

Integrating SBIRT in Health Professional Education and on College Campuses

HECAOD National Meeting
Ohio State University
August 2, 2016



Presenters

Tracy L. McPherson, PhD
Senior Research Scientist, Public Health
NORC at the University of Chicago
mcperson-tracy@norc.org

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



Overview

- ❖ Collaboration between NORC, Kognito and partners
- ❖ Overview of the *Integrating Adolescent SBIRT in Nursing and Social Work Education* Project
- ❖ What is SBIRT? Why SBIRT?
- ❖ Challenges and Gaps in Educational Settings
- ❖ Barriers and Facilitators to Integrating SBIRT Education
- ❖ Addressing Needs and Gaps through Development of the Adolescent SBIRT Toolkit and Interactive Simulation Platform as a Learning Tool
- ❖ Q & A



Collaborators

Funded by:



Partners:



“Integrating Adolescent SBIRT into Social Work and Nursing Education Project”



sbirt.webs.com

- Launched in September 2014
- Steering Committee of 30+ subject matter experts, researchers, educators, behavioral health organizations, and professional associations
- Learning Collaborative of 70+ nursing, social work, and inter-professional school/programs
- 198 educators, field instructors and supervisors, preceptors, and practitioners



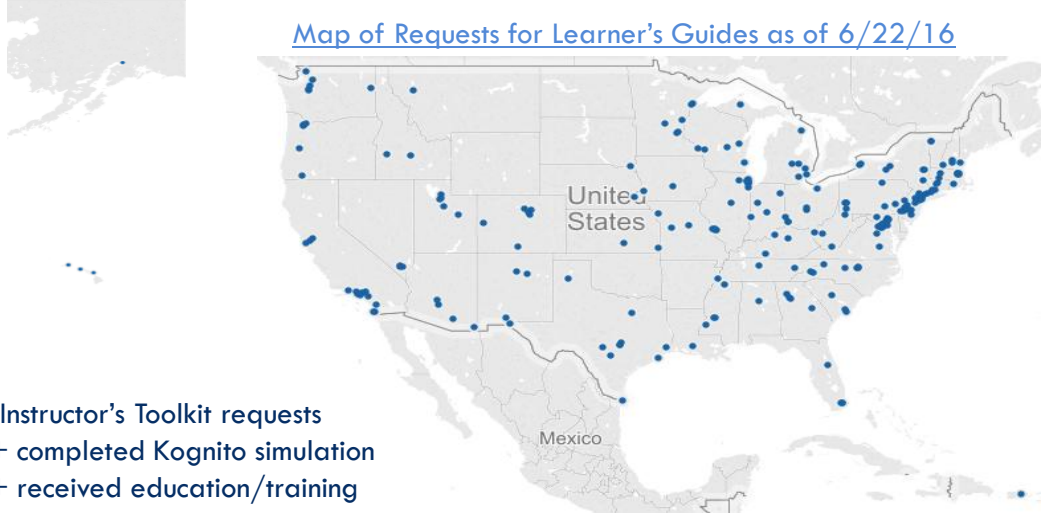
<http://sbirt.webs.com/learning-collaborative>

Aims of the Project

- **Engage** the leading national associations, experts, practitioners, students, researchers, and accrediting organizations for schools of social work and nursing.
- Develop and sustain an adolescent **SBIRT learning collaborative** of schools of social work and nursing.
 - Fostering partnerships, collaboration, technical support, and sharing lessons learned.
- Develop, implement, and evaluate adolescent SBIRT curricula with an Instructor's Toolkit and Kognito **interactive virtual patient simulations**.
- Offer **Technical Assistance** to support integration activities and sustainable practice over time.

Integrating SBIRT Project by the Numbers!

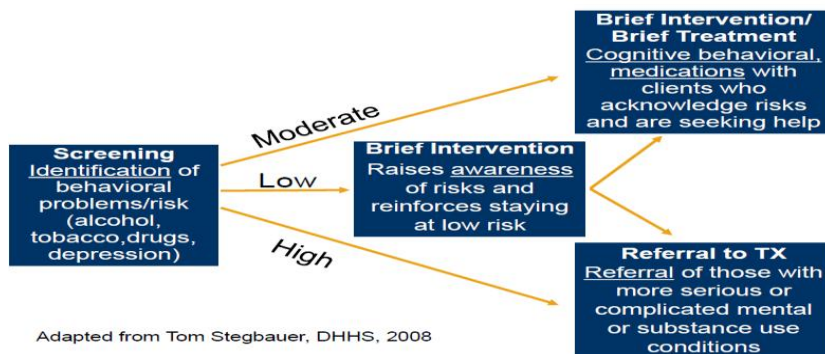
[Map of Requests for Learner's Guides as of 6/22/16](#)



- ☐ 350+ Instructor's Toolkit requests
- ☐ 1500+ completed Kognito simulation
- ☐ 1000+ received education/training

What is SBIRT?

