Integrating Adolescent SBIRT Throughout Social Work and Nursing Education

December 2016
Welcome

- Presentation will be recorded
- A copy of the recording will be sent after the presentation
- Attendees are in listen-only mode
- Please submit questions on the right side of your screen
- Connect with us!

@kognito
Overview

• Introduction and Acknowledgments
• Overview of the “Integrating Adolescent SBIRT in Social Work and Nursing Education” Project
• CSWE-NORC Partnership
• Three Programs Experiences in Social Work and Inter-professional Education
• Interactive Platform as a Learning Tool
• Learn More & Join Us
• Q & A
Integrating Adolescent SBIRT Throughout Social Work and Nursing Education

Today’s Panel

Andrea Bediako, MPA
Associate Director, Education Initiatives and Research
Council on Social Work Education

Valire Copeland, PhD
Associate Dean of Academic Affairs & Associate Professor
School of Social Work, University of Pittsburgh

Shannon Mayeda, PhD
Clinical Associate Professor
School of Social Work, University of Southern California

Stella Resko, PhD
Assistant Professor & C.A.D.A.S. Coordinator
School of Social Work, Wayne State University

Cyrille Adam, EdM
Senior Director, Health Programs
Kognito
Acknowledgements

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Council on Social Work Education

American Association of Colleges of Nursing

Center for Clinical Social Work

NORC at the University of Chicago

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Institute for Research, Education, & Training in Addictions
Overall Aims of the Adolescent SBIRT Education Project

• **Engage** the leading national associations, experts, practitioners, students, researchers, and accrediting organizations for schools of nursing and social work.

• Develop, implement, and evaluate adolescent SBIRT curricula with Instructor’s Toolkit and *Kognito interactive virtual patient/client simulations* for nursing and social work students.

• Offer **Technical Assistance** to support integration activities and sustainable practice over time.

• Develop and sustain adolescent **SBIRT learning collaborative** of schools of nursing and social work.

• Fostering partnerships, collaboration, technical support, and sharing lessons learned.
Why is SBIRT Important

• Public health importance
• Generalist practice
• Expanded insurance coverage for substance use services
NORC Adolescent SBIRT Project

- Adolescent Substance Abuse Screening, Brief Intervention and Treatment (SBIRT) Throughout Social Work and Nursing School Education
- 3 year project – aimed at developing and evaluating curricula for undergraduate and graduate students
- Learning Collaborative
Discussion Topics

• What we did
• Results
• Buy-In from faculty
• Buy-in from students
• Student Feedback and Experiences (traditional and non-traditional students)
• Strategies for integrating SBIRT into curriculum.
• Positive and negative experiences with SBIRT.
• Lack of faculty expertise (other barriers for SBIRT)
• Dispel myths of what social work does – Increase social work identity in integrated care settings.
Integrating Adolescent SBIRT Throughout Social Work and Nursing Education

Valire Copeland, PhD
Associate Dean of Academic Affairs & Associate Professor
School of Social Work, University of Pittsburgh

University of Pittsburgh
School of Social Work
Skepticism of Using New Methods

- Lack of Preparation and Training
- Inadequate Knowledge of Method
- Knowledge of teaching new Method
- How will it be done
- Time to learn new material
- 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.
- Some adjunct/part-time faculty needed more support/training than others
- The Use of Kognito
Issues with Adding SBIRT to the Curriculum

- 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 time to add “something else” to the curriculum.
- “My course is already full”
- Uploading materials to BOX for access by all
- Avoiding duplication, building content and skills over time
- Develop a Phased-In Plan
- Foundation vs Advanced Classes
- Including Branch Campuses
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Interprofessional Education

- Joint training with students in Nursing, Dental Hygiene, and Social Work
- Working group on Interprofessional Education and training (Medicine, Nursing, Public Health, HRS, Pharmacy, Dental, Social Work)
- Interprofessional student conferences
- National Center for Interprofessional Training and Education
- Cross-Campus Collaborations with Health Sciences Programs
Field Instructor Training N=474

- Half Day Continuing Education Program (Practitioners and Staff working in Field placement sites trained in SBIRT)
- Field Instructor Orientation
- Field Instructor Seminars
- Field Instructor Training
- Receptive to training
- Remote Training
Kognito Simulation Usage Statistics

Date:
- 5-Feb
- 5-Mar
- 5-Apr
- 5-May
- 5-Jun
- 5-Jul
- 5-Aug
- 5-Sep
- 5-Oct
- 5-Nov
- 5-Dec

Number of Users:
- 0
- 20
- 40
- 60
- 80
- 100
- 120

Usage pattern shows an increase in usage starting from 5-Nov and peaking around 5-Dec.
Kognito Simulation Usage Statistics
Wayne State University’s Experience

- **Substance Use Courses:** Elective (BSW/MSW) & Advanced Clinical Practice (MSW), and independent studies.
  - Faculty in these areas were more receptive

- **Course Assignment:** Complete the Simulation and Brief Questionnaire
- Included closed ended questions as well as open ended reflection questions
  - Example: What they took away from the exercise, how the training might influence their practice, and how might the training be more helpful.

