

Research to Practice: An evaluation of
adolescent SBIRT training on student
perceptions of confidence and attitudes
toward implementing in the field

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Partners and Co-authors

Funded by:



Partners:



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Overview of the Project



The screenshot shows the homepage of the Adolescent SBIRT website. At the top is a dark blue navigation bar with white text for 'ABOUT', 'PARTNERS', 'CALENDAR', 'LEARNING COLLABORATIVE', 'STEERING COMMITTEE', and 'RESOURCES'. Below the navigation bar, the title 'ADOLESCENT SBIRT' is displayed in large, bold, blue letters. Underneath the title is the subtitle 'Screening, Brief Intervention & Referral to Treatment' in a smaller, italicized font. The main heading is 'Integrating Adolescent SBIRT Throughout Social Work & Nursing School Education'. The page contains several paragraphs of text describing the project's goals and funding. On the right side, there are three logos: NORC at the University of Chicago, the American Association of Colleges of Nursing, and CSWE (Council on Social Work Education).

ABOUT ▾ PARTNERS ▾ CALENDAR ▾ LEARNING COLLABORATIVE ▾ STEERING COMMITTEE ▾ RESOURCES ▾

ADOLESCENT SBIRT

Screening, Brief Intervention & Referral to Treatment

Integrating Adolescent SBIRT Throughout Social Work & Nursing School Education

NORC at the University of Chicago has partnered with the Council on Social Work Education (CSWE), the Center for Clinical Social Work (CCSW), the American Association of Colleges of Nursing (AACN), and Kognito to engage nursing and social work schools, and their accrediting bodies, in a learning collaborative to develop and evaluate interactive, competency-based substance use screening, brief intervention, and referral to treatment (SBIRT) curriculum.

This project is funded by a grant from the Conrad N. Hilton Foundation and is focused on encouraging the adoption of SBIRT by social work and nursing educators. The learning collaborative will work to infuse this curriculum in general survey, clinical, behavioral health, and maternal and child health coursework, not just specialty courses in undergraduate and graduate social work and nursing schools.

The project involves multiple steps to develop a model curriculum that will be used by faculty and students:

- Engage the leading national associations and accrediting organizations for social work and nursing schools, CSWE and AACN, which will work with the team's experts and with leading schools to develop, test and disseminate adolescent SBIRT curricula.
- Create a learning collaborative process by leveraging a pre-existing consortium of 18 nursing schools and 6 social work schools.

