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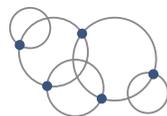
Addiction Technology Transfer Center Network
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ATTC WHITE PAPER:

PREPARING STUDENTS TO WORK IN INTEGRATED
HEALTH CARE SYSTEMS

FEBRUARY 2017



ATTC

Advancing the Integration
of Substance Use Disorder
Services and Health Care

Prepared by:

ATTC Pre-service Education Workgroup

Eric Goplerud, Ph.D.

Holly Hagle, Ph.D.

Tracy McPherson, Ph.D.



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Corresponding Author: Holly Hagle, Ph.D., Director, IRETA, National SBIRT ATTC, holly@ireta.org

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Sean Bear I, BA, CADC
Senior Behavioral Health & Training Coordinator
National American Indian & Alaska Native ATTC

Jim Bradley
Field Trainer/Analyst
South Southwest ATTC

Crystal Downey
Project Coordinator
National SBIRT ATTC

Deborah Finnell, DNS, PMHNP-BC,
CARN-AP, FAAN
Associate Professor
Director, Master's & DNP Programs
Johns Hopkins School of Nursing

Maureen Fitzgerald, BA*
Communications Coordinator
ATTC Network Coordinating Office

Eric Goplerud, Ph.D.*
Vice President and Senior Fellow
NORC at the University of Chicago

Holly Hagle, Ph.D.*
Director
National SBIRT ATTC

Renata Henry, M.Ed.
Director
Central East ATTC

Melva Hogan
National SBIRT ATTC

Laurie Krom, MS*
Director
ATTC Network Coordinating Office

Piper Lincoln, MS
Research Associate
National SBIRT ATTC

Dawn Lindsay, Ph.D.*
Director of Research & Evaluation
National SBIRT ATTC

Adrienne Lindsey*
Senior Research Specialist
Pacific Southwest ATTC

Jessica Mace
Administrative Assistant
National SBIRT ATTC

Tracy McPherson, Ph.D.*
Senior Research Scientist
NORC at the University of Chicago

Philip E. Orrick
Director
South Southwest ATTC

Jeanne Pulvermacher, MS
Project Manager
ATTC Network Coordinating Office

Anne Helene Skinstad, Ph.D.
Director
National American Indian & Alaska Native
ATTC

Vicki Staples, M.Ed.*
Associate Director of Clinical Initiatives
Pacific Southwest ATTC

Dawn Tyus, M.Ed., LPC, NCC
Director
Southeast ATTC

Jessica Williams, MPH*
Director of Communications and Health
Promotion
National SBIRT ATTC

Wendy Woods, M.A.
Project Manager-Curriculum
National Frontier and Rural ATTC

*Significant contribution to the writing of the
paper

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Tracy McPherson, Ph.D.



Introduction

Within some Native American cultures, the “7th generation” principle dictates that, when making decisions, we must consider how our actions will affect our descendants seven generations into the future (Larkin, 2016).

The substance use disorder (SUD) prevention, treatment, and recovery workforce is changing because of federal health care laws, scientific advancements, and other influences. SUD services are becoming more integrated with mental and physical health care (Addiction Technology Transfer Center Network, 2015). With this evolution, pre-service education programs need to evaluate how generalist and specialist health and behavioral health practitioners are prepared to enter the workforce. They must determine what students will need to be able to know and do to perform competently in integrated settings. The Addiction Technology Transfer Center (ATTC) Network, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), has more than 20 years of experience in advancing pre-service education for health and behavioral health. In this paper, the ATTC pre-service education workgroup addresses how such advancements must progress so that health professionals will be equipped to appropriately care for patients who have, or who are at risk of developing, SUD seven generations into the future.

About the ATTC Network

The ATTC Network is comprised of ten Regional Centers, four National Focus Area Centers, two Centers of Excellence, three International Centers, and a Network Coordinating Office. ATTCs develop the health and behavioral health care workforce by promoting the adoption and implementation of research-based, culturally appropriate SUD interventions. Employing a full array of technology-transfer techniques, including product development, academic education, training, technical assistance, skills building, distance learning, coaching, and implementation support, ATTCs help individuals, organizations, and systems prepare for, make, and sustain change.

For more than two decades, the ATTC Network has championed and actively advanced pre-service education. Pre-service education is defined as educational training for professionals that takes place prior to graduation and licensure. It usually occurs at a college, university, or post-secondary setting (Health Alliance International, 2014). ATTC efforts in pre-service education are numerous. For example, the ATTC Network originally developed the competencies for addiction counselors. This document evolved into SAMHSA’s Technical Assistance Publication (TAP) 21 (Center for Substance Abuse Treatment [CSAT], 2006) and has been revised, with leadership from the ATTCs, several times. TAP 21 is the foundation for workforce development in the SUD treatment field. It has been used as a core component of pre-service educational activities since its inception. Examples of other ATTC pre-service education efforts are featured later in this paper.

1. Non-specialty Workforce Lacks Knowledge and Skills Related to Substance Use

This paper is one of a series of papers published by the ATTC Network as part of the “Advancing the Integration of Substance Use Disorder Services and Health Care” project. In the previous papers, the ATTC authors described how the Patient Protection and Affordable Care Act (ACA) and the Mental Health Parity and Addiction Equity Act (MHPAEA) are drastically transforming the health care system in the United States (Addiction Technology Transfer Center Network, 2014; 2015; 2016).

The ATTC authors explained how the settings in which SUD treatment takes place and the types of practitioners charged with providing treatment are expanding. For decades, much of SUD treatment, especially for those patients who could not otherwise afford it, occurred in specialty service settings financed by the government through mechanisms like the Substance Abuse Prevention and Treatment Block Grant (SABG). Health care reform has disrupted this model. Treatment for all but the sickest patients is now being (or will soon be) provided in integrated care settings by interprofessional health care teams.

