Integrating SBIRT in Health Professional Education and on College Campuses

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Presenters

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Overview

- Collaboration between NORC, Kognito and partners
- Overview of the Integrating Adolescent SBIRT in Nursing and Social Work Education Project
- What is SBIRT? Why SBIRT?
- Challenges and Gaps in Educational Settings
- Barriers and Facilitators to Integrating SBIRT Education
- Addressing Needs and Gaps through Development of the Adolescent SBIRT Toolkit and Interactive Simulation Platform as a Learning Tool

Q & A

Collaborators

Funded by:

Partners:

- CSWE
- American Association of Colleges of Nursing
- Center for Clinical Social Work
- NORC at the UNIVERSITY of CHICAGO
- Kognito
- Ireta
“Integrating Adolescent SBIRT into Social Work and Nursing Education Project”

- Launched in September 2014
- Steering Committee of 30+ subject matter experts, researchers, educators, behavioral health organizations, and professional associations
- Learning Collaborative of 70+ nursing, social work, and inter-professional school/programs
- 198 educators, field instructors and supervisors, preceptors, and practitioners

http://sbirt.webs.com/learning-collaborative

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 an 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 an Instructor’s Toolkit and Kognito interactive virtual patient simulations.
  - Offer **Technical Assistance** to support integration activities and sustainable practice over time.
Integrating SBIRT Project by the Numbers!

- 350+ Instructor’s Toolkit requests
- 1500+ completed Kognito simulation
- 1000+ received education/training

Map of Requests for Learner’s Guides as of 6/22/16

What is SBIRT?

Screening, Brief Intervention, and Referral to Treatment (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 youth at-risk for substance use problems.
- Build awareness and educate youth on drinking guidelines and risks associated with substance use.
- Motivate youth at-risk to reduce unhealthy, risky substance use; and adopt health promoting behavior.
- Motivate youth 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 young people.

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Why SBIRT?

- Substance use is a public health and safety issue
- Substance use has a profound impact on youth and their families
- Lower school performance
- 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 productivity, lost work days
- Worker compensation, disability, worker turnover
- Financial and legal problems
- Family disruptions and relationship problems
- Sexual risk-taking
Preparing the Future and Current Workforce

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

Impetus for the Project

- SBIRT is endorsed by leading professional associations/government agencies:
  - 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)
Impetus for the Project

- Slow uptake among health professionals.
  - Fewer than 50% American Academy of Pediatrics (AAP) affiliated providers systematically screen adolescents.
- Health professional education efforts have been slow but growing.
  - Support from federal agencies to educate the current and future workforce is necessary but insufficient.
  - Need mechanisms for bringing education and training to scale.

Challenges and Gaps 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.
- Not sure how to get started and what resources are available.
- Not sure where to include the education?
  - 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.
Needs Assessment

- August 2015-January 2016
- Recruitment method
  - Newsletters, social media (LinkedIn), list serves, flyers distributed at conferences (INEBRIA, AACN, CSWE)
  - Snowball recruitment
- Groups participating in recruitment
  - NORC at the University of Chicago’s Learning Collaborative
  - BIG Initiative, IRETA/National SBIRT ATTC, AACN, CSWE, Fellow Hilton grantees
  - Other colleagues outside of NORC who are affiliated with Nursing and Social Work schools

Needs Assessment Sample

<table>
<thead>
<tr>
<th>Educator/ Faculty/ Instructor&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Practitioner&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Student&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>55</td>
<td>13</td>
<td>64</td>
<td>132</td>
</tr>
<tr>
<td>Social Work</td>
<td>80</td>
<td>7</td>
<td>19</td>
<td>108</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>145</strong></td>
<td><strong>30</strong></td>
<td><strong>83</strong></td>
<td><strong>264</strong></td>
</tr>
</tbody>
</table>

<sup>a</sup> Any Clinical preceptor, Field Placement Supervisor or Educator that did not also identify as a Student as well.

<sup>b</sup> Any Practitioner who did not identify as an Educator or Student as well.