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at-risk for developing them.



Why SBIRT?

SBIRT Aims To:

- Increase early identification of youth at-risk for substance use problems.
- Build awareness and educate youth on drinking guidelines and risks associated with substance use.
- Motivate youth at-risk to reduce unhealthy, risky substance use; and adopt health promoting behavior.
- Motivate youth to seek help and increase access to care for those with (or at risk for) a substance use disorder.
- Foster a continuum of care by integrating prevention, intervention, and treatment services.

Addressing substance use as part of addressing the whole health of young people.

Why SBIRT?

- | | |
|---|--|
| ❖ Substance use is a public health and safety issue | ❖ Accidents and damage |
| ❖ Substance use has a profound impact on youth and their families | ❖ Injuries and violence |
| ❖ Lower school performance | ❖ Lower productivity, lost work days |
| ❖ Cause or exacerbate health conditions | ❖ Worker compensation, disability, worker turnover |
| ❖ Poorly managed health conditions | ❖ Financial and legal problems |
| ❖ Reduce effectiveness of medications | ❖ Family disruptions and relationship problems |
| ❖ ER visits and excess hospital stays | ❖ Sexual risk-taking |
| ❖ Overdose and suicide | |

Preparing the Future and Current Workforce

- Colleges/Universities
- Community Mental Health Centers
- Community Youth Programs
- Counseling
- Dental Clinics
- Emergency Department
- Employee Assistance Programs
- Faith-based Programs
- Federally Qualified Health Centers
- Addiction Treatment Centers
- Health Promotion and Wellness Programs
- HIV Clinics
- Hospital Inpatient
- Juvenile Justice, Drug Courts
- Occupational Health and Safety, Disability Management
- Peer Assistance Programs
- Primary care
- School-based Health Centers
- Trauma



Impetus for the Project

- SBIRT is endorsed by leading professional associations/government agencies:
 - [American Academy of Pediatrics \(AAP\) Policy Statement](#) – NEW July 2016!
 - American Medical Association (AMA)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Center for Medicare and Medicaid Services (CMS)
 - National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Impetus for the Project

- Slow uptake among health professionals.
 - Fewer than 50% American Academy of Pediatrics (AAP) affiliated providers systematically screen adolescents.
- Health professional education efforts have been slow but growing.
 - Support from federal agencies to educate the current and future workforce is necessary but insufficient.
 - Need mechanisms for bringing education and training to scale.

Challenges and Gaps in Educational Settings

- Lack of **time** to add “something else” to the curriculum.
- Not required to teach substance use education, **not an accreditation standard**.
- Lack of **awareness, skills, and knowledge** about substance use prevention/early intervention and SBI.
- Not sure **how to get started** and what resources are available.
- Not sure **where** to include the education?
 - separate course vs. woven throughout multiple courses, addiction specific vs. more general course, elective vs. required course?
- Lack of **engaging, visual learning opportunities** to supplement lecture/didactic content.

Needs Assessment

- August 2015-January 2016
- Recruitment method
 - Newsletters, social media (LinkedIn), list serves, flyers distributed at conferences (INEBRIA, AACN, CSWE)
 - Snowball recruitment
- Groups participating in recruitment
 - NORC at the University of Chicago's Learning Collaborative
 - BIG Initiative, IRETA/National SBIRT ATTC, AACN, CSWE, Fellow Hilton grantees
 - Other colleagues outside of NORC who are affiliated with Nursing and Social Work schools

Needs Assessment Sample

	Educator/ Faculty/ Instructor^a	Practitioner^b	Student^c	Other	Total
Nursing	55	13	64	0	132
Social Work	80	7	19	2	108
Other	10	10	0	4	24
Total	145	30	83	6	264

^a Any Clinical preceptor, Field Placement Supervisor or Educator that did not also identify as a Student as well.

^b Any Practitioner who did not identify as an Educator or Student as well.

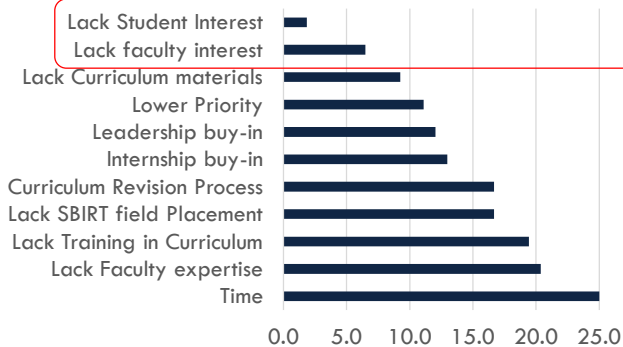
^c Any respondent who identified as a Student

