

# CT SBIRT Health Professionals Training Program (HPTP)

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# What is SBIRT?

SBIRT is a comprehensive, integrated, public health approach for early identification and intervention with patients whose patterns of alcohol and/or drug use put their health at risk

SBIRT components:

- **Screening (S)** identifies those at risk
- **Brief Intervention (BI)** is a low-intensity, short-duration “conversation” based on MI with those who screen positive
- **Referral to Treatment (RT)** helps facilitate access to addiction assessment and treatment

# Rethinking substance use from a public health perspective

- Early intervention vs. traditional treatment
- At-risk use vs. dependence
- Risk factors vs. disease conditions



# Today's objectives

- Describe Screening, Brief Intervention and Referral to Treatment (SBIRT) training programs for students in health professions
- Review preliminary results and qualitative data for CT SBIRT student training programs
- Discuss challenges and successes for student training programs

# Background

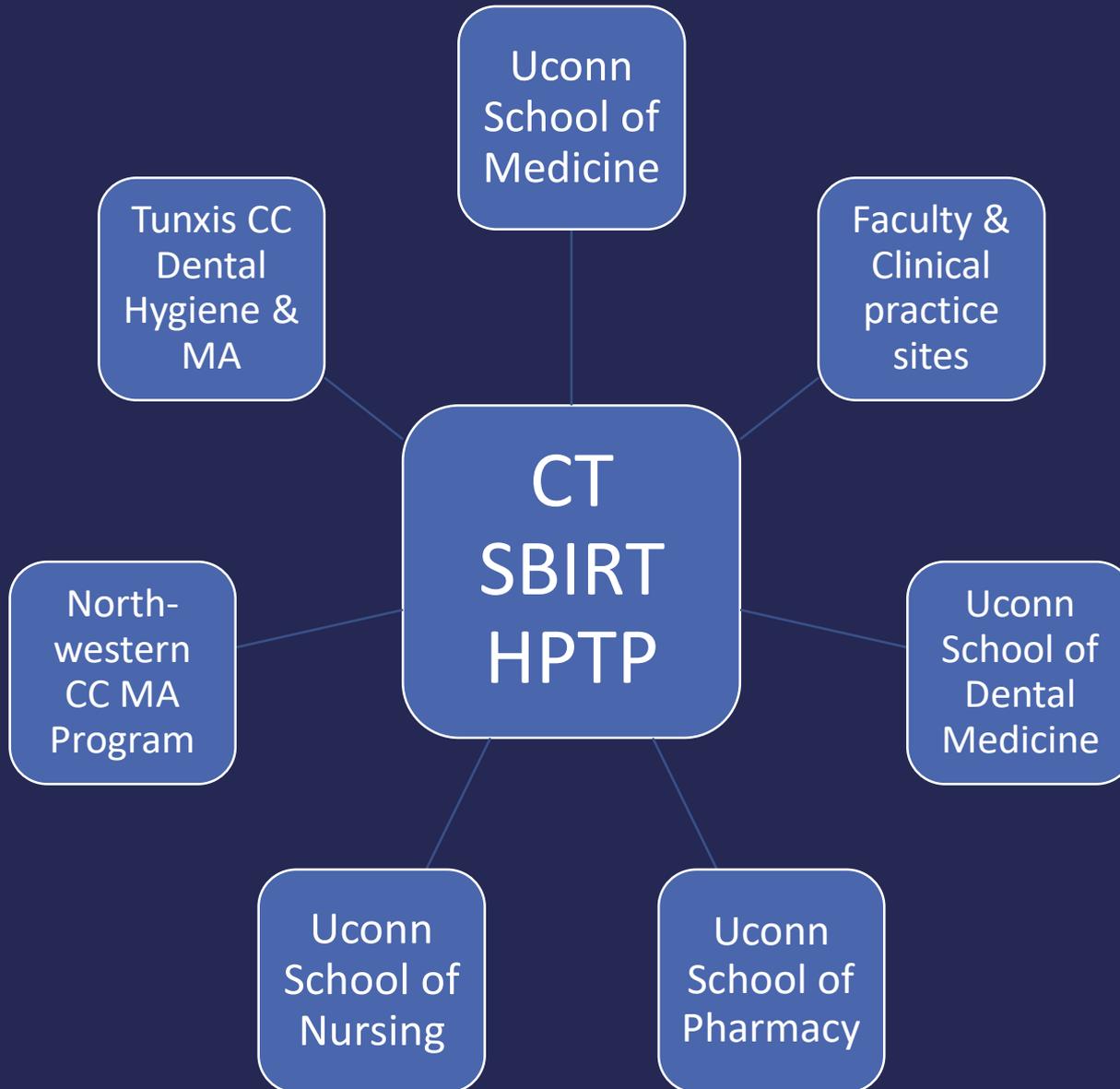
- Rates of alcohol and substance use in medical patients are significant
- Healthcare costs of SUDs are substantial
- SBIRT is a cost effective preventive service
- Low rates of SBIRT implementation in practice
- Low rates correlate with lack of training and low provider self-efficacy

