Training Health Care Practitioners for Texas and Georgia SBIRT: Standardized Patient and Expert Coaching Models

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Health Behavior Research and Training Institute

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Members of the HBRT team are engaged in a variety of federally funded research and training projects, ranging from randomized controlled trials testing behavioral interventions to the training of medical practitioners in use of brief interventions in various clinical settings.

Project TIP: Brief Motivational Intervention to Reduce Drug Use (NIDA RO1)

CHOICES *Plus*: Preconception Approach to Reducing Alcohol and Tobacco-Exposed Pregnancy (CDC)

Multidisciplinary Approach to Reduce Injury and Alcohol Use (NIAAA; Field)

Motivational Interviewing: Project Choices Sustainability (SAMHSA FASD Center for Excellence)

Residency Screening, Brief Intervention and Referral to Treatment: Southeastern Consortium (SAMSHA; Seale)

SBIRT Training and Coaching for Texas and Georgia

Training, implementation, coaching and evaluation efforts for the Texas and Georgia SBIRT programs, two Targeted Capacity Expansion Grants funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Skill acquisition and maintaining fidelity requires ongoing monitoring and performance feedback in addition to initial training (Fixsen, Naoom, Blase, Friedman, Wallace, 2005; Levine, 2004; Miller).

Texas SBIRT (InSight)

- 5-year $17.5 million dollar grant to the Texas Department of State Health Services, implemented in the Harris County Hospital District the fourth largest public healthcare system in the country.
- 9 HCHD sites in Houston, Texas, including Ben Taub and Lyndon Baines Johnson General Hospitals, 4 community health clinics, and 3 school-based clinics.
- Over 79,500 patients were screened and served over a four-year period.
- InSight services resulted in significant reductions in both reported days of heavy drinking and days of drug use as well as significant cost savings

Georgia SBIRT (GA Basics)

- Georgia SBIRT program is an ongoing five-year $12.5 million grant from SAMHSA to the GA Department of Behavioral Health and Developmental Disabilities.
- Serves the state's two largest medical centers, Grady Health Systems and the Medical Center of Central Georgia.
- Focused in the emergency departments and also includes but affiliated urgent care clinics, primary care clinics, psychiatric services, and trauma services.
- 100,000 patients per year screened
- Health education specialists conduct SBIRT services with more than 15,000 patients per year.

Texas and Georgia SBIRT Services

- General healthcare staff and specially-trained multidisciplinary teams screened and deliver interventions
- Patients who screened positive on a three-question screen received a Brief Intervention (BI).
- Need for further services assessed using the AUDIT and DAST-10 in Texas and the ASSIST in Georgia.
- Further services included 1 to 4 additional BI sessions and up to 12 additional "Brief Treatment" (BT) follow-up sessions or Referral to Treatment (RT).

Brief Intervention (BI)

- BI sessions incorporated motivational interviewing (MI), a patient-centered approach that facilitates behavior change by drawing on the patient's internal resources as well as the healthcare provider's expertise.
- Sessions typically lasted 10 to 15 minutes and included 4 main components:
  - establishing rapport
  - raising the subject of concern about alcohol or drug consumption
  - providing feedback on the patient's drinking or drug use levels and the effects of alcohol or drug misuse
  - using MI to enhance motivation to change drinking or drug use behaviors.

Brief Treatment (BT)

- BT was a 4-12 session intensified intervention adapted from *Group Treatment: A Stages of Change Therapy Manual (Velasquez, Maurer , Crouch and DiClemente, 2001).*
- This manualized intervention incorporated MI as well as a focus on the processes of change identified in the transtheoretical model (i.e., consciousness raising, relapse prevention, temptation and confidence feedback).
- As part of the BT process, the Specialist and client reviewed together and selected which of the supplemental sessions 4-12 would be most important to focus on to address the client's particular needs and situation.

Specialists

- 25 Specialists in Texas:
  - 9 master's level social workers,
  - 10 nurses,
  - 5 master's level counselors,
  - 1 licensed chemical dependency counselor.
- 22 Specialists in Georgia
  - 9 master's level counselors,
  - 1 master's level public health practitioner,
  - 9 bachelor's level social work, sociology, psychology, public health or health and human services practitioners,
  - 2 nurses,
  - 1 physician
- Only Specialists with master's level (or above) training in mental health provided BT sessions.