- Asked students if we can contact them to participate in qualitative study (research incentives)
Wayne State University’s Experience

- **Substance Use Faculty:**
  - Not all faculty teaching substance use were familiar with SBIRT
    - Part-time instructors with backgrounds in treatment
  - Meeting with each faculty member individually helped us build faculty support
    - Provided an opportunity for instructors to ask general SBIRT questions and questions about the simulation
Wayne State University’s Experience

- **Generalist Practice Courses**: BSW & foundation year MSW
- Lead Teacher/Instructors: “It’s important, but we don’t have time.”
  - Instructors did not have backgrounds in substance use
  - Similar feedback from DSM/Assessment Course Instructors (2 credit course required by all clinical MSW students)

- **Extra Credit**: Complete the simulation and Brief Questionnaire
  - Introduced the project via email and in meeting for instructors.
  - Did not meet individually with each instructor
Wayne State: Winter 2016 Term

• Overall response was positive:
  - Liked that it wasn’t passive viewing; students engaged in the process
  - Saving your place and completing the training another time is helpful
  Felt the client simulations could be used in class for instructor-led exercise or assignment completed by students outside of the class

• General Concerns
  - Access to simulation is short-term
  - Time
Wayne State: Instructor Feedback

- **Areas for improvement:**
  - Some instructors wanted to assign portions of the simulation and the ability to skip ahead to different sections.
  - Additional scenarios—including more situations relevant to teens in poor urban communities.
  - Greater diversity of the social workers and adolescents in the simulations—African Americans.
  - Some substance use instructors felt the intro to SBIRT was not needed since that content was covered in class.
Wayne State: Student Feedback

- **Evaluation assessing:**
  - Students’ knowledge, skills, and abilities (Objective 1) and our implementation of the SBIRT curriculum (Objective 2).

- **Post-test only design**

- **Web-based survey** (Qualtrics)
  - Most questions were closed ended questions
  - Some open ended reflection questions

- **Private, moderated discussion boards (Blackboard)**
  - Example: Cole and colleagues (2014)
  - One board for instructors and one for students
Kognito simulations prepare people to effectively lead real-life conversations that drive measurable improvements in social, emotional, and physical health.

Our simulations allow individuals to engage in role-play conversations with emotionally-responsive virtual humans.

This approach combines the science of learning, the art of conversation, and the power of gaming technology.
Kognito’s Behavior Change Model

Integrates several evidence-based models, tactics, game mechanics, and learning principles that are integral to structuring conversations that lead to measurable change.

**Key models and tactics**
- Motivational interviewing
- Shared decision-making
- Mentalizing
- Emotional self-regulation
- Empathy / empathic accuracy
- Reappraisal strategy

**Key learning principles**
- Hands-on-practice
- Contextual learning
- Personalized feedback
- Storytelling
- Case-based approach
Development Process

**DESIGN**
- Needs Analysis
- User Analysis
- Technical Spec
- Focus Group
- Design Plan
- Content Analysis
- Virtual Humans
- User Stories
- Storyboard
- Focus Group

**DEVELOPMENT**
- Scripting
- Focus group/role-plays
- Narration
- UX design
- Virtual Human Design
- Personalized Feedback
- Analytics/Dashboard
- User Testing
- QA/beta Testing
- Integration to Knet™/API

**DELIVERY**
- Hosting
- Technical support
- Maintenance
- Integration with Client Systems/Platforms

**ANALYTICS**
- Tracking of User Behaviors
- Analyze User In-Sim Behavior with Dashboard to Client
- Collect Survey Feedback
- Provide Client Reports

Use of Subject Matter Experts
SBI with ADOLESCENTS

CE credits: 2.0 NASW, 2.0 ANCC CNE, 2.0 CME AMA PRA Category 1 Credits
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SBI with Adolescents

Introduction
3 minutes
Learn how screening, brief intervention, and referral to treatment can help prevent and reduce adolescent substance use.

Screening
7 minutes
Learn about screening using validated measures, and appropriate interventions for different risk levels.

Brief Intervention
11 minutes
Learn the steps of conducting a brief intervention using evidence-based motivational interviewing techniques.

