



# Mainstreaming SBI in Diverse Settings

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**Workshop**  
**INEBRIA Boston**  
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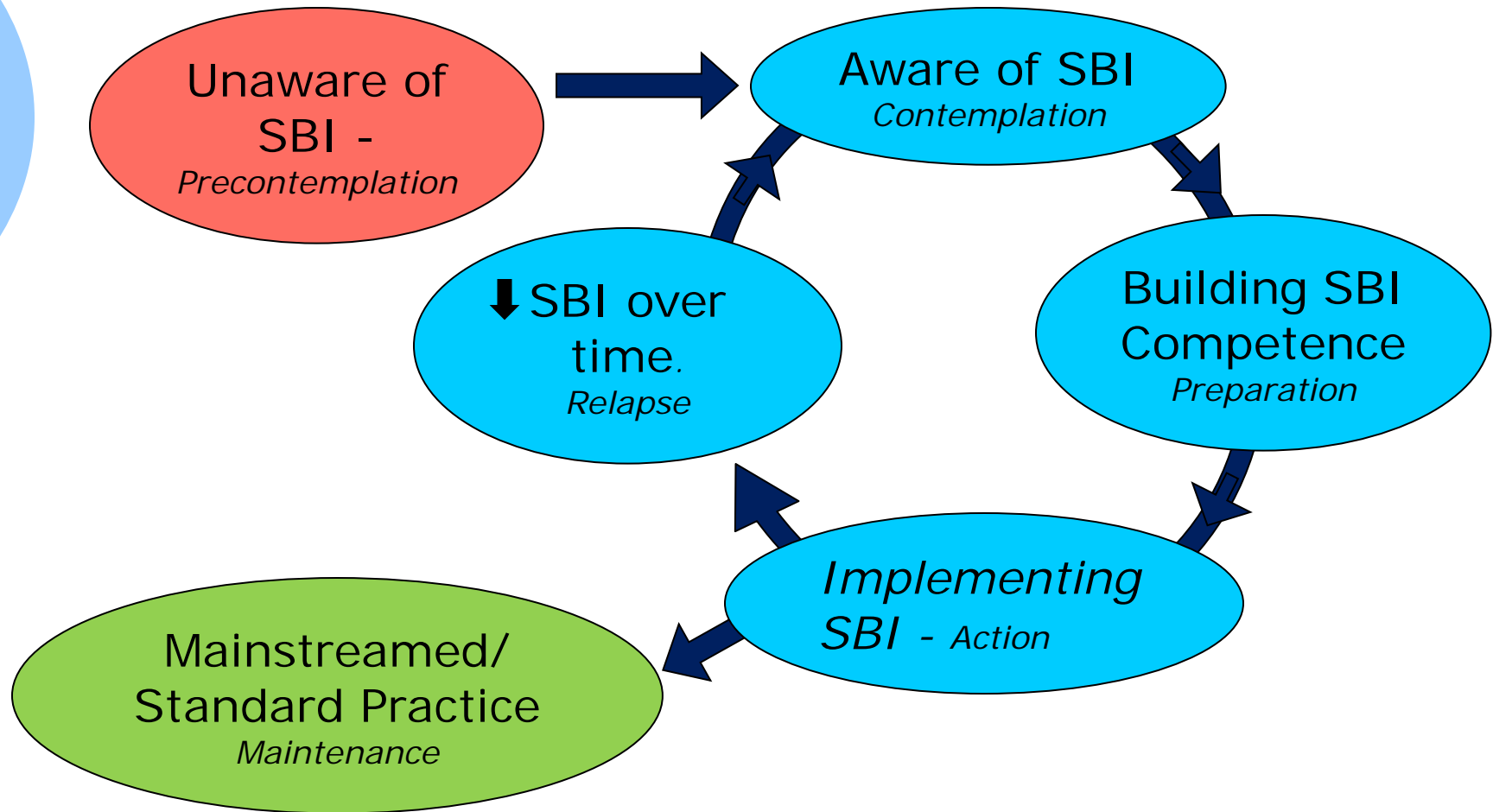
# What is it we are trying to 'mainstream'?

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- **What do we mean by SBI?**
- Who do we want to deliver it?
- When do we want them to deliver:
  - Screening (universal/targeted?; tool/no tool/new tool?; focused on certain conditions/groups?)
  - Opportunistic/referred for intervention?
  - BI type – simple advice/motivational conversation (5-10mins); longer conversation (20mins brief motivational counselling etc.)
  - Well-researched staff groups? 'New'/non-traditional staff groups?