SAMHSA defines integrated care as the systematic coordination of mental health, SUD, and health care services (SAMHSA-HRSA Center for Integrated Health Solutions [SAMHSA-HRSA CIHS], 2015). Integration expands access to care for patients who may engage in high-risk substance use. While a patient diagnosed with a severe SUD who receives treatment will likely continue to be treated in

a specialty setting, integrated care expects that primary care providers (PCPs) will provide screening, patient education, and brief interventions in the non-specialty medical setting to those whose use does not rise to the severe level. Therefore, PCPs will need to have the capacity to provide, or to collaborate with specialists who can provide, screening, patient education, and intervention for SUDs. Unfortunately, many PCPs do not currently have such capacity.

Primary Care Providers’ Knowledge and Training

PCPs have limited knowledge of healthy/unhealthy drinking guidelines and a limited understanding of the risks associated with episodic and chronic drinking and drug use (Young, Davis, Schoen, & Parker, 1998; Littlejohn, 2006; Cuijpers, Riper, & Lemmers, 2004; Ballesteros, Gonzalez-Pinto, Querejeta, Ariño, 2004; McCance-Katz & Kosten, 2005). PCPs lack the skills to utilize substance use screening tools and interpret screening results (Lock et al., 2009; Solberg et al., 2008; Raistrick, Heather, & Godfrey, 2006; Kaner, Heather, McAvoy, Lock, & Gilvarry, 1999b; Johnson, Jackson, Guillaume, Meier, & Goyder, 2011; Williams et al., 2011, Lock & Kaner, 2004; Littlejohn, 2006; Peltzer, 2009; Ries, Miller, & Fiellin, 2009). When screenings are used and a patient screens positive for high-risk or severe substance use, many PCPs are not competent in evidence-based interventions to care for the patient and/or are unaware of the research regarding differences between effective and ineffective therapies (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Helfrich, Weiner, McKinney, & Minasian, 2007).

Many PCPs are not skillful in counseling and motivational interviewing techniques, (Lock et al., 2009; Anderson, 1985; Babor & Higgins-Biddle, 2000; Aira, Kauhanen,





Larivaara, & Rautio, 2003; Aspy et al., 2008; Lock & Kaner, 2004; CDC, 2014; Young et al., 1998; Beich, Thorsen, & Rollnick, 2003; Saitz, Mulvey, Plough, & Samet, 1997; Peltzer, 2009; McCambridge & Kypri, 2011; Babor, Robaina, Nilsen, Kaner & Li, 2011; McCance-Katz & Kosten, 2005; Ries et al., 2009; Coffield et al., 2001; Cunningham, 2009; Damschroder & Hagedorn, 2011). They are unfamiliar with anti-craving medications and pharmaceutical treatments for SUDs (Bernstein et al., 2009; Damschroder & Hagedorn, 2011). They are also generally unaware of the effectiveness of psychosocial interventions by non-medical clinicians (Bernstein et al., 2009; Latimer, Guillaume, Goyder, Chilcott, & Payne, 2010; Gilinsky, Swanson, & Power, 2011). Finally, PCPs do not have established referral processes to community substance use treatment and recovery support resources (Peltzer, 2009).

Attitudes Influence Providers' Effectiveness in Treating SUDs

PCPs' attitudes may also inhibit their ability to provide adequate services to patients with SUDs. Anderson (2004) and colleagues (Aira et al., 2003; Moriarty et al., 2012) surveyed physician attitudes and conducted a systematic

literature review of 15 randomized controlled trials of PCP engagement strategies. They found that PCPs consider themselves less prepared and less effective in advising their patients with substance use problems than in other areas of clinical prevention, such as tobacco dependence and weight control. Training and support increased PCPs' screening and brief intervention (SBI) rates (Aira et al., 2003) but only for practitioners who already felt secure and committed in working with people who engage in high-risk drinking. Training and support did not improve PCPs' attitudes toward working with people who engage in high-risk drinking. In fact, training and support worsened the attitudes of those who were already insecure and uncommitted.

Similarly, Wilson and colleagues (Wilson et al., 2011) conducted a systematic review of PCP attitudes and found that PCPs perceived asking about alcohol use to be more sensitive than asking about tobacco, overeating, or exercise; they felt unsure of the justification of initiating SBI with their patients, and they lacked confidence in their abilities. A few studies established positive effects of training and education on health professionals' attitudes and perceived knowledge in working with patients with SUDs (Nilsen, 2010; Roche & Freeman, 2004; Mitchell

et al., 2013; Kane et al., 2014; Puskar, Mitchell, Kane, Hagle, & Talcott, 2014). However, much more work needs to be done to address the negative views of health care providers toward

patients who use substances (Lock et al., 2009; Damschroder et al., 2009; Issacson, Fleming, Kraus, Kahn, & Mundt, 2000).

Research clearly demonstrates that PCPs do not have the knowledge, skills, or attitudes to effectively screen for problematic substance use, appropriately educate regarding risky use, intervene to reduce the level of use, and/or refer patients with SUDs to specialty treatment. Nevertheless, due to the integration of health and behavioral health care, primary care providers will need to provide these services. In the ATTC white paper “Building Capacity for Behavioral Health Services within Primary Care and Medical Settings” (ATTC Network, 2016), the authors address how to tackle this challenge by developing the existing workforce. However, educating health professionals currently practicing does not go far enough. To ensure that individuals with SUDs receive quality care seven generations into the future, it is critical to transform the way health professionals are academically prepared.

