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# **An Interdisciplinary Approach to Preparing Social Work and Nurse Practitioners to Utilize SBIRT**

*Sullivan, Cappiccie, Garrett-Wright, Desrosiers, Harper, Smith, Edgerton, and Cooper*

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## **Abstract**

An interprofessional training on using Screening, Brief Intervention, and Referral to Treatment (SBIRT) was implemented in a cohort of undergraduate and graduate nursing and social work students. This article focuses on one southeastern university that partnered with a SAMHSA grant recipient to provide training in SBIRT. The evaluation results indicated that all groups had a gain in knowledge post training and that the social work students were less confident in their skills than the nursing students and did not feel as adequate in the role of assessing client substance abuse. Implications for practice and suggested next steps for practice are provided.

## **An Interdisciplinary Approach to Preparing Social Work and Nurse Practitioners to Utilize SBIRT**

One university located in the southeast U.S. partnered with a SAMHSA grant recipient to train both undergraduate and graduate students of nursing and social work in Screening, Brief Intervention, and Referral to Treatment (SBIRT), an approach developed by SAMHSA (2015) as an early intervention approach and treatment for individuals with, or at risk to develop, a substance use disorder. This paper will explore differences by discipline and classification in training satisfaction, knowledge, the intent and confidence to practice SBIRT upon graduation, and perceptions about practice in this field.

According to the National Institute on Alcohol Abuse and Alcoholism (2015), 60% of college students drink alcohol. In addition, two thirds of college students report engaging in binge drinking (NIAAA, 2015). Students who engage in drinking are at increased risk for committing assault, being the victim of a sexual trauma, and increased academic problems to name a few.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a “comprehensive, inte-

grated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders” (SAMHSA, 2015, para. 1. Screening allows for a quick assessment of the severity of substance use and identifying the appropriate level of treatment. In the brief intervention phase, the focus is on increasing insight and awareness regarding substance use and motivation toward behavioral change (SAMHSA, 2015). Training in motivational interviewing is an essential component of this model (Miller, Benefield, & Tonigan, 1993). The referral to treatment step provides those identified as needing more treatment with access to care (SAMHSA, 2015).

The purpose of this study was to evaluate a Screening, Brief Intervention, and Referral to Treatment (SBIRT) program implemented to teach undergraduate and graduate students in a school of nursing and department of social work in one southeastern state. The researchers sought to train the skills necessary to provide evidence-based screening, brief intervention and brief treatment, and to refer patients who are at risk for a substance use disorder (SUD) to appropriate treatment. SBIRT is a standard of practice intervention delivered by allied health professionals to identify, treat, and refer subjects with alcohol and drug misuse problems to treatment. Research has illuminated the correlation between behavioral health disorders and a range of physical health problems, and the primary aim of this evaluation is to measure the effectiveness of training on this intervention on the knowledge, attitudes, skills, and intent to use SBIRT of students receiving the training.

## **Literature Review**

### **Interprofessional Education**

A focus on interprofessional education has a long history in the helping professions of nursing and social work (Conner & Rees, 1997). Learning has shifted from classroom-focused training to

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simulation experiences that can provide multiple practical learning opportunities much like the interdisciplinary knowledge, values, and skills needed in the field (Kuehn, Huehn & Smaling, 2017). It is noted in the literature that nursing and social work students were able to transfer some basic values of the other profession to future practice (Chan, Mok, Po-Ying, & Man-Chun, 2009). Most notably, nursing students reported an increased sense of caring, openness, and non-judgment when modeling social work colleagues. Social work students noted a stronger focus on holistic care, trust, and communication modeled from their nursing counterparts.

#### **Social Work Students and SBIRT Training**

Senreich and Straussner (2012) found that both BSW and MSW students gained knowledge of substance use disorders during SBIRT training; however, the BSW students had more positive attitudes toward working with clients in this area. Exposure to this material is related to both knowledge and attitudes regarding work with clients experiencing SUD (Senreich & Straussner). Munoz, Miller, Fritz, Miller, and Khojasteh (2019) found that BSW and MSW students exposed to SBIRT content increased in their ratings of positive attitudes toward working with those abusing substances. Carlson et al. (2017) found that MSW students trained in SBIRT reported increased confidence in knowing what screening questions to ask, increased comfort in discussing alcohol use, and increased belief that SUD work can be rewarding. These changes were seen immediately following training and maintained at 30 days posttraining. Senreich, Ogden, and Greenberg (2017) found that 43% of the combined BSW/MSW sample trained as a part of their study utilized SBIRT in practice one year after graduation, indicating SBIRT training results in sustainable gains in knowledge and skills in social work practice.

