INTEGRATING ADOLESCENT SBIRT EDUCATION INTO HEALTH PROFESSIONAL TRAINING: FINDINGS FROM A NATIONAL EFFORT TO PREPARE THE NEXT WORKFORCE

HOSTED BY:
ADOLESCENT SBIRT PROJECT, NORC AT THE UNIVERSITY OF CHICAGO, and THE BIG SBIRT INITIATIVE

Webinar Moderator

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2018-2019 SBIRT Webinar Series

- Adolescent Substance Use Screening Tools: A Review of Brief Validated Tools
- Integrating Suicide Prevention into the SBIRT Model
- Primary Care Professionals' Readiness to Integrate Behavioral Health: A National Survey
- Adolescents, Young Adults and Opioid Use: When Is It a Problem? What to Do?
- Adolescent Substance Use: Contemporary Trends in Prevention and Treatment
- Integrating Adolescent SBIRT Education into Health Professional Training: Findings from A National Effort to Prepare the Next Workforce

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- Materials and Resources
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Ask Questions

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SBIRT: screening, brief intervention, and referral to treatment

As described by SAMHSA (Substance Abuse and Mental Health Services Administration), “SBIRT is a comprehensive, integrated public health approach to the delivery of early intervention and treatment services for people with substance use disorders, as well as those who are at risk of developing these disorders...before more serious consequences occur.”

Adolescent SBIRT: Setting the Stage in United States

- 2001: “Substance abuse...the problematic use of alcohol, tobacco, and illicit substances...the nation’s number one health problem.”
- 2009: Based on data from 2005, CASA reports total annual costs of substance use at nearly half a trillion dollars.
- 2011: “Adolescent Substance Use: America’s #1 Public Health Problem”
- 2011: Non-medical use of prescription medications were described as “the nation’s fastest-growing drug problem.”
- 2015: Drug overdoses became, and still remain, the leading cause of accidental deaths

Risk Factors, Consequences for Teens, Young Adults

- Selected Risk Factors
  - family history
  - use of any substance
  - earlier onset of use
  - presence of mental health disorder
  - influence of peers
- Selected Consequences
  - problems at home, school, relationships, legal
  - unwanted sexual encounters
  - accidents, injuries, death

Hilton Foundation Adolescent SBIRT: Three Main Components

- Computer Simulation (Adolescent SBIRT, Kognito): interactive, online, virtual coach, case scenarios, feedback in real-time, assessment challenge score, pre-post surveys, with qualitative comments
- NORC PowerPoint Slide Deck: >300 slides, didactic, interactions, role plays (used in face-to-face clinical simulation)
- Learner’s Guide to Adolescent SBIRT (>250 electronic, hardcopy)
- At UMMSN, we added face-to-face simulation, in clinical groups, which was not part of the outcomes/evaluation process
Participation at UMSN

- > 600 Undergraduate and graduate nursing students
  - Graduate
    - N503 Advanced Health Assessment for Advanced Practice (NP/DNP)
  - Undergraduate (BSN)
    - H338 Mental Health and Illness across the Lifespan
    - traditional baccalaureate
  - Clinical faculty, psychiatric-mental health nursing
  - Positive engagement, outcomes, feedback from students, faculty

Nurse Practitioner Students and Adolescent SBIRT

- Voluntary, 1% extra course credit, 2 free nursing continuing education credits
- 61/67 (91%) completed education, training, and pre-post surveys
  - Of those, majority (74%) stated they had not received prior training in SBIRT
  - 52/61 (85%) achieved assessment challenge scores (automatically generated, based on interactive computer simulation responses)
- Positive change reported across all self-perceived competence and confidence measures (p < 0.001)
  - Students responded positively to open-ended qualitative questions regarding their experiences, e.g., "I really enjoyed being able to learn the material in three different environments [scenarios]. Each step reinforced the previous and seemed to really maximize memory and content retention. I'll remember the SBIRT course for a long time."

Undergraduate Nursing Students and Adolescent SBIRT

- Integrated into course content for third year undergraduate nursing students at UMSN (psychiatric-mental health nursing)
- Included Kognito interactive computer simulation, followed by face-to-face simulation in clinical groups of ~8 students each
- Data focused exclusively on the computer simulation (Winter and Fall, 2018, n=144)
  - Assessment challenge: 134/144 (93%) were successful on first attempt
  - Pre- and post-survey items (self-perceived competence, confidence, and readiness to deliver)
  - Qualitative responses

Poster: Local, National, International

Journal Article: Kuzma et al., 2018


Conclusion: "APRN students demonstrated learning and required marked increases in competency and confidence in the delivery of adolescent SBIRT. This reveals promising results for SBIRT to be integrated into APRN student coursework."