# CT SBIRT HPTP

- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2015
- SBIRT training for health professionals (medical students, residents, nursing, dental hygiene, pharmacy, others) for 3 years

# CT SBIRT HPTP Goals

1. Implement SBIRT training for students in health professions, integrating into core curricula
2. Train faculty and current health care professionals to support student practice and to provide an immediate workforce that can deliver evidenced-based SBIRT services
3. Create linkages between specialized SUD and mental health treatment programs and early SBIRT intervention services across the health care system
4. Promote SBIRT implementation and ongoing practice across a variety of health care settings statewide



# CT SBIRT HPTP: Key Components

- SBIRT Curriculum
  - Curricular adjustments for different specialties
- Council of Directors and Program Champions
  - Identification of curriculum placement/ adaptation and faculty training needs
  - Facilitate SBIRT at clinical practice sites
- SBIRT Training Institute
  - Model student trainings
  - Training of faculty and preceptors
  - TA

# Core Curriculum Modules

- SBIRT: Overview and Rationale
- Screening for Substance Use
- Motivational Interviewing Skills
- Brief Intervention
- Referral to Treatment
- Online SBIRT Training

# Curricular Features

- Stigma
- Harms associated with hazardous alcohol and drug use
- Harm reduction approaches
- Empathy
- Confidence/ readiness ruler
- Drinker's pyramid
- Lower-risk drinking guidelines
- Standard drink size
- FRAMES
- Harmful medication interactions
- Screening tools- AUDIT, ASSIST, S2BI, CRAFFT
- Rapport building
- Pharmacological treatment (MAT)
- Nicotine replacement therapy (NRT)
- Precepting SBIRT (for faculty/resident champion training)
- Referral to treatment approaches

# Curricula Delivery Methods

- Face-to-face didactic instruction
- Online
- Roleplay/ Simulation components
- Inter-professional practice
- Supervised clinical experience

# Training plan: Nursing (Undergrad)

*1110: Introduction to Health and the Discipline of Nursing*

Intro to substance use, psychoactive substances, principles of addiction

*3130: Public Health Nursing*  
Introduction to SBIRT

*3120: Health Assessment Throughout the Lifespan*  
Screening using the ASSIST

*3234: Theory and Nursing Practice for Adults with Sub-acute or Chronic Problems*

Brief Intervention

*3560: Psychiatric and Mental Health Nursing (Psych):*

Motivational Interviewing

*3670: Acutely Ill Adults (Med/Surg):*

Referral to TX and Medication Assisted Treatment (MAT)

*3450: Nursing Care of Childrearing Families (Pedi):*

A-SBIRT (S2BI, CRAFFT)

*Capstone:*

Applied screening and BI

# Useful training resources

- Validated screening tools (ASSIST and AUDIT)
- Patient materials and FRAMES pocket cards
- Uconn SBIRT Training Institute online modules
- Program specific role-play scenarios
- Billing and coding information for residents
- SCORe tool to monitor adherence and build trainee competencies

## SBIRT Checklist for Observation in Real-time (SCORE)

Site ID: \_\_\_\_\_ Hygienist ID: \_\_\_\_\_ Patient ID: \_\_\_\_\_ Observer ID: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Screening Components				
Yes	No	DK	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Establishes rapport and introduces the screening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Provides a rationale for asking the questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Addresses confidentiality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Provides a standardized introduction to screening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Defines time window of interest
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Asks questions as written
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Provides Response Card and Drug List to patient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Accurately follows skip patterns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Accurately classifies drugs or standard drinks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Uses probing techniques to clarify ambiguities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Scores the assessment accurately
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Accurately categorizes patient risk
<b>Comments</b>				