A survey of MSW practitioners in New York explored the preparation they had in school for working with this population (Richardson, 2008). They found that less than 3% had a required alcohol-related course and only 30% had a field placement encompassing work with problem drinkers. Similar to previous studies, Osborne and Benner (2012) found that post-SBIRT training there was a significant increase in confidence to assess alcohol misuse in client populations.

Munoz et al. (2019) noted an increase in positive attitudes for social work students in future work with individuals suffering with a substance use disorder. Training social work internship instructors to supervise students implementing SBIRT in the field has positive outcomes on the use of both motivational interviewing and SBIRT for both the student and the actual field instructor (Egizio, Smith, Bennett, Campbell, and Windsor, 2019).

#### **Nursing Students and SBIRT Training**

Kuzma et al. (2018) found implementation into nursing programs provided increased confidence in the delivery of substance use screening. Similar to social work, Mahmoud et al. (2018) found SBIRT screening experience provided nursing students an increase in positive attitudes toward future work with individuals suffering with a substance use disorder.

It is important to note that the design of training in the SBIRT model must pay special attention to the professional practice specific needs of each discipline. Wamsley, Satterfield, Curtis, Lundgren, and Satre (2018) noted that SBIRT training must be carefully designed with the specific field in mind in order to expect effective and efficient incorporation of the screening into future professional practice. Smith, Egizio, Bennett, Windsor, and Clary (2018) note that special attention must be taken to align SBIRT with the specific profession's competency standards as an evidenced based treatment protocol. Carlson et al. (2017) noted interprofessional SBIRT education between nursing and social work provided increased confidence in substance abuse screening.

### **Methodology**

#### **Evaluation Instruments and Procedures**

The undergraduate and graduate students had different methods for delivering the training content and the evaluation instruments due to their differing schedules. These differences are explained in this section. However, all participants completed two baseline surveys: a 10-item knowledge questionnaire and a 27-item attitudes and confidence questionnaire. Immediately following the training, the participants completed a 10-item knowledge questionnaire, along with the Center for Substance Abuse Treatment (CSAT) Baseline Training Satisfaction Survey. In 30 days

after the training, participants received an email invitation to complete the CSAT Training Satisfaction Survey and the 27-item attitudes and confidence questionnaire (which included the Short Alcohol Attitude Problems Perception [SAAPPQ] by Anderson and Clement [1987]). Participants also completed a respondent tracking form so that the 6-month postquestionnaires could be administered. The pretest was a measure of knowledge of SBIRT content and skills, attitudes, and intent to use SBIRT. Immediately following the training, students were readministered the knowledge test to measure knowledge acquisition and were given a baseline satisfaction survey. A measure of their knowledge, skills, attitudes, and intent to use SBIRT instrument was delivered via email from the project staff at [de-identified medical school] within seven days of the 30-day posttraining date. The researchers utilized assigned ID numbers that the participants created, and other identifying information was removed from the instruments. See Table 1 for a schedule of the data collection by instrument.

### **Teaching Methods**

A mixed methods approach was utilized to teach the SBIRT material, including both didactic and online classrooms. The undergraduate courses were mainly taught face to face, while the graduate courses took a hybrid approach because both programs already offered classes in this manner. Much of their material was presented online so that face-to-face sessions have a clinical practice focus. Therefore, this study used both asynchronous online and face-to-face didactic learning to disseminate the SBIRT training. Videotaped lectures were available for students to view SBIRT lecture content including an overview of motivational interviewing, an introduction to SBIRT components, DSM 5 substance use diagnostic criteria, and the application basics to a case. The SBIRT lecture detailed the need to ask permission to discuss substance use following screenings by validated instruments. Referral sources were discussed, as well as techniques for increasing the success of follow through by the client.

In the hybrid classes, the researchers used Adobe Acrobat fillable forms with electronic signature for the informed consent. The investigators validated the informed consent electronic signature of the human subject by electronically sign-

ing as a witness with his/her electronic signature. The other forms (locator form; pretest; posttest; the CSAT training satisfaction survey; and the SBIRT Attitudes, Confidence, and Importance Scales) were also completed as Adobe Acrobat fillable forms maintained on the designated password protected course blackboard sites. All pre and posttests maintained anonymity due to a personally generated number as the subject identifier rather than name, student number, or social security number of each student.

