zoom

Laptop: Clinical Interview

Software:

Case Management System

Blaise

NetSCID

Zoom

i3 communications tool

Training Agenda Overview

Pre-training tasks

- Set up technical systems
- View videos; complete quizzes

40 hours of in-person clinical interviewer training

- Main training 10 half days (am and pm) spread over 2 ½ weeks
- Training content presented in the morning, replicated in the afternoon

Training topics

Study overview and systems	The NSMH screening
Overview of the SCID-5 NSMH and the NSMH in the context of COVID-19	Frontend and backend sections of the interview
Assessing symptoms	The NetSCID
Interviewing skills	Cultural competence

Homework

Live vs Recorded sessions for Clinical Interviewer Training

Recorded

1. Didactic presentations
 - Reduced burden on presenters
 - Ensured consistent information across the multiple sessions
2. Recorded clinical interviews
 - 3 actress recorded interviews
 - 3 real patient recorded interviews

Live

1. How to use equipment
2. Group discussion

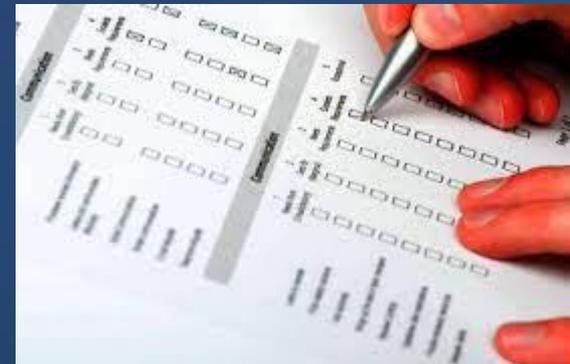
SCID-NSMH – Differences - II

- Coverage limited to
 - “Schizophrenia or Schizoaffective”
 - MDD
 - Bipolar I - manic, Bipolar I – depressed
 - Substance Use Disorders (Alcohol plus 4 others)
 - GAD
 - OCD
 - PTSD
 - Anorexia Nervosa
- Expanded “substance-induced” rule-outs
- Assessment of likelihood of association with COVID-19 pandemic



Example of recorded sessions: Calibrating the coding of mental health symptoms across trainees

1. All trainees watched a 1- to 2-hour video of a clinical interview being conducted by an expert
2. All trainees coded the symptoms as they watched the video
3. Following the video, group discussion covered the correct answers and all trainee questions
4. The experts who conducted the interviews led the group discussions



Use of Breakouts, Polls, and Other Tools

1. Zoom breakout sessions were used for:

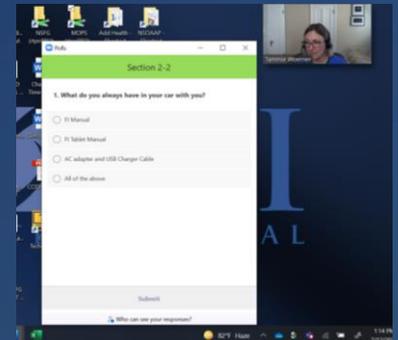
- Smaller group discussions on specific clinical topics
- Mock-paired practice where a trainee administered a clinical interview to a second trainee who played the role of a respondent
- All breakout groups and pairs were assigned in advance
- Experts roamed virtually through the groups to observe

2. Polls

- Used as knowledge checks after didactic sessions
- Provided a way to keep participants engaged on Zoom

3. Study Halls and “Office Hours”

- Zoom line open for 2 hours in the evening for trainee to drop in
- Covered by specific staff (e.g., clinical experts, IT support) to help trainees with homework and other materials
- Wednesday Office Hours



Certification Process

- After completing the 10-day training, interviewers completed a certification process for the administration of the SCID-5 MDPS.
- 3-Phase Certification Process
 - Increasing complexity of respondent in each Phase.
 - Increasing interviewer autonomy in each Phase.
- Standardized SCID-5 MDPS evaluation form with required benchmark scores used across all Phases
 - Interviewing Style
 - Obtaining Pertinent SCID-5 Diagnostic Information
 - Skills Assessing within each Module
 - Technical Skills
- Each domain assessed using 3-point scale (3= Excellent. Coded items correctly; 2 = Minor issues. Instruction needed to explain re-coding of items. No incorrect coding at diagnostic level; 3 = Major issues. Instruction needed in the fundamentals of administration/poor grasp of diagnostic criteria).

