Arctic SBIRT Training, 2013-2017
Executive Summary

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www.aaa.alaska.edu/research/institute-social-economic-research/sbirt
Executive Summary

In the fall of 2013, the UAA Center for Behavioral Health Research and Services (CBHRS) was awarded a three year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to prepare Alaska’s workforce to provide early identification and intervention for substance misuse through the use of screening, brief intervention, and referral to treatment (SBIRT).

Objectives

1. Adapt and implement SAMHSA’s SBIRT curriculum within programs in the School of Nursing, School of Social Work, and the Department of Psychology, and the Alaska Family Medicine Residency;
2. Increase collaboration among campus partners around SBIRT learning and program integration;
3. Assure students are provided with SBIRT education that is relevant to their discipline and also rural tailoring and culturally and linguistically appropriate;
4. Disseminate SBIRT education to expand the reach of SBIRT to a broader number of disciplines;
5. Disseminate SBIRT-related stories to increase adoption of SBIRT in clinical settings;
6. Establish institutional policies to sustain the inclusion of the SBIRT curriculum as a component of graduation requirements.

Partners

• University of Alaska Anchorage
  o College of Health
    Interprofessional Health Sciences Simulation Center
  o Department of Psychology
  o School of Nursing
  o School of Social Work
• Alaska Family Medicine Residency
  (Providence Alaska Family Medicine Center)
• State of Alaska Division of Behavioral Health
• Yukon-Kuskokwim Health Corporation Sobering Center
• State of Alaska Public Health Nursing
• Consultant: Dr. Jason Satterfield, University of California San Francisco

Students Reached

The estimated total unique number of students or residents reached overall and by discipline during the implementation period is shown below. The implementation period ran from Spring semester 2014 through Fall semester 2016.

Table 1 Number of students reached over all and in each discipline

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Program(s)</th>
<th>Students reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>AAS/BS/MS</td>
<td>511</td>
</tr>
<tr>
<td>Psychology</td>
<td>MS/PhD</td>
<td>53</td>
</tr>
<tr>
<td>Social Work</td>
<td>BSW/MSW</td>
<td>112</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Residency</td>
<td>33</td>
</tr>
</tbody>
</table>

Nine semesters (Spring 2014-Fall 2016)

Four target disciplines: 709 estimated unique individual student/residents reached

Some students received SBIRT on multiple occasions in different courses. This number was calculated after removing obvious duplicates.
Implementation
Faculty were provided with the standard SAMHSA curriculum in Fall of 2013. In response to requests from faculty, training and additional technical assistance in delivering the curriculum were offered to faculty in the summer of 2014, and fall of 2015 and 2016. All materials were made available to participating faculty through UAA’s learning management platform, Blackboard. There modified curriculum materials and resources were uploaded and then easily copied to each faculty member’s courses.

Observations of classes to determine fidelity to the original curriculum and subsequent adaptations were made in the first four semesters of the program. In later years, follow-up and communication with faculty were conducted by email and telephone to reduce the burden during class time.

The Family Medicine Residency program and the graduate level courses in each discipline used the Interprofessional Simulation Center to practice SBIRT-based skills using standardized patients and case studies.

*Table 2 Courses with SBIRT content integrated*

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Courses with SBIRT content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>NS 250 Psychiatric Nursing (AAS)</td>
</tr>
<tr>
<td></td>
<td>NS 401 Health Disruptions II (BSN)</td>
</tr>
<tr>
<td></td>
<td>NS 663 Family Nurse Practitioner IV (MS)</td>
</tr>
<tr>
<td></td>
<td>COHI 478/678 Interdisciplinary Explorations of Critical Behavioral Health Issues in AK (Interdisciplinary Elective)</td>
</tr>
<tr>
<td>Psychology</td>
<td>PSY 665 Psychotherapy Practicum (MS)</td>
</tr>
<tr>
<td></td>
<td>PSY 682 Clinical Interventions for Substance Abuse (MS)</td>
</tr>
<tr>
<td></td>
<td>PSY 652 Practicum Placement I (PhD)</td>
</tr>
<tr>
<td></td>
<td>COHI 678 Interdisciplinary Explorations of Critical Behavioral Health Issues in AK (Interdisciplinary Elective)</td>
</tr>
<tr>
<td>Social Work</td>
<td>SWK 440 Social Work Practice in Addictions and Mental Health (BSW)</td>
</tr>
<tr>
<td></td>
<td>SWK 459 Social Work Practicum II (BSW)</td>
</tr>
<tr>
<td></td>
<td>SWK 630 Practice Skills Lab (MSW)</td>
</tr>
<tr>
<td></td>
<td>SWK 633 Direct Practice II (MSW)</td>
</tr>
<tr>
<td></td>
<td>SWK 651 Social Work in Addictions and Mental Health (MSW)</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Psychiatry rotation</td>
</tr>
</tbody>
</table>

Materials and Tools Developed
**Curriculum Infusion Package (CIP) and the SBIRT Roadmap for Faculty.** Feedback from faculty led to the creation of the Curriculum Infusion Package (CIP) to assist faculty with little to no prior experience with SBIRT to integrate materials into their courses. It consists of three modules based on the time available for teaching SBIRT (60, 90, and 120 minutes) plus reading and audiovisual materials, quizzes, and suggested assignments. The *SBIRT Roadmap for Faculty* is a companion to the CIP that can be used by faculty who wish to customize their delivery of the SBIRT curriculum. It is an Excel spreadsheet comprised of five tabs, one for each of the original SAMHSA sessions. Each tab has a list of learning objectives and materials and resources that
address those objectives. The CIP and the Roadmap have been uploaded to Blackboard, to Google Drive, and to Office 365.

