

“The intervention piece...that’s still the hardest part of it all.”

Enhancing Brief Intervention Skills among Alaska Public Health Nurses

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Introduction

- Nurses are likely to encounter opportunities to conduct alcohol screening and brief interventions (SBI), yet few have received preparation.
- Addressing positive cases effectively requires clinical training, practice tools, and ongoing fidelity monitoring and coaching¹⁻³.
- The Arctic Fetal Alcohol Spectrum Disorders Regional Training Center partnered with the State of Alaska, Section of Public Health Nursing (PHN) to implement routine alcohol SBI with funding from the Centers for Disease Control and Prevention (CDC).

Method

1. Facilitated Implementation

- Three health centers (two urban and one rural) volunteered to pilot alcohol SBI (Figure 1).
- A planning team of leadership, health center managers, quality assurance, informatics, and researchers collaborated to draft and initially implement alcohol SBI pilot procedures, using CDC implementation resources⁴.
- The research team provided initial clinical training at each pilot site and consultation sessions to monitor and evaluate implementation progress (Figure 2).

Figure 1. PHN Pilot Sites

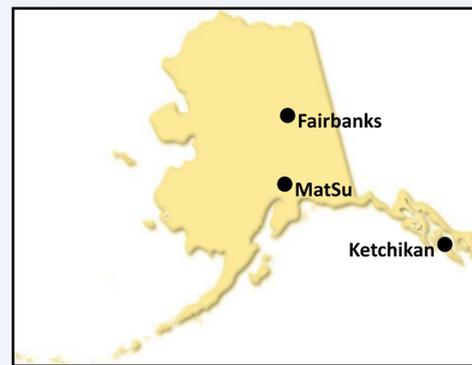


Figure 2. Project Timeline



2. Data Collection

- Nurses completed surveys pre and post training, and three months following-up.
- Surveys assessed knowledge, practice behaviors, skills confidence, and satisfaction.
- Group interviews (n=42) were conducted as part of consultation sessions over 15 months to understand implementation processes and provide on-going coaching.
- Following one year of implementation, individual interviews (n=11) were conducted with nurses and nurse managers to understand provider-level adoption, overall satisfaction with the process, and feedback for improvements.
- Data were shared with the planning team throughout implementation to enhance policies and procedures.

Findings

- Following initial training, nurses demonstrated significant increases in knowledge related to alcohol SBI as well as improvements in confidence related to ability to conduct alcohol screening and brief interventions.
- Three months later, nurses’ confidence in screening, educating, and referring remained high. However, confidence in conducting brief interventions diminished.

	Pre-Training n = 19		Post-Training n = 17		Three Month Follow-Up n = 10	
	M	SD	M	SD	M	SD
Screening women for risky or hazardous drinking	5.3	2.8	8.1*	1.4	7.8*	2.6
Educating pregnant women about the effects of alcohol on their babies	6.6	3.3	8.2	1.4	8.1	2.3
Conducting brief interventions for reducing alcohol consumption	3.9	2.8	7.6*	1.4	5.6	3.2
Utilizing resources to refer patients who need formal treatment for alcohol abuse	4.7	3.1	6.4	2.6	6.9	3.5

scale from 0 (not confident) to 10 (totally confident); *significant increase from pre (p<.05)

- Follow-up surveys and group interviews identified a need for additional training and practice tools. Nurses shared:
 - “...better motivational interviewing and interventions skills would be helpful.” - follow-up survey
 - “Hardest part is the education piece afterwards. Stumbling over the right words to say to deliver resources. It is getting easier, but a challenge.” - group interview
 - “We are still struggling. It’s not an easy conversation to have.” – group interview
 - “More training.” - follow-up survey

- Follow-up training, focused on role play opportunities, as well as practice tools, including nurse provider cards with examples ideas to address positive cases, was provided (Figure 3).

- Group and individual interview participants indicated additional training and resources helped to address confidence deficits related to conducting the brief intervention.
 - “It gave me more language around the topic.” - individual interview
 - “...after that second training, people really bought into it more. I think they finally got more what the goal was behind the project and had some experience under their belt, so maybe it just made more sense.” – individual interview
 - “I think you just need practice and like anything else, once you’ve done it a lot, and that really helps, and then you kind of figure out how to deal with what you’re seeing.” --individual interview
 - “...it’s nice to have those sort of tools to remind you when you have a positive what to address.” - individual interview
- Nurses demonstrated increased confidence and ability to conduct both screening and brief intervention over time.
 - “SBI is now incorporated into what we do.” - group interview
 - “It [the practice change] was following several other changes, so it seemed to take a lot of hits—criticism from staff initially, but I think we’ve all gotten set into practice.” – individual interview

Figure 3. Nurse Provider Card



Conclusions

With planning, training, and commitment to continuous improvement, public health nurses were able to consistently incorporate alcohol SBI as a new practice. Follow-up training and customized resources proved to be important components for brief intervention skill development among nurses.

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For more information: Center for Behavioral Health Research and Services: www.uaa.alaska.edu/cbhrs



References

- Johnson, M., Jackson, R., Guillaume, L. Meier, P., & Goyder, E. (2011). Barriers and facilitators to implementing screening and brief intervention for alcohol misuse: a systematic review of qualitative evidence. *Journal of Public Health*, 33, 412-421.
- Broyles, L. M., Gordon, A. J., Rodriguez, K. L. Hanusa, B. H., Kengor, C. & Kraemer, K. L. (2013). Evaluation of a pilot training program in alcohol screening, brief intervention, and referral to treatment for nurses in inpatient settings. *Journal of Addictions Nursing*, 24, 8-19.
- Stanton, M. R., Atherton, W. L., Toriella, P. J. & Hodgson, J. L. (2012). Implementation of a “Learner-Driven” curriculum: A Screening, Brief Intervention, and Referral to Treatment (SBIRT) Interdisciplinary Primary Care model. *Substance Abuse*, 33, 312-315.
- Centers for Disease Control and Prevention. *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices*. Atlanta, GA: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, 2014.