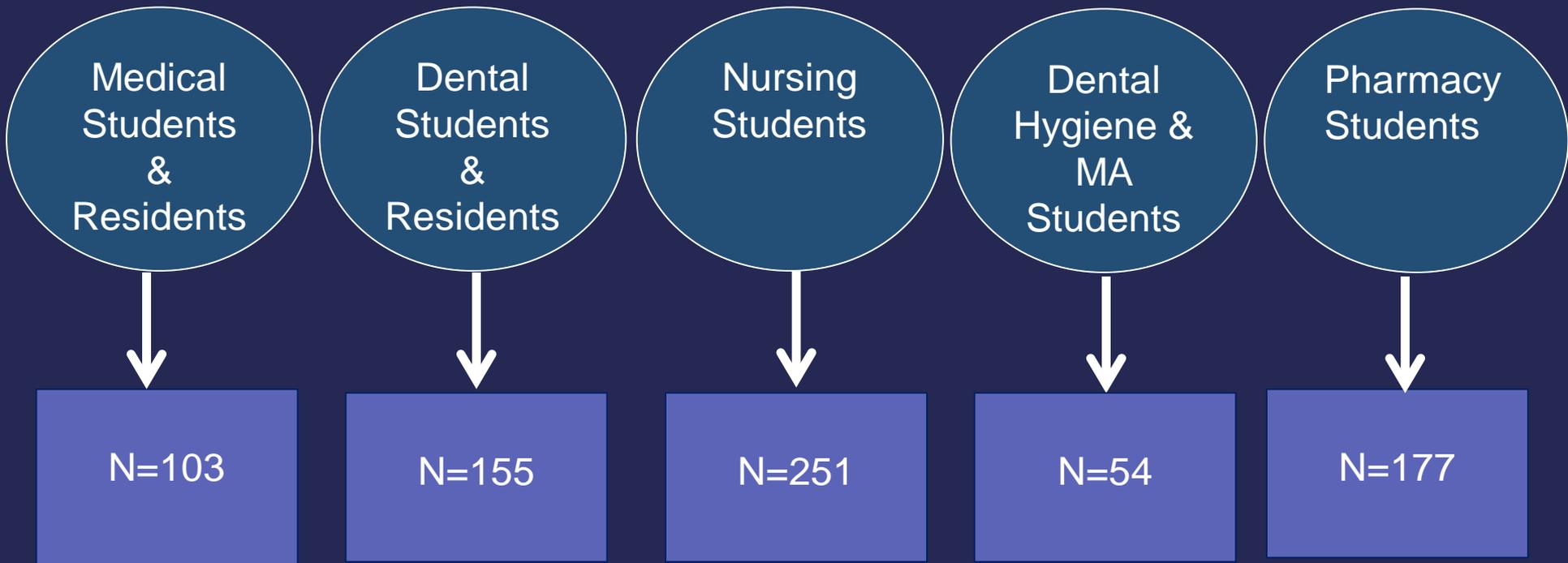
Brief Intervention Items				
Yes	No	DK	NA	Content Components
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Asks permission to show the screening scores
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Describes the levels of risk associated with the scores
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Describes the risks associated with the substance: health, legal, financial, social, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Describes lower-risk drinking guidelines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Promotes personal responsibility/choice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Provides advice related to limits of consumption: maintain, reduce, abstain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Provides a menu or variety of change options
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Utilizes importance/readiness/confidence rulers, decisional balance, pros/cons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Helps patient set goals/develop a plan of action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Provides take-home/resource materials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Informs patient about additional BIs/BTs and makes appointment, if applicable
<b>Comments</b>				

Vendetti, J., McRee, B. & Del Boca, F. (Submitted manuscript).  
 Development of the SBIRT Checklist for Observation  
 in Real-time (SCORE). *Addiction*.