# Mainstreaming SBI– A Cycle of Practice Change



# What do we already know about mainstreaming?

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- Cannot assume that training alone will result in delivery, for most people.
- Implementation research<sup>1</sup>: the level of implementation of an innovation depends on:
  - The Innovation
  - Adopters
  - Context (local and strategic)
  - Activities
- Small body of BI implementation research<sup>2</sup>
- Other relevant research e.g. transfer of learning from training into practice re. generic communications skills<sup>3</sup>

# SBI Mainstreaming Barriers and Facilitators



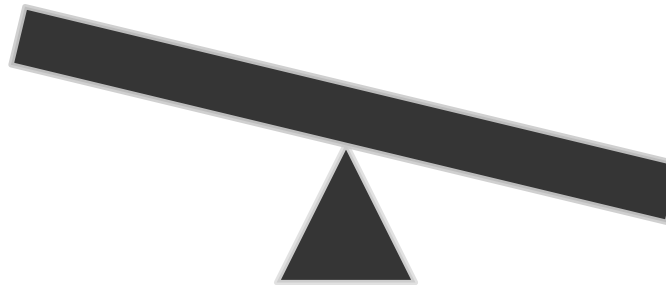
Political –  
Local/National  
Level

Practice/  
Organisation  
Level

Individual  
Practitioner  
Level

Manager/  
Team Level

Facilitators  
(Helpers)



Barriers



# More on individual factors

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- **Role legitimacy**
  - Should I do this?
  - Do I think it is my job?
  - Do my patients/clients agree?
- **Role adequacy**
  - Can I do this? Do I feel competent?
  - Do I have time?
  - Do I know what to do with different patients?
- **Role support**
  - Safety net – what if things go wrong?
  - What if patients need more help than I can give – is other support available?
  - Does my boss/manager/commissioner want/support me to do this?

# More on system/practice/ managerial factors

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- Does my software support this? (prompts; easy recording?)
- Privacy?
- Public reminders – posters, displays, leaflets
- Am I paid? Is it enough?
- Does anyone care/check if I'm delivering? – Advocacy, encouragement, targets?
- Do I get feedback on my performance?



