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The Implementation and Effectiveness of SBIRT Training

John S. Wodarski, Ph.D.*

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*Correspondence:
John S. Wodarski, Ph.D., Professor, College of Social Work, The University of Tennessee, 201 Henson Hall, Knoxville, TN, US.

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ABSTRACT

This project developed and introduced an SBIRT (Screening, Brief Intervention, and Referral to Treatment) training program for both social work students and practicing healthcare professionals by capitalizing on existing relationships between healthcare agencies throughout the state of Tennessee with the University of Tennessee's College of Social Work. The SBIRT model was developed by an Institute of Medicine recommendation for community-based screening for at-risk behaviors such as substance and alcohol abuse. Serious mental illness and substance abuse disorders, as well as co-morbid health conditions of obesity, diabetes, hypertension and dyslipidemia are of grave concern in Tennessee. This project is intended to promote statewide adoption and practice of SBIRT through the inclusion of currently practicing social workers in the SBIRT training program and through the dissemination of program methodologies and results to the states' healthcare community. Four hundred seventy four (474) participants were given SBIRT training at baseline and one hundred twenty nine (129) of these participants were later contacted during follow-up and completed the CSAT Training Satisfaction Survey. Results indicated an improved satisfaction with service effectiveness across the follow-up period. While the overall self-reported satisfaction with the training was positive, participants suggested improvements to training that included the call for more engaging video presentations, more case study examples, and more personal experiences being introduced and explained by the presenters.

Keywords

Mental illness, Disorders, Obesity, Diabetes, Hypertension.

Introduction

Serious mental illness and substance use disorders, as well as co-morbid health conditions of obesity, diabetes, hypertension and dyslipidemia are of grave concern nationwide and especially in Tennessee. There are more than 100 million visits to emergency departments each year in the US with a substantial portion of these visits related to alcohol use [1]. Twenty-four (24%) to thirty-one percent (31%) of all patients who are treated in emergency departments have positive results when screened for alcohol problems [2].

Hospitals throughout Tennessee experience high utilization of their emergency departments (ED) for medical conditions associated with behaviors that predispose individuals for substance use disorders. A recent Tennessee study reported that approximately 27% of emergency room patients needed Alcohol and Drug (A&D) treatment services in addition to their presenting complaints, but in only 1% of these cases, did the attending physician document and diagnose A&D abuse or dependence in the medical file. Less than 10% of ED patients who needed substance abuse treatment were currently receiving such treatment [3].

Similar instances of underreporting illicit drug and alcohol use could present a large problem given the prevalence of substance abuse in the state. Treatment admissions for Tennessee were 13,427 for all substance abuse and 2,147 for alcohol abuse alone. Male admissions numbered more (64.7%) than female admissions (35.3%). In 2011, an estimated 3.1 million persons age 12 and older used an illicit drug for the first time within the past 12 months. This averages to almost 200,000 more than for 2010 and 8,400 initiates per day, an increase of over 400 initiates per day over 2010.

In Tennessee, 123,000 18-25 year olds used an illicit drug in the past month, and 129,000 used both drugs and alcohol. The East Tennessee Children's Hospital has treated more than 120 babies for withdrawal from opiates each year, and the average number of newborns in the hospital for addiction has been rising rapidly in recent years. From 2002 to 2008, there was an increase among young adults aged 18-25 nationally in the rate of nonmedical use

of prescription pain relievers (from 4.1 to 4.6 percent) and in LSD (from 0.1 to 0.3 percent). Among persons aged 12 to 20, past month alcohol abuse rates in 2012 were 17.2 percent among Asians, 19 percent among blacks, 23 percent among those reporting one or more races, 23 percent among Hispanics, 26 percent among American Indians or Alaska Natives, and 30 percent among whites [4]. Suicides, homicides, motor vehicle crashes, and other violent deaths and injuries are linked often to alcoholism. However while intoxicated patients visiting emergency departments receive extensive medical and surgical management, around only 13% received referral to a psychiatrist, mental health worker, or an alcohol rehabilitation facility [5].

With the high prevalence of drug and alcohol use in the state, there is a growing need for early detection of at-risk behaviors and a necessity for training medical and mental health professionals at various intake portals to identify and properly document drug and alcohol abuse even when it is not the primary presenting complaint or the main reason for referral to services. SBIRT (Screening, Brief Intervention, and Referral to treatment) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders as well as those who are at risk for developing disorders associated with substance use. SBIRT consists of three major components: 1) Screening – a health care professional assesses a patient for risky substance use behaviors using standardized screening tools, 2) Brief Intervention – a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice, and 3) Referral to Treatment – a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services [4].

Many intake healthcare facilities provide unique opportunities for addressing at-risk substance use before these behaviors grow to clinical levels with dire consequences that might require extensive treatment. These facilities include but are not limited to primary health care providers, trauma centers, emergency rooms, and mental health facilities that provide a number of specific programs addressing both general mental health disorders as well as substance abuse specifically.

Method

Through College of Social work student trainings, regional mental health trainings, and local field supervisor trainings, professionals from numerous community organizations were trained and later completed a follow-up questionnaire as part of the project. Four hundred seventy four (474) participants were trained at baseline and one hundred twenty nine (129) of these participants were later contacted at follow-up and completed the CSAT Training Satisfaction Survey which asks demographic questions regarding gender, race, ethnicity, job type, and organization type. Additionally, CSAT Training Satisfaction Survey items include topics on the quality of training, instruction, and materials, as well as instructor's knowledge, receptiveness and preparation. Benefits of training as it related to a clients, coworkers, and overall effectiveness of skills and knowledge acquired were also included in the CSAT Training Satisfaction Survey.