Facilitators of SBIRT Education and Training

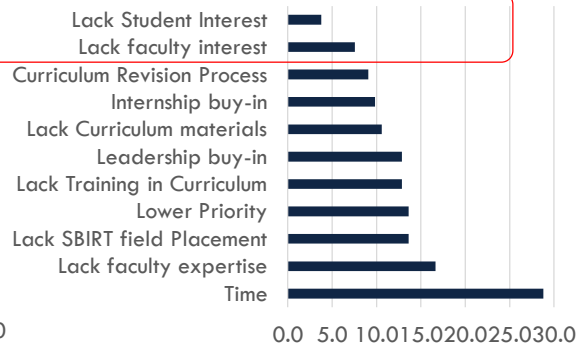
- Dean/Chair/Department buy-in facilitated implementation
- Faculty/department point person championed SBIRT
- Training field supervisors to implement the program (e.g., in-service)
- Requiring (vs. making voluntary) SBIRT training and completion of Kognito simulation
- Communications materials aided implementation (e.g., email templates, program access flyers)

Lack of Faculty and Student Interest NOT a Significant Barrier

Social Work Respondents (N=108)

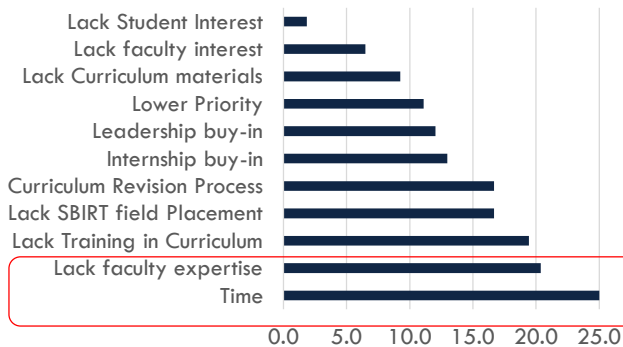


Nursing Respondents (N=132)

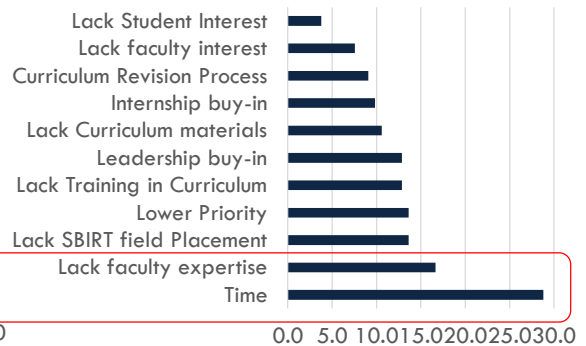


Lack of Faculty Expertise and Time MOST Significant Barriers

Social Work Respondents (N=108)



Nursing Respondents (N=132)



Other Barriers

- By addressing other key barriers, we may be able to overcome “time” as a barrier.
 - Lack of Training in Curriculum
 - Lack of Curriculum Materials

- Our hope is that supplying Adolescent SBIRT Curriculum will help reduce the burden to introduce SBIRT education and training.

Adolescent SBIRT Curriculum

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ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

Adolescent SBIRT Curriculum

This curriculum offers skills-based education on Adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT). The curriculum is comprised of an Instructor's Toolkit containing the *Learner's Guide to Adolescent SBIRT* with companion slide decks and supplemental resources, and the web-based *SBIRT with Adolescents* simulation program. The guide and simulation program bring together the tools that educators, field instructors, preceptors, students, and practitioners need to screen adolescents for alcohol and other drug use using validated tools, deliver effective brief interventions using motivational interviewing skills, link adolescents to medical, behavioral or specialty treatment services as needed; work with other health professionals in ongoing care coordination, and provide follow-up and recovery supports to adolescents.

Simulation Program

<https://sbirt.webs.com/curriculum>

Adolescent SBIRT Curriculum

Instructor's Toolkit



Request a Copy: Adolescent SBIRT Learner's Guide for Instructors



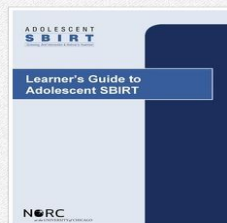
Request a Copy: PowerPoint Slide Deck

Download: Suggested Readings for Module 1

- Babor TF, McRee BG, Kassebaum PA, Grimaldi PL, Ahmed K, Bray J. Screening, brief intervention, and referral to treatment (SBIRT): Toward a public health approach to the management of substance abuse. *Substance Abuse*. 2007;28(3):7-30.
- U.S. Preventive Services Task Force. *Final Recommendation Statement: Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care*. Washington, DC: U.S. Preventive Services Task Force; 2013.
- American Academy of Pediatrics Committee on Substance Abuse, Levy SJ, Kokotallo PK. Substance use screening, brief intervention, and referral to treatment for pediatricians. *Pediatrics*. 2011;128(5):e1330-e1340.
- Substance Abuse and Mental Health Services Administration. *White Paper on Screening, Brief Intervention, and Referral to Treatment in Behavioral Healthcare*. Rockville, MD: Substance Abuse and Mental Health Services Administration; April 2011.

