SBIRT Training Across Professions: Advanced Practice Nursing and Social Work

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Transforming the Academic Preparation of Health Professionals: Competency-Based SBIRT Training (UMKC SBIRT)

- SAMHSA SBIRT Health Professions Training grant (September 1, 2013 – July 31, 2016)
- **Purpose**: Develop a sustainable SBIRT training program through student, faculty, clinical preceptor, and community dissemination
- Student groups
  - Baccalaureate nursing (BSN)
  - Doctorate of Nursing (DNP) – nurse practitioner
    - Family
    - Adult-Geriatric
    - Women’s Health
    - Pediatrics
    - Psychiatric/Mental Health
  - Master of Social Work (MSW)
UMKC SBIRT Curriculum

**Didactic Training**

- Threaded throughout multiple courses covering:
  - Introduction to Substance Use Disorders
  - What is SBIRT and Why Use It?
  - Screening for Substance Use
  - Referral to Treatment
  - Brief Intervention
  - Medication-Assisted Treatment

**Role Plays**

- Students conducted two role plays with classmates
- Students debriefed with classmates and faculty during role play sessions

**Standardized Patients**

- Students practiced a brief intervention with two standardized patient actors
  - Live supervision
  - Audio-recorded
- Students received feedback via the Brief Intervention Observation Sheet (BIOS)
Results of Training: NP (n=121) & MSW (n=81)

Survey Instruments

- Students completed surveys prior to and immediately after SBIRT training
  - Knowledge (SBIRT Knowledge Scale, adapted from ATN-SBIRT Screening & Brief Intervention Knowledge Assessments, Puskar et al., 2009)
  - Attitudes (Alcohol and Alcohol Problems Perception Questionnaire-AAPPQ, Watson et al., 2003)

Fidelity Rating

- Skills assessed by expert coding of an audiotaped BI with a standardized patient actor using the BIOS fidelity scale (adapted from BI Adherence/Competence Scale and Oregon Brief Observation Sheet)
  - Sum of 10 yes/no items assessing completion of brief intervention
  - Item assessing overall motivational style used during the brief intervention, rated from 1 = Not at All, to 7 = Very Effectively
NP Students had Higher Knowledge Pre-Training, but Both Groups Showed Increased Knowledge Post-Training

Pre-Training $t = 2.167, p = .031$
Post-Training $t = .331, p = .741$

* $p < .05$
** $p < .001$
Pre-Training: MSW Students Reported Higher Role Support in Addressing Alcohol Use (AAPPQ)
Post-Training: NP Students Reported Higher Role Adequacy and Role Legitimacy in Addressing Alcohol Use (AAPPQ)

Mean of Subscale Items

Role Adequacy*  Role Legitimacy*  Role Support  Motivation  Task Specific Self-Esteem  Work Satisfaction

NP  MSW

5.69  5.35  5.98  5.54  5.66  5.80  5.10  5.04  5.29  5.27  4.95  5.03

** p < .001  * p < .05
Strong Demonstration of Skills: Standardized Patient Fidelity Ratings

BIOS Composite Score

Mean Score

NP

MSW

8.31

8.96

$t = -2.957, \ p = .004 \quad * \ p < .05$

**$p < .001$**
MSW Students Demonstrated Stronger Motivational Interviewing Skills

Overall Motivational Style

Mean Score

3.92
4.66

NP
MSW

** p < .001

\[ t = -3.594, \ p = .000 \]
Summary

Knowledge, Attitudes, Skills

• NP students reported significantly more knowledge of SBIRT pre-training, but both groups of students increased to equal amounts post-training

• After training, both groups of students showed increased positive attitudes toward working with patients who use alcohol, with NP students reporting stronger feelings that addressing alcohol use was part of their role

• Both student groups completed almost all of the steps of a brief intervention in practicing with standardized patients, although MSW students did better on the steps and in using a motivational interviewing style

Conclusions

• Addressing alcohol use is a legitimate role for both nurse practitioners and social workers. How can we best support students to feel that this is their role and to feel comfortable in performing SBIRT?

• A motivational interviewing style (guiding style) is different than the directive style primarily used in healthcare. How can we best support students in learning this style to motivate patients to change their behavior?