SBIRT NEWSLETTER

AZUSA PACIFIC
UNIVERSITY

TECHNOLOGY

95% OF AMERICANS OWN CELL PHONES & **77%** OWN SMARTPHONES

% OF PEOPLE WHO OWN SMARTPHONES BY AGE

11-17 | 18-29 | 30-49 | Over 50

45% OF TEENS ARE ONLINE ALMOST CONSTANTLY

RISE IN GEN X SOCIAL MEDIA USE

75%
64%

2012 | 2018

SOURCE: THE PEW RESEARCH CENTER

USE OF TECHNOLOGY IN BEHAVIORAL HEALTH

Increasingly, the use of technology has been incorporated into the delivery of behavioral health services for individuals challenged with medical, mental health and substance use disorders, including the use of computers and cell phones for telehealth and other services. National data polls indicate that most adults 12 years and older (~95%) in the U.S. own a cell phone and 77% owns a smartphone. The wide accessibility of cell phones, especially among the younger generation, makes behavioral health technology applications that use phones a promising alternative to traditional-based delivery approaches to address commonly cited barriers of face to face in-person interventions including limited staff resources and availability, issues with implementing evidence-based programs with fidelity, and structural barriers in terms of time and competing demands. Specifically, according to a systematic review conducted on the use of computer-based interventions to reduce alcohol use among youth, technology platforms address implementation barriers of fidelity by providing a standardized approach for delivering intervention content as well as address issues of "engaging youth" with interactive content. The review also highlighted that computer-based behavioral approaches have greater ease of implementation in terms of convenience and privacy and needing minimal financial resources to maintain. Overall, studies that have used technology-based intervention approaches for reducing or preventing substance use among youth and adult populations alike show promise (Farabee, Schulte, Gonzales, & Grella, 2016) with effects equivalent to in-person delivered approaches, with long-term follow-up effects as well (Farabee, Schulte, Gonzales, & Grella, 2016). One bonus feature with the use of computerized behavioral interventions with substance–abusing populations is that they are more likely to acknowledge risky behaviors when interacting with a computer compared to face-to-face due to perceived stigma/shame and fear associated with reporting substance use behaviors. Additionally, researchers have found that technology applications are useful for engaging and contacting hard-to-reach clients (i.e., homeless) as they have been shown to regularly access the internet and respond to healthcare providers through public libraries.

Moreover, behavioral health agencies have been adopting the use of web-based technology (with App capable platforms) and social media marketing accounts to promote engagement in services and provide other educational and programmatic-related information to clients and patients served. Healthcare providers, for example, have reported that cell phones are a great way of contacting and retaining clients as well as promoting adherence to treatment regimens.
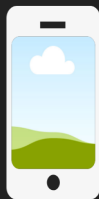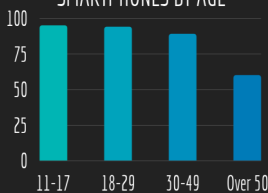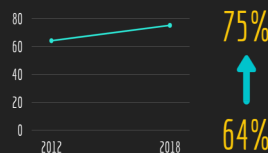
SBIRT RAFFLE WINNERS!

IPAD MINI WINNER:
SARA TAYLOR—APU NURSING

GIFT CARD WINNER:
SHADRICKA PUGH —CBU
SOCIAL WORK

GOODY BAG WINNER:
REBECCA RODRIQUEZ—APU
NURSING

USE OF TECHNOLOGY IN WORKFORCE DEVELOPMENT

There has been a growing demand for the integration of technology in workforce development associated with medical, mental and behavioral systems of care. Over the past decade, there have been concentrated efforts, for example, aimed at the development of web-based learning management systems and telehealth. Learning management systems (LMS), like the SBIRT training website, offer interactive training experiences for students and clinicians that are convenient and cost effective. Furthermore, learning management systems reach a broader range of students and are often sustainable within academic programs and organizations. The Faith and Spirituality Integrated SBIRT Training website utilizes classic LMS functions by automatically assigning user IDs, regulating user training, collecting data on training effectiveness and satisfaction, and providing resources for users. The LMS also allows for a more interactive learning experience, with animated slides, videos, and audio recordings. Through the use of online training modules, the Faith & Spirituality Integrated SBIRT Network has been able to integrate SBIRT training into many academic programs throughout the partner universities in a way that does not take up valuable class time.

WRAPPING IT UP: THE LAST YEAR OF THE SBIRT TRAINING GRANT

During this last year of the SBIRT student training grant, the Faith & Spirituality Integrated SBIRT Network hopes to continue ensuring student participation in follow-up assessments as well as building sustainability for SBIRT training at the partner universities and to continue expanding the training to other universities and internship agency sites in the community. Over the past three years, we have received tremendous support and participation from faculty members at Azusa Pacific University, Biola University, California Baptist University, Fresno University, and La Sierra University. We have also garnered interest from local health care branches (i.e., Kaiser Permanente, Citrus Valley) and other community-based programs seeking to educate and train their interns and staff on SBIRT practice. To date, we have trained over 4,000 students, faculty, and healthcare providers in California.

