CT SBIRT Health Professionals Training Program (HPTP)

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CT SBIRT HPTP, an Initiative Funded by SAMHSA-CSAT
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

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<td>1. Establishes rapport and introduces the screening</td>
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<td>2. Provides a rationale for asking the questions</td>
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<td>3. Addresses confidentiality</td>
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<td>4. Provides a standardized introduction to screening</td>
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<td>5. Defines time window of interest</td>
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<td>6. Asks questions as written</td>
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**Comments**

### Brief Intervention Items

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<td>1. Asks permission to show the screening scores</td>
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<td>2. Describes the levels of risk associated with the scores</td>
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<td>3. Describes the risks associated with the substance: health, legal, financial, social, etc.</td>
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<td>4. Describes lower-risk drinking guidelines</td>
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<td>5. Promotes personal responsibility/choice</td>
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<td>6. Provides advice related to limits of consumption: maintain, reduce, abstain</td>
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<td>7. Provides a menu or variety of change options</td>
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<td>8. Utilizes importance/readiness/confidence rulers, decisional balance, pros/cons</td>
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<td>9. Helps patient set goals/develop a plan of action</td>
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<td>10. Provides take-home/resource materials</td>
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<td>11. Informs patient about additional BIs/OTs and makes appointment, if applicable</td>
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**MI Spirit/Style**

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<td>12. Avoids lecturing, warning, convincing - asks permission to educate, suggest or advise</td>
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<td>13. Expresses empathy</td>
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<td>14. Reduces resistance</td>
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<td>15. Supports self-efficacy</td>
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<td>16. Utilizes open-ended questions</td>
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<td>17. Utilizes affirmations</td>
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<td>18. Utilizes reflective listening</td>
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<td>19. Generates change talk</td>
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<td>20. Closes with a summary of the conversation</td>
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**Comments**
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

- Medical Students & Residents: N=103
- Dental Students & Residents: N=155
- Nursing Students: N=251
- Dental Hygiene & MA Students: N=54
- Pharmacy Students: N=177
Task specific self-efficacy: Dental Hygiene

Pre-training          Post-training

Screening            2.21            3.09
Brief Intervention    2.5             2.9
Using MI skills       2.3             2.75
Task specific self-efficacy: Pharmacy

- Screening: Pre-training 2.2, Post-training 3.02
- Brief Intervention: Pre-training 2.26, Post-training 3.0
- Using MI skills: Pre-training 2.53, Post-training 3.07
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?
“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.”

“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.”
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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