

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

Hartman, Cheri W.¹; Hartman, David W.¹; Wilson, Jeffrey¹; Seidel, Richard¹; Rea, William S.¹; & Brossoie, Nancy²
 Virginia Tech Carilion School of Medicine¹, Radford University, Jefferson College of Health Sciences, and Virginia Tech²

Background

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice to identify, reduce, and prevent problematic use of alcohol, medications, and illicit drugs¹. Built on principles of motivational interviewing,² SBIRT is structured to help healthcare professionals work with patients to identify motivations /strategies to promote behavioral change. Four institutions of higher learning embedded SBIRT into their trainees' curricula.

GOAL: to identify key factors that contributed to successful implementation of SBIRT training.

Methods

2015-2018, 864 trainees (752 undergrad nursing, 69 graduate level in counseling, 43 medical residents) participated and received:

- SAMHSA-produced online training modules
- Lecture + role plays on motivational interviewing
- Supervised practice in class, clinical setting, or clinical simulation lab.
- Pre- and post-tests: SAMHSA endorsed surveys that measured change in knowledge, skills, and abilities
- Skill mastery was assessed using MD3 SBIRT Coding Scale³

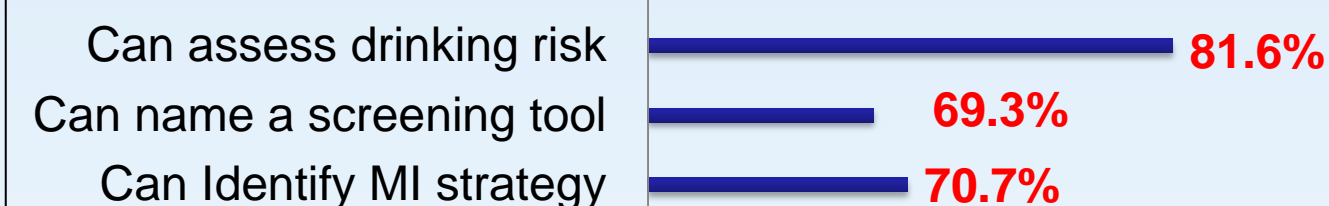
Baseline Findings

Among students entering the training, baseline data indicated:

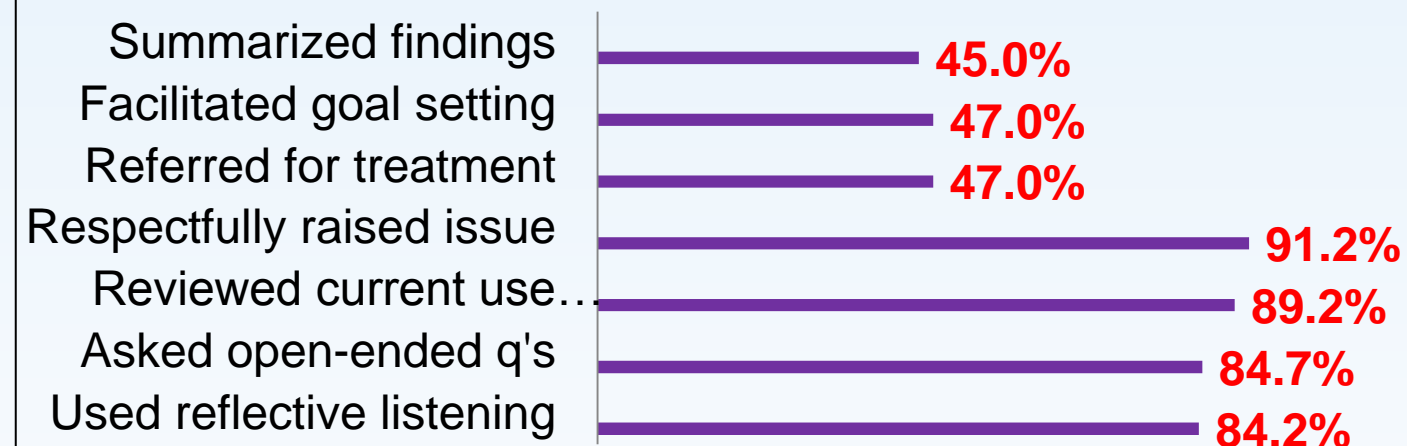
- 97.3% could not identify why drugs are hard to quit
- 68.7% perceived addiction as a disease
- 10.6% could identify how marijuana is harmful to teens
- 51.7% viewed substance use disorders as a habit not a disease
- 53.2% viewed substance misuse as a wrongdoing, not a disease