<sup>c</sup> Any respondent who identified as a Student
Facilitators of SBIRT Education and Training

- Dean/Chair/Department buy-in facilitated implementation
- Faculty/department point person championed SBIRT
- Training field supervisors to implement the program (e.g., in-service)
- Requiring (vs. making voluntary) SBIRT training and completion of Kognito simulation
- Communications materials aided implementation (e.g., email templates, program access flyers)

Lack of Faculty and Student Interest NOT a Significant Barrier

Social Work Respondents (N=108)
Nursing Respondents (N=132)
Lack of Faculty Expertise and Time MOST Significant Barriers

Other Barriers

- By addressing other key barriers, we may be able to overcome “time” as a barrier.
  - Lack of Training in Curriculum
  - Lack of Curriculum Materials

- Our hope is that supplying Adolescent SBIRT Curriculum will help reduce the burden to introduce SBIRT education and training.
Adolescent SBIRT Curriculum

This curriculum offers skills-based education on Adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT). The curriculum is comprised of an instructor’s toolkit containing the Learner’s Guide to Adolescent SBIRT with companion slide decks and supplemental resources, and the web-based SBIRT Adolescent simulation program. The guide and simulation program bring together the tools that educators, treatment providers, students, and practitioners need to screen adolescents for alcohol and other drug use using validated tools, deliver effective brief interventions using motivational interviewing strategies, link adolescents to medical, behavioral, or specialty treatment services as needed, work with other health professionals in ongoing care coordination, and provide follow-up and recovery supports to adolescents.

https://sbirt.webs.com/curriculum

Adolescent SBIRT Curriculum

Instructor’s Toolkit

Download: Suggested Readings for Module 1
- Substance Abuse and Mental Health Services Administration. White Paper on Screening, Brief Intervention, and Referral to Treatment in Behavioral Healthcare. Rockville, MD: Substance Abuse and Mental Health Services Administration; April 2011.

Download: Suggested Readings for Module 2
- CSSST-Massachusetts Department of Public Health Bureau of Substance Abuse
Adolescent SBIRT Learner’s Guide

- Comprehensive introduction to SBIRT for adolescents and young adults
- Examines each component of SBIRT and motivational interviewing skills
- Sample pre/post evaluation measures

Learner’s Guide Modules

- Each module includes:
  - Comprehensive Education and Training Content
  - Learning Objectives
  - Suggested Readings
  - Sample Conversations and Dialogue
  - Role Play Activities

<table>
<thead>
<tr>
<th>Module</th>
<th>Contents</th>
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<tbody>
<tr>
<td>Module 1</td>
<td>What is SBIRT for Youth and Why Use It?</td>
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<tr>
<td>Module 2</td>
<td>Screening</td>
</tr>
<tr>
<td>Module 3</td>
<td>Brief Intervention</td>
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<tr>
<td>Module 4</td>
<td>Referral to Treatment and Follow-up</td>
</tr>
<tr>
<td>Module 5</td>
<td>Motivational Interviewing Strategies</td>
</tr>
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</table>
Learner’s Guide Appendix

- Screening Tools
- Standard Drink Chart
- DSM Criteria
- Goal Setting Exercise
- Change Plan Worksheet
- Mutual Support Groups
- Brief Intervention Observation Sheet (BIOS)
- Brief Intervention Case Studies
- Sample Release Forms
- Sample Client Update Report
- Decisional Balance Worksheet
- Pocket Cards

Online Resources and Materials

https://sbirt.webs.com/resources
Screening Tools

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

CRAFFT Screening Questions

Pocket Guide for Alcohol Screening and Brief Intervention for Youth
NIAAA

Screening Tools

Case Studies and Role Plays

Role Play Exercises

Brief Negotiated Interview Colleges Health Center (1)
Read only this introduction to your role play partner: ‘Hi, my name is [insert your name]. I’m 19 years old and a junior. I come to this house for some support because I have a rare disease and a problem. The house parent acts very deceased. Brief intervention questions about alcohol. I thought that [insert your name] was very silent on our step 2. It helps in alcohol.

