



Evaluation of the Impact of SBIRT Training on Attitudes and Moralizing Regarding Alcohol, Tobacco and Other Drugs

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Introduction

Research highlights the importance of **professional training** focused on **changing attitudes** to improve the quality of services offered to alcohol and other drugs users (Babor, 2002; Babor et al., 2003).



SBIRT training → must change professional attitudes to change intervention practices regarding alcohol and other drugs use (Babor, 2002; Babor et al., 2003).



Aims

Assess the impact of dissemination of SBIRT practices on:

- attitudes toward alcohol use prevention
- primary care provider moralization of alcohol and other drug use



Participants

City **A**

INTERVENTION

54 Professionals

**11 Family Health Program
(PSF)**

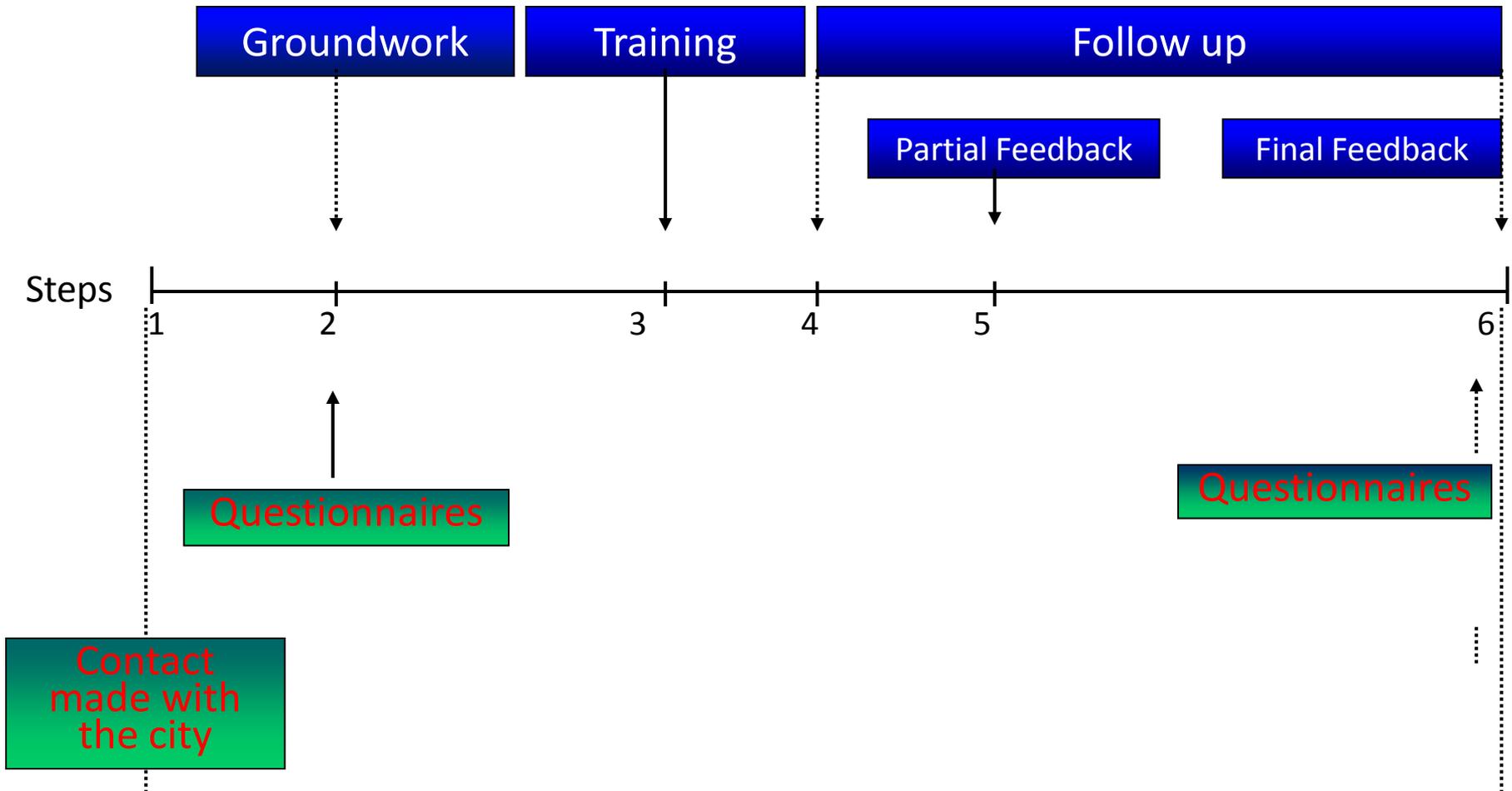
City **B**

CONTROL

41 Professionals