* Note: published authors included two undergraduate honors nursing students
Qualitative Responses, Examples

- Students praised the “realistic,” “structured,” and “interactive” aspects of the simulation.
- “The simulation was very similar to situations I may encounter in real practice. The outline was very well organized so I had a direction on how to intervene when adolescents could be most motivated.”
- “I liked how the conversation, especially on the adolescent’s end, was very realistic and similar to things I would have said when I was their age. I also liked how easy to use it was and how the generated responses always seemed to convey the emotions and things I wanted to be said by the practitioners.”

Current Adolescent SBIRT Project

To provide interprofessional training to nurses, physicians, social workers, psychologists, and activities therapists, and integrate Adolescent SBIRT into the care delivery model on an inpatient child and adolescent mental health and wellness unit at C. S. Mott Children’s Hospital at the University of Michigan.

In summary...

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Webinar Presenter #2

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Polling Question #1

My institution currently offers an interprofessional course on SBIRT.
- Yes
- No
- Unsure

SBIRT Interprofessional Training Program at the University of Cincinnati

The University of Cincinnati’s Academic Health Center
- Medicine
- Nursing
- Pharmacy
- Allied Health Sciences
- Social Work

Three Part Student Training for Course
- Online Education
- Standardized Patient Experience
- Clinical Experience
- Men’s and Women’s Homeless Shelter Hospital

Online Course Components
- Office hours
- Standardized patient experience
- Clinical experiences

Interprofessional In-Person Components
Polling Question #2

My college/department offers education and/or training on SBIRT with adolescents for students.
- Yes
- No
- Unsure

Specific Adolescent Module Components

- “SBI with Adolescents” Kognito online simulation (www.kognito.com)
  - “I found these tools most useful because the Kognito trainings allowed me to practice with clients in the age range I currently work with which are youth…”

- IRETA online adolescent SBIRT module (https://ireta.org/resources/sbirt-for-adolescents-2)
  - “I work with high schoolers and therefore, I found the module on adolescent substance abuse to be the most relevant to my work responsibilities.”

Course Participants who used Adolescent Module

<table>
<thead>
<tr>
<th>Variable</th>
<th>[n=78]</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>25.6</td>
</tr>
<tr>
<td>Female</td>
<td>58</td>
<td>74.4</td>
</tr>
<tr>
<td>College/Field of Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>27</td>
<td>34.6</td>
</tr>
<tr>
<td>Nursing</td>
<td>8</td>
<td>10.3</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>10</td>
<td>13.8</td>
</tr>
<tr>
<td>Social Work</td>
<td>33</td>
<td>42.3</td>
</tr>
<tr>
<td># of Hours of Prior SUD Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None, Not Sure or Don’t Recall</td>
<td>37</td>
<td>47.4</td>
</tr>
<tr>
<td>1 to 4 hours</td>
<td>22</td>
<td>28.3</td>
</tr>
<tr>
<td>5 to 10 hours</td>
<td>7</td>
<td>9.9</td>
</tr>
<tr>
<td>11 or more hours</td>
<td>9</td>
<td>11.5</td>
</tr>
<tr>
<td>Prior Motivational Interviewing Skills</td>
<td>36</td>
<td>46.1</td>
</tr>
<tr>
<td>Education [%]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident in my ability to screen adolescents for substance use (n=55)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>Agree</td>
<td>39</td>
<td>71</td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Practice [%]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

After Completion of Module

<table>
<thead>
<tr>
<th>I feel confident in my ability to screen adolescents for substance use (n=38)</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>Agree</td>
<td>39</td>
<td>71</td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

30 Day Follow Up after Course Completion

- "I work with teens and some of them have experienced substance abuse issues. It is helpful to use this class as a resource when working with these adolescents.”

- "The use and practice of motivational interviewing has helped me in adolescent interventions.”

- "I just graduated with my social work degree and no matter what area I end up going into I will encounter substance abuse issues…so the section about SBIRT with adolescents applied to what I hope to do.”