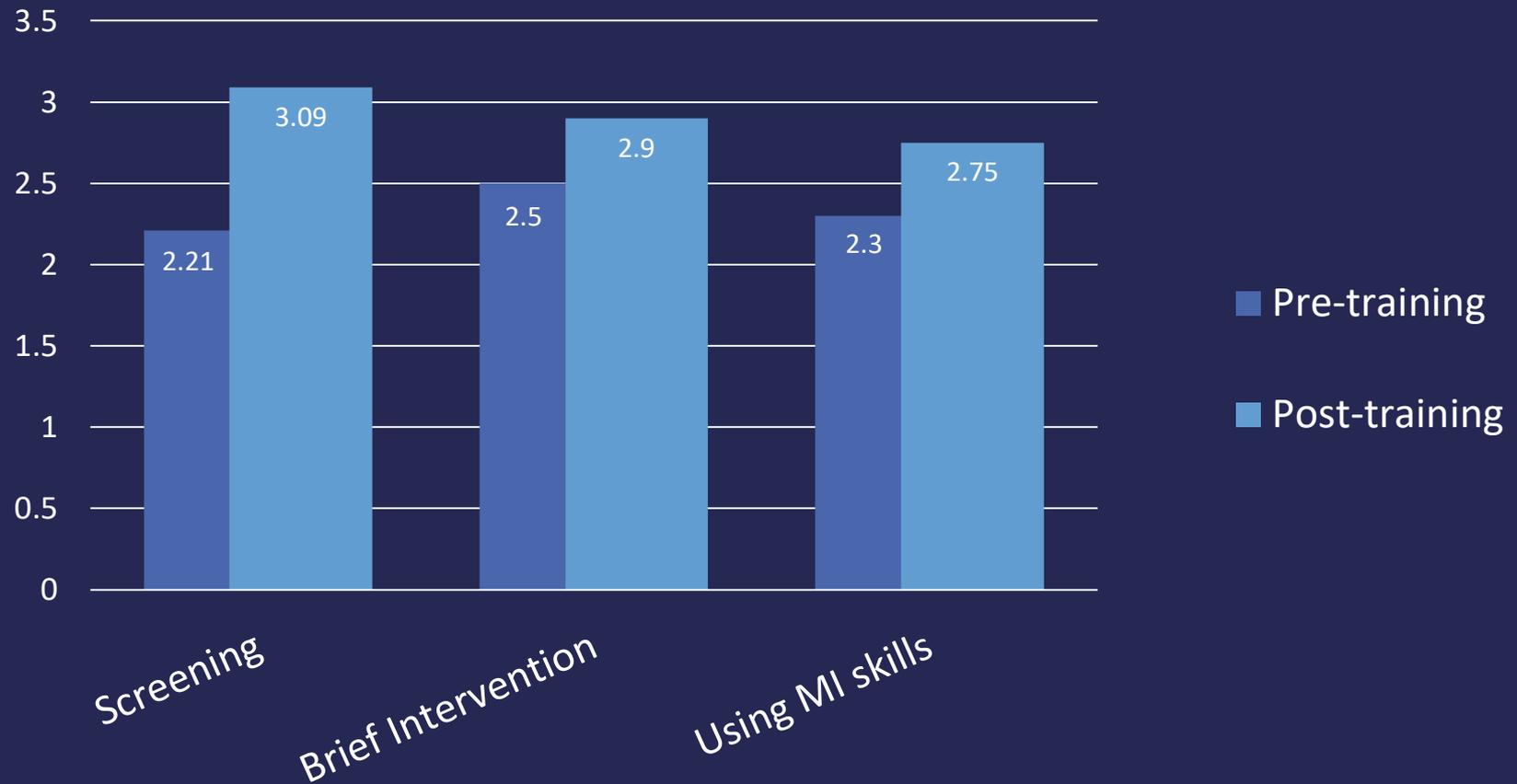
# Evaluation measures

- Trainee specialties and the number trained in each specialty
- Number, type, and duration of training activities
- Knowledge, self-confidence, attitudes
- Training satisfaction
- Clinical experiences and number of patients seen
- Demonstrated skills in screening, identification, brief intervention, and referral for treatment for alcohol, illicit drugs, and prescription drug misuse
- Linking and communicating with the specialty treatment service system, providers, and facilities