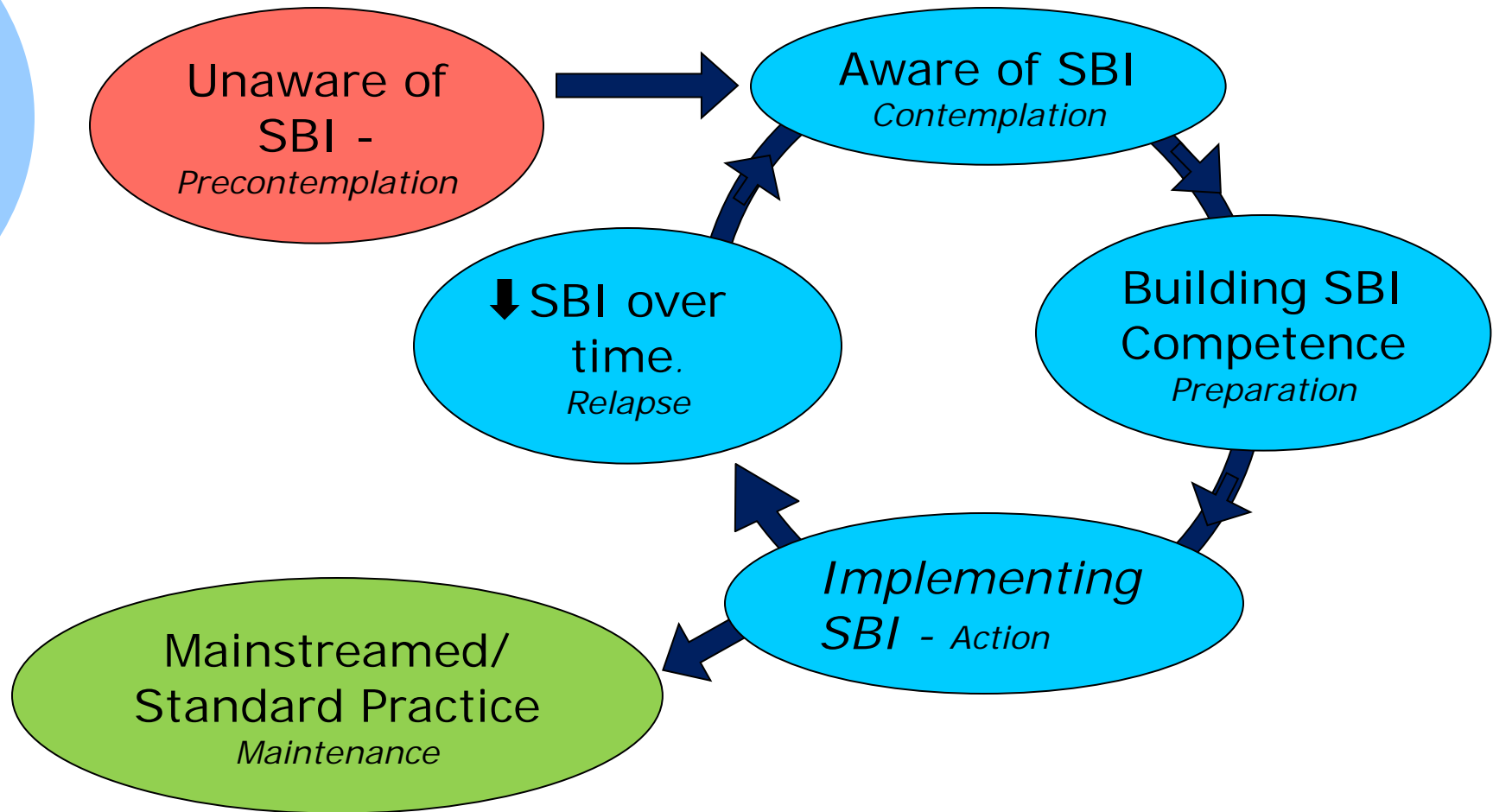
## More on national factors

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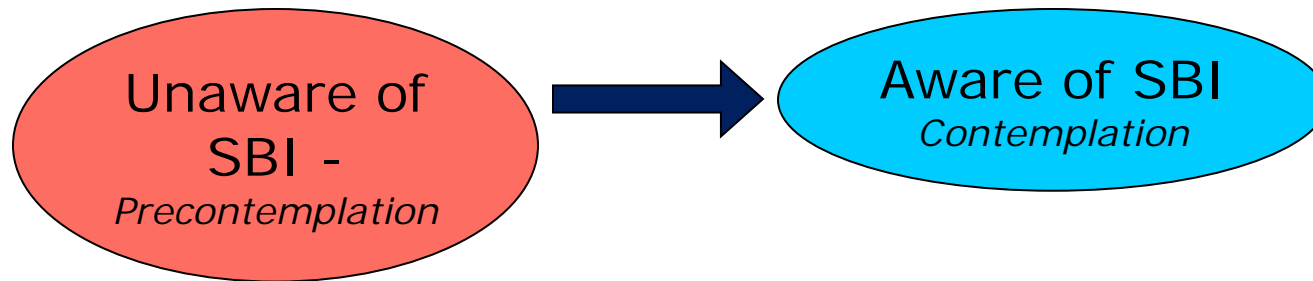
- Profile (top-down push?, targets?)
- Culture – influence public/professional expectations of what is normal
- Media – reports can be helpful/not
- Funding – to pay for delivery; resources e.g. prof & patient; training; 'advocates'; support services for resulting referrals etc.



# Mainstreaming SBI– A Cycle of Practice Change



# Moving towards Awareness



- Building awareness and advocacy for SBI
- Developing a mutual understanding of what SBI means for the target group/service:
  - What are the challenges and benefits
  - What training/resources/support do they need to implement SBI?

# From Awareness to Competence



- Investigate prior SBI training and competency.
- Identify appropriate models of training.
- Use understanding of target groups, their competency and needs to develop tailored training materials.

