

CTTL – Maloney Final Report for a “Try-It Mini-Grant”

Date: 18 May 2016

Applicant: S. Maggie Maloney, Ph.D., OTR/L, Vice-Chair and Asst. Professor

College: Doisy College

Department: Occupational Science and Occupational Therapy

Title of project: *Infusing Motivational Interviewing and SBIRT for Substance Use Disorders into the Master of Occupational Therapy Curriculum*

Title of course: MOT 5560 Occupational Therapy and Behavioral Health - II

Semester: Summer 2015 and Fall 2015

The new concept which I wanted to introduce to my students was a treatment protocol that has gained favour with physicians and nurses in primary-care settings. The protocol was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is known as the *Screening, Brief Intervention and Referral to Treatment (SBIRT)* tool. *SBIRT* is an evidence-based protocol used to identify, reduce, and prevent problematic use, abuse and dependence on alcohol and drugs. It allows professionals to systematically screen and assist people who may not be seeking help for substance use problems directly, but whose use is complicating their ability to successfully handle work, family or health issues. *SBIRT* is based on the tenets of the transtheoretical model of change which was developed by Miller and Rollick (2002).

There has been a great deal of research conducted on the inclusion of *SBIRT* training for medical, nursing and social work educational program, which all found positive results. For example, one study found that following the training, the nursing students expressed feeling it had a positive impact upon their self-efficacy, attitudes, and opinions about AOD, and increased their belief that addressing AOD was a nursing professional's responsibility. Discussions with other occupational therapy faculty at national conferences indicated minimal numbers of OT programs were including this topic in their curricula, and no study has been published regarding implementation of *SBIRT* in an occupational therapy curriculum. This is an important discrepancy since occupational therapists routinely encounter clients with alcohol and other drug (AOD) use, yet a survey of 128 practicing occupational therapist (OTRs) found that while 37% of them suspected their clients abused AOD, only 20% of them routinely screened their clients for AOD, only about 48% felt comfortable talking about AOD with clients, and approximately 30% doubted their ability to treat individuals with AOD abuse. Since I teach the behavioural health courses in the Master of Occupational Therapy Program, I felt compelled to address this discrepancy for future practitioners and to potentially have an impact upon the AOD abuse found within our society in general.

What Worked as Expected?

Objective: To develop and implement a learning unit on *SBIRT* and then to study the students' perceptions, knowledge and beliefs about *SBIRT* following the training.

After receiving the CTTL Mini-Grant, I undertook advance *SBIRT* and MI training in June 2015. I attended the advanced training on *SBIRT* and Motivational Interviewing, created a learning unit in my course MOT 5560 in Fall 2015 and then conducted a pilot research project to ascertain how and/or what effect this new content about *SBIRT* and MI had on Master of Occupational Therapy students' knowledge and beliefs about alcohol and other drug (AOD) abuse, and further, their beliefs about the occupational therapy clinician's role in screening for AOD abuse. I had also planned extending the research project to include focus group interviews with volunteer students once they had finished their occupational therapy practicum/fieldwork, which would have occurred from January-July 2016. .

I attended two workshops in June 2015. The first was a day-long workshop about Motivational Interviewing (held in Saint Louis) which covered motivational theories and included role-playing cases and video cases as part of the learning experiences to demonstrate techniques to measure and increase client motivation and reduce client resistance. The second event was a day-long workshop about *SBIRT* which was provided by Indiana University, in Bloomington, Indiana. It examined in detail the risks associated with AOD abuse, and how the risks are assessed in healthcare settings as well as presenting hands-on role-playing. This provided me with a solid foundation on the best practice techniques for screening patients, implementing a brief intervention, and discussing resources to link patients to referred treatment. Previous research studies about the outcomes/efficacy of *SBIRT* were also discussed.

In August 2015, I investigated available on-line videos to utilize as part of the learning units for the MOT 5560 course. I utilized the ADEPT Program (provided for free by the University of Missouri School Of Public Health) because it included pre- and post-tests to assess knowledge of the content. The ADEPT unit took about 2-3 hours to complete, so I gave the students a "study day" off from lecture to complete it. In addition, my GA and I created several 'scripts' for students to use to practice the concepts and skills with her and other students serving as 'mock' clients during their MOT 5560 weekly lab. I also created a linked-assignment which was a reflection paper to be completed as part of the course grade and submitted in paper format. The students wrote the reflection papers and turned them in for a grade in November 2015. Before returning the papers with their grades, my GA made photocopies of all 60 papers.