Students completed the informed consent and the locator form found on the class blackboard site prior to moving ahead in the research study. There was a link to Red Cap, an online survey system maintained by [de-identified medical school], which directed students to the knowledge pretest. When the student completed these electronic forms, videotaped lectures were adaptively released for the student to view SBIRT lecture content.

In the undergraduate face-to-face sessions, the informed consent was signed in person and the pretraining instruments were completed prior to the beginning of the training. Immediately following the training, the knowledge posttest and training satisfaction surveys were administered. For the 1-month posttest, the researcher sent a reminder for the students to complete the follow-up instruments (CSAT Training Satisfaction and the SBIRT Attitudes, Confidence and Importance Scales).

Course lecture content included the following: an overview of motivational interviewing, an introduction to SBIRT components, DSM 5 substance use diagnostic criteria, and the application basics to a case. The motivational interviewing component had content such as basics of scaling, using the readiness ruler, exploring exceptions, and rolling with resistance. The SBIRT lecture detailed the need to ask permission to discuss substance use followed by screening instruments such as the Alcohol Use Disorders Identification Test (AUDIT) (Saunders, 2021), the CRAFFT (the acronym represents the first letter of the key word in the questions-car, alone, forget, family/friends, trouble) (Center for Adolescent Behavioral Health Research, 2020), and the (Drug Abuse Screening Test (DAST) (Skinner, 1982). Referral sources were discussed as well as techniques for increasing success of follow through. The DSM 5 categorization of various substance use disorders

was explored along with the difference in levels of use, abuse, and dependence.

After viewing the online content, graduate nursing and social work students attended a face-to-face 1.5-hour skills practice. Small groups included both social workers and nursing students to encourage interprofessional skills training. Skills covered in the didactic class included a review of motivational interviewing, SBIRT basics, and case analysis/application. Students took turns being the practitioner and the client, role-playing a provided case and using the app to work through the steps of SBIRT. In contrast, all of the undergraduate sessions for both social work and nursing students were taught face-to-face utilizing didactic lecture, skill-building practice conducting assessments with validated instruments, and videos to view an entire SBIRT intervention.

The nursing and social work students were all trained in separate sessions at the undergraduate level, so they did not get the benefit of interdisciplinary training. This was due to the differing class meeting times and difficulty of coordinating schedules. The undergraduate students were taught in a lecture format with application exercises and periods for class discussion. Training time for the undergraduate students lasted approximately 3 hours. A nursing faculty who practices as a Psychiatric Mental Health Nurse Practitioner and two social work faculty (one Certified Social Worker and one Licensed Clinical Social Worker) taught sessions for the undergraduate students. Information covered in the undergraduate sessions was similar to that in the MSN/MSW sessions, but with less emphasis on DSM-5 diagnostic criteria.

## Results

### Sample

Overall, 16 training sessions were conducted between April 2016 and August 2017. During that time, 156 social work students (94 BSW and 62 MSW) and 239 nursing students (204 BSN and 35 graduate-level nursing students) were trained, for a total of 395 students. Of those, 337 students participated in at least part of the evaluation, for a response rate of 85%. The sample was primarily female (85%) and Caucasian (89.7%). In terms of the split by discipline, 69.1% ( $n = 233$ ) were nursing students and 30.9% ( $n = 104$ ) were social work students. In terms of classification, 15.1% ( $n = 51$ ) were graduate students and 84.9% ( $n =$

286) were undergraduate students.

### Training Satisfaction

Overall, the participants reported being highly satisfied with the training. When asked about their satisfaction, 96% indicated that they were highly satisfied or satisfied with the overall quality of the training ( $n = 248$ ) and 98.8% indicated that the material was useful to them in dealing with clients dealing with substance abuse ( $n = 248$ ). When asked if they plan to use the information in their practice in the field, 93.5% indicated that they will use the knowledge gained in a professional setting ( $n = 248$ ).