2. Scant Opportunities to Learn about Substance Use in Pre-service Educational Programs

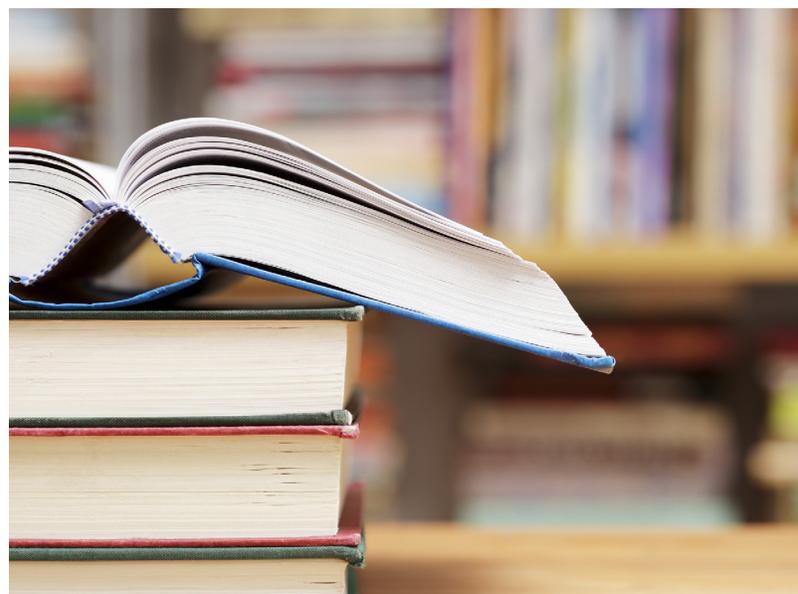
Most physicians, nurses, social workers, psychologists, and other health professionals receive sparse formal education or supervised pre-professional clinical work related to SUDs (Solberg et al., 2008; Lock, 2009; Gomel, Wutzke, Hardcastle, Lapsley, & Reznik, 1998; Osborne & Benner, 2012; Finnell, 2012). For example, the average medical school requires few hours to be devoted to the study of addiction, and the majority of that training addresses the treatment of intoxication and dependence, not prevention or risky substance use (Bradley et al., 2006). Medical schools rarely include stand-alone courses in addiction medicine (Bradley et al., 2007) and barely incorporate SUDs into other coursework. A survey of residency training program directors in seven medical specialties found that 56% reported having required curriculum content in preventing and treating addiction; however, the median number hours for this content ranged from just 3 (emergency medicine and obstetrics/gynecology) to 12 (family medicine).

Medical and Nursing Students Unprepared to Treat Patients with SUD

Medical students do not feel prepared to care for patients with problematic substance use. In a 2012 study, internal medicine students at a large teaching hospital were surveyed on their perceived level of preparation to diagnose and treat addiction. Most survey respondents ranked their overall instruction in addiction as poor and reported feeling unprepared to treat or diagnose addiction (Wakeman et al., 2013). A follow-up study using the same survey instrument showed that the students felt better prepared to diagnose and treat SUDs but still in need of more SUD instruction (Wakeman et al., 2014).

In 2016, the American Board of Medical Specialties recognized addiction medicine as a new specialty (American Board of Medical Specialties, 2016). This development may increase the opportunities in some medical schools for learning about SUDs or incorporating rotations in addiction medicine, which, in turn, may increase the number of physicians able to care for people with SUDs. Such a transformation is sorely needed. In 2012, the American Medical Association (AMA) estimated that of the 985,375 active physicians, only 582 self-identified as addiction specialists (American Medical Association, 2012).

Nursing programs also lag in preparing graduates to screen or treat patients with risky, harmful, or severe substance use. A survey of baccalaureate nursing programs in 2013 found that little progress had been made in the 24 years since an earlier survey. The average number of substance use-related content hours nursing students received was 11, with most of the content related to the treatment of alcohol dependence (Tabak, Khoong, Chambers & Brownson, 2012; Babor & Higgins-Biddle, 2009;



Savage, Dyehouse, & Marcus, 2014). Finnell (2012) suggested that current nursing curricula provide little education and clinical practice time devoted to providing care for patients with high-risk or dependent substance use, resulting in nurses entering the workforce unable to competently detect hazardous substance use among their patients and intervene accordingly.

Research has shown that if nurses deliver screening, brief interventions, and referral to treatment (SBIRT), patients will accept it. For example, a cross-sectional survey of patients at a large university-affiliated medical center showed high acceptance for nurse-delivered SBIRT, emphasizing the need for appropriate SBIRT training for nurses (Broyles, Rosenberger, Hanusa, Kraemer, & Gordon, 2012).

Behavioral Health Pre-service Education: SUDs Not Always Covered

Even in the behavioral health field, SUDs are not always included in academic programming. For example, social workers, who play a critical role in providing behavioral health services in integrated care settings, are not adequately prepared to treat SUDs (Funk et al., 2005; Quinn, 2010). A 2014 study demonstrated that only one of 58 masters of social work (MSW) programs reviewed required at least one course in SUDs (Russett & Williams, 2014); only 6.5% of Council on Social Work Education (CSWE)-accredited MSW programs have an SUD concentration track, and only four schools have a required course in SUDs for all students (Aalto, Pekuri, & Seppa, 2003). Among bachelors' social work programs in the US, only 25% offer one or more courses in SUDs (Glasgow et al., 2012). This lack of training related to SUDs in social work education negatively impacts clinicians' attitudes toward clients with problematic substance use as well as their opinions about offering screening and treatment (Williams et al., 2011, Anderson et al., 2004).

Psychologists also do not necessarily receive adequate preparation in SUDs in pre-ser-

vice academic programs. The Association for Medical Education and Research in Substance Abuse (AMERSA) notes that "routine training in the recognition, diagnosis, assessment, and treatment of SUD has been surprisingly slow to emerge within the discipline of psychology" (AMERSA, 2002; Winerman, 2013). Furthermore, Burrow-Sanchez, Call, Adolphson, & Hawken (2009) found that psychologists working in education settings, who are among the most likely personnel to deliver mental health and substance use services, need and want more training in working with students who use substances at risky, harmful, or severe levels.