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Likely</td>
<td>13</td>
<td>25</td>
</tr>
<tr>
<td>Likely</td>
<td>26</td>
<td>50</td>
</tr>
<tr>
<td>Unlikely</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Very Unlikely</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question time</th>
<th>n</th>
<th>m</th>
<th>SD</th>
<th>t</th>
<th>Cohen' s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening adolescents for alcohol and drug problems using a formal standardized screening instrument</td>
<td>1</td>
<td>37</td>
<td>2.41</td>
<td>.72</td>
<td>4.21**</td>
</tr>
<tr>
<td>Suggesting adolescents to reduce or feel less socializing and drug use behaviors</td>
<td>2</td>
<td>37</td>
<td>2.18</td>
<td>.7</td>
<td>6.01**</td>
</tr>
<tr>
<td>Providing personalized feedback to adolescents about their risk associated with substance abuse</td>
<td>2</td>
<td>37</td>
<td>2.24</td>
<td>.8</td>
<td>7.97**</td>
</tr>
<tr>
<td>Helping adolescents identify helpful for cutting back or stopping use of alcohol and drugs</td>
<td>2</td>
<td>37</td>
<td>2.18</td>
<td>.7</td>
<td>6.01**</td>
</tr>
<tr>
<td>Helping adolescents develop a personal plan for cutting back or stopping alcohol use</td>
<td>2</td>
<td>37</td>
<td>2.22</td>
<td>.8</td>
<td>7.97**</td>
</tr>
<tr>
<td>Helping adolescents develop a personal plan for cutting back or stopping use of alcohol and drugs</td>
<td>2</td>
<td>37</td>
<td>2.22</td>
<td>.8</td>
<td>7.97**</td>
</tr>
<tr>
<td>Engaging parents in the adolescent treatment</td>
<td>2</td>
<td>37</td>
<td>2.27</td>
<td>.8</td>
<td>7.97**</td>
</tr>
</tbody>
</table>

Note: p<.005, **p<0.0005; Size of effect: small 0.2; medium 0.5; large 0.8
12 Month Follow Up Comments about Barriers to Implementing SBIRT

"Motivation and willingness to change in teenagers."
"Clients are too young."
"I’m working with children in foster care now and sometimes I find it hard to use some aspects SBIRT with this population. Especially with questions like “has your family ever commented on your drug or alcohol use?” Because these children are not living at home. It just sometimes doesn’t transfer."

Summary

- Utilizing outside resources can create effective online modules if resources are properly vetted.
- Consider developing further materials in module on how to talk to adolescents about cutting back/stoping and how to talk to parents about their child's substance use.
- Future resources are needed on how to implement SBIRT with adolescents with special needs and situations such as those in unstable living environments and those with parents who have an SUD.

Acknowledgements

Program Manager and Data Analyst: Rachel Smith, M.H. Sc.¹, Co-Is: Ruth Anne Van Loon, PhD, MPH², Bonnie Brehm, PhD³, Tiffiny Diers, MD⁴, Karissa Kim, PharmD⁵

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Thank You!

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Nursing Populations Educated

- Traditional Baccalaureate Program (TBSN)
- Accelerated Masters in Nursing (AMSN)
- Student needs are different in each program
- Educational model was the same
**Implementation Model**

- Bandura’s principles of self efficacy for simulation was the theoretical framework used in our implementation model. Focused instrument to gather information on confidence and knowledge level of risky alcohol use. Use of simulation tools to aid included use of the powerpoints in a lecture prior to simulation focused on BNI.
- Barriers student knowledge and motivation. Motivation different from undergraduate to accelerated Masters graduate level students. Undergraduate Students’ perceptions that they should be able to do it on their own.
- Facilitators buy in from clinical faculty in the course, IRB approval, support from administrators.

**Evaluation**

- Designs – use of pre post test, use of guided reflection notes, forced use as a clinical day.
- Outcomes – increase confidence and increase knowledge.

**Resources**

- Adapted subsequent use of measures from the Instructor’s Manual.
- Role plays from instructor’s manual used in clinical for reinforcement of learning concepts.
- Developed – first time used own measures with a student reflection piece done in computer lab after post test. This garnered very subjective qualitative data.

**Publications**

- Model – Nursing Education Simulation Framework by Jeffries
- Theory - Bandura’s Self Efficacy Theory
- Design – one sample pre post test
- Measures – our own tool published in paper
- Results – dependent t tests, Wilcoxon signed ranks

**Lessons Learned**

- Can be easily placed into both an undergraduate and graduate curriculum in an on campus format.
- How can program being sustained? – need faculty committed to use and need to get funding to purchase licenses
- Faculty commitment varies
- Funding varies – tried to get our agencies interested and also to help with funding but this required more contacts

**Future Suggestions**

- Context of the SBi for Adolescents for non native speakers. These Students consistently scored lower than my English speakers
- Cultural differences? Cultural bias?
Thank You!

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