Embedding SBIRT (Screening, Brief Intervention and Referral to Treatment) into Health Professional Student Curriculum

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SAMHSA SBIRT Dissemination Project

- Training project made possible in part by TI-02-5984 SAMHSA funds
- "SBIRT Training for Students in Health Professions in SW Virginia: 2015-2018" - a collaborative project
- By 2012 extensive body of literature documented SBIRT as evidence-based for identifying and reducing problematic use and abuse of alcohol, medications and illicit drugs [1]
- Research by Gail D'Onofrio et al.[2] demonstrated SBIRT's impact on reducing problematic alcohol use resulting in fewer return visits to the ED and reduced subsequent hospital utilization (especially effective for patients with risky drinking behaviors – not yet dependent)

EARLY IDENTIFICATION OF RISKY USE AND EARLY INTERVENTION

[1] SAMHSA. (2011) https://www.samhsa.gov/sites/default/files/sbirtwhitepaper

[2] D'Onofrio, G. et al. (2012) A brief intervention reduces hazardous and harmful drinking in emergency department patients. *Annals of Emergency Medicine*, *60* (20): 181-192.

SBIRT stands for …

- Screening: universally using standardized pre-screening tools (AUDIT-C, NIDA's Single Drug Use Q) + full screens (AUDIT, DAST, CRAFFT, 5 Ps) (about 25% likely to pre-screen +)

- Brief Interventions: application of motivational interviewing skills to tap into person's own reasons for change, facilitating readiness and planning for change (harm reduction)

- Referral to Treatment: increased emphasis on strengthening the bridge to treatment; moving from "warm handoffs" to integrated specialty care on site in hospital and primary care settings[3]

[3] MA-SBIRT Project of the Bureau of Substance Abuse Services. SBIRT: Step-By-Step Guide. Boston, MA; Massachusetts Health Promotion Clearinghouse.

Motivational Interviewing Core Principles and Skill Development

- Nonjudgmental acceptance
- Compassionate collaboration
- Brief Intervention: Engage – rapport; Focus and Facilitate Readiness to Change; Negotiate Plan
- Relevant MI Skills (OARS)
  - Open-ended questions
  - Affirmations
  - Reflective listening
  - Summarizing

SBIRT Training Goals

To train total of 400 health care professional trainees at the

- (1) undergraduate nursing level
- (2) masters level in counseling
- (3) medical residency (post-grad) level

To identify factors influencing the successful implementation of the SBIRT training

2015 – 2018 852 trainees received:

- SBIRT training:
- SAMHSA-produced online training modules, class lecture/workshop, and
- supervised practice in the classroom, clinical setting, or clinical simulation lab.
- Core training spanned from one half-day session (plus the online modules) to an entire semester, depending on the program.

Trainees were in fields of nursing, counselor education and medicine

- 85% Bachelor
- 6% Master
- 4% Doctorate
- 5% Medical Residency

98 instructors

Training of training model used to train the instructors (professors, chief residents)

Need for training in field of addiction

- Baseline survey findings revealed gaps in knowledge and understanding about substance misuse. Among students entering the training:

97.3% could not identify why drugs are hard to quit
10.6% could identify how marijuana is harmful to teens
81.7% identified e-cigarettes as a safe alternative to tobacco
51.7% viewed substance abuse as a habit not a disease
53.2% viewed substance abuse as a form of wrong doing
30.5% believed people are over-sympathetic re: substance abusers
30.9% believed money should be used sparingly to help SUD pts.
25.7% believed insurance plans should cover people who misuse substances to the same degree that they cover people with other conditions.

Satisfaction results …

- Satisfaction with training remained relatively constant post-training and at 30-day follow-up and did not significantly change over time (1 year later)
- Overall quality of training: 71.0% satisfied; 21.8% neutral; 7.2% dissatisfied
- Quality of instruction: 72.1% satisfied; 19.8% neutral; 8.1% dissatisfied
- Quality of materials: 70.6% satisfied; 22.9% neutral; 6.5% dissatisfied

Increased SBIRT knowledge

- Gains in knowledge about SBIRT ($p < .05$)
- Significant student gains included the ability to:
- Name a substance misuse screening tool
  69.3% achieved
- Identify strategies of motivational interviewing (i.e., OARS) – 70.7% achieved
- Identify characteristics/qualities of motivational interviewing – 83.3% achieved
- Assess drinking risk in a patient scenario
- 81.6% achieved

Skills mastery post-training

- Student ability to demonstrate skills in using SBIRT approach was evaluated using MD3 SBIRT Coding Scale (DiClemente et al, 2015). Even though over 90% of students were confident in their SBIRT skills after the core training, only 32% received a total passing score of 70% or higher during supervised session with simulation patient.

Performance strengths:

- ability to raise subject respectfully (91.2% achieved),
- review current pattern of use (89.2% achieved),
- ask open-ended questions (84.7% achieved),
- Reflective listening/paraphrase patient comments (84.2% achieved)

Performance challenges:

- ability to summarize findings (55.1% lacked skill),
- provide relevant medical information (53.9% lacked skill),
- help patients develop goals for change (53.1% lacked skill), and
- refer for follow-up visit or treatment (52.9% lacked skill)

Perceived Utility of SBIRT Training

- Student perceptions of usefulness of the SBIRT training was strong. Viewed as:
- Useful in dealing with SA – 78.6% agreed; 16.2% neutral; 5.2% dissatisfied
- Helped serve patients better – 79.5% agreed; 16.5% neutral; 4.0% dissatisfied
- Relevant to my career – 86.7% agreed; 10.6% neutral; 2.7% dissatisfied

SAMHSA online training modules

- SAMHSA's SBIRT 5-hour online training modules were made to reduce the amount of time instructors needed to cover SBIRT/ motivational interviewing in class and to standardize the trainings. We found that:
- Modules need to be watched no more than 10 days before SBIRT workshop designed to apply the skills in roleplays
- Do not directly translate into proficiency using SBIRT
- Often perceived as "cumbersome," "uninspiring" and "tedious to watch."
- Utility of the online modules in teaching SBIRT is limited.

Conclusions

- Baseline knowledge and attitudinal gaps support the need for addiction education
- SBIRT knowledge was successfully imparted at all levels using a mix of didactics, role play and supervised practice.
- Overall satisfaction was positive; face to face instruction is preferred with skill-based workshops most favored. Multiple supervised practice sessions needed esp. at the undergraduate nursing level.
- SBIRT training was viewed as useful.