**Case Studies.** Case studies were developed to represent the types of clients/patients or situations health care providers in Alaska were likely to encounter. Six case studies per discipline were developed and tested by faculty in their classrooms or in the Simulation Center, and adjustments were made where necessary. See Appendix 2 for a list of these case studies.

**SBIRT Student Algorithm.** We developed a one-page color-coded guide, the *SBIRT Student Algorithm*, that provides phrases and directions for students to conduct SBIRT in their role plays and in the Simulation Center. Also included is a copy of the AUDIT US screening tool, standard drink size guide, a readiness ruler, and an alcohol use pyramid, all key items used to engage a patient or client in discussion. This tool was then made available to students in their classes and in the Simulation Center, and incorporated into the CIP.

**Skills Demonstration Videos.** We worked with UAA’s Academic Innovations and eLearning and the Simulation Center to create seven skills demonstration videos. Nursing, psychology, and social work each had two videos demonstrating skills and context specific to that profession. The seventh video was interdisciplinary, demonstrating each profession’s potential role in the SBIRT process from screening to brief intervention to receiving a referral for treatment. These videos are available on the Arctic SBIRT Training YouTube channel ([www.youtube.com/channel/UCKLAaQFCj4aSqRoRDx-Nheqg](http://www.youtube.com/channel/UCKLAaQFCj4aSqRoRDx-Nheqg)).

**Outcome Evaluation**

**Student knowledge of SBIRT.** All disciplines demonstrated a significant increase in knowledge. Medical residents had the highest levels of knowledge before SBIRT training but also experienced the greatest increase after SBIRT training. Nursing students demonstrated the smallest increase in knowledge after training.

![Student knowledge of SBIRT increased](image)

*Figure 1* Student knowledge of SBIRT increased
Student confidence to use SBIRT. Trainees in all disciplines demonstrated a large and significant increase in confidence to use SBIRT skills for both alcohol and drugs. Medical residents had the lowest levels of confidence before SBIRT training but experienced the greatest increases after SBIRT training.

![Figure 2 Student confidence to use SBIRT increased](image)

Student Perception of Responsibility to Use SBIRT in their Practice. Small and in some cases non-significant changes in perceived responsibility to use SBIRT for alcohol and drugs were found across disciplines. Trainees endorsed high levels of responsibility to use SBIRT at baseline which left little room for improvement.

![Figure 3 Student perception of responsibility to use SBIRT made small increases](image)
Student satisfaction with SBIRT training. Trainees indicated reasonably high levels of satisfaction with SBIRT training.

![Bar chart showing student satisfaction with SBIRT training](chart.png)

Figure 4 Students reported high satisfaction with SBIRT training

Potential for Sustaining Training in SBIRT at UAA

1. The standard SAMHSA curriculum has been adapted to better fit the needs of faculty with a Curriculum Infusion Package that can be easily integrated into existing courses by faculty with little to no prior experience teaching SBIRT, as well as an SBIRT Roadmap for Faculty who wish to identify and use their own materials and resources to train the students in the SBIRT process.

2. Department chairs and faculty champions are invested in continuing SBIRT training in their programs and are actively pursuing mechanisms to support this.

Threats to Sustainability of Training in SBIRT at UAA

1. Program-level funding for the continued use of standardized patients in the Simulation Center needs to be identified and pursued.

2. Faculty are not required to train students in the SBIRT process as a permanent part of their courses, which may result in its extinction in the face of competing demands and/or faculty turnover.

3. In many of these programs, students are provided learning opportunities centered around what they will need to know when they enter their professional practice. While students consistently indicated they viewed SBIRT as part of their professional role and responsibility immediately following their SBIRT training in their courses, post-graduation surveys indicate a reduction in this perceived responsibility once they were in the workforce. Therefore weak adoption of SBIRT in practicum and practice settings may challenge the need to require it in the targeted programs.

Next Steps

- Identify and meet with key leaders such as the Dean of the College of Health, the Chair of the Department of Psychology, and the incoming Director of the School of Social Work to present a summary of program outcomes and challenges to sustainability.

- Explore a sustainable funding stream for the use of standardized patients at the Simulation Center with UAA leadership.

- Emphasize the alignment of SBIRT training with UAA’s workforce development goal to prepare students to meet the needs of diverse communities and improve health outcomes in future meetings with university leadership and stakeholders.
• Develop and implement a process for ensuring new faculty are introduced to SBIRT and the teaching resources available, such as the Curriculum Infusion Package.

• Develop and implement a system to ensure that students who are SBIRT-trained will be applying those skills in field and practicum sites by aiming to place them in clinics or agencies that have already implemented SBIRT.

• Provide opportunities for graduate students to formally evaluate SBIRT training and education in their programs as part of a course project or future assistantship.

• Faculty champions will continue to promote the value of SBIRT training for their program’s students and engage their fellow faculty to consider integrating all or part of the SBIRT curriculum into their courses.

• Faculty proficient in or with experience of teaching SBIRT should consider a role in training other faculty members.