The training is useful in supporting my work responsibilities because I can now objectively ask my future clients about their substance use knowing that most individuals are willing to discuss it. I also realized the importance of faith and spirituality in discussing behavior change with clients and how it could positively effect the treatment and outcomes of the client.

- CSU Fullerton Student

The SBIRT Network conducted its second annual SBIRT Student Raffle with a focus on rewarding follow-up assessment participation. The raffle was open to any student who took the SBIRT training during the 2017-2018 academic school year and had completed the one-year Follow-Up Post-Assessment Survey. The prizes for this years raffle included a grand prize of one iPad Mini 4, a second and third place prize of Target gift cards, and SBIRT goodie bags. The winner of the iPad Mini was Sara Taylor from the APU nursing program (upper left). Other winners included Shadricka Pugh (center left), Rebecca Rodriguez (bottom left), as well as Joanna Harvey, Ridhima Savdharia, Alyssa Ravelo.

VISIT OUR WEBSITE:

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RESOURCES

FOR MORE INFORMATION ON TECHNOLOGY AND HEALTHCARE, PLEASE VISIT:

PEW RESEARCH CENTER:

http://www.pewinternet.org/2018/05/31/teens-social-media-technology-2018/

http://www.pewinternet.org/fact-sheet/social-media/

http://www.pewinternet.org/fact-sheet/mobile/

PROJECT ESQYIR:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4011993/

KOGNITO:

https://kognito.com/

Farabee, D., Schulte, M., Gonzales, R., & Grella, C. E. (2016). Technological aids for improving longitudinal research on substance use disorders. *BMC Health Services Research, 16,* 370. http://doi.org/10.1186/s12913-016-1630-0

PUBLICATIONS FLASH

The application of technology for Aftercare Programming: Addressing Substance Use Recovery among Youth

Project ESQYIR (Educating & Supporting Inquisitive Youth in Recovery) is an Ecological Momentary Assessment (EMA) aftercare program that uses mobile technology to help youth in recovery sustain behavioral change gains after completing treatment for substance use disorders. The mobile health program provides youth in recovery with real-time self-monitoring, personalized feedback, recovery wellness reminders, social support resource information and education via text messages. The initial feasibility and efficacy of this program was studied under a NIDA grant showing promise as a viable aftercare program for youth (including adolescent and young adult populations). Specifically, results showed that the mobile texting intervention served as a buffer against continued relapse and increased engagement in recovery support activities (self help and extracurricular) compared a standard aftercare as usual comparison group. Youth reported high satisfaction with the program, providing high ratings of the daily texts. Another notable impact of the mobile project was that it helped with sustaining behavior change over time, such that a follow-up review found that youth who participate in the texting intervention were significantly less likely to be positive for substances at 6- and 9-month follow-up assessments compared to youth in the control group.

Gonzales, R., Ang, A., Murphy, D. A., Glik, D. C., & Anglin, M. D. (2014). Substance Use Recovery Outcomes among a Cohort of Youth Participating in a Mobile-Based Texting Aftercare Pilot Program. Journal of Substance Abuse Treatment, 47(1), 20–26.

Gonzales, R., Hernandez, M., Murphy, D.A., Ang, A., (2016). Youth Recovery Outcomes at 6 and 9 Months Following Participation in a Mobile Texting Recovery Support Aftercare Pilot. The American Journal on Addictions, 25(1):62-8.

HIGHLIGHTS & FUTURE ACTIVITES

This Spring, the Faith & Spirituality Integrated SBIRT Network:

- Expanded SBIRT trainings to county-based behavioral health organizations in Shasta County which has been hit hard by the opioid crisis in California. The dissemination of the enhanced MAT Module within our SBIRT training was very useful for this training.
- Provided didactic training on SBIRT practice to MFT, MSW, and Psy.D. graduate-level students at Azusa Pacific University as part of their internship/fieldwork requirements.
- Honored follow-up participation in the SBIRT training post-test assessments by conducting a second annual SBIRT Student Raffle, awarding 6 students with prizes such as an iPad Mini 4, Target gift cards, and SBIRT Goody Bags.

Future Activities of the Faith & Spirituality Integrated SBIRT Network include:

- Continue to train and expand SBIRT training to athletic training, pastoral/ministry, nursing, psychology and social work students at partner universities, as well as interns in the Department of Mental Health internship program, and faculty, supervisors/preceptors, and faith-related clergy and faith leaders in the community.
- Developing dissemination plans of findings related to the SBIRT training program.
- Hosting an end-of-grant webinar with all of the faculty who participated in the SBIRT initiative during the past three years.

SAMHSA   The Faith and Spirituality Integrated SBIRT Network   AZUSA PACIFIC UNIVERSITY