Download: Suggested Readings for Module 2

- Winters KC, Kaminer Y. Screening and assessing adolescent substance use disorders in clinical populations. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2008;47(7):740-744.
- Winters KC. Assessment of alcohol and other drug use behaviors among adolescents. In: Allen JP, Columbus M, Fertig J, eds. *Assessing Alcohol Problems: A Guide for Clinicians and Researchers*. 2nd edition. Bethesda, MD: NIAAA; 2003:101-123.
- CRAFFT. Massachusetts Department of Public Health Bureau of Substance Abuse

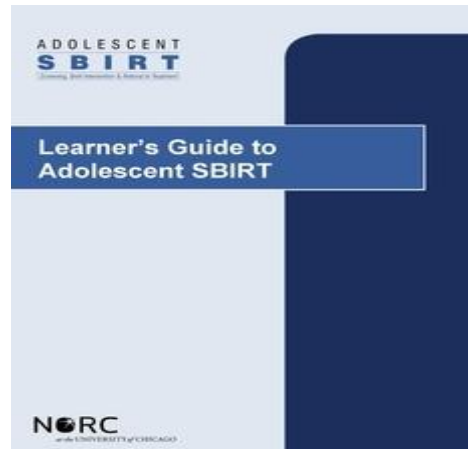


Order a free hardcopy of the Learner's Guide for Instructors now!

ORDER TODAY

Adolescent SBIRT Learner's Guide

- Comprehensive introduction to SBIRT for adolescents and young adults
- Examines each component of SBIRT and motivational interviewing skills
- Sample pre/post evaluation measures



Learner's Guide Modules

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- Each module includes:
 - Comprehensive Education and Training Content
 - Learning Objectives
 - Suggested Readings
 - Sample Conversations and Dialogue
 - Role Play Activities

Module 1	What is SBIRT for Youth and Why Use it?
Module 2	Screening
Module 3	Brief Intervention
Module 4	Referral to Treatment and Follow-up
Module 5	Motivational Interviewing Strategies

Learner's Guide Appendix

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- Screening Tools
- Standard Drink Chart
- DSM Criteria
- Goal Setting Exercise
- Change Plan Worksheet
- Mutual Support Groups
- Brief Intervention Observation Sheet (BIOS)
- Brief Intervention Case Studies
- Sample Release Forms
- Sample Client Update Report
- Decisional Balance Worksheet
- Pocket Cards

Online Resources and Materials

**ADOLESCENT
SBIRT**
Screening, Brief Intervention & Referral to Treatment

Resources and Materials

Click on the buttons below to view resources and materials on SBIRT education and adolescent SBIRT. Resources, materials and events are constantly updated and added so check back periodically to see what is new!

NEWS & ARTICLES	GUIDES, MANUALS & DATABASES	ROLE PLAYS & CASE STUDIES
POSITION PAPERS	SCREENING TOOLS & EXAMPLES	VIDEO & WEBINARS
NURSING RESOURCES	EVALUATION TOOLS & EXAMPLES	TRACK A & B
RESOURCE LISTS		

Have materials that you'd like to share?

<https://sbirt.webs.com/resources>

Screening Tools

ADOLESCENT SBIRT

Screening, Brief Intervention & Referral to Treatment

The CRAFFT Screening Questions

These are an example of questions you answer with the best available answer.

Part A
During the PAST 12 MONTHS, did you:

1. Drink any alcohol more than a few sips? No Yes

2. Have any problems because of drinking? No Yes

3. Ever had a drink or two? No Yes

4. Ever had a drink or two? No Yes

5. Ever had a drink or two? No Yes

6. Ever had a drink or two? No Yes

Part B

7. Have you ever ridden in a car? No Yes

8. Have you ever ridden in a car? No Yes

9. Have you ever ridden in a car? No Yes

10. Have you ever ridden in a car? No Yes

CRAFFT Screening Questions

Adolescent annual questionnaire

1. How often do you drink alcohol? Never 1-2 times a month 3-4 times a month 5-6 times a month 7-8 times a month 9-10 times a month 11-12 times a month 13-14 times a month 15-16 times a month 17-18 times a month 19-20 times a month 21-22 times a month 23-24 times a month 25-26 times a month 27-28 times a month 29-30 times a month 31-32 times a month 33-34 times a month 35-36 times a month 37-38 times a month 39-40 times a month 41-42 times a month 43-44 times a month 45-46 times a month 47-48 times a month 49-50 times a month 51-52 times a month 53-54 times a month 55-56 times a month 57-58 times a month 59-60 times a month 61-62 times a month 63-64 times a month 65-66 times a month 67-68 times a month 69-70 times a month 71-72 times a month 73-74 times a month 75-76 times a month 77-78 times a month 79-80 times a month 81-82 times a month 83-84 times a month 85-86 times a month 87-88 times a month 89-90 times a month 91-92 times a month 93-94 times a month 95-96 times a month 97-98 times a month 99-100 times a month More than 100 times a month