In addition to the scant opportunities to learn about substance use in multiple pre-service educational programs, there is insufficient training capacity for the current professional workforce for effective integration (Hall et al. 2015).

3. Substance Use Related Competencies for Health Professionals

For much of the health and behavioral health workforce, pre-service educational programming is lacking when it comes to preventing and treating SUDs. With more than 21.7 million people aged 12 and older in need of SUD treatment (Lipari, Park-Lee, & Van Horn, 2016), the active adoption of core educational competencies related to substance use in pre-service education programs is essential to building health and wellness in communities across the country. Highlighted below are several organizations that have put forth the core knowledge, skills, and attitudes that health professionals need to effectively care for people who have, or who are at risk of developing, substance use disorders.



Association for Medical Education and Research in Substance Abuse (AMERSA)

In 2002, the AMERSA Strategic Planning Advisory Committee developed a four-point statement that described the minimum SUD knowledge and skills required for all health professionals:

All health professionals should receive education in their basic core curricula to enable them to understand and accept alcohol and other drug abuse and dependence as disorders that, if appropriately treated, can lead to improved health and well-being.

All health professionals should have a basic knowledge of SUDs and an understanding of their effect on the patient, the family, and the community. Each practitioner should

understand the evidence-based principles of universal, selected, and indicated substance use prevention as defined by the Institute of Medicine.

All health professionals should be aware of the benefits of screening for potential or existing substance-related problems, as well as of appropriate methods for intervention.

All health professionals should have core knowledge of treatment and be able to initiate treatment or refer patients for further evaluation and management. At a minimum, all health professionals should have the ability to communicate an appropriate level of concern and the requisite skills to offer over information, support, follow-up, or referral to an appropriate level of services (AMERSA, 2002).

United Nations Office on Drug Use and Crime (UNODC): International Standards for the Treatment of Drug Use Disorders

The UNODC was established in 1997 and operates an extensive network of field offices in all regions of the world. The charge of the UNODC is to help its member states' efforts against illicit drugs, crime, and terrorism. In 2016, the UNODC's Commission on Narcotic Drugs prepared the draft document, *International Standards for the Treatment of Drug Use Disorders*. The document is designed to serve as a tool for developing policy; planning, organizing, and managing drug treatment services; developing the workforce; and evaluating interventions. UN members approved it in April 2016 at UNGASS 2016, the Special Session of the United Nations General Assembly on the World Drug Problem.

The International Standards for the Treatment of Drug Use Disorders are framed within seven guiding principles. These principles state that treatment must be accessible and appropriate; delivered based on universal ethical standards of human rights; coordinated effectively between the criminal justice system and human services; based on scientific evidence; responsive to the needs of special subgroups and conditions; managed effectively to facilitate treatment goals; and integrated with other health care and human services to promote comprehensive care. These principles and standards are intended to ensure that people with SUDs receive “nothing less than ethical and science-based standards of care that are available similar to the standards used in treatment of other chronic diseases.” (UNODC-WHO, 2016).

SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)

CIHS published core competencies on integrated practice relevant to behavioral health and PCPs. These core competencies, developed by the Annapolis Coalition on the Behavioral Health Workforce, are divided into nine categories: interpersonal communication; collaboration and teamwork; screening and assessment; care planning and care coordination; intervention; cultural competence and adaptation; systems-oriented practice; practice-based learning and quality improvement; and informatics. In addition to serving as a resource for employers to shape such activities as employee on-boarding and performance reviews, CIHS intends the competencies to inform educators as they develop curricula and training programs on integrated care (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014). While not specifically related to SUDs, these competencies set the foundation for caring for people with any behavioral health disorder in an integrated behavioral and physical health practice.

Agency for Healthcare Research and Quality (AHRQ)

AHRQ’s Academy for Integrating Behavioral Health and Primary Care is a “national resource and a coordinating center for people committed to delivering comprehensive, whole-person health care” (www.integrationacademy.ahrq.gov). On behalf of the Academy, Kinman, Gilchrist, Payne-Murphy, & Miller (2015) conducted an extensive literature review, which included articles that either discussed areas of competence for providers or staff working in integrated primary care or discussed practice-level competencies for primary care settings. As a result of the review, the authors highlighted a comprehensive set of competencies required to advance integration efforts and provide comprehensive care to improve patient outcomes. On the practitioner level, these competencies cover the following areas: identification and assessment of behavioral health needs; treatment of behavioral health needs; management of agenda setting, prioritization, and strategic workflow in the culture of primary care; patient engagement; whole-person care and cultural competency; team-based care and collaboration; communication; and professional values and attitudes. (Kinman, Gilchrist, Payne-Murphy, & Miller, 2015). Similar to CIHS, AHRQ does not limit their competencies to SUDs but expands the knowledge, skills, and attitudes needed to engage in whole-person care to include behavioral health care.

Interprofessional Collaborative Practice (IPCP)

IPCP refers to teams of nurses, public health workers, addiction counselors and/or behavioral health counselors caring for a whole person’s health and wellness. A foundational monograph for IPCP titled, “Core competencies for interprofessional collaborative practice: Report of an expert panel,” resulted from the collective efforts of the American Association of Colleges of Nursing, the American Associ-

ation of Colleges of Osteopathic Medicine, the Association of Schools of Public Health, the American Association of Colleges of Pharmacy, the American Dental Education Association, and the Association of American Medical Colleges. The authors of the monograph expressed a “vision of interprofessional collaborative practice as key to the safe, high-quality, accessible, patient-centered care desired by all.” They asserted that “achieving that vision for the future requires the continuous development of interprofessional competencies by health-professions students as part of the learning process so that they enter the workforce ready to practice effective teamwork and team-based care” (Interprofessional Education Collaborative Practice [IEPCEP], 2011, p.i). While ICPC does not focus specifically on substance use, ICPC competencies can provide a foundation for preparing people to work in integrated health care settings and an openness to incorporating care for all of a patient’s needs, including their needs related to SUDs, into the roles of all health professionals who work in those settings.