Brief Negotiated Interview Colleges Health Center (3)
Read only this introduction to your role play partner: ‘Hi, my name is [insert your name]. I’m 19 years old and a junior. I come to this house for some support because I have a rare disease and a problem. The house parent acts very deceased. Brief intervention questions about alcohol. I thought that [insert your name] was very silent on our step 2. It helps in alcohol.

Brief Negotiated Interview Hospital (4)
Read only this introduction to your role play partner: ‘Hi, my name is [insert your name]. I’m 19 years old and a junior. I come to this house for some support because I have a rare disease and a problem. The house parent acts very deceased. Brief intervention questions about alcohol. I thought that [insert your name] was very silent on our step 2. It helps in alcohol.

Brief Negotiated Interview College Health Center (4 Role Play Introductions)
Contributed by Barbara Joyce, University of Colorado Colorado Springs

Brief Negotiated Interview Health Center
Contributed by Barbara Joyce, University of Colorado Colorado Springs

Brief Negotiated Interview Hospital
Contributed by Barbara Joyce, University of Colorado Colorado Springs
Fact Sheets

Adolescent SBIRT Fact Sheets
- Identifying Early Warning Signs
- NIDA for Teens Fact Sheets
- College Drinking Fact Sheet
- NIDA Teen Marijuana Use

Webinars and Videos

Upcoming/Recent Webinars
- 7/27/16 - Barriers and Facilitators to Integrating SBIRT in Nursing, Social Work and Interprofessional Education
- Check back often for upcoming events!

On-Demand Webinars
- NORC at the University of Chicago, in coordination with the National SBIRT ATTC and The BIG Initiative, has produced over 100 hours of free SBIRT education designed specifically for employee assistance professionals, addiction professionals, mental health counselors, social workers, nurses, and other medical providers. Watch any of these recordings 24/7! View On-Demand Library.
Learn More About The Toolkit

- SBIRT for Youth Learning Community: Adolescent SBIRT Toolkit (on-demand):
  http://my.ireta.org/node/1173
Kognito creates simulations featuring virtual humans to enable conversations that make a difference, leading to meaningful changes in social, emotional, and physical health.
Higher Ed Suite

Kognito Campus – Higher Ed Suite

- Suite of 6 online simulations for faculty, staff, students, student leaders about:
  1. Mental and emotional health
  2. Supporting LGBTQ students
  3. Supporting Student Veterans

- 500+ college and university clients
- Research-proven and evidence-based

Most Popular Online Programs in U.S. Schools about Campus Mental Health, LGBTQ, and Veterans
Kognito’s At-Risk on Campus

Participants
- 270 students at 20 institutions of higher ed
- 64% females, 52% were mandated to take simulation
- 81% at the ages of 18-22
- 77% white, 9% black, 10% Hispanic, 12% Asian, 3% native Americans
- 24% freshmen, 24% sophomore, 22% junior, 14% senior, 16% graduate students

Study Design
- Participants completed baseline survey, simulation, post-survey, and then a 3-month follow up survey.

Longitudinal Study

Changes in Skills

*Statistically significant and sustainable changes at 3-month follow-up* in users’ skills to:

- Identify when behavior of peer is a sign of psychological distress
- Discuss concerns with peer
- Motivate peer to seek help, and
- Make a referral to mental health support

Fig. 5: Participant Ratings

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>98%</td>
<td>98% raised the program as good, very good or excellent (25% as good)</td>
</tr>
<tr>
<td>92%</td>
<td>92% said they would recommend the course to their friends and peers</td>
</tr>
<tr>
<td>96%</td>
<td>96% said it was based on scenarios relevant to them and their fellow students</td>
</tr>
<tr>
<td>95%</td>
<td>95% said it will aid them in getting timely help to their fellow students</td>
</tr>
<tr>
<td>98%</td>
<td>98% said the program was easy to use</td>
</tr>
</tbody>
</table>

Changes in Users’ Behavior

**Supporting Others**: Study found a 53% - 71% *increase* (statistically significant) in the number of peers that participants approached to discuss concern and referred to support services.