Aware of SBI  
*Contemplation*

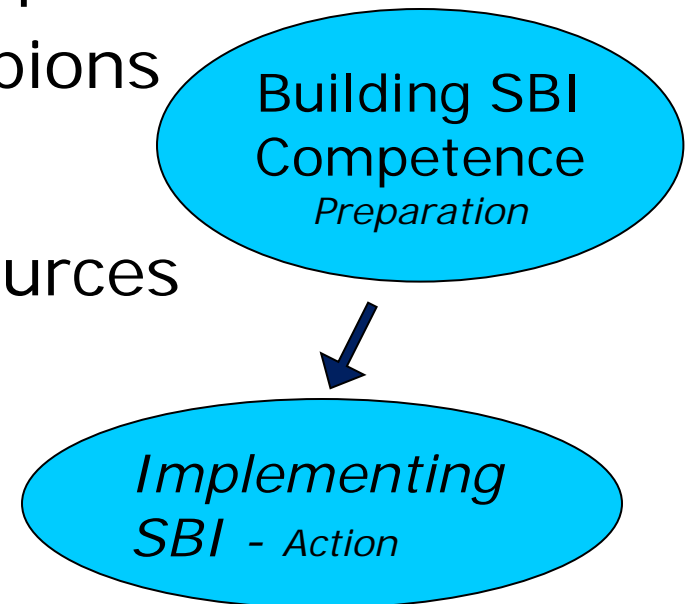


Building SBI  
Competence  
*Preparation*

# From Competence to Implementation



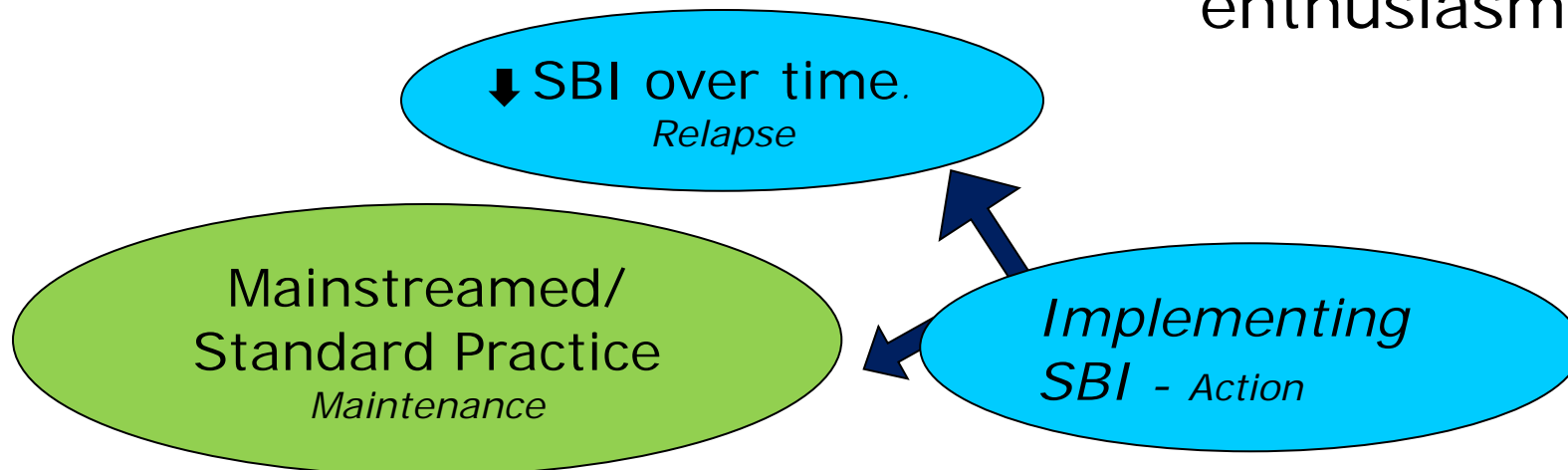
- Role Legitimacy
  - Patients/Clients perceptions
  - Advocacy from champions
- Role Support
  - Suitable support resources
  - Troubleshooting
  - Referral options
  - Managerial support



# From Implementation to Standard Practice



- Embed SBI into SOPs e.g. for new patient admissions, triage, initial assessments.
- Embed training for SBI into existing provision – train trainers to deliver.
- Leave a legacy: Excellent training and support materials, systems, structures and enthusiasm!



# Mainstreaming Checklist (Setting-Specific Approach)

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1. Identify key contacts
2. Advocacy, understanding, partnership working.
3. Setting-specific model and infrastructure.
4. Establish mechanisms for monitoring & evaluation.
5. Develop materials based on needs analysis.
6. Deliver training.
7. Deliver TFTs
8. Provide ongoing support (including ongoing monitoring & evaluation).