### Knowledge

The participants took a 10-item knowledge test based on the training material. For the total sample ( $n = 260$ ), the scores improved significantly from pre to post. The mean pretest score was 53.42 ( $SD = 13.48$ ) and the mean posttest score was 66.35 ( $SD = 14.39$ ). This was a significant increase for the overall sample,  $t(240) = -11.71, p < .001$ . The nursing students ( $n = 171$ ) had a significant increase from pre ( $M = 53.68, SD = 13.35$ ) to posttest ( $M = 67.19, SD = 13.74$ );  $t(183) = -10.61, df = 170, p < .001$ . However, there was not a significant difference between the undergraduate and graduate nursing students' scores on the posttest. The social work students ( $n = 78$ ) had a significant increase on the knowledge test from pre ( $M = 52.82, SD = 13.65$ ) to posttest ( $M = 64.27, SD = 15.78$ );  $t(69) = -5.32, p < .001$ . The undergraduate students' scores improved more than the graduate scores from pre ( $M = 53.18 [SD = 13.2]$  for undergraduates and  $M = 55.38 [SD = 15.6]$  for graduates) to posttest ( $M = 67.24 [SD = 14.1]$  for undergraduates and  $M = 60.57 [SD = 14.9]$  for graduates),  $t(258) = -2.58, p < .05$ . Table 2 contains a summary of these items. There was not a significant difference by discipline on the posttest scores.

### Importance and Confidence in Practice

A total score for the ratings of the importance and confidence of use of the material in practice was calculated based on nine items, ranging from 1-10, with 1 = not important to 10 = extremely important. The items concerned carrying out the steps in SBIRT (including using a validated screening tool, providing feedback on risk level, negotiating a plan regarding future use, and mak-

ing referrals). The scores could range from 9-90. The means for the overall sample, and by discipline, ranged from 73-86% on the importance measures, but lower on the confidence measure, ranging from 71-79%. This indicates that many participants viewed SBIRT as important to practice but were not as confident in their skills to complete the screening and intervention. It is interesting to note that the participants rated the importance of and confidence with the material lower when asked about drug use than when asked about alcohol use. Table 3 contains a summary of these items.

### SAAPPQ Alcohol Importance Subscales

The Short Alcohol and Alcohol Perception Questionnaire (SAAPPQ) was scored according to Anderson and Clement (1987). The following subscales were calculated: role adequacy, role legitimacy, motivation, task-specific self-esteem, and work satisfaction. In addition, the role adequacy and role legitimacy scores were used to calculate a role security score; while motivation, task-specific self-esteem, and work satisfaction were summed to calculate a therapeutic commitment score. The scores on these subscales for both alcohol and drugs, by discipline, are presented in Tables 4 and 5. The nursing students scored significantly higher than the social work students on role adequacy and role legitimacy on both subscales, and significantly higher on work satisfaction on the drug subscale.

### Discussion

Though there were some differences in training modalities, all groups were highly satisfied with the training and saw a significant improvement from pre to posttraining on the SBIRT knowledge test. This may mean that the methods used in this particular training could be used as a model for other programs wanting to implement SBIRT training to help students learn appropriate screening methods for substance use issues. The undergraduate social work students scored significantly higher from pre to posttest than the graduate social work students, but that could be due to the undergraduates likely having less knowledge prior to the training than the graduate students. The ratings of the importance of the material and confidence to practice were fairly high, with confidence scores lower, indicating the need for train-

ing reinforcement to be more prepared for practice. The scores on importance and confidence were both lower for the drug subscales.

This reinforcement could come in a field practicum where students are practicing with active patients but under the care of a professional mentor. As students increase confidence in classroom settings, followed by field practice, they will hopefully be prepared with the knowledge, values, and skills needed to independently perform after graduation. Limitations to this study include a purposive sample at one university. These results cannot be generalized to the population of nursing or social work students, undergraduate or graduate. In addition, due to the southeastern location of the University, the majority of the students were female (85%) and Caucasian (89.7%). Thus, generalizing these outcomes to a more racially diverse population or a male or intersexed population would not be advisable.

Given the current opioid crisis in the United States, it is important to better prepare social workers and nurses before they go to work in the field with clients who are abusing drugs, as well as alcohol (Halloran, 2015; Nadelmann & LaSalle, 2017; Newton, 2018). The nurses felt more adequate and legitimate in their role than the social workers. This study points to the need to provide more training for social work students so they are prepared and feel confident in their ability to provide screening, brief interventions, and referrals for their clients. Perhaps a module in their role in the area of addictions, as it may be viewed as more of a medical model, rather than holistic, would be beneficial and lead to more competent social workers who can effectively intervene with clients who are abusing substances. In addition, more graduate and undergraduate programs of social work should offer content-appropriate electives, or certification programs, that can help students to be prepared for working with those struggling with substance abuse issues in the field.

