

Building Effective Virtual Training for Service Providers: A Qualitative Evaluation of the BeHERE Training Initiative

Opioid-related overdose deaths remain a critical public health issue, exacerbated by stigma, organizational barriers, and harmful policies. The BeHERE Training Initiative aims to address these challenges by providing human service providers with essential training on overdose rescue, prevention, and harm reduction strategies.

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Introduction

The BeHERE Initiative, a project of Health Resources in Action (HRIA) funded by the Massachusetts Department of Public Health’s Bureau of Substance Addiction Services, offers free training and technical assistance on opioid overdose rescue, prevention, and harm reduction to human service providers in MA, with fee-for-service options outside of MA.

We train participants in over 290 public sector and nonprofit organizations. Informed by adult learning theory, harm reduction, and the pedagogy of the oppressed, our approach to training:

- Recognizes the myriad ways in which adults learn and incorporates a variety of interactive activities and breaks
- Respects each individual as an expert on their own experience and aims to democratize the sharing of knowledge
- Values and centers lived and living experience/expertise (especially regarding substance use, recovery, overdose, etc.) among training participants, facilitators, and staff
- Prioritizes building and practicing applicable skills

See our full catalogue of trainings here:



Methodology

Eight virtual BeHERE training topics (April 2020-June 2022) were evaluated. During this time period, there were a total of 5,308 uses of the eight trainings among duplicated users.

Evaluation was based on the Kirkpatrick Training Evaluation Model, in which training is evaluated on four levels:

Level	What is being evaluated?
1	Satisfaction with and engagement in training, and perceived relevance of training to the trainee’s job
2	Acquisition of knowledge, skills, and attitudes, as well as confidence and commitment to use training content in the trainee’s work
3	Application of what was learned in training when trainee is back on the job
4	The degree to which targeted outcomes or desired impacts occur as a result of critical on the job behaviors that result from training

Three data sources include:

- Self administered post-training evaluations (n=909): Completed by trainees immediately after training.
- Online follow-up survey (n=62): Completed by trainees in Summer of 2022.
- Key informant interviews (n=35): Conducted via telephone using a semi-structured interview tool, each lasted approximately 30 minutes.

Findings

Training	Kirkpatrick Level	Quote
Addressing Drug-Related Stigma and Bias	Level 1	“Even though the discussion makes people uncomfortable sometimes it’s important for implementing it in the work.”
Analyzing the U.S. War on Drugs & Racist Drug Policies	Level 2	“I gained a lot of information about the history of the U.S. War on Drugs as a whole.”
Exploring Pathways of Recovery	Level 3	“A person was concerned about MAT and I explained the several options including Sublocade and microdosing of suboxone.”
Working with People Who Use Stimulants	Level 4*	“I was able to use the de-escalation skills learned from this training to bring the client down a few notches to be able to understand and help the client.”

*Data to suggest achievement of Level 4 factors of the Kirkpatrick Training Evaluation Model was only available for one training.

Lessons Learned

- Data triangulation across three different sources
- Conducting thematic analysis and application of the Kirkpatrick Training Evaluation Model
- Strategies for conducting and writing a mixed methods evaluation report
- Challenges:
 - Distinguishing between Level 3 and Level 4 of the Kirkpatrick Model
 - Identifying changes in outcomes as a result of skills gained from training
 - Pivoting key informant outreach strategy midway through the evaluation
 - Project branding and identity transition

Recommendations

Strategies for Delivering Effective Virtual Training to Build Capacity Among Providers

- Interactivity – Leveraging technology to engage training participants (e.g., breakout rooms, virtual whiteboards, polls, etc.)
- Centering the perspectives of trainers and training participants with lived and living experience/expertise
- Leading with a non-stigmatizing approach (e.g., non-judgmental language)
- Incorporating skill-building content (e.g., role play scenarios)
- Employing principles of adult learning