2. How often do you drink alcohol? Never 1-2 times a month 3-4 times a month 5-6 times a month 7-8 times a month 9-10 times a month 11-12 times a month 13-14 times a month 15-16 times a month 17-18 times a month 19-20 times a month 21-22 times a month 23-24 times a month 25-26 times a month 27-28 times a month 29-30 times a month 31-32 times a month 33-34 times a month 35-36 times a month 37-38 times a month 39-40 times a month 41-42 times a month 43-44 times a month 45-46 times a month 47-48 times a month 49-50 times a month 51-52 times a month 53-54 times a month 55-56 times a month 57-58 times a month 59-60 times a month 61-62 times a month 63-64 times a month 65-66 times a month 67-68 times a month 69-70 times a month 71-72 times a month 73-74 times a month 75-76 times a month 77-78 times a month 79-80 times a month 81-82 times a month 83-84 times a month 85-86 times a month 87-88 times a month 89-90 times a month 91-92 times a month 93-94 times a month 95-96 times a month 97-98 times a month 99-100 times a month More than 100 times a month

3. How often do you drink alcohol? Never 1-2 times a month 3-4 times a month 5-6 times a month 7-8 times a month 9-10 times a month 11-12 times a month 13-14 times a month 15-16 times a month 17-18 times a month 19-20 times a month 21-22 times a month 23-24 times a month 25-26 times a month 27-28 times a month 29-30 times a month 31-32 times a month 33-34 times a month 35-36 times a month 37-38 times a month 39-40 times a month 41-42 times a month 43-44 times a month 45-46 times a month 47-48 times a month 49-50 times a month 51-52 times a month 53-54 times a month 55-56 times a month 57-58 times a month 59-60 times a month 61-62 times a month 63-64 times a month 65-66 times a month 67-68 times a month 69-70 times a month 71-72 times a month 73-74 times a month 75-76 times a month 77-78 times a month 79-80 times a month 81-82 times a month 83-84 times a month 85-86 times a month 87-88 times a month 89-90 times a month 91-92 times a month 93-94 times a month 95-96 times a month 97-98 times a month 99-100 times a month More than 100 times a month

4. How often do you drink alcohol? Never 1-2 times a month 3-4 times a month 5-6 times a month 7-8 times a month 9-10 times a month 11-12 times a month 13-14 times a month 15-16 times a month 17-18 times a month 19-20 times a month 21-22 times a month 23-24 times a month 25-26 times a month 27-28 times a month 29-30 times a month 31-32 times a month 33-34 times a month 35-36 times a month 37-38 times a month 39-40 times a month 41-42 times a month 43-44 times a month 45-46 times a month 47-48 times a month 49-50 times a month 51-52 times a month 53-54 times a month 55-56 times a month 57-58 times a month 59-60 times a month 61-62 times a month 63-64 times a month 65-66 times a month 67-68 times a month 69-70 times a month 71-72 times a month 73-74 times a month 75-76 times a month 77-78 times a month 79-80 times a month 81-82 times a month 83-84 times a month 85-86 times a month 87-88 times a month 89-90 times a month 91-92 times a month 93-94 times a month 95-96 times a month 97-98 times a month 99-100 times a month More than 100 times a month

CRAFFT Screening Interview

Diagnose: The CRAFFT screening tool is a questionnaire used to assess if your patient has alcohol use disorder. It is a brief, validated, and reliable screening tool.

Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol more than a few sips? No Yes

2. Have any problems because of drinking? No Yes

3. Ever had a drink or two? No Yes

4. Ever had a drink or two? No Yes

5. Ever had a drink or two? No Yes

6. Ever had a drink or two? No Yes

Part B

7. Have you ever ridden in a car? No Yes

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Case Studies and Role Plays

ADOLESCENT SBIRT

Screening, Brief Intervention & Referral to Treatment

Brief Negotiated Interview College Health Center (1)

Read only this introduction to your role-play partner: Hi I'm Mark. I'm 22 years old and a junior. I came to the student health center because I have a sore throat and a cough. The health center asks every student brief screening questions about alcohol. I reported that I have 5 or more drinks in one day 2-3 times a month.

Brief Negotiated Interview College Health Center (4 Role Play Introductions)

Contributed by Barbara Joyce, University of Colorado Colorado Springs

Brief Negotiated Interview Health Center (3)

Read only this introduction to your role-play partner: Hi I'm Marcos. I'm 39 and I work for a construction company. I came to the clinic today because of back pain. When you asked the routine questions you ask all patients about alcohol I reported that I go out with friends sometimes after work and have "a few beers". When you asked how many is "a few beers" I said some nights I probably have 5 or 6...but who's counting?

