

Integrating Adolescent Substance Use Screening, Brief Intervention, and Referral to Treatment in Health Professions Education

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Presenters



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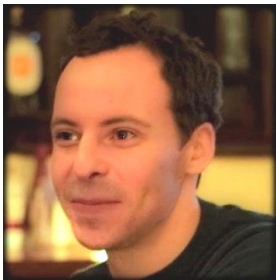
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Partners:



COUNCIL ON SOCIAL WORK EDUCATION



Recommendations and guidelines on adolescent screening and brief intervention

- Endorsed by leading professional associations/government agencies:
 - American Academy of Pediatrics (AAP)
 - American Medical Association (AMA)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Center for Medicare and Medicaid Services (CMS)
 - National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- Slow uptake among health professionals.
 - Fewer than 50% AAP-affiliated providers systematically screen adolescents.
- Health professional education efforts have been slow but growing.
 - Support from federal agencies to educate pre-service professionals and the existing workforce is necessary but insufficient.
 - Need mechanisms for bringing education to scale.

Common barriers in educational settings

- ❑ Lack of time to add “something else” to the curriculum.
- ❑ Not required to teach substance use education, not an accreditation standard.
- ❑ Lack of awareness, skills, and knowledge about substance use prevention/early intervention and SBI.
- ❑ Don't know where to start, what to include, what educational resources and teaching materials are available.
- ❑ Not sure where the education fits – Separate course vs. woven throughout multiple courses, addiction specific vs. more general course, elective vs. required course?
- ❑ Lack of engaging, visual learning opportunities to supplement lecture/didactic content.

Aims of the Project

- **Engage** the leading national associations, experts, practitioners, students, researchers, and accrediting organizations for schools of social work and nursing.
- Develop and sustain adolescent **SBIRT learning collaborative** of schools of social work and nursing.
 - Fostering partnerships, collaboration, technical support, and sharing lessons learned.
- Develop, implement, and evaluate adolescent SBIRT curricula with Instructor's Toolkit and Kognito **interactive virtual patient simulations** for nursing and social work students.
- Offer **Stipends and TA** to support integration activities and sustainable practice over time.

Integrating Adolescent SBIRT into Social Work and Nursing Education Project

ABOUT ▾ PARTNERS ▾ CALENDAR LEARNING COLLABORATIVE ▾ STEERING COMMITTEE RESOURCES ▾

ADOLESCENT SBIRT

Screening, Brief Intervention & Referral to Treatment

Integrating Adolescent SBIRT Throughout Social Work & Nursing School Education

NORC at the University of Chicago has partnered with the Council on Social Work Education (CSWE), the Center for Clinical Social Work (CCSW), the American Association of Colleges of Nursing (AACN), and Kognito to engage nursing and social work schools, and their accrediting bodies, in a learning collaborative to develop and evaluate interactive, competency-based substance use screening, brief intervention, and referral to treatment (SBIRT) curriculum.

This project is funded by a grant from the Conrad N. Hilton Foundation and is focused on encouraging the adoption of SBIRT by social work and nursing educators. The learning collaborative will work to infuse this curriculum in general survey, clinical, behavioral health, and maternal and child health coursework, not just specialty courses in undergraduate and graduate social work and nursing schools.

The project involves multiple steps to develop a model curriculum that will be used by faculty and students:

- Engage the leading national associations and accrediting organizations for social work and nursing schools, CSWE and AACN, which will work with the team's experts and with leading schools to develop, test and disseminate adolescent SBIRT curricula.
- Create a learning collaborative process by leveraging a pre-existing consortium of 18 nursing schools and 6 social work schools.

- Conrad N. Hilton Foundation
- Oct 2014–Sept 2017
- Steering Committee
 - 30+ SMEs, nursing and social work educators and practitioners, professional associations, BH orgs, researchers, and others
- Learning Collaborative
 - 70+ schools
 - 150+ educators, field placement supervisors, preceptors, practitioners
- Technology Partner – Kognito
- Website: sbirt.webs.com
- Join Us: SBIRTeam@norc.org