NORC
at the UNIVERSITY of CHICAGO

American Association of Colleges of Nursing

CSWE
A MEMBER OF THE
COUNCIL ON SOCIAL WORK EDUCATION

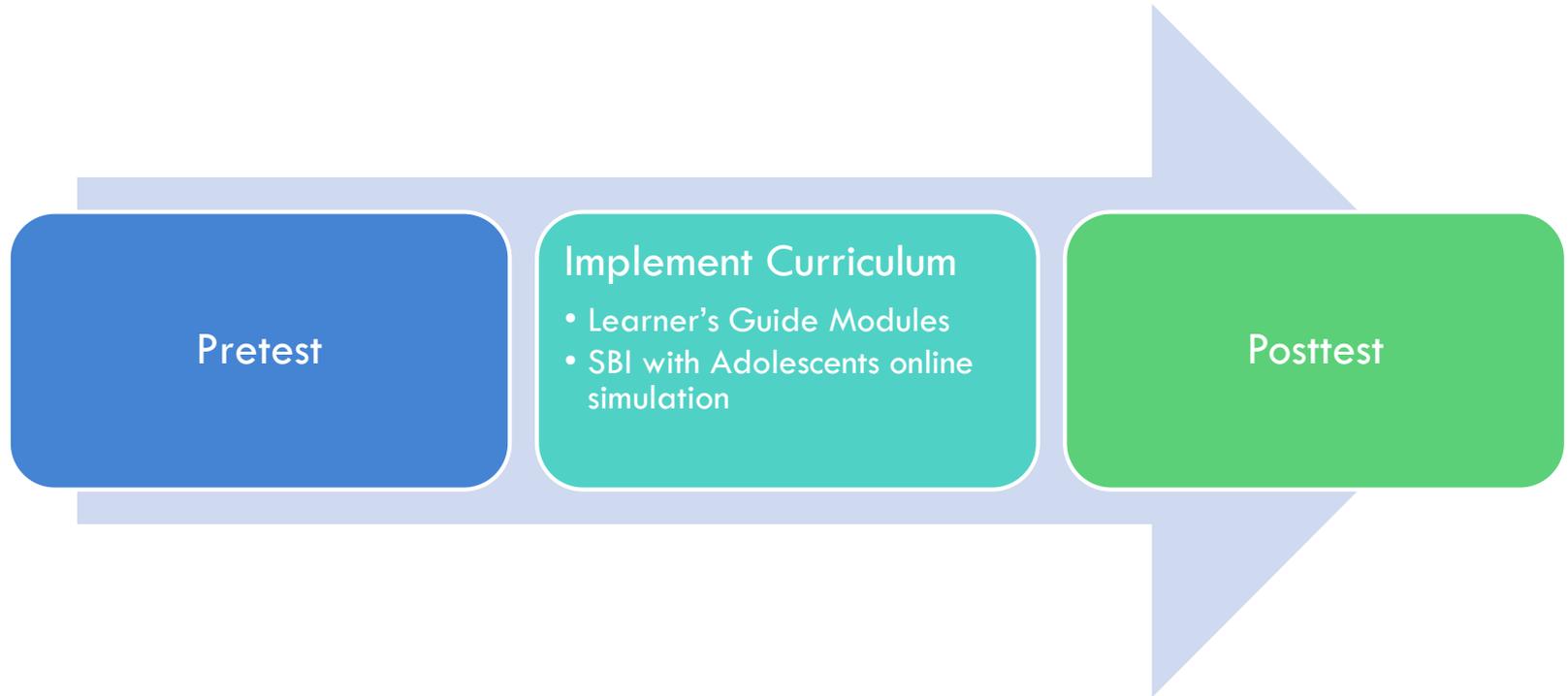
- Launched in September 2014
- Over 30+ subject matter experts, researchers, educators, practitioners, and professional associations
- Learning Collaborative of nursing and social work programs
- 4 Implementation and Evaluation Tracks

sbirt.webs.com

Implementation

- Program offers a variety of implementation tracks
- Track C –
 - Flexible implementation terms
 - 9 schools selected for this analysis implementing in the same semesters
 - Pre and post evaluation participation