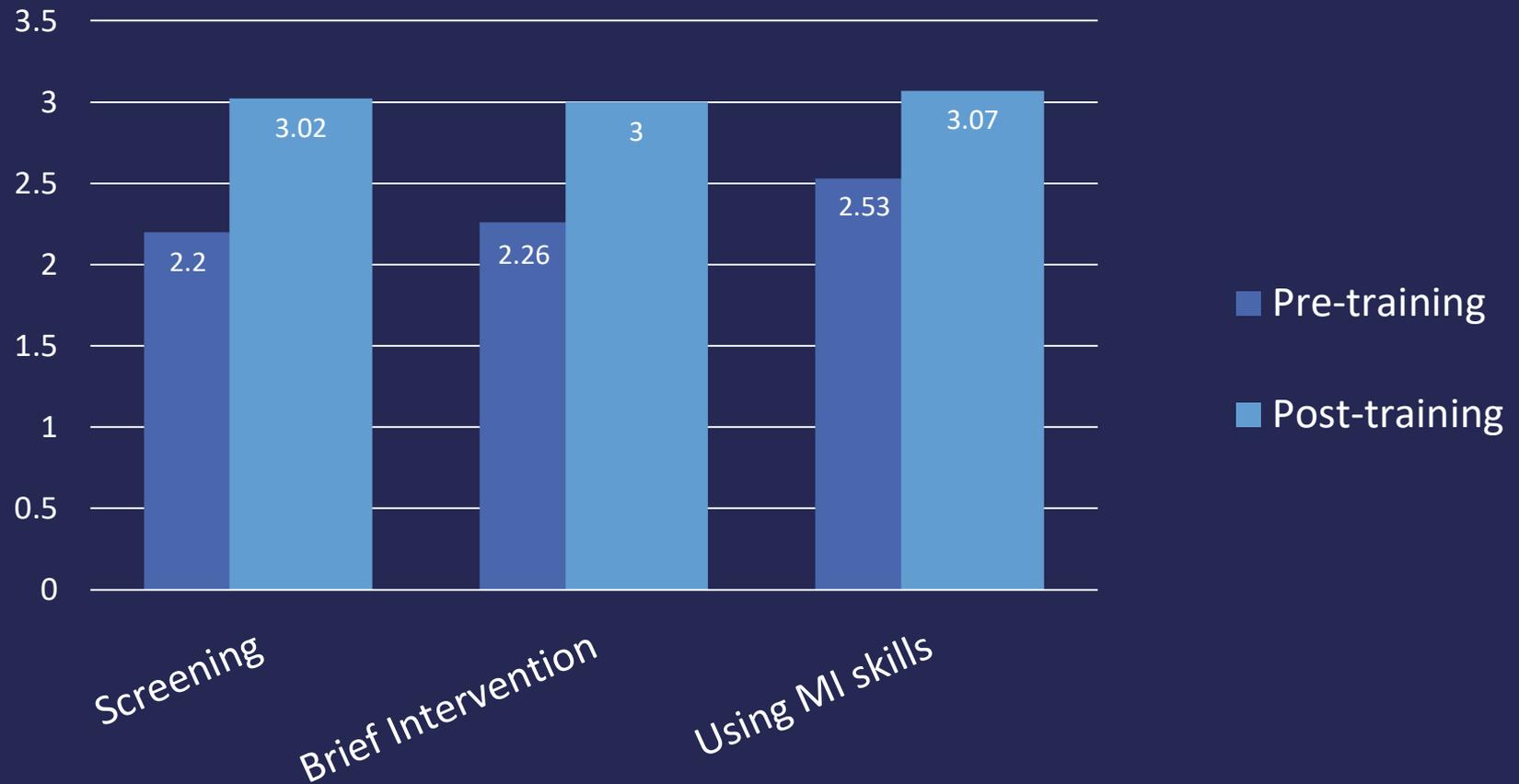
# Students and residents trained in year 1



# Task specific self-efficacy: Dental Hygiene



# Task specific self-efficacy: Pharmacy



# Quotes from Students

- *Give us more examples of things we should say*
- *We like the role plays*
- *I would not have known what to do had this happened to me in practice; it was nice to play out the options*
- *Gave me ideas of how to approach a patient without them feeling judged*
- *More demonstration videos*

# Student reflections

- What was challenging?
- How did the patient respond to questions about their substance abuse?
- What was successful about your interaction?
- What would you do differently next time?



*“I was apprehensive to do the screening because I felt the client would be offended.”*

*“It surprised me how willing the patient was to participate in it.”*

*“Next time, I would administer the screening directly following medical history to maintain the flow of the appointment.”*

*“Looking back I would definitely do more rapport building prior to beginning the screening. I feel the more comfortable the atmosphere the more a client will disclose.”*

# Recap of Results: Students

- More practice
- Consider building into EHR
- Use of live and video demonstrations
- MI strategy exercises helpful (e.g., asking open ended questions, developing summaries, etc.)
- Using the FRAMES pocket cards, which provide sample language, was indicated as a useful tool

# Recap of Results: Faculty

- Consider offering CEUs, CMEs, and other incentives
- Consider hosting training for key staff at sites where trainees perform clinic rotations and field work
- Use Web-based training to provide flexibility
- Conduct periodic booster sessions
- Provide SBIRT updates at faculty meetings

# Most cited challenges

- Time and scheduling
- Identifying alternatives to didactic presentations
- Electronic health records
- Sustaining SBIRT curricula post grant

# Lessons learned

- Provide skills-based educational sessions
- Accept feedback from faculty and students and adapt as you go
  - Flexibility is key!
- Provide ongoing feedback
- Provide incentives (positive or negative)
- Obtain postgraduate contact information
- Build competencies of practice site supervisors in SBIRT, motivational interviewing, and proficiency tools
- Be creative

# Learn more about SBIRT

- Uconn SBIRT Training Institute
  - SBIRT curricula, webinars, video demonstrations and other materials
- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Offers comprehensive information on SBIRT
- Institute for Research, Education & Training in Addictions (IRETA)
  - four-hour self-paced course and other training materials

# Contact information

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