**Table 1**  
**SBIRT Data Collection Schedule**

Instrument	Timeframe
Informed Consent	Baseline
Locator Form	Baseline
10-item Knowledge Test	Baseline & Immediate Post
27-item Attitudes, Confidence, and Importance Questionnaire	Baseline & Immediate Post
Center for Substance Abuse Treatment (CSAT) Baseline Training Satisfaction Survey	Immediate Post & 30 Days Post

**Table 2**  
**Knowledge Test Scores**

	<i>n</i>	Mean ( <i>SD</i> )
<b>Total Sample</b>		
Knowledge Pretest	260	53.42 (13.48)
Knowledge Posttest	260	66.35 (14.39)*
<b>Nursing Students</b>		
Knowledge Pre	182	53.68 (13.35)
Knowledge Post	185	67.19 (13.74)*
<b>Social Work Students</b>		
Knowledge Pre	78	52.82 (13.85)
Knowledge Post	75	64.27 (15.78)*
<b>Undergraduate Students</b>		
Knowledge Pre	236	53.18 (13.3)
Knowledge Post	225	67.24 (14.13)
<b>Graduate Students</b>		
Knowledge Pre	24	55.83 (15.59)
Knowledge Post	35	60.57 (14.94)***

\*significant at the < .001 level

\*\*significant at the < .01 level

\*\*\*significant at the < .05 level

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**Table 3**  
**Importance of and Confidence to Practice SBIRT**

	<i>n</i>	<b>Mean (SD)</b>
<b>Total Sample</b>		
Importance Alcohol	267	84.89 (7.29)
Importance Drug	267	75.34 (6.91)
Confidence Alcohol	254	77.19 (12.80)
Confidence Drug	257	76.94 (12.66)
<b>Nursing Students</b>		
Importance Alcohol	186	85.79 (6.68)
Importance Drug	188	76.29 (6.10)
Confidence Alcohol	178	79.19 (11.87)
Confidence Drug	180	79.06(11.48)
<b>Social Work Students</b>		
Importance Alcohol	81	82.81 (8.20)
Importance Drug	79	73.06 (8.13)
Confidence Alcohol	76	72.53 (13.73)
Confidence Drug	77	71.99 (13.95)

**Table 4**  
**SAAPPQ Alcohol Subscale Means by Discipline**

<b>SAAPPQ Alcohol Means by Discipline</b>	<b>Discipline</b>	<i>n</i>	<i>Mean</i>	<i>t(df)</i>
Role Adequacy	Nursing	189	10.77	2.61 (268)**
	SW	82	9.68	
Role Legitimacy	Nursing	189	10.76	2.82 (269)**
	SW	82	9.57	
Motivation	Nursing	189	9.11	-1.8(266)
	SW	82	9.7	
Task Specific Self Esteem	Nursing	187	13.14	0.53(267)
	SW	82	12.98	
Work Satisfaction	Nursing	189	6.76	-1.85(130)
	SW	82	7.55	

\*significant at the < .001 level  
 \*\*significant at the < .01 level  
 \*\*\*significant at the < .05 level



**Table 5**  
**SAAPPQ Drug Subscale Means by**  
**Discipline**

SAAPPQ Drug Means by Discipline	Discipline	n	Mean	t(df)
Role Adequacy	Nursing	189	10.16	2.91 (269)**
	SW	82	8.79	
Role Legitimacy	Nursing	188	10.63	2.51 (268)**
	SW	82	9.59	
Motivation	Nursing	188	9.13	-1.6(268)
	SW	82	9.66	
Task Specific Self Esteem	Nursing	189	12.98	-.43(269)
	SW	82	13.12	
Work Satisfaction	Nursing	189	6.35	-2.1 (269)***
	SW	82	7.23	

\*significant at the <.01 level  
 \*\*significant at the <.05 level

**References**

Alcohol Use Disorders Identification Test (AUDIT) (2021). *AUDIT Background*. Retrieved from <https://auditscreen.org/about/background/>

Anderson, P., & Clement, S. (1987). The AAPPQ revisited: The measurement of general practitioners' attitudes to alcohol problems. *British Journal of Addiction, 82*(7), 753-759.

Carlson, J. M., Schwindt, R., Agle, J., Gassman, R. A., Vannerson, J., & Crapp, D. (2017). Effects of training on social work, nursing and medical trainees' knowledge, attitudes and beliefs related to screening and brief intervention for alcohol use. *Journal of Alcohol and Drug Education, 61*(1), 14-35.