Track C Implementation

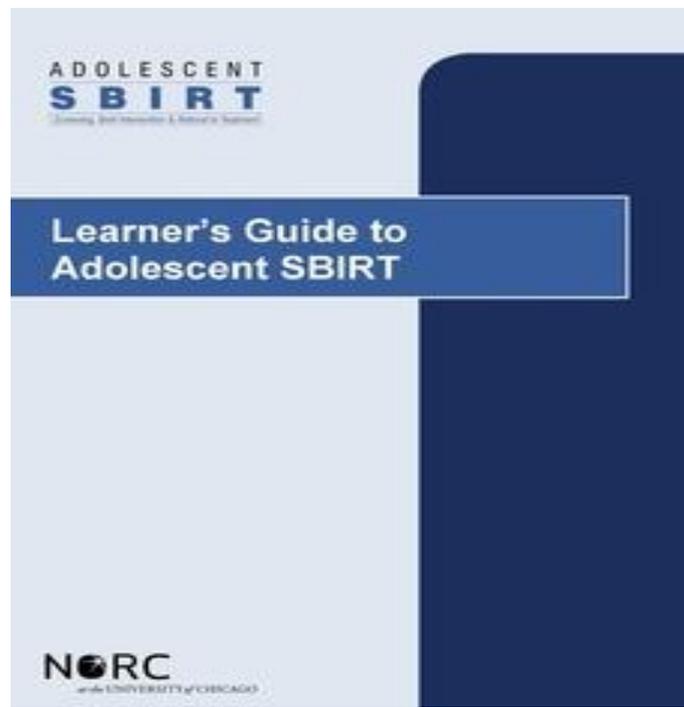


Adolescent SBIRT Curriculum

- Comprehensive Learner's Guide to SBIRT for adolescents and young adults.
- Examines each component of SBIRT and motivational interviewing skills.
- Screening tools, scripted interactions, case studies, and more.
- Sample pre/post evaluation measures, IRB materials, course syllabus.

Access More Information:

<http://sbirt.webs.com/curriculum>



Virtual Simulations

BUILD REAL-LIFE SKILLS IN A VIRTUAL CLINIC

Assume the role of a health professional and talk with three virtual adolescent patients about their substance use. Try different approaches to see what works best.



Research Questions

- Is there a significant difference in student attitudes, confidence, competence and readiness to administer adolescent SBIRT after training compared to prior to receiving training?
- Are there any differences by subgroups, e.g., program level?