4. ATTC Recommendations for Advancing Pre-service Education



Federal health care laws are driving integration of behavioral health and primary care. Care integration requires non-specialty health and behavioral health professionals to provide SUD screening, education, intervention, and/or referral to specialized care; however, most PCPs do not have the capacity to effectively perform these services due, in part, to limited training in pre-service academic programs. Several organizations have outlined the competencies PCPs require to provide high-quality whole-health care to people, including people who have, or who are at risk of developing, SUDs.

To make progress in this critical health care issue, the ATTC Network recommends that pre-service health and behavioral health education:

Include instruction and skill-building opportunities (in real-world settings, when available) on screening, brief intervention, and referral to treatment (SBIRT). (ATTC Network, 2015).

Integrate AMERSA, UNODC, CIHS, AHRQ, and ICPC core competencies into pre-service education via curriculum infusion.

Integrate relevant TAP 21 competencies into pre-service education via curriculum infusion, as appropriate depending on the degree program (i.e., some disciplines may not need the full array of competencies required of specialty addictions professionals).

Incorporate discussion of and, when possible, practice in using health information technologies to treat patients with SUDs.

Develop students' knowledge of working in interprofessional collaborative practice teams (IPCP).

5. Sample Projects that Are Transforming Pre-service Education

Fortunately, there are examples of how to transform academic programming to meet current needs and incorporate new science. The federal government is driving several of these efforts, while universities, especially medical schools, are driving others.

SAMHSA Initiatives

College SBIRT Grants

Since 2003, SAMHSA has funded 12 College SBIRT grants, 17 Medical Residency cooperative agreements, and more than 50 SBIRT Medical Professionals Training grants (<http://www.samhsa.gov/sbirt/grantees>).

ATTCs have enthusiastically participated in these SAMHSA SBIRT grants:

Arizona State University (ASU), one of the sites of the Pacific Southwest ATTC, runs a project titled, “The ASU SBIRT Training & Implementation Collaborative (ASU-STIC).” Through ASU-STIC, students in the several health-related professional training programs (Social Work, Clinical Psychology, Nursing, Counseling Psychology, and Integrated Behavioral Health) are exposed to and develop new knowledge and skills in SBIRT. This project provides: 1) awareness and exposure of the SBIRT model to students through curriculum infusion into existing courses and training experiences, 2) knowledge and skill development for students through expansion and cross-listing of existing ASU courses in SBIRT, Motivational Interviewing, and Brief Interventions in Primary Care, and 3) field-based experiential practice through enhanced field placement and practicum placements, involving health care and related placement agencies. The Pacific Southwest ATTC was also the

training arm of the SAMHSA-funded “L.A. SBIRT Network” training grant. From 2013-2016, L.A. SBIRT Network embedded SBIRT curriculum into nursing and medical residency programs at UCLA and a social work program at USC.

The University of Missouri-Kansas City (UMKC), the site of the Mid-America ATTC Regional Center, has held two SAMHSA funded “UMKC SBIRT” interprofessional training grants. From 2013 through 2016, the UMKC-SBIRT Project embedded SBIRT curriculum into baccalaureate nursing (BSN), advanced practice (NP) nursing, master of social work (MSW), and clinical psychology doctoral programs, training a total of 546 students. UMKC began a second SBIRT project in October 2016, which embeds SBIRT curriculum into dentistry, medicine, internal medicine residency, and emergency medicine programs.

Other ATTCs that have played critical roles in the SAMHSA SBIRT interprofessional training grants include: the National SBIRT ATTC (and former Northeast ATTC) through a partnership with the University of Pittsburgh, the Southeast ATTC located at Morehouse School of Medicine, the National Frontier and Rural ATTC located at the University of Nevada-Reno, and the Northwest ATTC located at Oregon Health and Sciences University. The Central Rockies ATTC participates in the University of Utah Medical Professional Training Programs through the SAMHSA SBIRT-Medical Professional Training grant.

Historically Black Colleges and Universities Center for Excellence in Behavioral Health

SAMHSA has also funded the Historically Black Colleges and Universities Center for Excellence (HBCU-CFE) in Behavioral Health. The HBCU-CFE, located at Morehouse Univer-

sity (home of the Southeast ATTC), provides technical assistance and on-site and distance learning to all 105 HBCUs. It works to promote student behavioral health, expand the ability of campuses to provide culturally appropriate health services, disseminate best practices, and develop the behavioral health workforce.

SAMHSA and HRSA Workforce Education and Training Grants

Furthermore, SAMHSA and the Health Resources and Services Administration (HRSA) have recently partnered to provide funding to advance the pre-service education of the workforce through “Behavioral Health Workforce Education and Training” and “Behavioral Health Workforce Education and Training for Paraprofessionals” grants. This funding, which provides for student stipends, supports pre-degree clinical internships and field placements for master-level social workers, psychologists, professional counselors, psychiatric-mental health nurse practitioners, marriage and family therapists, and doctoral-level psychologists. It also supports education and training of students in community and technical colleges, including tribal colleges and universities, who are seeking to obtain a certificate in a paraprofessional field focusing on the behavioral health needs of at-risk youth and families.

Paraprofessional certificate programs may include community health worker, outreach worker, social services aide, mental health worker, substance abuse/addictions worker, youth worker, promotora, and peer paraprofessional (Health Resources and Services Administration [HRSA], 2016). The purpose of the funding is to increase the number of behavioral health professionals prepared to work in settings that integrate behavioral health and primary care and to build a culturally competent workforce prepared to work with children, adolescents, and transition-aged youth who have or are at risk of developing a behavioral health disorder.

