

**Supporting You in Supporting Youth:  
Preliminary Results of a National Survey of Training  
Needs of Transition Aged Youth Service Providers**  
**UPDATED October 25, 2017**



In order to better guide workforce development efforts for service providers who work with young people with mental health needs, the Pathways Transition Training Partnership collaborated with Youth MOVE National to conduct a national survey on training needs and preferences. Potential participants were contacted by the collaborators and other partner organizations and sent a link to take this online survey between June 23 and July 24, 2017. Participants were invited to respond to questions about their perceived needs for training in competencies and skills to support transition age youth and young adults, underserved populations in their area and recommendations for training to meet their needs, preferred methods of training, and perceptions of barriers to training.

**Participants.** A total of 254 service providers completed the survey; 39 states and the District of Columbia were represented. Most participants provided mental health (58.7%), family support (55.9%), transition planning (52.8%), and/or youth advocacy services (52.4%). Participants had worked with transition aged young people an average of 12.7 years, and in their current position for 4.7 years. All but 19.4% had at least a four year or graduate college degree, and their median age was between 40-49 years. The majority described themselves as female (80.5%), and non-Hispanic White (69.8%), with 8.7% identifying as Black or African American, 7.9% as Hispanic/Latino, 5.9% as mixed race, 3.7% Native American, and 3.7% Asian/Pacific Islander.

**Competency Training.** The average ratings of all nine transition provider competencies listed on the survey fell between “important” and “very important. Approximately half of the service providers indicated that training was “needed” or “very much needed” by themselves in four competency areas: *employing trauma informed principles to guide work, engaging youth by understanding youth culture, promoting natural supports, and using culturally responsive practices*. Over two thirds reported at least a “moderate” level of training need for the remaining five competencies: *applying positive youth development principles, helping young people navigate transitions, supporting youth empowerment, collaborating with peer support providers, and using technology to communicate with youth*.

In response to open ended questions about their additional training needs, some survey respondents added details in regard to training related to several of these competencies. For example, there were specific requests for training in trauma informed care with young adults transitioning out of the foster care system. There were calls for training in skills for communicating more effectively and engaging with youth, including using technology within the parameters of HIPAA and building natural supports from peers and families. Participants made suggestions about needing training in culturally responsive services and noted their specific needs for training to better serve Latinx youth and LGBT youth. There were also expressed desires for training on developmentally appropriate supports, accessing resources, cross-system collaboration, and advocacy.

**Skills Training.** Again, average ratings of all eight transition service provider skills included in the survey fell between “important” and “very important.” Over 40% reported that they “needed” or “very much needed” skills training in five areas: *collaborating with providers to access resources for youth*,

*advocating for program improvements, increasing youth-driven practice in their organizations, supporting young adult peer support providers, and employing ethical principles to guide the use of technology for communication.* At least 58% indicated a “moderate” or greater level of need for training in the other three skills: *responding to workplace stress by applying self-care principles, clarifying their role in interdisciplinary teams, and using supervision to support their work.*

**Training Method Preferences.** The five training methods more frequently rated as “most preferred” by participants were *face to face workshops* (64.5%), *training led by young adults* (54.8%), *conferences* (45.6%), *guidance from a specific cultural group* (43.5%), and *on the job coaching* (38.5%). “Somewhat preferred” methods included *videos* (53.6%), *learning communities* (51.4%), *webinars* (44.4%), and *self-paced online training* (39.1%). Participants (48.6%) rated *podcasts* most frequently as “least preferred.” In addition to these training methods, participants mentioned preferences for consultation with experts, technical assistance from Youth MOVE National, and published articles.

**Underserved Population and Training Needs Related to Them.** There was a wide range of responses to an open-ended question about underserved populations in respondents’ local areas, with youth and young adults of color, homeless youth and youth experiencing poverty frequently mentioned. Participants also recommended training to meet the needs of specific groups of youth and young adults, such as youth with co-occurring mental health and intellectual disabilities, co-occurring mental health and substance use disorders, youth with physical disabilities, and youth living in or transitioning from foster care.

**Barriers Limiting Training Access.** Participants reported that the five factors most limiting their access to training were *expense, heavy workload, shortage of travel funds, distance to training, and limited time off.* Nearly half noted a *lack of organizational support* at least moderately affected their access. Additionally some service providers were affected by *lack of supervisor support and inadequate access to technology for online training.*