Numerical Findings

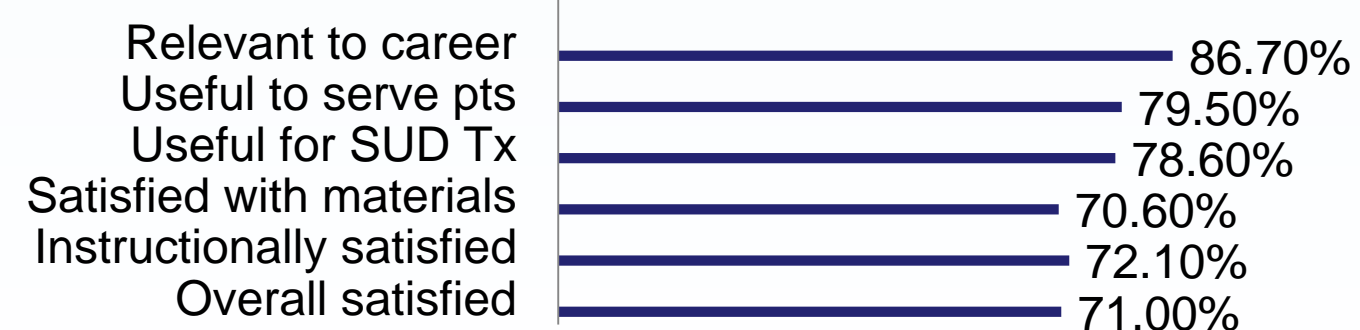
% of increase in trainees' knowledge



Observed SBIRT skills w/ MD3 Scale



Overall, only 32% received total passing score of 70% or higher when observed and rated on SBIRT skills using MD3 Coding Scale. Undergraduate students required multiple supervised practice sessions.



Qualitative Findings

Participants described 5 hour online training as cumbersome and boring. When motivational interviewing was taught as relevant for all chronic health conditions, there was higher student "buy-in" than if taught only for substance use disorders.

Discussion

Need Baseline knowledge and attitude gaps support the need for more addiction education.

Overall success SBIRT knowledge was successfully imparted at undergrad, graduate and post-graduate levels using a mix of didactics, role play, and supervised practice.

Training vehicle Overall satisfaction with training was generally positive, Online modules were criticized as tedious. Face to face instruction and skill-based workshops with role plays were favored. In general, SBIRT training was viewed as useful

Key point Teaching addiction as a chronic health condition needing disease management improves with inclusion of motivational interviewing.

Important skill point Development of skill in SBIRT is low unless SBIRT trainees are offered multiple supervised practice sessions, especially at undergraduate nursing level.

Footnotes

¹ SAMHSA. (2011) https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf Evidence supporting the effectiveness of SBIRT – SAMHSA White Paper.

² Miller, WR and Rollnick, S. (2013) Motivational Interviewing: Helping People Change. NY: Guilford Press.

³ DiClemente, C. C., Crouch, T. B., Norwood, A. E., Delahanty, J., & Welsh, C. (2015). Evaluating training, of screening, brief intervention, and referral to treatment (SBIRT) for substance use: Reliability of the MD3 SBIRT coding scale. *Psychology of Addictive Behaviors*, 29(1), 218–224.