Center for Adolescent Behavioral Health Research (2020, September 30). *The CRAFFT 2.1 Manual*. Retrieved from [https://craftt.org/wp-content/uploads/2020/09/CRAFFT\\_2.1\\_Provider-Manual\\_2020.09.30-2.pdf](https://craftt.org/wp-content/uploads/2020/09/CRAFFT_2.1_Provider-Manual_2020.09.30-2.pdf)

Chan, E. A., Mok, E., Po-Ying, A. H., & Man-Chun, J. H. (2009). The use of interdisciplinary seminars for the development of caring dispositions in nursing and social work students. *Journal of Advanced Nursing, 65*(12), 2658-2667. doi:10.1111/j.1365-2648.2009.05124.x

Conner, C. & Rees, S. (1997). Ways forward for shared learning between nursing and social work students. *Nurse Education Today, 17*(6), 494-501.

Egizio, L., Smith, L., Bennett, D., Campbell, C., & Windsor, K. (2019). Field supervision training for a Screening Brief Intervention and Referral to Treatment (SBIRT) implementation project. *Clinical Social Work Journal, 47*(1), 53-60.

Halloran, L. (2015). Prescribing pain medications: A delicate balance. *The Journal for Nurse Practitioners, 11*(10), 1051-1052. Retrieved from <https://doi.org/10.1016/j.nurpra.2015.08.007>

Kuehn, M. B., Huehn, S., & Smaling, S. (2017). Improving collaboration among social work and nursing students through interprofessional simulation. *Creative Nursing, 23*(3), 179-185.

Kuzma, E., Boucher, N., Gray, B., Burmester, K., Ploutz-Snyder, R., & Strobbe, S. (2018). Preparing Advanced Practice Registered Nursing (APRN) students to deliver adolescent SBIRT for substance

- use. *Journal of Nursing Education*, 57(12), 736-741.
- Miller, W. R., Benefield, G. S., & Tonigan, J. S. (1993). Enhancing motivation for change in problem drinking: A controlled comparison of two therapist styles. *Journal of Consulting and Clinical Psychology*, 61(3), 455-461
- Nadelmann, E., & LaSalle, L. (2017). Two steps forward, one step back: current harm reduction policy and politics in the United States. *Harm Reduction Journal*, 14(1), 37-7. Retrieved from <https://doi.org/10.1186/s12954-017-0157-y>
- National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2015). *College drinking*. Retrieved from <http://pubs.niaaa.nih.gov/publications/CollegeFactSheet/CollegeFactSheet.pdf>
- Newton, D. (2018). *The opioid crisis: A reference handbook*. Santa Barbara, CA: ABC-CLIO, LLC.
- Mahmoud, K., Lindsay, D., Scolieri, B., Hagle, H., Puskar, K., & Mitchell, A. (2018). Changing BSN students' stigma toward patients who use alcohol and opioids through Screening, Brief Intervention, and Referral to Treatment (SBIRT) education and training: A pilot study. *Journal of the American Psychiatric Nurses Association*, 24(6), 510-521.
- Munoz, R. T., Miller, C. R., Fritz, T. A., Miller, P. N., & Khojasteh, J. (2019). A Screening, Brief Intervention, and Referral to Treatment collaborative: Impact for social work students. *Journal of Social Work Education*, 55(2), 1-13.
- Osborne, V. A., & Benner, K. (2012). Utilizing Screening, Brief Intervention, and Referral to Treatment: Teaching assessment of substance abuse. *American Journal of Public Health*, 10(7), 37-38.
- Richardson, M. A. (2008). Social work education: The availability of alcohol-related course curriculum and social workers' ability to work with problem drinkers. *Journal of Social Work Practice*, 22(1), 119-128.
- Senreich, E., Ogden, L., & Greenberg, J. (2017). A postgraduation follow-up of social work students trained in "SBIRT": Rates of usage and perceptions of effectiveness. *Social Work in Health Care*, 56(5), 412-434.
- Senreich, E., & Straussner, S. L. A. (2012). Comparing the knowledge and attitudes of BSW and MSW students regarding substance-abusing clients. *Journal of Baccalaureate Social Work*, 17(1), 103-118.
- Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4), 363-371.
- Smith, D., Egizio, L., Bennett, K., Windsor, L., & Clary, K. (2018). Teaching empirically supported substance use interventions in social work: Navigating instructional methods and accreditation standards. *Journal of Social Work Education*, 54(Sup1), 90-102.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). *About SBIRT*. Retrieved from <http://www.samhsa.gov/sbirt/about>
- Wamsley, M., Satterfield, J., Curtis, A., Lundgren, L., & Satre, D. (2018). Alcohol and drug Screening, Brief Intervention, and Referral to Treatment (SBIRT) training and implementation: Perspectives from 4 health professions. *Journal of Addiction Medicine*, 12(4), 262-272.