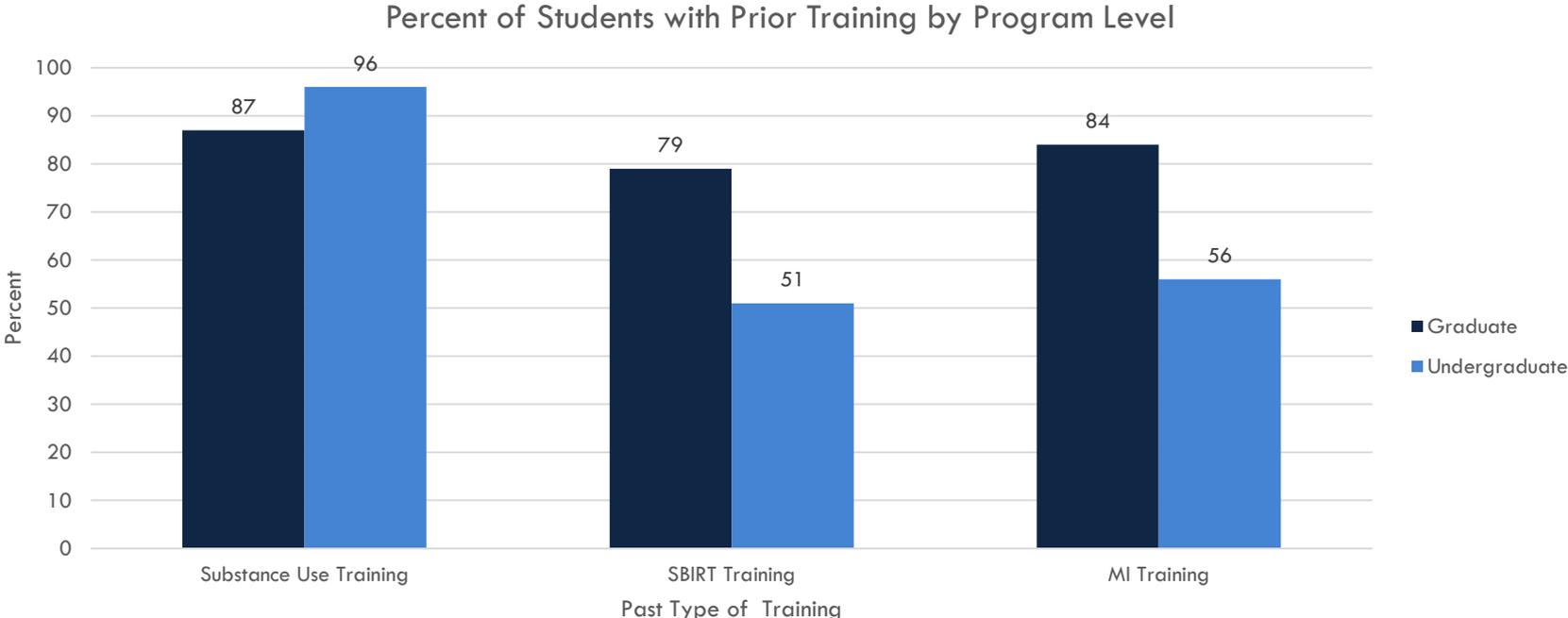
Sample

- 9 schools of Nursing and Social Work
 - Implementation in Spring 2017
- 181 students participated in the training and took the pre and post tests
 - 34 Inter-professional students
 - 39 Nursing students
 - 108 Social Work students

Sample (cont'd)

- Program: 56% graduate students (MA and PhD)
- Prior Training:
 - Substance Use – 91%
 - SBIRT – 67%
 - Motivational Interviewing – 71%
- 96% of students completed the online simulation training

Past Training by Program Level



Methods

- Quantitative analysis of effect of the training
 - Compare pre and post scores on outcomes using paired sample t-test
 - Compare subgroups (e.g., undergraduate/graduate, nursing/social work) in pre-post difference on outcomes using independent sample t-test and OLS regression [i.e., regressing pre-post differences on each outcome on independent variables]
- Qualitative analysis of Track C Quarterly Reports

Measures—Attitude

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- Attitudes/beliefs (adaptation of BSAAS items) is a scale measured by 7 items as an item average (with negative items reverse coded) with higher value indicating more favorable attitudes (Cronbach's alpha~0.8).
 1. Alcoholism is associated with a weak will.
 2. An alcohol or drug dependent person cannot be helped until he/she has hit rock bottom.
 3. An alcohol or drug addicted person who has relapsed several times probably cannot be treated.
 4. Alcoholism is a treatable illness.
 5. Drug addiction is a treatable illness.
 6. Most alcohol dependent persons are unpleasant to work with as patients/clients.
 7. Most drug dependent persons are unpleasant to work with as patients/clients.
- Scale ranged from 1-5: 1 strongly agree → 5 strongly disagree

Measures—Competence

- For Competence is a scale measured by 17 items as an item average. Higher score indicates stronger perceptions of competence to conduct Adolescent SBIRT using MI skills (Cronbach's alpha~0.9). For example,
 - Asking adolescents about their alcohol and drug use.
 - Asking adolescents about quantity and frequency of alcohol and drug use.
 - Screening adolescents for alcohol and drug problems using a formal standardized screening instrument.
 - Assessing adolescent's readiness to change regarding their alcohol and drug use behavior
 - Discussing/ advising adolescents to reduce or halt their drinking and drug use behavior.
 - Providing personalized feedback to adolescents about their risk associated with drinking and drug use.
 - Tailoring brief interventions to adolescent's motivational level
- 1 not at all competent → 4 very competent

Measures—Confidence

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- Confidence in ability to conduct SBIRT is a scale measured by 9 items as an item average with higher value indicates more confidence (Cronbach's alpha~0.9).
 1. Reviewing the adolescent's previous substance use-related problems.
 2. Using information gathered about the adolescent's substance use to provide feedback.
 3. Reviewing possible reasons for decreasing substance use with the adolescent.
 4. Asking adolescents if they want to decrease their risk related to substance use.
 5. Helping an adolescent to agree to cut back or accept referral.
 6. Identifying adolescents who misuse prescription medications.
 7. Assessing an adolescent's readiness to change.
 8. Intervening with adolescents who misuse prescription medication.
 9. Expressing empathy and reflecting an adolescent's emotions during a brief intervention for substance use.

