Integrating Adolescent Substance Use Screening, Brief Intervention, and Treatment throughout Nursing Education

AACN 2015 Baccalaureate Education Conference
Orlando, Florida

NORC at the UNIVERSITY of CHICAGO | Kognito | ADOLESCENT SBIRT (Screening, Brief Intervention & Referral to Treatment)

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Overview

- AACN Collaboration with NORC and its Partners
- Overview of the Project
- What is SBIRT? Why SBIRT?
- Challenges and Gaps in Education
- Interactive Simulation Platform as a Learning Tool
- Q & A

Integrating Adolescent SBIRT into Nursing Education

- AACN's Collaboration with NORC and its partners
- October 2014 – September 2017

Integrating Adolescent SBIRT into Social Work and Nursing Education Project -- sbirt.webs.com

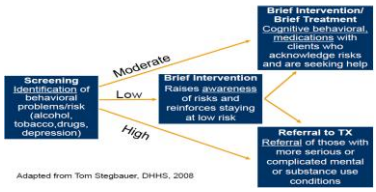
- Learning Collaborative
  - 70+ schools
  - 150+ educators, field placement supervisors, preceptors, practitioners
- Steering Committee
  - 30+ SMEs, nursing and social work educators and practitioners, professional associations, BH orgs, researchers, and others
- Instructor's Toolkit
- Walk-through Calls
- Needs Assessment
- Kognito Adolescent SBIRT Simulation Program
- Join Us: SBIRTTeam@norc.org

Aims of the Project

- **Engage** the leading national associations, experts, practitioners, students, researchers, and accrediting organizations for schools of nursing and social work.
- Develop and sustain adolescent **SBIRT learning collaborative** of schools of nursing and social work.
  - Fostering partnerships, collaboration, technical support, and sharing lessons learned.
- Develop, implement, and evaluate adolescent SBIRT curricula with Instructor's Toolkit and Kognito **interactive virtual patient simulations** for nursing and social work students.
- Offer **Stipends and TA** to support integration activities and sustainable practice over time.

What is SBIRT?

- SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at-risk for developing them.



Adapted from Tom Stegbauer, DHHS, 2008

Why SBIRT?

SBIRT Aims To:

- Increase early identification of patients at-risk for substance use problems.
- Build awareness and educate patients on U.S. guidelines and risks associated with substance use.
- Motivate those at-risk to reduce unhealthy, risky substance use; and adopt health promoting behavior.
- Motivate individuals to seek help and increase access to care for those with (or at risk for) a substance use disorder.
- Foster a continuum of care by integrating prevention, intervention, and treatment services.

Addressing substance use as part of addressing the whole health of patients.

Why SBIRT?

- Substance use is a public health and safety issue
- Substance use has a profound impact on patients and their families
- Cause or exacerbate health conditions
- Poorly managed health conditions
- Reduce effectiveness of medications
- ER visits and excess hospital stays
- Overdose and suicide
- Accidents and damage
- Injuries and violence
- Lower school performance
- Lower productivity, lost work days
- Worker compensation, disability, worker turnover
- Financial and legal problems
- Family disruptions and relationship problems
- Sexual risk-taking

Recommendations and guidelines on adolescent screening and brief intervention

- Endorsed by leading professional associations/government agencies:
  - American Academy of Pediatrics (AAP)
  - American Medical Association (AMA)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Center for Medicare and Medicaid Services (CMS)
  - National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- Slow uptake among health professionals.
  - Fewer than 50% AAP-affiliated providers systematically screen adolescents.
  - Only 14% of young adults who reported exceeding alcohol consumption guidelines and visiting a doctor were asked about their alcohol use.
- Health professional education efforts have been slow but growing.
  - Support from federal agencies to educate pre-service professionals and the existing workforce is necessary but insufficient. Need mechanisms for bringing education to scale.
  - Nursing health professionals need to be prepared to work in a range of settings where adolescents/young adults receive health care, and where SBI is being implemented.

Preparing the next workforce: Settings where SBI is happening

- Primary care
- Trauma
- Emergency Department
- Hospital Inpatient
- Colleges/Universities
- School-based Health Centers
- Federally Qualified Health Centers
- Community Mental Health Centers
- Counseling
- Community Youth Programs
- Juvenile Justice, Drug Courts
- Employee Assistance Programs
- Peer Assistance Programs
- Health Promotion and Wellness Programs
- Occupational Health and Safety, Disability Management
- Dental Clinics
- HIV Clinics
- Addiction Treatment
- Faith-based Programs

Common barriers in educational settings

- Lack of time to add "something else" to the curriculum.
- Not required to teach substance use education, not an accreditation standard.
- Lack of awareness, skills, and knowledge about substance use prevention/early intervention and SBI.
- Don't know where to start, what to include, what educational resources and teaching materials are available.
- Not sure where the education fits – Separate course vs. woven throughout multiple courses, addiction specific vs. more general course, elective vs. required course?
- Lack of engaging, visual learning opportunities to supplement lecture/didactic content.

Kognito

Kognito creates digital conversation experiences with virtual humans to build and assess SBI skills.

Why Virtual Humans?

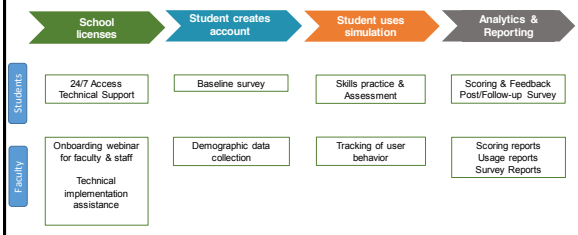
30 Years of Research
Virtual human technology, neuroscience
Social cognition and adult learning theory

Instructional Benefits
Safe to experiment
Increase in engagement, openness
Decrease in transference reactions
Reduced social evaluative threat

Additional Benefits
Personalization of experience
"Choose your Avatar" option
Cost-effective

Three Kognito simulations listed on SAMHSA National Registry of Evidence-Based Programs & Practice (NREPP)

How it works



Demo

SBIRT With Adolescents

SBIRT with Adolescents

Iterative development of simulations with the Adolescent SBIRT Learning Collaborative and subject-matter experts.

Learn: screening, risk levels, Brief Negotiated Interview, MI.

Practice: Choose your avatar and talk with realistic, emotionally-responsive virtual adolescents. Coach feedback, patient inner thoughts, engagement meter.

Assess: In-conversation scoring of BI skills. Dashboard with scores and personalized feedback.

Practice Conversations

Josh
- Setting: Hospital ED
- Condition: ankle ligament injury
- Remarks: jumped off roof into hot tub; was at party
- Screening results: High-risk/weekly use alcohol

Emily
- Setting: School nurse/social worker office
- Condition: decreased attention
- Remarks: referred by teacher; distracted in class
- Screening results: High-risk/weekly use marijuana

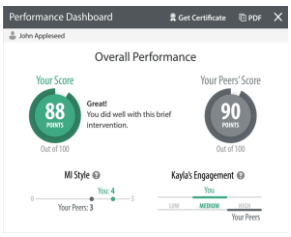
Assessment Conversation

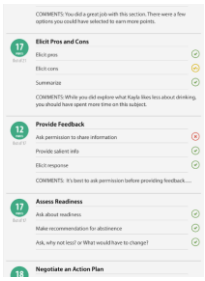
Kayla
- Setting: Primary care
- Condition: Annual well visit
- Remarks: None
- Screening results: Moderate risk/weekly use alcohol

Assessment features

- Total score
- BI adherence score
- MI adherence score
- No undo button
- No inner thoughts

Feedback & Analytics





Thank You

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