Training videos consisted of seven 15 minute videos developed by SAMHSA as part of the SBIRT initiative. Training events were administered at baseline across a 25 month period. Participants were drawn from 4th year undergraduate classes as well as master's level and Ph.D. level classes from the University of Tennessee's College of Social Work. Additional participants were drawn from regional private and state funded mental health agencies. At the University level, trainings were completed as part of the curriculum. At the mental health level, trainings were offered as workshops with access to online videos, role playing and question and answer sessions. In addition to being given access or directly presented the seven 15 minute training videos, participants were given thumb drives with additional SBIRT training materials including screening questionnaires developed by SAMHSA for both alcohol and drug use.

Results

Four hundred seventy four (474) participants were trained at baseline and one hundred twenty nine (129) of these participants were later contacted and completed the CSAT Training Satisfaction Survey. As shown in Table 1 participants were predominantly female (85%) and white (78%). The sample also included African Americans (17%), Hispanics (5%), and Asians (2%), as well as other races and participants of more than one race (3%). Participants were mainly social workers (68%), followed by researchers (15%), counselors (8%), clinical supervisors or managers (4%), and other types of jobs that were not identified (5%). Thirty-six percent (36%) were associated with a University or another type of institution of higher learning. Thirty-two percent (32%) were associated with non-profit or private community mental health centers. Ten percent (10%) were associated with substance abuse treatment programs. Finally, many participants were affiliated with various types of government. Ten percent (10%) were in state government, seven percent (7%) were in federal government, and five percent (5%) were in either local governments or other types of government jobs (3% and 2% respectively).

Participant		Percentage
Gender	Male	15
	Female	85
Race	African American	17
	Asian American	2
	Caucasian	78
	Other or Multiple Race	3
Ethnicity	Hispanic	5
Job Type	Clinical Supervisor or Manager	4
	Counselor	8
	Other	5
	Researcher	15
	Social Worker	68

Organization Type	County or Local Government	3
	Federal Government	7
	Non-Profit or Private Community Mental Health Center	32
	Other	2
	State Government	10
	Substance Abuse Treatment Program	10
	University or Higher Education	36

Table 1: Characteristics of Participants (N=474 Baseline).

Table 2 presents item means and standard deviations for CSAT items at both baseline and follow-up. Lower item means indicate more satisfaction or agreement with the statements provided. Response anchors were as follows: 1 – Strongly Agree or Very Satisfied, 2 – Agree or Satisfied, 3 – Neutral, 4 – Disagree or Dissatisfied, and 5 – Strongly Disagree or Very Dissatisfied. While most CSAT items showed no significant change from baseline to follow-up, there were three areas that did show a great deal of significant improved satisfaction as self-reported by study participants. The item, "I am currently effective when working in this topic area" improved from an average of 2.31 to 1.54 indicating strongly improved satisfaction. Also, items worded as "I expect this training to benefit my clients". "This training was relevant to substance abuse treatment", and "I would recommend this training to a colleague" were all reported to have strongly improved satisfaction from baseline to follow-up.

Item Wording	Baseline Mean	SD	Follow-up Mean	SD
How satisfied are you with the overall quality of this training?	1.67	0.73	1.70	0.62
How satisfied are you with the quality of the instruction?	1.62	0.77	1.71	0.64
How satisfied are you with the quality of the training materials?	1.66	0.73	1.68	0.70
Overall, how satisfied are you with your training experience?	1.67	0.76	1.72	0.64
The training class was well organized.	1.65	0.74	1.40	0.55
The material presented in this class will be useful to me in dealing with substance abuse.	1.56	0.69	1.80	0.77
The instructor was knowledgeable about the subject matter.	1.39	0.63	1.77	0.74
The instructor was well prepared for the course.	1.47	0.70	1.76	0.75
The instructor was receptive to participant comments and questions	1.75	0.87	1.97	0.82
I am currently effective when working in this topic area.	2.31	0.90	1.54	0.64
The training enhanced my skills in this topic area.	1.74	0.74	1.70	0.78
The training was relevant to my career.	1.66	0.81	1.89	0.89
I expect to use the information gained from this training.	1.69	0.80	1.79	0.78
I expect this training to benefit my clients.	1.69	0.80	1.00	0.00
This training was relevant to substance abuse treatment.	1.40	0.67	1.00	0.00
I would recommend this training to a colleague.	1.59	0.78	1.00	0.00
How useful was the information you received from the instructor?	1.53	0.71	na	na

Table 2: Item Means and Standard Deviations of CSAT Training Satisfaction Survey Items at Baseline and Follow-up.

Discussion

Discussion regarding potential improvements in training is best informed by the participants of the project themselves. The CSAT Follow-up Training Satisfaction Survey includes open-ended questions about suggested ways in which CSAT might improve training. A qualitative analysis was conducted in order to identify the categories of responses that appeared most frequently among the participant's voluntary responses to this question. The most frequent suggestions surrounded the video presentations. It was frequently suggested by multiple participants that while the videos were very helpful, there were not enough of them, they did not last long enough, they were not in-depth enough and the videos that were presented needed to be more engaging. The second most frequent suggestions surrounded the need for more demonstrations and discussions led by the presenters. Many participants felt that the presenters relied too heavily on allowing the video content to drive the majority of the training. Suggestions were made that called for more personal experiences and specific examples of past experiences about case studies from the presenters. Additionally, it was suggested as potentially helpful to tailor the trainings more specifically to each participant's education and experience level. Providing training materials not only in video format, but also in a Power-point presentation via a thumb drive was suggested by multiple participants, so that they might take the materials with them and study them at their leisure or share the training videos they had viewed with coworkers who also might work in an intake facility or in a health care setting. Finally, there was a call for the inclusion of evidence based practices and interventions that have been shown to be a valuable part of substance abuse treatment, including demonstrations and downloadable materials [].

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