Specialist Training Model

All Specialists received:

- An initial two-day introductory workshop
- 1 to 2 coaching/feedback sessions per month with expert coach
- A half-day of intensive Standardized Patient training
- 1 to 2 days of booster training
- Quarterly in-service continuing education sessions

Standardized Patient Training

- Commonly used in medical education, SPs are trained actors who portray patients who discuss specific symptoms while being interviewed by medical students, residents.
- In the SBIRT programs, SP actors were trained to depict patients who drank at risk levels or used other drugs in case scenarios involving issues that Specialists would often encounter in typical patients in medical settings.
- Trainees moved through 4 to 6 mock sessions that were video-taped and observed on a video monitor by an expert MI coach whose real time observations, protocol checklists and MITI codes were used to provide feedback immediately after each interaction.
- This sequenced process allowed the Specialist to incorporate feedback and apply it in the subsequent mock sessions.

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***Case 3:* Maria Gonzales**

You are a 37 year old clothing worker who suffers from chronic headaches and stomach pain. Your doctor has told you have 'acid problems' in your stomach and tension headaches. You were seen for follow up, and referred to the specialist because of your drinking. You have a 10th grade education, work long hours in a clothing factory, and live with your 3 children and mother, who watches them for you. The father of your children left 3 years ago.

Tobacco: You used to smoke half a pack per day during your twenties but quit when pregnant with your second child.

Alcohol: You report drinking 5-6 drinks per week, typically, and you say you usually have 2-3 beers a couple of times per week, but occasionally you have 8-9 beers if you get a chance to go out. You can drink at least 4 beers without feeling much effect (tolerance), but you've never had any withdrawal symptoms.

Drugs: No current or previous illegal use of prescription drug abuse.

Readiness to Change: You have not ever considered cutting back or stopping drinking. Your mother and sister nag you about quitting drinking and this annoys you. So, if asked if you would cut back or stop, you say yes, in a very compliant tone (hoping to get to leave the office sooner). But if asked to go to AA you refuse. You listen to information about the risks of alcohol use related to your health problems in a compliant way. If you weigh the pros and cons of drinking during the session, you will indicate that you realize that drinking is riskier and affecting you more than you thought about before and you leave in a state of preparation for change, and are willing to accept referrals or come back for another appointment.

Analyses:
Standardized Patient Training (SP)

- 47 Specialists completed SP Training at the two sites
- Video- taped recordings for 20 randomly selected SP trainees (TX=10; GA=10) were coded by an expert external coder (RAND) using the MITI-3 coding system.
- MITI codes from four sessions in Texas and four sessions in Georgia were used in the analyses, for a total of 80 coded sessions.
- The coder was blind to the order of the sessions for each trainee.
- The sessions were approximately 15 minutes in duration ranging from 9 minutes to 19 minutes.

Results:
Standardized Patient Training (SP)

Global Scores by Standardized Patient Sessions (n=20)

Session	1	2	3	4
	Mean (SD)	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**
Evocation	4.26 (.562)	4.45(.605)	4.40 (.681)	**4.79 (.419)[a]**
Collaboration	4.21 (.855)	4.10 (.912)	**4.45 (.759)[b]**	**4.53 (.513)[c]**
Autonomy/Support	4.26 (.806)	4.25 (.967)	4.35 (.745)	4.47 (.772)
Direction	4.47 (.772)	4.60 (.598)	4.75 (.440)	**4.79 (.419)[d]**
Empathy	4.11 (.567)	4.25 (.639)	4.40 (.528)	**4.47 (.772)[e]**

[a] session 1 compared to 4 ($p=.004$), session 2 compared to 4 ($p=.030$), session 3 compared to 4 ($p=.042$);
[b] session 2 compared to session 3 ($p=.031$);
[c] session 2 compared to session 4 ($p=.003$);
[d] session 1 compared to session 4 ($p=.030$);
[e] session 1 compared to session 4 ($p<.029$).