The unit was presented to the students in the fall semester as three parts: (1) a 2-hour lecture, (2) an on-line unit with videos, and (3) a practical lab to implement the *SBIRT* protocol.

Qualitative Study about the Learning Unit

After HSIRB approval was secured, and after the end of the Fall 2015 term, my GA randomly selected and deidentified 15 of the 60 papers from the students' in the class. Each paper was assigned a random participant name. Copies were made for the two researchers who independently conducted phenomenological content analysis to discern emergent themes. We then met to collaboratively discuss our findings several times per Giorgi's guidelines (2009).

The overall findings: A summary of the emergent themes and salient quotes are presented at the end of this report. In general, the students indicated a favorable response to *SBIRT* and envisioned utilizing it with future clients.

Conclusions: Including SBIRT training (with opportunities for role-playing) in MOT curricula could be a strategy to increase the number of trained health care professionals who could effectively initiate addressing AOD use/abuse with patients as part of a standard intake interview.

The paper about the study was then accepted as a peer-reviewed poster and presented at the American Occupational Therapy Association National Conference in Chicago, IL, in April 2016.

Where there any things which did not occur as planned?

I had intended to also collect quantitative data in the form of the pre- and post-test scores from the on-line ADEPT unit but through an electronic glitch, the University of Missouri was unable to provide the MOT student scores separate from their overall data base.

I had also intended to do a follow-up focus group with students who had finished their Level II Fieldwork (practicum) to ascertain if they did or did not utilize SBIRT protocol with any clients. However, because I will be changing universities in June 2016 before they complete their Level II Fieldwork experiences, I will not be able to do.

How might other faculty utilize this in the future?

In general, I believe that the use of the videotaped 'cases' and role-playing scenarios added to the experiential learning for the students, which increased their sense of self-efficacy in emulating this in their own interactions with clients.

Expenditures

Item	Brief Description	Expected Cost
1. Tuition to attend a one-day professional development workshop on Motivational Interviewing	Date: June 26, 2015 8:30-4:00 Title: Motivational Interviewing: Eliciting Clients' Own Arguments for Change Provider: PESI (a non-profit mental health training organization) www.PESI.com	\$130 for tuition \$160 for materials and books
2. Hotel Room and meals to attend out-of-town course on SBIRT	Date: June 19, 2015, 8:30-4:30 Title: SBIRT Implementation Training Provider: Indiana Prevention Resource Center & Indiana University- Bloomington School of Public Health in Bloomington, Indiana Cost: the course is free, but it will require costs for a hotel stay and meals	Two Nights Hotel: \$140x 2 = \$280 3 Days of Meals: \$33x3 = \$99

	<i>EMERGENT THEMES</i>
#1: <i>Expanding my knowledge base of AOD abuse</i>	<ul style="list-style-type: none"> • Pervasiveness of abuse • Cannot judge by exterior • Many health detriments • Risky level: # of drinks/day is low • Misuse of prescriptions
#2 <i>Strengthening my therapeutic use of self</i>	<ul style="list-style-type: none"> • Non-judgmental stance • Listen to the client's <i>struggle</i> • Develop rapport through open-ended questions • Provide a safe outlet • More confidence = more at ease
#3 <i>Adding SBIRT to "my OT toolbox"</i>	<ul style="list-style-type: none"> • Client ambivalence is normal • Role is <u>not</u> to 'Fix the client' • Help guide client to own change
#4 <i>Meeting a societal need as a future OTR</i>	<ul style="list-style-type: none"> • AOD abuse effects multiple roles, and impairs occupational performance

SALIENT QUOTES:

THEME #1: Knowledge of AOD abuse

“I believe most clients wouldn’t know if they were consuming too much...[with] detrimental consequences.” “...*if not addressed, it could continue to become worse and put the client’s life in danger.*”

THEME #2: Therapeutic use of self

“...important that you don’t come off as judging them”
 “...*help clients to not put up barriers because they feel accused*”
 “...just listen and accept the client’s reluctance to change...allows the client to be in full control”

THEME #3: SBIRT and “My OT Toolbox”

“...*now I feel more competent and comfortable when it comes to talking to clients about topics that may seem awkward...*”
 “but I [still] feel more comfortable talking with clients about their prescription use than I do their illegal drug use...I don’t know that culture.”

THEME #4: Meeting a Societal Need

“*it is critical to address the topic of substance use/abuse with all clients*”
 “I was surprised by lack of other health professionals addressing this important dimension of mental health...”
 “...*I realize the duty I have as a future practitioner to be screening...OTs are in such a great position to be having this conversation with our clients.*”