**6 Family Health Program
(PSF)**

Dissemination/Evaluation Strategies





Measures



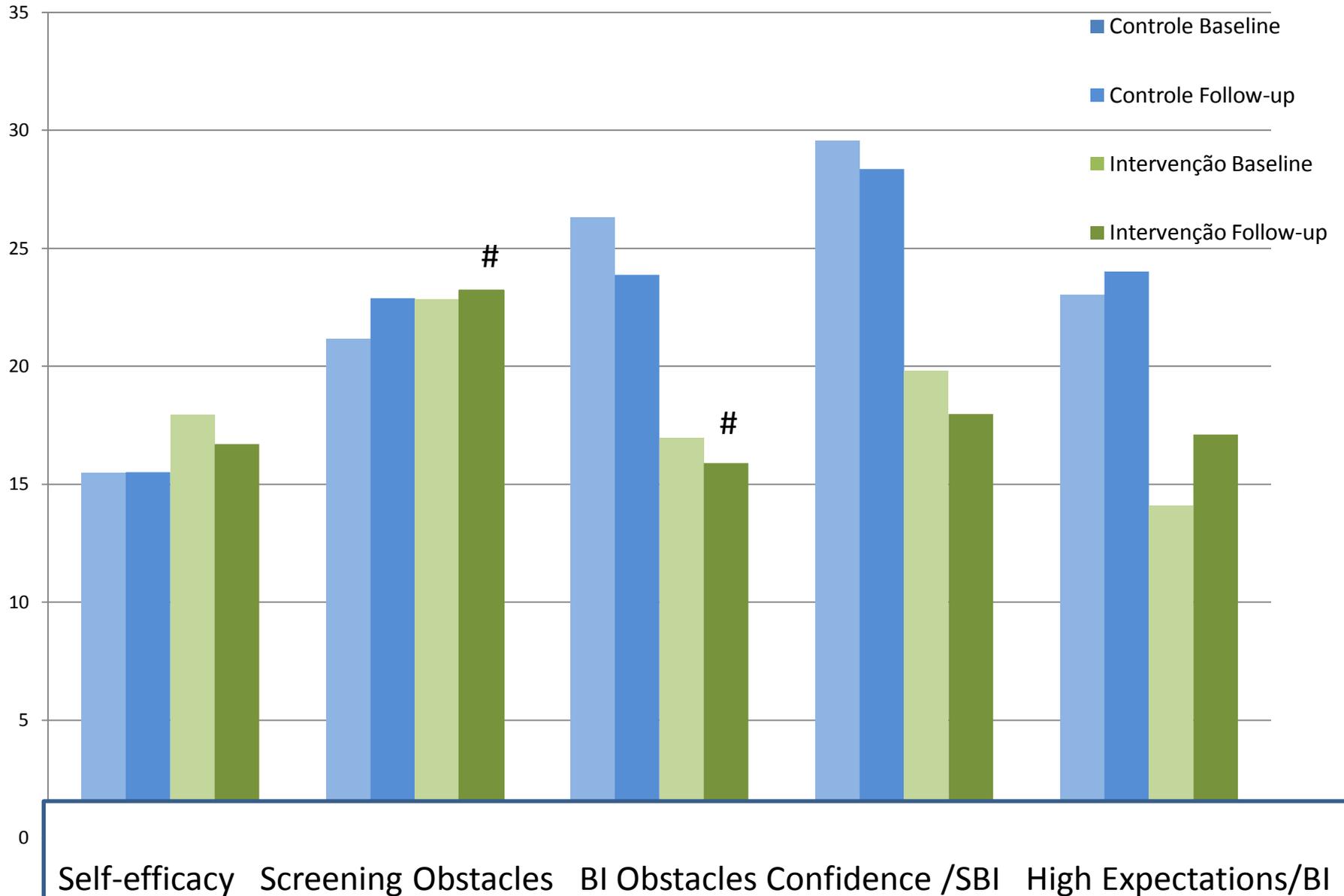
1 .Attitudes Questionnaire:

1. Self-efficacy;
2. Perceived Obstacles to Screening;
3. Perceived Obstacles to BI;
4. Confidence in SBI;
5. High Expectations for BI.

2. Moralization Questionnaire:

Brickman Model - about patient responsibility
re: onset and resolution of health problems.

Results





Discussion



- ✓ The training of SBIRT and supervision of such practices during 3 months weren't enough to promote changes in professional attitudes, or to decrease moralization of substance abuse.
 - ✓ Learning the technique was not associated with attitudes changes and decrease of substance abuse moralization.
- ✓ Attitudes, beliefs and stigmas may be stable constructs requiring more persistent actions.



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Thank you!