Brief Negotiated Interview Hospital

Contributed by Barbara Joyce, University of Colorado Colorado Springs

Role Play Exercises

Fact Sheets

ABOUT ▾
PARTNERS ▾
CURRICULUM
LEARNING COLLABORATIVE ▾
STEERING COMMITTEE
RESOURCES ▾

ADOLESCENT SBIRT

Screening, Brief Intervention & Referral to Treatment

Adolescent SBIRT Fact Sheets



Identifying Early Warning Signs:



NIDA for Teens Fact Sheets



College Drinking Fact Sheet





NIDA Teen Marijuana Use

Webinars and Videos


Upcoming/Recent Webinars

- **7/27/16** - [Barriers and Facilitators to Integrating SBIRT in Nursing, Social Work and Interprofessional Education](#)
- Check back often for upcoming events!


On-Demand Webinars

NORC at the University of Chicago, in coordination with the **National SBIRT ATTC** and **The Big Initiative**, has produced over 100 hours of free SBIRT education designed specifically for employee assistance professionals, addiction professionals, mental health counselors, social workers, nurses, and other medical providers. Watch any of these recordings 24/7! [View On Demand Library](#)



Mini-Guide to Screening, Brief Intervention and Referral to Treatment: An Overview of SBIRT and Resources



Integrating Adolescent Substance Abuse SBIRT throughout Nursing, Social Work, and Interprofessional Education

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Learn More About The Toolkit

- SBIRT for Youth Learning Community: Adolescent SBIRT Toolkit (on-demand):
<http://my.ireta.org/node/1173>



 **Kognito**

Conversations that make a difference.



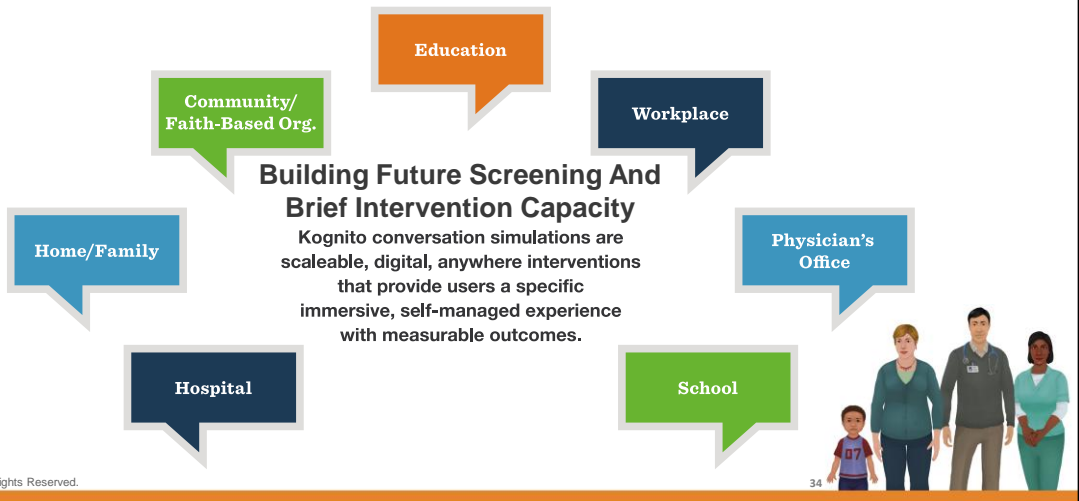
Creates simulations featuring virtual humans to enable conversations that make a difference

Leading to meaningful changes in social, emotional, and physical health.



Conversations that make a difference.

Kognito Conversations Can Change Attitudes and Behaviors. Anywhere, on demand.



Higher Ed Suite



Kognito Campus – Higher Ed Suite

- Suite of 6 online simulations for faculty, staff, students, student leaders about:
 1. *Mental and emotional health*
 2. *Supporting LGBTQ students*
 3. *Supporting Student Veterans*
- 500+ college and university clients
- Research-proven and evidence-based




Most Popular Online Programs in U.S. Schools
about Campus Mental Health,
LGBTQ, and Veterans




Kognito's At-Risk on Campus

at-risk
for University and College Faculty and Staff



Faculty and staff learn about mental health, symptoms of disorders including depression, anxiety, suicide ideation, and substance use, and then learn how to best approach and motivate an at-risk student to seek help.

at-risk
for College Students



Students assume the role of Jesse and engage in a series of interactive scenarios where they learn about warning signs, available on- and off-campus support services, and how to approach and talk with a friend showing signs of psychological distress.

