

Integrating Adolescent Substance Abuse Screening, Brief Intervention and Treatment throughout Social Work Education

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Presenters

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Acknowledgements

Funded by: 

Partners:   




Overview

- ❖ Introduction and Overview of Current Project
- ❖ What is SBIRT? Why SBIRT?
- ❖ Interactive Simulation Platform as a Learning Tool
- ❖ Challenges, Gaps, and Barriers
- ❖ Implementation and Administration
- ❖ Q & A

What does CSWE do?

- Accreditation**
 - Accredit BSW and MSW programs
- Faculty Development**
 - Journal on Social Work Education
 - Annual Conference (APM)
 - Publish Books and Resources
- Research and Dissemination**
 - Research on Social Work Programs, Faculty, and Students
 - Grants
- Center for Diversity**



Why is SBI Important to Social Work Education

- Public health importance
- Generalist practice
- Expanded insurance coverage for substance use services



NORC Adolescent SBIRT Project

- Adolescent Substance Abuse Screening, Brief Intervention and Treatment (SBIRT) Throughout Social Work and Nursing School Education
- 3 year project – aimed at developing and evaluating curricula for undergrad and graduate students
- Learning Collaborative



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



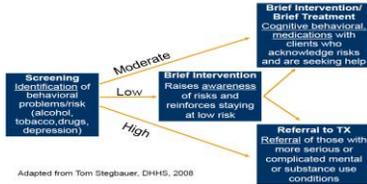
- Learning Collaborative
 - 70+ schools
 - 150+ educators, field placement supervisors, preceptors, practitioners
- Steering Committee
 - 30+ SMEs, nursing and social work educators and practitioners, professional associations, BH orgs, researchers, and others
- Instructor's Toolkit
- Walk-through Calls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

Aims of the Project

- Engage** the leading national associations, experts, practitioners, students, researchers, and accrediting organizations for schools of social work and nursing.
- Develop and sustain adolescent **SBIRT learning collaborative** of schools of social work and nursing.
 - 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.



Why SBIRT?

SBIRT Aims To:

- ◊ Increase early identification of patients/clients at-risk for substance use problems.
- ◊ Build awareness and educate patients/clients 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/clients.

Why SBIRT?

- ◊ Substance use is a public health and safety issue
- ◊ Substance use has a profound impact on patients/clients 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

Adolescent substance use is a major public health concern

- Most adolescents are not identified or receive the treatment they need.
- Only 14% of young adults who reported exceeding alcohol consumption guidelines and visiting a doctor were asked about their alcohol use.
- Promising evidence to support use of adolescent SBIRT in community settings, emergency services, addiction clinics, primary care, colleges, and school-based health centers. More studies are needed.
- Social Work and 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



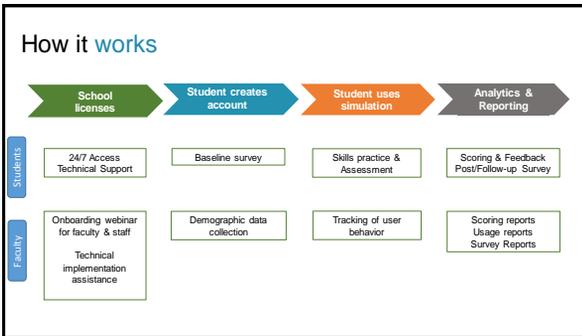
Kognito creates digital conversation experiences with virtual humans to build and assess SBI skills.



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





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

The screenshot displays a 'Performance Dashboard' for 'John Appleseed'. It features an 'Overall Performance' section with two main scores: 'Your Score' of 88 (Great!) and 'Your Peers' Score' of 90. Below these are smaller scores for 'MI Style' (4) and 'Kayla's Engagement' (4). The right-hand side contains a list of feedback items with status indicators (e.g., 'Click Free and Cons' is completed, 'Provide Feedback' is pending).

Challenges and gaps in practice

- SBIRT is 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.
- 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.

Challenges and gaps in health professions education

- Substance use education geared towards care of the person with a substance use disorder.
 - Not prevention or early intervention of risky, unhealthy, excessive (non-dependent) use.
- Mainly taught in the psychiatric/mental health courses.
- Limited time and exposure of substance use in curriculum.
 - Even more so with adolescent substance use.
- Competing demands and lack of resources, expertise, and materials.

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.

Implementation and Administration

- ❑ The demand from the healthcare field for SBIRT knowledge is growing, but demand is inferential and anecdotal.
- ❑ Learning collaborative interest in SBIRT and Integrated Care topics is high.
- ❑ Needs Assessment of Learning Collaborative Social Work educators suggests respondents planned to provide much more training in the near future, especially validated screening tools, and adolescent issues in alcohol and other substance use.
- ❑ Implementation of SBIRT training in Schools of Social Work has implications for overall curriculum:
 - Stand alone or part of an integrated curriculum?
 - Policy and clinical taught together or separate?
 - SBIRT training can be tied to core social work values and beliefs – Social Justice, Prevention, Access to Care
- ❑ Healthcare community sees Social Work as a logical profession in the implementation of Health Creation.
 - Are Social Work students being prepared to "speak the language of health"?

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Thank you

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