- Scale ranged from 0 to 10: 0 not at all confident → 10 extremely confident

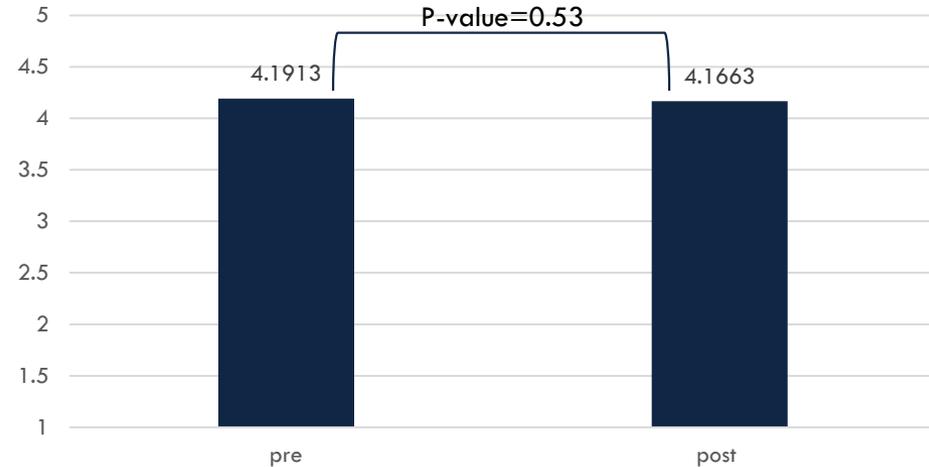
Measures—Readiness

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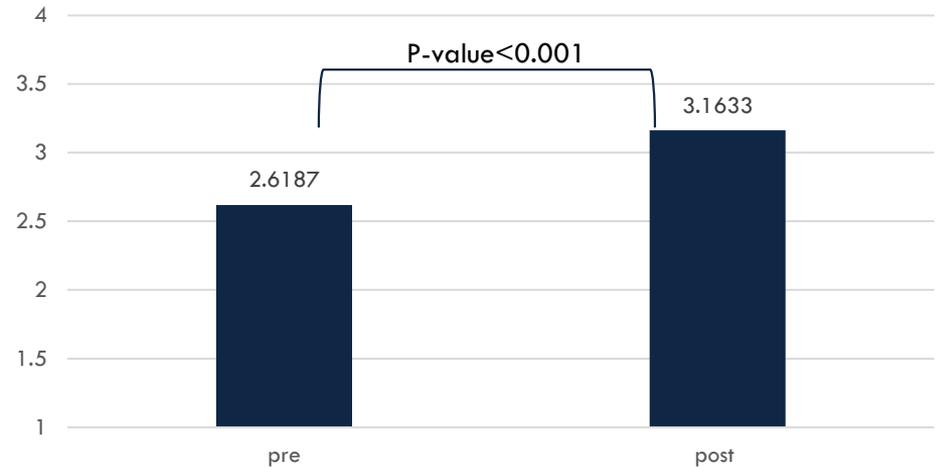
- Readiness to screen and intervene adolescent alcohol and drug use is a scale measured by 4 items as an item average with higher value indicates more readiness (Cronbach's $\alpha \sim 0.9$).
 1. How ready are you to screen all adolescents for alcohol use?
 2. How ready are you to screen all adolescents for illicit drug use or prescription drug misuse?
 3. How ready are you to provide brief interventions for adolescents who screen positively for alcohol use?
 4. How ready are you to provide brief interventions for adolescents who screen positively for illicit drug use or prescription drug misuse?
- Scale ranged from 0 to 10: 0 not at all ready → 10 extremely ready

Results Overall (Paired Sample T-test)