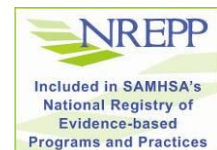
Longitudinal Study*

Results: College Students

at-risk

Participants

- 270 students at 20 institutions of higher ed
- 64% females, 52% were mandated to take simulation
- 81% at the ages of 18-22
- 77% white, 9% black, 10% Hispanic, 12% Asian, 3% native Americans
- 24% freshmen, 24% sophomore, 22% junior, 14% senior, 16% graduate students



Study Design

- Participants completed baseline survey, simulation, post-survey, and then a 3-month follow up survey.

* <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=303>.



Longitudinal Study

Changes in Skills

Statistically significant and sustainable changes at 3-month follow-up in users' skills to:

- Identify when behavior of peer is a sign of psychological distress
- Discuss concerns with peer
- Motivate peer to seek help, and
- Make a referral to mental health support

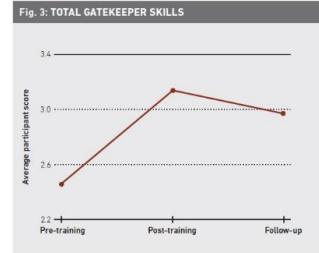
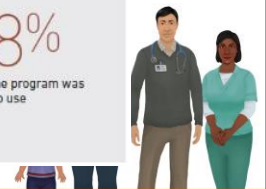
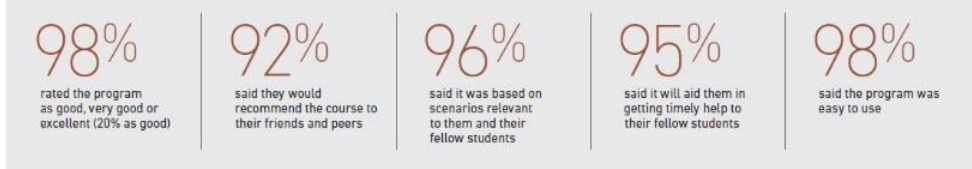


Fig. 5: PARTICIPANT RATINGS



Longitudinal Study

Changes in Users' Behavior



Supporting Others: Study found a **53% - 71% Increase** (*statistically significant*) in the number of peers that participants approached to discuss concern and referred to support services

Self-Referral: Participants reported a significant increase ($p < .05$) at the 3-month follow-up point in the likelihood that they would self-refer if they ever experience psychological distress

Table 1: CHANGES IN APPROACH AND REFERRAL RATES *

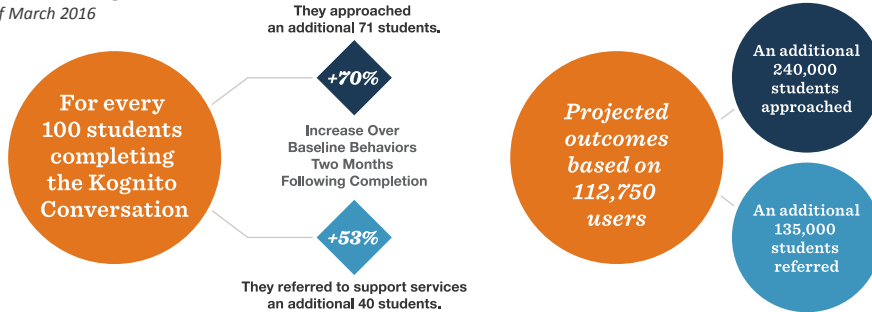
Average number of students that participants...	Baseline	Follow-up survey	Percent change
Were concerned about	1.75	2.23	27%
Approached to discuss concern	1.01	1.72	70%
Referred to support services	0.76	1.16	53%

*n=165 as we only included answers by participants who completed the pre- and follow-up surveys at least two months into the academic year.



Conversations That Result in Behavior Change

Kognito's At-Risk for College Students
112,750 users as of March 2016



Note: these numbers do not account for the impact of the simulation beyond 1 year.

Kognito analytics show compelling behavior improvements by students who have completed the At-Risk simulation as compared to pre-simulation baselines. Students are more confident and more competent in recognizing emotional concerns and talking to their peers, and where appropriate, motivating them to seek additional support services. Based on the 112,750 students completing the simulation to date, we are able to project a potential positive impact on the lives of some 240,000 students.

Note: This simulation is listed in National Registry of Evidence-Based Programs and Practices



Integrating Substance Use Education In Professional and Academic Settings

- **Engage the main stakeholders in Learning Collaborative**
Leading national associations, experts, practitioners, students, researchers, accrediting bodies, and 70+ schools of social work and nursing
- **Develop Adolescent SBIRT Curricula & Instructor's Toolkit**
Develop, implement, and evaluate adolescent SBIRT curriculum
Develop and disseminate Instructor's Toolkit
- **Develop and implement Kognito virtual patient simulation**
Offer deliberate practice in SBI skills
Provide scalable, standardized training and assessment solution
Provide stipends and evaluate simulation's effectiveness in Randomized Controlled Trial



SBI with ADOLESCENTS



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Evidence-based Development Approach



- Ongoing consultation w/ SMEs and end users throughout development
- Iterative development of all parts of the simulation
- Research support through automated surveys and user behavior data
- Only simulations listed on National Registry of Evidence-Based Programs & Practices (NREPP)





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SBI with Adolescents Help


Learn


- ▶ **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

- ▶  **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.



