In a three-year SAMHSA-funded initiative, the Boston University Schools of Social Work and Medicine developed SBIRT training for Social Work students, Mental Health Counseling students, Psychiatry residents, and their field instructors. Our trainees work primarily with underserved groups in community-based and health-care settings, which may enhance the impact of the training and intervention.

We use two training formats: an online course (for Social Work) and in-person classroom-based seminars (for Mental Health Counseling students and Psychiatry Residents). Together, these formats will reach national cohorts of Social Work students and their field instructors, and local and regional cohorts of Social Work Students, Mental Health Counseling students, Psychiatry Residents and field instructors.

Our goal is to embed SBIRT training in the standard curriculum for these three groups of students with the ultimate aim of training the future workforce to conduct universal screening and brief interventions as part of standard practice. During the period of SAMHSA SBIRT funding, we will train 510 students (380 MSW students, 90 mental health counseling students, and 40 psychiatry residents) and as many field instructors as opt to take the training. So far, 269 students have been trained.

Our online course is user-friendly, easily accessed and includes lectures, videos (several produced by the Boston University Medical School and MASBIRT Training and Technical Assistance), embedded quizzes, and interactive opportunities. For example, trainees complete “drag and drop” exercises matching questions to multiple-choice answers, score the AUDIT and DAST results on “vignette clients,” and receive feedback on the accuracy of their scoring. The course includes a video in Spanish made by a BU School of Social Work faculty member and students. To complete the course, trainees must answer 10 test questions. Our online students, many of whom access the course from rural or underserved areas across the country, would likely not have access to in-person SBIRT training in their communities.

Continued on page 3
American Academy of Family Physicians Releases Alcohol SBI Manual

The American Academy of Family Physicians (AAFP) new web-based manual—Addressing Alcohol Use Practice Manual: An Alcohol Screening and Brief Intervention Program—defines steps that practices can take to incorporate alcohol screening and brief interventions into their routine protocols.

Use of the 5 A’s, motivational interviewing, cultural concerns, health literacy, coding and more are included in this concise manual. A full check list is also included to help practices track what they’ve done and what still needs attention.


MASBIRT Training and Technical Assistance

MASBIRT TTA can provide your site with:

♦ Training and on-going skills coaching for all staff levels: professional and administrative;
♦ Guidance with clinical protocol development; screening instruments and methods, brief intervention strategies;
♦ Help with administrative aspects, such as data collection strategies, documentation protocols; and
♦ Identification and development of resources for patients who need specialty care, including medication assisted treatment for alcohol and opioids.

www.masbirt.org 617-414-3749

Screening and Brief Intervention at the Intersection of Research, Policy and Practice:
Advancing Knowledge and Meeting New Challenges

INEBRIA 2017
in New York
Convening in the US for the 3rd time

INERIA
International Network on Brief Interventions for Alcohol & Other Drugs

Thursday- Friday, September 14-15, 2017

Jointly provided by the
NYU Post-Graduate Medical School
and
International Network on Brief Interventions for Alcohol and Other Drugs (INEBRIA)

Kimmel Center
60 Washington Square South, New York, NY 10010

For further information and to register:
https://med.nyu.edu/cme/INEBRIA

To learn more about SBIRT contact:
Carol Girard
Coordinator SBIRT Programs
Bureau of Substance Abuse Services
MA Department of Public Health
Carol.D.Girard@state.ma.us

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www.masbirt.org 617-414-3749

The Massachusetts Substance Use HELPLINE

http://helpline-online.com/ 800-327-5050

Prevent • Treat • Recover • For Life
The in-person classroom includes didactics, role-plays, and demonstration videos aimed at helping students learn to use SBIRT with a variety of types of clients in a variety of settings.

Similar to the online training curriculum, the in-person training for MSW, mental health counselors and psychiatry residents includes comprehensive skills training in motivational interviewing. Students in the in-person classroom learn to use the OARS practice skills for listening for different types of change talk, practice reflective listening, and learn ways to respond to sustain talk from clients who view their excessive drinking and drug use as acceptable and as not warranting a change.

For students, SBIRT content is required and embedded in their coursework on substance use disorders.

If students are not taking an addiction course, they may opt to take the SBIRT training in the online format.