**Self-Referral**: Participants reported a significant increase (p<.05) at the 3-month follow-up point in the likelihood that they would self-referral if they ever experience psychological distress

<table>
<thead>
<tr>
<th>Table 1: Changes in Approach and Referral Rates*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of students that participants...</td>
</tr>
<tr>
<td>Were concerned about</td>
</tr>
<tr>
<td>Approached to discuss concern</td>
</tr>
<tr>
<td>Referred to support services</td>
</tr>
</tbody>
</table>

* n=165 as we only included answers by participants who completed the pre- and follow-up surveys at least two months into the academic year.
Conversations That Result in Behavior Change

Kognito’s At-Risk for College Students
112,750 users as of March 2016

For every 100 students completing the Kognito Conversation

- They approached an additional 71 students.
- They referred to support services an additional 40 students.

Projected outcomes based on 112,750 users

- An additional 240,000 students approached
- An additional 135,000 students referred

Note: These numbers do not account for the impact of the simulation beyond 1 year.

Kognito analytics show compelling behavior improvements by students who have completed the At-Risk simulation as compared to pre-simulation baselines. Students are more confident and more competent in recognizing emotional concerns and talking to their peers, and where appropriate, motivating them to seek additional support services. Based on the 112,750 students completing the simulation to date, we are able to project a potential positive impact on the lives of some 240,000 students.

Integrating Substance Use Education In Professional and Academic Settings

- Engage the main stakeholders in Learning Collaborative Leading national associations, experts, practitioners, students, researchers, accredit ing bodies, and 70+ schools of social work and nursing

- Develop Adolescent SBIRT Curricula & Instructor’s Toolkit Develop, implement, and evaluate adolescent SBIRT curriculum Develop and disseminate Instructor’s Toolkit

- Develop and implement Kognito virtual patient simulation Offer deliberate practice in SBI skills Provide scalable, standardized training and assessment solution Provide stipends and evaluate simulation’s effectiveness in Randomized Controlled Trial
Evidence-based Development Approach

• Ongoing consultation w/ SMEs and end users throughout development
• Iterative development of all parts of the simulation
• Research support through automated surveys and user behavior data
• Only simulations listed on National Registry of Evidence-Based Programs & Practices (NREPP)
Engaging didactic modules on SBIRT, MI, BNI
Deliberate practice in conversation with virtual adolescents
Undo button allows for more experimentation
More comfortable than in-person role-play, esp. for novices
Scalability: ease of implementation & dissemination (simply send the link & code)

Competency assessment
Available 24/7 from any computer
Certificate of completion
CE credits: 2.0 NASW, 2.0 ANCC CNE (CME pending)
Screening and Learning Goals

- Screening using validated measures
- Appropriate interventions for different risk levels
Brief Interventions: Learning Goals

- Motivational Interviewing techniques
- Steps of conducting a brief intervention

Brief Intervention: Steps

1. Build Rapport
2. Elicit Pros and Cons
3. Provide Feedback
4. Assess Readiness
5. Negotiate Action Plan
6. Summarize and Thank
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
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 meter
- No inner thoughts

Feedback & Analytics

Assessment Challenge: Kayla

Overall Performance

Your Score

64
Out of 100
Fair

Scroll down for details about your performance.

Motivational Style 1 3 5

Engagement Level 1 2 3

Kayla was engaged in this brief intervention. You could have chosen a more patient-centered, motivational style. By doing this, you could help increase Kayla's readiness to cut back.
“The most significant part was breaking down the steps in the conversation with Kayla to help her choose to remain drug-free. This is much more effective than being directive.

“Seeing the effects of therapeutic communication."

“I liked that if I used the wrong strategies, the patient would react realistically.”

“Very fulfilling use of time.”
Questions?

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