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Features

- Engaging didactic modules on SBIRT, MI, BNI
- Deliberate practice in conversation with virtual adolescents
- Undo button allows for more experimentation
- More comfortable than in-person role-play, esp. for novices
- Scalability: ease of implementation & dissemination (simply send the link & code)

- Competency assessment
- Available 24/7 from any computer
- Certificate of completion
- CE credits: 2.0 NASW, 2.0 ANCC CNE (CME pending)

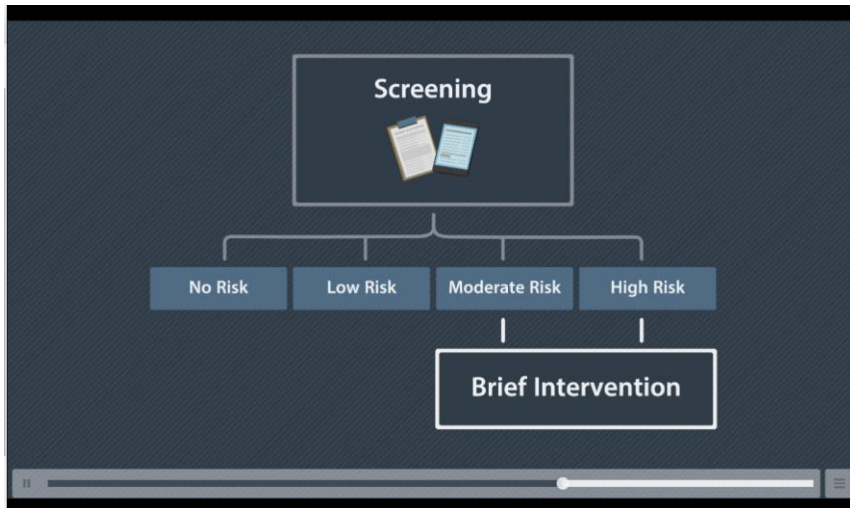


Screening and Learning Goals

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



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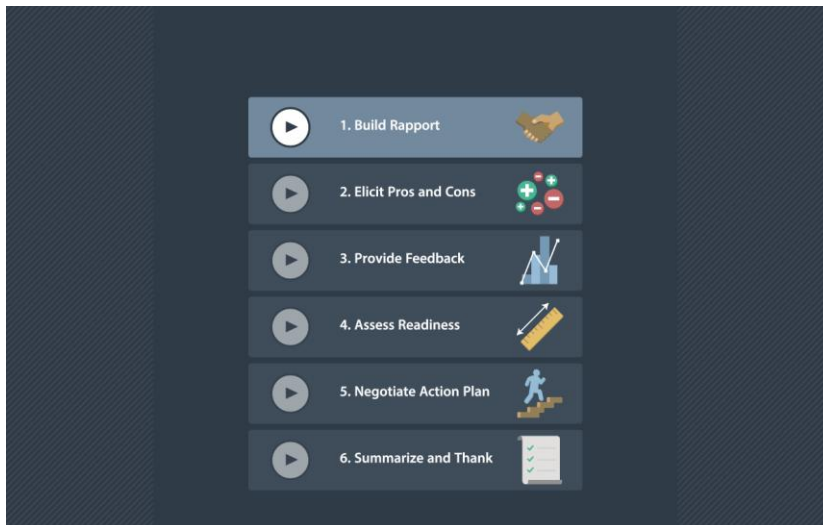


Brief Interventions: Learning Goals

- Motivational Interviewing techniques
- Steps of conducting a brief intervention



Brief Intervention: Steps



Virtual Interventions



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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



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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



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Feedback & Analytics



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Feedback & Analytics

Assessment Challenge: Kayla

Performance By Topic

Hours	Topic	Score
10	Build Rapport	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 help you build rapport.	
18	Elicit Pros and Cons	Out of 21
	Elicit pros	✓
	Elicit cons	✓
	Summarize	✓
	You did a great job with this step! There were a few options you could have selected to even more points.	
11	Provide Feedback	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.	
10	Assess Readiness	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.	

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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.”

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Questions?

Tracy L. McPherson, PhD

Senior Research Scientist, Public Health
NORC at the University of Chicago
mcperson-tracy@norc.org

Cyrille Adam, EdM

Senior Director, Health Programs
Kognito
cyrille@kognito.com

