Resources to support SBIRT implementation: Theory-based case, course, & tool development

Richard Goldsworthy, PhD, MSEd, Academic Edge, Inc., Bloomington, IN. David Crabb, MD, Department of Medicine, Indiana University School of Medicine, Indianapolis, IN. Julie Vannerson, MD, Department of Medicine, Indiana University School of Medicine, Indianapolis, IN. Peter Honebein, PhD, Academic Edge, Inc., Bloomington, IN.

Substance misuse and abuse represent a significant public health problem in the U.S. Public health providers are uniquely positioned to address this risky use behaviors through SBIRT (Screening, Brief Intervention, and Referral to Treatment). SBIRT adoption is gaining momentum; however, education and support lag behind endorsement, with few courses and tools available and none that address organization-wide implementation issues. We discuss the results of two independent, multiyear efforts to address this problem.

SBIRT in action

Methods

It's tempting when developing learning and performance support tools to think "oh, I know this area, I'm an expert, I can just write it up/present it and all will be well." Well, no. Many of us assume because we know an area, we can teach it, but we've also all experienced learning environments where this clearly didn't work.

Our approach instead was to use established user-centered design processes, learning theories, and extensive expert and end-user involvement. That is, end users get to have a say in what is included and how it's said, and they get to do so multiple times, rather than just being the recipient of our 'knowledge.' It also means experts are, in fact, heavily involved-different stakeholders, with different types of expertise, all working together.

And, it means theory, design theory, that is, how to go about changing behavior, and that's because all professional development is, first and foremost, a behavioral change effort. It's about getting people to do things they need to do, to a certain level of performance, in specific situations.

Since SBIRT implementation is, therefore, about changing not just patient behavior but provider behavior as well, all materials should reinforce the sought behaviors, enhancing motivation, addressing barriers, and reinforcing positive behaviors. This is a theory-based approach where factors that influence behavioral adoption and ongoing implementation are just as important, and need to be identified right up front and continually re-examined, as the simpler issues of awareness, knowledge, and skills.

Background

Although SBIRT itself is a simple, short, easy to implement brief procedure, adopting, implementing and maintaining SBIRT at the organizational level is quite complex, even in the smallest medical practice environment. First, you have to have buy in from key stakeholders, then everyone has to develop a shared understanding of just exactly what SBIRT is and what it will look like in their particular health care environment, and everyone, from key leaders to front office staff, has to adopt and implement it.

That's a lot. And, as with any behavioral change, whether it be changing our patient's behavior or our own and that of our colleagues, there's information to disseminate, attitudes to change, skills to develop, and much more. Electronic resources, whether they be courses, videos, or simple FAQs, and paper-based tools, including the very forms you will need to administer and track SBIRT implementation, can help...but...you have to build them, and if they themselves aren't theory based and responsive to your audience, then they are likely than not will be suboptimal.

So, that's what we've been up to across multiple projects: making tools, trying them out, changing them, and trying something new every once in a while.

The relevant projects include a web site and resource set for NIDA, the web, face to face, and paper courses and tools for a large scale resident training effort at a major midwestern university, training guides, face to face presentations, and forms for a state-wide SAMHSA initiative, and, for fun, a simulated SBIRT practice environment in a virtual environment.

So, across the projects, we have iteratively developed five separate, media rich, web-based courses were developed, several with tailored cases and forms for a state-wide SAMHSA initiative and specific target audiences and additional tailored courses and cases are merited for other specialties and practice environments.

Results

The efforts have produced many different SBIRT-related videos ranging from case studies to expert interviews, to real-world provider-provider interactions and clinic-wide adoption cases. Grounded in a simulated patient approach to case development, we have SBIRT video resources freely available on most aspects of SBIRT adoption and implementation, from screening to brief intervention, to treatment, from decision making when deciding whether and how to adapt, to issues encountered during adoption.

Conclusion

SBIRT can reduce adverse alcohol and substance misuse related public health outcomes. Adoption and implementation remains a challenge at the individual provider and organizational levels. The reported efforts address adoption, education, and support for specific target audiences and additional tailored courses and cases are merited for other specialties and practice environments.

Many courses and resources are freely available at SBIRTinAction.org

Supported in part by contract # N44DA-9-2215 from the National Institute on Drug Abuse, a part of the National Institutes of Health, multiple SAMHSA awards, and the Indiana Twenty-First Century Research and Technology Fund. Presented at the National Conference of the American Public Health Association, November 3-6, 2013, Boston, MA.

For More Information

Academic Edge, Inc. is a media research and development company specializing in state-of-the-art learning tools for children and adults. We target health related issues ranging from STD and conflict prevention among teens and tweens, to AIDS, ADHS, and other disorder education for lay care providers, to disease prevention and medical assessment training for healthcare providers. We particularly focus on the social aspects of health care: why do people do the things they do and how can we help them live healthier, happier, or more productive lives? For more information about Academic Edge, including our many other public health related research efforts, visit www.academicedge.com