Medical schools and other stakeholders

Even beyond these SAMHSA/HRSA-funded efforts, more medical schools are expanding their curricula related to preventing and treating SUDs.

In March 2016, more than 60 medical schools announced that students would be required to take some form of prescriber education. (The White House, 2016).

In Massachusetts, four medical schools, UMASS, Harvard, Tufts, and Boston University, that form the National Institute on Drug Abuse (NIDA) Center of Excellence for Physician Information, are developing curriculum on prescription drug abuse. (Ducharme, 2016).

Stanford Medical School has made addiction training a requirement for doctors in all subspecialties (Jacewicz, 2016).

Hazelden Betty Ford Foundation

Medical schools can also take advantage of several opportunities being offered by non-university stakeholders. For example, the Hazelden Betty Ford Summer Institute for Medical Students is an experiential learning for medical students that provides real-world training on addiction and recovery (Hazelden Betty Ford Foundation).

Institute for Research, Education, and Training in Addiction (IRETA)

Similarly, the Institute for Research, Education, and Training in Addiction (IRETA), the home of the National SBIRT ATTC, offers the Scaife Medical Student Fellowship in Alcohol and Other Drug Dependency (explained later). In addition, Hazelden Betty Ford Foundation, the Treatment Research Institute, the American Society of Addiction Medicine, and MedU developed a course to which medical schools may subscribe entitled, “Course on Addiction and Recovery Education” (Hazelden Betty Ford Foundation).

Substance Abuse Research Education and Training (SARET)

Finally, Substance Abuse Research Education and Training (SARET), offered by the Department of Population Health at the New York University School of Medicine, is designed to spur interest among NYU students from diverse disciplines about addiction (New York School of Medicine, Substance Abuse Research Education and Training).

Progress is being made in advancing the way health professionals are prepared to care for people who have, or who are at risk of developing, SUDs. However, without strategic and purposeful planning and coordination, the efforts currently underway will not be enough to sustain the kind of transformation needed to address the problem as it exists today comprehensively. With an opioid misuse and overdose epidemic sweeping the nation and tens of millions of people in need of treatment for a diagnosable SUD (U.S. Department of Health and Human Services, Office of the Surgeon General, 2016), pre-service education programs need the tools and expertise to re-invent the way they teach students about substance use and SUDs so that changes are sustained for even more than seven generations into the future.

6. ATTC Resources and Expertise to Support Pre-service Education



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

What do pre-service education programs need? An understanding of the competencies required, experts to provide practical advice about how to change coursework to incorporate the competencies, resources and tools that faculty can readily infuse into their syllabi, and implementation plans and strategies to ensure appropriate attention to organizational-change best practices.

The ATTC Network has more than two decades of experience in providing such support. Below are several examples that illustrate how the ATTCs can and do assist health professional pre-service education and other workforce-development programs. These examples are divided into three categories: direct delivery, comprehensive support, and curriculum infusion.

Direct Delivery of Educational Content

The National Frontier and Rural and Pacific Southwest ATTCs

The Pacific Southwest ATTC, National Frontier and Rural ATTC, and the Center for the Application of Substance Abuse Technologies (CASAT) support a Minor and Certificate Program in Addiction Treatment Services at the University of Nevada, Reno. These pre-service programs were started under a previous ATTC grant, the Mountain West ATTC. The Minor/Certificate programs were initially developed to grow the addiction counseling workforce in Nevada but have spread as they became avail-

able online in the U.S. and soon in the Pacific Jurisdictions.

The curriculum is designed to lead a student from a largely didactic knowledge base to one that increases practical application of theory and research through experiential classroom activities, supervised practice, observation in clinical settings, and practice in clinical settings. The program offers stackable credits, with each of the six classes building upon the other, and includes class assignments that promote self-examination and reflection regarding attitudes toward substance use and mental health disorders. Instructors and ATTC and CASAT staff infuse cutting-edge research into the courses through annual course review. In addition, each course is aligned with TAP 21: The Addiction Counseling Competencies (CSAT, 2006) created by the ATTCs in collaboration with SAMHSA as previously discussed. Updates in the curriculum reflect the new emphasis on integration of physical and behavioral health and the use of telehealth technologies. These changes highlight service delivery trends, which is essential, as practitioners tend to adhere to practices they learn in their academic programs.

A Peer Support Specialist Certificate program is also available, with new courses added to the minor/certificate program focusing on wellness and behavioral health issues in the criminal justice systems. Students earning the Peer Support Specialist Certificate can then go on to earn the Minor or Certificate in Addiction Treatment Services.

Arizona State University's Center for Applied Behavioral Health Policy

The Pacific Southwest ATTC also engages in a variety of pre-service education initiatives in Arizona through ASU's Center for Applied Behavioral Health Policy (CABHP), which has developed pre-service curriculum to prepare

future practitioners in evidence-based interventions. CABHP/ ATTC staff designed and deliver a 7.5-week SBIRT course for doctoral students in ASU's Doctor of Behavioral Health program. More than a hundred students have enrolled in IBC 780: Integrated Behavioral Health Interventions for Substance Use since its inception in 2012. The eight-week online course utilizes synchronous and asynchronous content delivery, as well as materials and resources developed by former SAMHSA SBIRT grantees.

Similarly, in 2014, the CABHP adapted an existing course, SWG 630: Brief Social Work Interventions, to include a five-week unit on the SBIRT model and a six-week unit on Motivational Interviewing. The purpose of this course adaptation was to prepare social work students to address substance use in a briefer timeframe than what is traditionally provided. The course also prepares students to provide substance use interventions in medical and/or integrated settings, as an increasing number of social work students intern in these practice settings.