Attitude

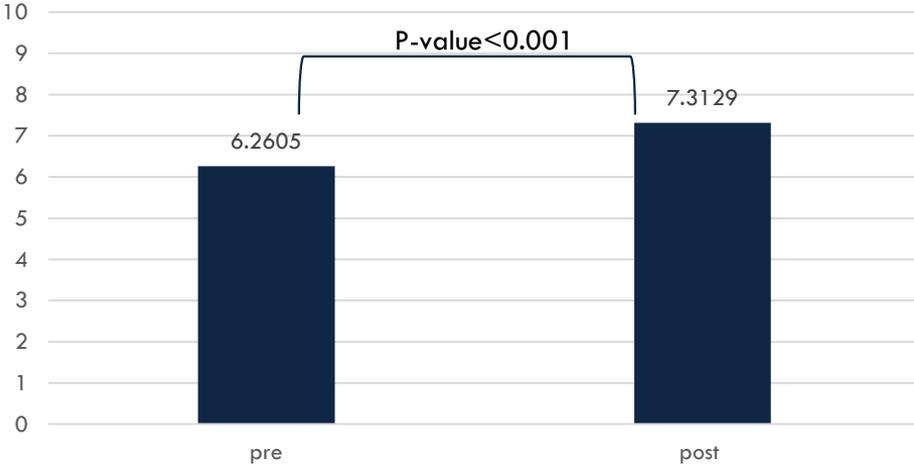


Competence

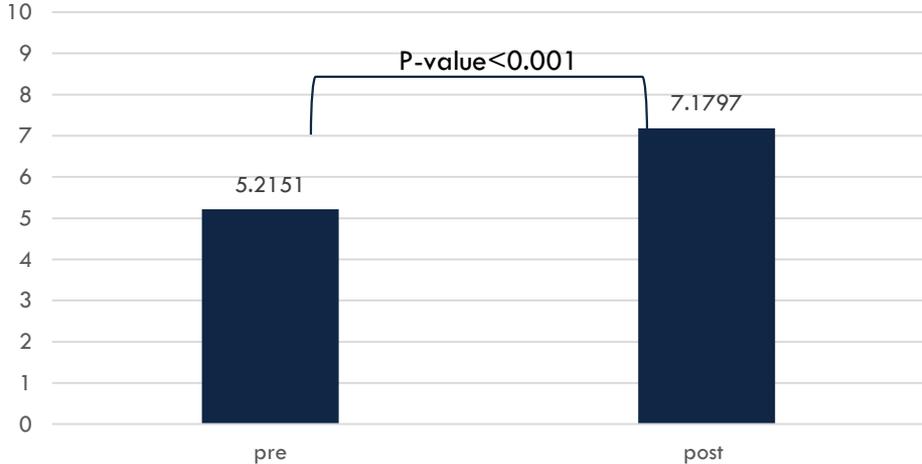


Results Overall (Paired Sample T-test)

Confidence



Readiness



Pre-Post scores on each outcome by Subgroup

| | Competence (1-4) | | Confidence (0-10) | | Readiness (0-10) | |
|--------------------------------|------------------|------|-------------------|------|------------------|------|
| | Pre | Post | Pre | Post | Pre | Post |
| Program level | | | | | | |
| Graduate Students | 2.55 | 3.18 | 6.03 | 7.23 | 5.28 | 7.30 |
| Under-graduate Students | 2.73 | 3.09 | 6.35 | 7.29 | 5.05 | 6.89 |
| Area | | | | | | |
| Nursing | 2.62 | 3.14 | 6.08 | 7.10 | 5.76 | 7.40 |
| Social work | 2.70 | 3.23 | 6.48 | 7.51 | 5.32 | 7.39 |
| Inter-Professional | 2.45 | 2.90 | 5.73 | 6.88 | 4.32 | 6.18 |
| Received SAMHSA funding | | | | | | |
| Yes | 2.62 | 3.21 | 6.35 | 7.38 | 5.66 | 7.25 |
| No | 2.65 | 3.11 | 6.19 | 7.24 | 4.94 | 7.09 |