Results:
Standardized Patient Training (SP)

MITI Composites by Standardized Patient Session (n=20)

Session	1	2	3	4
	Mean (SD)	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**
Spirit	4.246 (.554)	4.267 (.722)	4.400 (.645)	**4.597 (.554)**[a]
% Complex Reflections	0.344 (.143)	0.402 (.238)	0.363 (.143)	0.420 (.172)
% Open Questions	0.497 (.120)	0.528 (.167)	0.518 (.154)	0.513 (.143)
% MI Adherent Speech	0.952 (.083)	0.943 (.094)	**0.974 (.062)**[a]	0.980 (.048)

[a] session 1 compared to 4 (p=.015), session 2 compared to 4 (p=.008);
[b] session 2 compared to session 3 (p=.035).

Specialist Coaching

- On-going support from highly skilled MI Coaches.
- Sessions were audio recorded and uploaded to the secure website at the Health Behavior Research and Training (HBRT) Institute at the University of Texas.
- Coaches met with Specialists once or twice monthly to:
  - discuss cases,
  - practice using role-plays,
  - provide feedback from audiotape review
- The Specialists proficiency with MI skills was evaluated quarterly by the Coaching team using several criteria including the "Motivational Interviewing Treatment Integrity Skill Coding System (MITI)."

Ongoing Monitoring of Competency

- Monthly consultation calls with training director were provided for the coaches as well as ongoing consultation as needed.
- Specialists' scores on the Coaching Quarterly Report were averaged and summarized, and an Overall Competency Rating of 1-7 was assigned.
- Specialists whose Overall Competence Rating was below acceptable levels were provided with intensified coaching. Within 3 months of hire, an Overall Rating of 2 was expected; after the next quarterly report, a Rating of 3 was expected.
- Specialists who successfully completed the training and coaching process were provided with a certificate of completion of training and coaching.

Coaches' Quarterly Report

Date ___________

Specialist ______________________ Coach ____________________

1. Session Checklist Average _________
2. MI Spirit Average _________
3. MI Empathy Average _________
4. Average of MITI Behavior Counts
   - Ratio of Reflections to Questions (1:1 minimal competence) ________
   - % Open Questions of all Questions (50% minimal competence) ________ [OQ/{OQ+CQ}]
   - % MI Adherent (90% MI-A minimal competence) ________ [MiA/ (MiA+MiNa)]
5. MI Scale Average _________

Overall Rating (circle one):

Red-lined		Needs Improvement			Acceptable		Proficient
0	1	2	3	4	5	6	7

<u>Comments:</u>

# of Tapes Turned in _______ # of tapes used for ratings _______

# of Taping Agreement Forms: Agreed _____ Declined _____ Total _____

Analyses:
Coaching Quarterly Reports

- 148 quarterly reports examined for trainees who had received at least 12 months of coaching. 37 trainees (TX=17; GA=20) included in these analyses.

- Global MITI ratings: spirit (a composite of autonomy/support, collaboration, and evocation average scores), and empathy.

- The analyses for the MITI global ratings were run separately for TX and GA because after TX, a newer version of the MITI was developed (MITI-3) in which global scores range from 1-5 rather than 1-7, and a global score for "direction" was added.

- The analyses of MI behavior ratios (reflections /questions; open questions / total questions; MI adherent / MI adherent + MI non–adherent) and an overall competency rating were combined for Texas and Georgia.

Global ratings, spirit (TX $p=.026$; GA $p=.002$) and empathy (TX $p=.012$; GA $p=.001$), improved during the 4 quarters.

In addition, all MITI behavior ratios for both sites showed significant improvement over the 4 quarters ($p<.05$).

Conclusions

- Significant improvement in MI in both the standardized patient half-day activity and the longitudinal coaching sessions held 1-2 times monthly for 12 months
- Adds to previous findings by Miller et al, 2004 indicating that progressive feedback and coaching enhance skill development.
- Notable that Global ratings, including skills that are difficult to teach such as spirit and empathy, improved significantly over the 12 months, as did the behavior count ratings.
- Supports evidence found by Parish, et al., (2006) for the use of standardized patients with immediate feedback as a means of improving skills in working with substance abuse.

Conclusion

- Although it takes effort and investment to train providers and implement coaching and peer training plans, results suggest that efforts are feasible and worthwhile.

- Limitations:
  - ot designed as a research study with a control group or set timeline for implementation. Components were introduced at varying times at the sites

  - Not designed to determine the ideal length of intensive coaching (twice monthly) compared with less intensive coaching (once monthly).