Practice Challenge 1: Josh
15 - 20 minutes
Josh is an adolescent who drinks alcohol on a weekly basis. He presented to the hospital with an ankle injury after jumping off a roof into a hot tub at a party. Your goals are to talk with Josh about what happened, and conduct a brief intervention using motivational interviewing techniques.

Practice Challenge 2: Emily
20 - 25 minutes
Emily is an adolescent who has been using marijuana weekly. Your goals are to talk with Emily about her screening results, conduct a brief intervention, and negotiate an action plan that includes a referral for further support.

Challenge

Assessment Challenge: Kayla
10 - 20 minutes
This conversation will allow you to test your knowledge and skills in conducting brief interventions with adolescents. You will speak with Kayla, an adolescent presenting for her annual well visit. At the end of the conversation, a detailed dashboard will show your score and feedback on how well you followed the brief intervention model and used motivational interviewing techniques.

Score Dashboard
See how well you adhered to the brief intervention model and used a motivational style in your conversation with Kayla.

Additional Materials and Resources
Downloadable materials and links to external resources about screening and brief intervention.

Take Short Survey
Complete a brief questionnaire about this simulation.

Get Your Certificate
Receive your certificate of completion for this simulation.
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 meter
• No inner thoughts
Screening and Learning Goals

- Screening using validated measures
- Appropriate interventions for different risk levels
Screening

- No Risk
- Low Risk
- Moderate Risk
- High Risk

Brief Intervention
Brief Interventions: Learning Goals

- Motivational Interviewing techniques
- Steps in conducting a brief intervention
Brief Interventions: Steps

1. Build Rapport
2. Elicit Pros and Cons
3. Provide Feedback
4. Assess Readiness
5. Negotiate Action Plan
6. Summarize and Thank
Feedback & Analytics

Assessment Challenge: Kayla

Overall Performance

Your Score

Fair

64 POINTS

Out of 100

Motivational Style

1

3

5

Engagement Level

1

2

3

Kayla was engaged in this brief intervention. You could have chosen a more patient-centered, motivational style. By doing this, you could help increase Kayla's readiness to cut back.
Feedback & Analytics

Assessment Challenge: Kayla

Performance By Topic

Build Rapport
10 Points
Out of 17
Ask about life
Ask permission to raise subject
Discuss drinking/drug use
You chose not to ask permission to raise the subject. This would allow you to build rapport.

Elicit Pros and Cons
18 Points
Out of 21
Elicit pros
Elicit cons
Summarize
You did a great job with this step! There were a few options you selected to earn more points.

Provide Feedback
11 Points
Out of 17
Ask permission to share information ✓
Provide relevant info ✓
Elicit response ✗
You chose not to elicit Kayla’s response to the feedback you provided. This would establish a collaborative approach while providing feedback.

Assess Readiness
10 Points
Out of 17
Make recommendation for abstinence ✓
Ask about readiness ✗
Ask why not less? or what would have to change? ✓
You insisted that Kayla try quitting alcohol: “I think quitting would be a good idea. Could you try it out?” This made Kayla defensive, as it does not respect her autonomy to make decisions.
User Feedback

“The most significant part was breaking down the steps in the conversation with Kayla to help her choose to remain drug-free. This is much more effective than being directive.”

“Seeing the effects of therapeutic communication.”

“I liked that if I used the wrong strategies, the patient would react realistically.”

“Very fulfilling use of time.”
Adolescent SBIRT Curriculum

- Learner’s Guide for Instructors
- PowerPoint Slide Decks
- Sample Syllabi
- Sample Evaluation Measures
- Library of SBIRT Education Resources and Practice Tools

All materials available electronically at no cost.

https://sbirt.webs.com/curriculum
SBIRT Technical Assistance

Do you have questions about SBIRT implementation, evaluation, or training?

Schedule a free telephonic TA session:

Tracy McPherson, PhD
SBIRT Training and TA Lead
NORC at the University of Chicago

Email Dr. McPherson at esap1234@gmail.com
Q&A

Andrea Bediako, MPA
Associate Director, Education Initiatives and Research
Council on Social Work
abediako@cswe.org

Valire Copeland, PhD
Associate Dean of Academic Affairs & Associate Professor
School of Social Work, University of Pittsburgh
sswcc@pitt.edu

Stella Resko, PhD
Assistant Professor & C.A.D.A.S. Coordinator
School of Social Work, Wayne State University
stella@wayne.edu

Shannon Mayeda, PhD
Clinical Associate Professor
School of Social Work, University of Southern California
shannond@usc.edu

Cyrille Adam, EdM
Senior Director, Health Programs
Kognito
cyrille@kognito.com