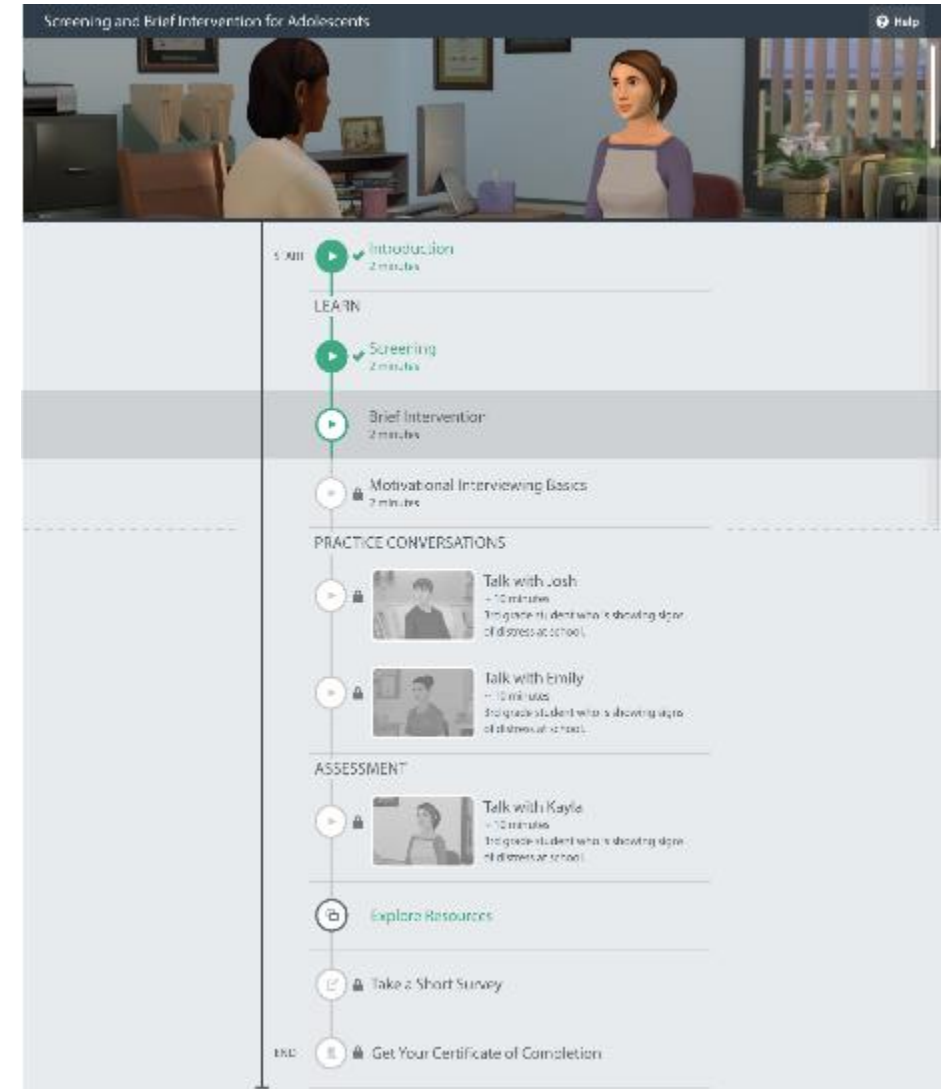
Virtual patient simulation

Iterative development of simulations with the Adolescent SBIRT Learning Collaborative and SMEs.

Learn: Engaging activities on SBIRT process and skills (screening, risk levels, Brief Negotiated Interview, MI).

Practice: Simulated conversations with realistic, emotionally-responsive virtual adolescents; choose your avatar. Coach feedback; patient inner thoughts; patient engagement meter.

Assess: Dashboard with scoring and feedback for learners and instructors.



The screenshot displays a virtual patient simulation interface. At the top, a video window shows a simulated conversation between a healthcare provider and a virtual adolescent patient in a clinical setting. Below the video is a progress dashboard with the following sections:

- START:** Introduction (2 minutes) - completed.
- LEARN:** Screening (2 minutes) - completed.
- Brief Intervention:** (2 minutes) - locked.
- Motivational Interviewing Basics:** (2 min. rec) - locked.
- PRACTICE CONVERSATIONS:**
 - Talk with Josh (10 minutes) - 8th grade student who is showing signs of distress at school - locked.
 - Talk with Emily (10 minutes) - 8th grade student who is showing signs of distress at school - locked.
- ASSESSMENT:**
 - Talk with Kayle (10 minutes) - 8th grade student who is showing signs of distress at school - locked.
- Explore Resources** - icon.
- Take a Short Survey** - icon.
- END:** Get Your Certificate of Completion - icon.

Practice Conversations



Josh

- Setting: Hospital ED
- Condition: ankle ligament injury
- Remarks: jumped off roof into hot tub; was at party
- Screening results: High-risk/weekly use alcohol



Emily

- Setting: School nurse/social worker office
- Condition: decreased attention
- Remarks: referred by teacher; distracted in class
- Screening results: High-risk/weekly use marijuana

Assessment Conversation



Kayla

- Setting: Primary care
- Condition: Annual well visit
- Remarks: None
- Screening results: Moderate risk/weekly use alcohol

Assessment features

- Total score
- BI adherence score
- MI adherence score
- No undo button
- No coach feedback
- No inner thoughts

Feedback & Analytics

Performance Dashboard Get Certificate PDF X

John Appleseed

Overall Performance

Your Score

88
POINTS

Great!
You did well with this brief intervention.

Out of 100

Your Peers' Score

90
POINTS

Out of 100

MI Style ?

0 ————— 5

Your Peers: 3 You: 4

Kayla's Engagement ?

LOW MEDIUM HIGH

You: MEDIUM

Your Peers: HIGH

COMMENTS: You did a great job with this section. There were a few options you could have selected to earn more points.

17
POINTS
Out of 21

Elicit Pros and Cons

- Elicit pros ✓
- Elicit cons ⚠
- Summarize ✓

COMMENTS: While you did explore what Kayla likes less about drinking, you should have spent more time on this subject.

12
POINTS
Out of 17

Provide Feedback

- Ask permission to share information ✗
- Provide salient info ✓
- Elicit response ✓

COMMENTS: It's best to ask permission before providing feedback...

17
POINTS
Out of 17

Assess Readiness

- Ask about readiness ✓
- Make recommendation for abstinence ✓
- Ask, why not less? or What would have to change? ✓

18

Negotiate an Action Plan

Benefits of Virtual Humans

- Safe to experiment
- Increase in engagement
- Decrease in transference reactions
- Decrease in social evaluative threat
- Cost-effective

- Personalization of experience
- Reduce costs of updates
- “Choose your Avatar” option

**Three Kognito simulations listed on SAMHSA
National Registry of Evidence-Based Programs
& Practice (NREPP)**



Demo

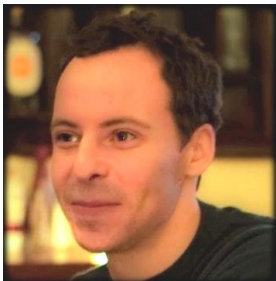
Thank you



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