Certification Stages

Phase 1

- Interview volunteer participants
- Full review of all interviews
- Must show proficiency in interviewing style, correctly implementing each module, and navigating technical components.
- Maximum of 3 attempts (Outcomes; Full Pass; Provisional Pass*; Termination)

Phase 2

- Interview study participants
- Full review of all interviews
 - Must show mastery in administration of diagnostic modules
 - No to minor errors in all other domains
- No limit on number of attempts assuming continued progression (Outcome: Pass to Phase 3; end employment)

Phase 3

- Most autonomous level interviewing study participants
- Interviewers request partial reviews from supervisors as needed
- 10% full review of cases

Certification Stage Metrics

Phase 1

- Number CIs: 62
- Average number of interviews needed to pass Phase 1: 1.7 interviews (SD = .67)
- Phase 1 pass rate: 97%

Phase 2

- Number CIs: 58
- Average number of interviews needed to pass Phase 2: 2.8 interviews (SD = 1.77).
- Phase 2 pass rate: 96%

Phase 3

- Number CIs: 56
- Results from 10% full reviews to date
 - 98% reviewed with no problems or minor problems identified (all data deemed valid and accurate).

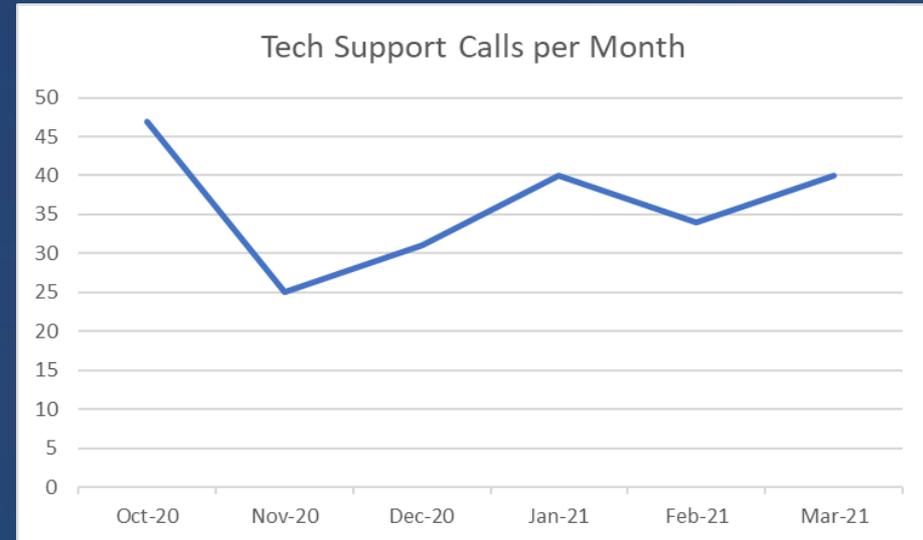
Technology Support

1. Instrument developers

- Attended training when CIs were using the instrument
- Attended study halls/office hours

2. Tech Support

- Attended training when CIs were using the tablet and/or laptop
- Attended study halls/office hours
- Ongoing on-call support throughout set-up, training, certification and data collection



Training Feedback Provided by the Clinical Interviewers

I thought the material was engaging. Having **everyone leave their cameras** on was helpful in making it feel more "real world." The **duration is challenging in a Zoom** setting, more breaks and longer breaks would have been helpful. I was disappointed whenever we ended up with a 5-7 minute break instead of the full 10 minutes because of something running over, because we really need that time when sitting and staring at a screen for so long.

The **most challenging part** of the training for me was when we were working through all of the **tech issues**. In part, this seems inevitable to an extent; it's just difficult to manage **a large group of people all trying to learn a new system** with many moving parts. However, I do think it would be worth discussing how to make the tech learning process more efficient in the future. Finally, I personally did not care for the requirement to have video on the entire time. On the one hand, I understand that it's critical for all CSs/CIs to be present and engaged.

Lessons Learned and Recommendations

- It is possible to train all new staff on complex systems and instruments virtually.
- Consider short blocks of instructional time and blocks of independent or group work.
- Incorporate office hours throughout the training to provide additional one-on-one support.
- Important to take into account the additional tech and project management support required before, during and after training.
- More certification time or attempts may be required as the feedback provided virtually is not the same and it's not possible to ensure correct use of the technical systems virtually.



Thank you!

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