For field instructors, the online training is voluntary and CEUs are available, approved by the National Association of Social Workers.

To help inform our own training efforts, we are conducting research to examine:
(a) pre- and post-course changes in knowledge and attitudes,
(b) trainees’ use of SBIRT in their internship and residency placements, and
(c) barriers and facilitating factors students encounter in these settings.

After one year, we’ve seen statistically significant gains in knowledge on 21 multiple-choice items including questions that address healthy adult drinking limits, components of the SBIRT process, steps in motivational interviewing and appropriate populations for the CRAFFT questionnaire.

Further, students identified factors facilitating and impeding the use of SBIRT in their settings. Not surprisingly, two major facilitating factors identified were:
(1) having a referral system already in place for clients with serious alcohol and drug problems, and
(2) having a supervisor or agency supportive of conducting SBIRT.

We hope this information can be used in the future to improve SBIRT training and to help agencies better respond to client needs. We believe this multimodal and multidisciplinary program will result in a meaningful shift in the integration of SBIRT into a wide variety of behavioral and primary care settings, both regionally and nationally.

For further information, contact:
Maryann Amodeo, Ph.D., LICSW mamodeo@bu.edu and/or Eric Devine, Ph.D. Eric.Devine@bmc.org

American College of Nurse-Midwives Endorses SBI

The American College of Nurse-Midwives (ACNM) recently recommended screening and brief intervention to prevent alcohol-exposed pregnancies and released its position statement: Screening and Brief Intervention to Prevent Alcohol-Exposed Pregnancy.

ACNM joins other nursing and medical organizations that encourage members to practice measures that can reduce alcohol-exposed pregnancies. ACNM members are encouraged, as part of preconception and prenatal care, to:
- Inform women, their partners, and their families of the risks associated with alcohol use during pregnancy;
- Provide clear, evidence-based information about the risks of alcohol consumption during pregnancy.
- Identify women at risk for an alcohol-exposed pregnancy and provide brief interventions and appropriate referrals as needed.

The full Screening and Brief Intervention to Prevent Alcohol-Exposed Pregnancy statement can be found at ACNM’s library of position statements.

School Nurses & School Health Teams
ARE YOU READY?

Register for FREE fall SBIRT 1 and Essentials Trainings
SHIELD (School Health Institute for Education and Leadership Development)
http://bucme.org/node/1045

Check out SBIRT in Schools Resources
MASBIRT Training and Technical Assistance
www.masbirt.org/schools

Order FREE materials on alcohol and drugs for students and parents
Massachusetts Health Promotion Clearinghouse
https://massclearinghouse.ehs.state.ma.us/
Researchers compared epidemiological survey data from 2001-2002 to epidemiological survey data from 2012-2013 and found increases in 12-month alcohol use, 12-month high-risk drinking and 12-month DSM-IV Alcohol Use Disorders among several specific population groups: women, older adults, racial/ethnic minorities and those who were socioeconomically disadvantaged.

Authors consider these dramatic increases ‘a public health crisis’ because unhealthy alcohol use plays a role in many co-morbid health conditions.

They stated that the public needs to be educated about the linkages between alcohol use and multiple health conditions, and to be encouraged to reduce levels of use to improve population health and safety. Authors also noted that treatment rates remain low despite a ‘broad spectrum of evidence based behavioral and pharmacological approaches’ for alcohol use disorders.


http://jamanetwork.com/journals/jamapsychiatry/fullarticle/2647079

The measure recognized that “...alcohol use is a leading cause of illness, lost productivity and preventable death in the US.”

“The U.S. Preventive Services Task Force (USPSTF) has a grade B recommendation that ‘clinicians should screen adults aged 18 and older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.’ This measure seeks to assure appropriate screening.”

http://www.ncqa.org/newsroom/details/ncqa-updates-quality-measures-for-hedisreg2018

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. HEDIS consists of 81 measures across 5 domains of care. Because so many plans collect HEDIS data, and because the measures are so clearly defined, HEDIS allows for accurate comparisons of health plan performance.

The National Committee for Quality Assurance (NCQA) is a private, not-for-profit organization, focused on improving health care quality. Its Committee on Performance Measurement, represents employers, consumers, health plans and others and determines what HEDIS measures are included and their criteria.

http://www.ncqa.org/homepage