Pre-service activities in development include a proposal to ASU's Office of Graduate Education Programs to create an interdisciplinary correctional counseling certificate program that will blend concepts of motivational interviewing, brief interventions, and core correctional practices. This course will be housed in ASU's School of Criminology and Criminal Justice.

The CABHP also makes community trainings available to ASU students at a reduced rate and routinely speaks at student symposiums, such as the School of Social Work's Spring Speaker Series.

The Central Rockies ATTC

The Central Rockies ATTC, housed at the Utah Addiction Center, University of Utah, provides ongoing educational coursework for students and working professionals in both pre-service and post-service classes. Many of the courses focus specifically on integrating behavioral and physical health. Courses include: SBIRT, Adolescent Brain Development, Clinical Supervision, Cognitive Impairment and

Modifying Treatment Protocols, Neurobiology of Addiction, Pharmacology of Drugs, Motivational Interviewing, Trauma Informed Care, as well as the American Society for Addiction Medicine Patient Placement Criteria, and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

The Central Rockies ATTC provides direct instruction to health sciences students at the University of Utah in a variety of ways. ATTC staff provide lectures and discussion exercises on SUDs to medical students, psychiatry residents, nursing students, and pharmacy students, as well as other graduate and undergraduate students. The ATTC also conducts monthly SBIRT trainings in the Department of Pediatrics with pediatric residents and family practice students. This program is expanding. The ATTC is now collaborating with Physical and Rehabilitation Medicine to increase the SBIRT trainings to include Nursing, Pharmacy, and other health science departments. Finally, the Central Rockies ATTC provides training and technical assistance to the School of Dentistry to implement SBIRT.

The National American Indian and Alaska Native ATTC

The National American Indian and Alaska Native ATTC is based at the University of Iowa College of Public Health. For years, the ATTC has offered graduate-level courses in the College of Public Health (formerly this was part of the work of the Prairielands ATTC). Courses include Primary Prevention and Early Intervention of SUDs, Primary Prevention and Early Intervention of Mental Health Disorders, and Communication with the Community. In addition, the ATTC supports the offering of an online course through the College of Dentistry called "Meth Mouth."

The National SBIRT ATTC

Since 1999, the National SBIRT ATTC (and formerly the Northeast ATTC) with the ATTC's parent organization, IRETA, have hosted the Scaife Medical Student Fellowship in Alcohol and Other Drug Dependency with funding by

the Scaife Family Foundation. This program provides three-week immersive learning fellowships for medical students. The goal is to increase participants' knowledge, awareness, and skill to assess for SUDs, treat the disease, and make appropriate referrals for treatment. Site visits are offered at different levels of care to diverse populations, giving the students a well-rounded learning experience. Sites include Western Psychiatric Institute and Clinic, Allegheny County Correctional Health Facilities, and Gateway Rehabilitation Center. Students also attend a series of lectures on topics such as SBIRT, The Impaired Professional, and Rural Drug and Alcohol Issues. Through the fellowships, IRETA and the ATTC have provided more than 120 medical and psychology students from more than 50 medical schools with training in substance use and

addiction. Pre- and post-test data show a positive effect on students' motivation, confidence, and willingness to work with people who have SUDs.

Additionally, since 2011, IRETA and the National SBIRT ATTC have collaborated with the University of Pittsburgh School of Nursing, Community Preceptor Program, Department of Health and Community Systems. This partnership has created 15-week community preceptor addiction education opportunities for undergraduate nursing students. Students shadow nurses at clinical and community sites, which include addiction treatment facilities such as outpatient and inpatient clinics, inpatient hospital and ambulatory detox units. The students also take online modules covering SBIRT and medication-assisted treatment and attend mutual aid meetings.

The ATTC Network's Directory of Addiction Study Programs (DASP)

The Directory of Addiction Study Programs is a comprehensive list of institutions offering a certificate, associate, bachelor, master and/or doctoral program in substance use disorders. Also included in this directory are institutions offering a concentration, specialty, or minor in the addiction field. The data was originally gathered and compiled by the ATTC Network

Coordinating Office (formerly the ATTC National Office) by verifying information and merging data provided by the National Association of Alcohol and Drug Abuse Counselors (NAADAC), The Peterson's Guide, International Consortium for Addiction Studies Educators (INCASE) and ATTC Regional Centers. The program information from each institution was verified through the institution's website, e-mail correspondence, or personal telephone contact.

The directory is continually being revised to provide you with the most current information. You will see a revision date listed on each institution's entry.

Comprehensive Support of Educational Programs

The South-Southwest ATTC

The South-Southwest ATTC has been working with the Consortium of Higher Educational Institutions since 1993. The Consortium was developed to offer specialized coursework and workshops in addictions and behavioral health counseling to a large region with a diverse population. The South-Southwest ATTC executes subcontracts to provide community-focused pre-service education in addictions with eight colleges and universities in four states, most of which are community colleges. These schools have a history of serving a large proportion of minority populations and a continuing emphasis on recruitment and retention of minority students. The participating schools emphasize preparing culturally competent professionals. By participating in the Consortium, the schools collaborate on decision-making related to addiction courses and workshops, provision of technical assistance to community-based organizations, workforce development, and adoption of evidence-based practices.

In addition to contributing to the funding of the Consortium schools, the South-Southwest ATTC:

- Supports the development and sharing of web pages for addictions programs in each school;
- Documents the addictions-counseling competencies addressed in each course offered through Consortium schools;
- Facilitates faculty participation in state and federal workforce and professional development initiatives;
- Facilitates ongoing collaborative learning and faculty development among educational Consortium members;
- Assists faculty in preparing students to take counselor-licensure examinations;
- Assists in the maintenance of a standardized course-naming system to ensure consistency in course content;
- Promotes increased student access through online courses at each school;
- Promotes student recovery programs at area colleges and high schools;
- Facilitates the sharing of faculty strategies for student recruitment and retention, particularly for minority students;
- Supports practice internships in the SUD field;
- Supports faculty-led workshops and conferences on evidence-based practices.