Pre-post scores on each outcome by Subgroup (cont'd)

| | Competence (1-4) | | Confidence (0-10) | | Readiness (0-10) | |
|---|------------------|------|-------------------|------|------------------|------|
| | Pre | Post | Pre | Post | Pre | Post |
| Previous substance use training | | | | | | |
| Yes | 2.64 | 3.16 | 6.26 | 7.37 | 5.29 | 7.23 |
| No | 2.56 | 2.98 | 5.91 | 6.32 | 4.37 | 6.20 |
| Previous SBIRT Training | | | | | | |
| Yes | 2.69 | 3.19 | 6.39 | 7.30 | 5.53 | 7.25 |
| No | 2.56 | 3.06 | 6.01 | 7.26 | 4.60 | 6.93 |
| Previous Motivational Interview Training | | | | | | |
| Yes | 2.65 | 3.17 | 6.35 | 7.28 | 5.42 | 7.18 |
| No | 2.58 | 3.10 | 6.04 | 7.33 | 4.71 | 7.04 |

OLS Regression Results—DV: Pre-Post Difference

| | Competence (post-pre) | | Confidence (post-pre) | | Readiness (post-pre) | |
|---------------------------------|-----------------------|---------|-----------------------|---------|----------------------|---------|
| | Coefficient | P-value | Coefficient | P-value | Coefficient | P-value |
| Nursing* | -0.21 | 0.35 | -0.24 | 0.70 | -0.29 | 0.69 |
| Inter-professional* | 0.03 | 0.86 | 0.44 | 0.39 | 0.59 | 0.43 |
| Graduate Students | 0.35 | 0.06 | 0.57 | 0.29 | 0.52 | 0.41 |
| Substance Use Training | 0.18 | 0.33 | 1.13 | 0.13 | 0.47 | 0.36 |
| SBIRT Training | -0.03 | 0.81 | -0.37 | 0.45 | -0.63 | 0.39 |
| Motivational Interview Training | -0.17 | 0.22 | -0.37 | 0.37 | -0.06 | 0.91 |
| Received SAMHSA grant | 0.07 | 0.70 | -0.14 | 0.73 | -0.78 | 0.21 |

*Compared to the reference category: social work [Borderline significant at 0.05 level]

Results – Qualitative: MSN Students

- *“I have downloaded and made copies of the SBIRT screening tools for use in my practice as well. I **believe they will be effective** in my industrial location.”*
- *“The scenarios were realistic in content and I felt comfortable with the demonstration enough to see that I **could incorporate this type of screening into my work environment**...with screening such as SBIRT at my disposal I have a better chance of identifying those patients with risky alcohol and drug use at an earlier point in the process.”*
- *“As beneficial as it may be, with a lack of time I don’t feel that I will ever be confident enough to correctly practice motivational interviewing. I feel much more prepared to provide MI, but feel **like I need a lot of practice to feel confident in my interviewing skills**.”*

Results – Qualitative: BSW Students

- I thought this assignment was extremely **rewarding** and truly gave us all an insight on what kind of work we may all get into in our futures (depending on what everybody wants to do with their lives).
- Although I've taken a class on interviewing and know the importance of open ended questions, by watching the stimulations on SBIRT made it **more clear** to me on how to conduct a proper interview.
- I currently work with adolescents who have drank and smoked pot on occasion so **the SBIRT practice is going to help me while at work**. I learned that with the proper words and skills you can assist the client's readiness to change just by simply asking them.
- It was informative for me because **I will use it in the future**.
- I really feel like this will **something I will always remember**, whether I'm in school or not.
- **I know I can incorporate all these skills** that I have learned from the simulation and apply them to the real world.

Conclusions

- The implications of these findings suggest that adolescent SBIRT education including simulation-based training can positively affect student outcomes as they prepare to implement adolescent SBIRT in the field.
- The effect of training did not differ significantly by subgroups, e.g., program, area and training level.

Future Directions

- Other outcomes, e.g. knowledge, skills
- Long-term follow up
- For whom the training works the best
 - Past training profiles, e.g. past experience of one type of training versus past experience of all three types
 - Timing of the past training, e.g., during graduate program or during undergraduate programs
- Dosage effect
 - Online simulation training: does the effect of training depend on the percentage of training completed?
 - Classroom training: does the effect of training depend on the length of classroom training?

Thank You

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