

The Integration of SBIRT into Social Work Curricula at a University Setting

Michele Beaulieu, Laura Ting & Paul Sacco
University of Maryland School of Social Work
INEBRIA 2017



Support for this project provided by SAMHSA (1U79TI025379)

Why SBIRT for social work education and practice?

- Social Work Values
 - Person in their environment
 - Starting where the client is
- Evidence based practice
 - Validated screening tools
 - Motivational Interviewing
 - Brief Treatment models

Two Approaches

15 Hour Stand Alone Course (n=83)

Benefits	Challenges
<ul style="list-style-type: none"> • In-depth • Standardized Patients • More Values Discussion • Inclusion of new applications of SBIRT • Credit for Students • Very Standardized 	<ul style="list-style-type: none"> • Cost • Limited number of students • Selective group of students

Hybrid Infusion (n=728)

Benefits	Challenges
<ul style="list-style-type: none"> • Many more students • More reach • Good fit with Foundations Course • More sustainable 	<ul style="list-style-type: none"> • Less in-depth • Online component is challenging to deploy • Potential for heterogeneity • Organizational challenges

Materials

- Instructional Aids: Flipbooks/Flash drives
- Demonstration Videos
 - Oriented to social work → Less medical
 - More settings related to social work
- Social Work Curriculum
- Webpage [UM SSW Webpage](#)

Evaluation Efforts

- Pre, post and 6 month follow up data collected on perceived Knowledge, Attitudes, Behaviors
- Standardized client data, coded videotapes with trained coders for SBIRT behaviors
- Satisfaction Surveys
- Qualitative interviews with 31 students, field instructors and faculty to understand implementation barriers in practice and sustainability in training

Results

- Data from standalone coursework suggests confidence, knowledge and behavior change increased as a result of training, but leveled off at six-months post-training
- Data from students in infused classrooms indicated higher confidence and knowledge at post and 6 months, but SBIRT behaviors remained low/infrequent overall

GEE Models

Measure (ref: Pre-test)	b	se	z	p
Confidence				
Intercept	7.31	.07	95.91	<.001
30-Day	1.03	.08	12.74	<.001
6-month	1.15	.09	12.39	<.001
Screening Behavior				
Intercept	2.21	.05	45.48	<.001
30-Day	.15	.05	2.99	.003
6-month	.41	.06	6.89	<.001
Brief Intervention Behavior				
Intercept	2.13	.05	41.49	<.001
30-Day	.008	.05	.15	.88
6-month	.20	.06	3.11	.002
Referral Behavior				
Intercept	1.72	.05	37.89	<.001
30-Day	.04	.05	.88	.38
6-month	.07	.06	1.34	.18
Knowledge Percentage				
Intercept	.46	.006	70.26	<.001
30-Day	.13	.008	15.34	<.001
6-month	.29	.01	22.26	<.001
Sample Questions				
Intercept	.85	.005	166.18	<.001
30-Day	.02	.008	2.00	.05
6-month	.05	.007	7.05	<.001

Qualitative Data

Institutional Barriers

- Role
- Agency policies
- Setting/population
- Lack of standardized instruments

Personal Barriers

- Lack of skills
- Lack of confidence
- Discomfort with topic
- Resistance to change

Factors facilitating implementation & sustainability

- Support
- funding
- “Buy-in”
- Open-mindedness
- Ongoing training/consultation & supervision

Implications

- Strengths and Limitations
- Future training/sustainability challenges
- Practice implications
- Future research