The Northeast and Caribbean ATTC

The former Caribbean Basin and Hispanic ATTC, now part of the Northeast and Caribbean ATTC, has been instrumental in helping to develop academic programs at the Universidad Central del Caribe (UCC) in Puerto Rico. During the early 1990s, the ATTC established the first Master in Health Science in Substance Abuse Counseling degree program. Today more than 100 students have graduated from the

program. More recently, during the academic year 2012–13, the UCC’s medical school, with the support of the ATTC, developed and implemented a novel program called the Certificate in Substance Abuse Medicine (CSuAM). One of the goals of the CSuAM is to make medical students aware of SUD patients’ special needs, which necessitates a multidisciplinary approach and integrative trans-professional collaboration. The Northeast and Caribbean ATTC supports the program by:

- Facilitating faculty participation in trainings and other workforce and professional development activities that address counseling competencies and evidence-based practices;
- Helping to identify intern practicum sites in integrated clinical services;
- Developing faculty members as SBIRT trainers in collaboration with the BNI-ART Institute at Boston University.

Curriculum Infusion Opportunities and Resources

The National SBIRT ATTC

The National SBIRT ATTC services the entire country to implement SBIRT on a systems level and coordinates multiple national SBIRT initiatives. The National SBIRT ATTC serves as the national subject-matter expert and key resource for SBIRT, broadens the ATTC scope of implementation practices and system transformation for SBIRT through the development of an SBIRT suite of services, and develops strategies to expand the workforce(s) that utilize SBIRT. The SBIRT suite of services includes:

- National Registry of Qualified SBIRT Trainers. This registry is routinely updated with new trainers. Pre-service education programs can access this registry to find high-quality trainers to teach faculty at all levels about SBIRT.
- Monthly live webinars on a variety of SBIRT topics. Webinar recordings are archived and

can be accessed for free through the National SBIRT ATTC website. These recordings can be used as content for academic coursework.

Online resources available for download or viewing at no cost. Downloadable products include an SBIRT Toolkit for Practice with resources for clients, practitioners, and organizations as well as a compendium of case studies of SBIRT projects in a variety of settings. Digital tools include short video overviews of SBIRT tools and a searchable review of SBI codes by state. Again, these materials could be incorporated into academic coursework.

The SBIRT Alert eNewsletter. This SBIRT-focused e-newsletter includes announcements of upcoming webinars and trainings, publications and resources, links and articles of interest. Faculty and students can subscribe to this newsletter to expand their learning and stay-up-to-date on the latest science, even when class ends.

Two self-paced, online courses. The ATTC offers two self-paced, online courses: SBIRT for Adolescents and SBIRT 101. Pre-service programs can require students to take these courses as part of an established curriculum, or faculty and students can take the courses to prime themselves for academic coursework.

The ATTC Network Coordinating Office

The ATTC Network is committed to leveraging the power of online learning to provide training in SUD and recovery services. The ATTC Network Coordinating Office manages an online-learning portal, HealtheKnowledge.org, which houses more than 20 self-paced courses developed in whole or in part by the ATTCs. All these courses are available for free for a certificate of completion; students can earn continuing education credit for a small additional fee. Any of the courses can be infused into the content of existing coursework and/

or adapted and expanded to become academic courses. Courses include:

A Tour of Motivational Interviewing

HCV Snapshot: Introduction to Hepatitis C for Health Care Professionals

SBIRT for Health and Behavioral Health Professionals

Addiction Recovery and Intimate Violence

Clinical Supervision Foundations

Dentistry & the SBIRT Model: How You Can Help Patients with Substance Use Issues

Essential Substance Use Skills: Foundations for Working with Addictions

Foundations of SBIRT

Introduction to Primary Care for Substance Use Disorder Professionals

Introduction to Women and Substance Use Disorders

Motivational Incentives: Positive Reinforcers to Enhance Successful Treatment Outcomes: (MI: PRESTO)

Primary Care Providers Working in Mental Health Settings: Improving Health Status in Persons with Mental Illness

Problem Gambling Disorder

Providers' Clinical Support System for Opioid Therapies

Substance Use Disorders in Minority Men Who Have Sex with Men

Substance Use in Older Adults: Screening and Treatment Intervention Strategies

Conclusion

Changes to our nation's health care system have made comprehensive health care coverage available to more people than ever before. The emphasis on integrating mental health, SUD, and primary care services to provide the best care requires a workforce knowledgeable about SUD treatment and prepared to work in integrated care settings.

However, existing pre-service education programs provide limited training to future physicians, nurses, social workers, psychologists, and other health professionals on preventing and treating SUDs. Several national and international agencies and associations have established sets of competencies that represent the core knowledge, skills, and attitudes required for health care professionals to care for people who have, or are at risk of developing, SUDs.

The ATTC Network recommends that pre-service health and behavioral health education programs integrate these core competencies into pre-service education, along with instruction in screening, brief intervention and referral to treatment (SBIRT), and relevant TAP 21 competencies. In addition, the Network recommends that pre-service programs include training in health information technology and on how to work in interprofessional collaborative practices teams (IPCP).

Ensuring that individuals with SUDs receive quality care now and seven generations into the future requires a transformation of the current pre-service education system for health care professionals.

With an established national infrastructure, the ATTC Network has more than two decades of experience in developing and disseminating high-quality training products for the SUD treatment workforce and is poised to expand such work into primary health care and community-based settings. The Network works continually to offer relevant training using evidence-based teaching strategies that build skills effectively. Our growing list of online education offerings is increasing access

to continuing education as well as pre-service education for students from multiple pre-service professional backgrounds.

As the next generation of professionals steps into the field, they will do so more prepared and empowered to care for the whole person in an integrated way.

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Notes





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