PREPARING STUDENTS TO PROVIDE BEHAVIORAL HEALTH SERVICES IN A PRIMARY CARE SETTING: THE STUDENT INTEGRATED CARE COMPETENCY SCALE

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(and originating partner Mental Health America of Franklin County)

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Introduction to the Integrated and Culturally Relevant Care (ICRC) Field Education Program

and the

Student Integrated Care Competency Scale (SICCS) & Student Integrated Care Competency Scale-Supervisor (SICCS-S)

APPROACH TO INTEGRATED CARE

INTEGRATED PRIMARY CARE OR PRIMARY CARE BEHAVIORAL HEALTH

“Combines medical & BH services for problems patients bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SA disorders. For any problem, they have come to the right place – “no wrong door” .... BH professional used as a consultant to PC colleagues” (emphasis added)

ICRC CURRICULUM COMPONENTS

- Integrated Care
- Specialized education and areas of competency
- Care coordination & communication
- Screening, assessment & diagnosing
- Culturally responsive care
- Health care basics
- Technology
- Documentation
- Evidence-informed approaches


ICRC CURRICULUM CURRENCY

- Demand outpacing workforce prepared for integrated behavioral health services →
  Need for quality training programs (McCabe & Sullivan, 2015; Rishel, 2015)
- Social workers in integrated health settings do not feel prepared (Horevitz & Manoleas, 2013)
- Social work positioned to lead interdisciplinary training (Taylor, Coffey, & Kashner, 2015)
- CSWE 2015 EPAS (CSWE, 2015)
  - Curriculum expands generalist competencies
  - Curriculum includes advanced clinical competencies
- Aligns with SAMHSA and HRSA integrated care competencies for behavioral health clinicians
  (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014; Stanhope, Videka, Thorning, & McKay, 2015)

SICCS DESIGN

Integrated Care (4 Questions)
Screening, assessment & diagnosing (4 questions)
Documentation (4 questions)
Evidence-informed approaches (4 questions)
Health care basics (4 questions)
Technology (3 questions)
Care coordination & communication (4 questions)
Culturally responsive care (4 questions)

Specialized education and areas of competency

TIMING OF SICCS & SICCS-S ADMINISTRATION

Orientation
Pretest
Mid-placement
Trainings
Individual & Group Supervision
Supervisor Evaluation
Student Final Self-Evaluation

BEGINNING OF STUDENT’S FIELD TRAINING

END OF STUDENT’S FIELD TRAINING
SICCS & SICCS-S DEVELOPMENT

• CBPR development process for curriculum & scale development
  – Incorporated feedback from supervisors, students, practitioners and community health partners

• Iterative Process
  – Scale reflects curricular content
  – Curriculum & scale shifted to incorporate various populations and evidence-based practices
  – Input gathered from focus groups with students and formal and informal engagement with others

SICCS

• Administered through Qualtrics
• 37 Item Scale
• Student self-report
• All items scaled 0 to 5
  0 = No opportunity to demonstrate competence
  5 = Demonstrates advanced skills
• 185 is the highest possible score
SICCS-S

- Administered through Qualtrics
- 37 Item Scale
- Items scored by Supervisors
  - Independently (first wave) and Collaboratively (second wave)
- All items scaled 0 to 5 with guiding level of supervision required
  - Level 0: No opportunity to demonstrate competence
  - Level 1: Needs constant supervision/modeling/feedback
  - Level 5: Needs minimal supervision/feedback
- 185 is the highest possible score

ICRC Evaluation Model: Student Integrated Care Competency Scale (SICCS)

- Competency Scale
- Student Evaluation
- Program Evaluation

Development, administration, refinement cycle
Administered 3x during the student’s placement
Preliminary findings
METHODS

DESIGN & ANALYSIS

• Design:
  – SICCS: Interrupted Time-Series Design (Pretest, Midterm, Posttest)
  – SICCS-S: Posttest only

• Analyses:
  – Friedman’s Test
  – Wilcoxon Sign Rank Test
    – Student SICCS
    – Supervisor (SICCS-S)/Student Post-test (SICCS)
SAMPLE

- Convenience Sample
  - 23 MSW ASAP or MSW II students completing the ICRC Training & Field Placement
    (data include only two-semester placement students)
- Demographics
  - 3 Male, 20 Female
- Two waves:
  - 2014-2015 and 2015-2016

RESULTS
STUDENT PERFORMANCE ON SICCS

STUDENT SICCS TRENDS

N=23

- First Administration: First week of Fall Semester
- Mid-Program: First week of Spring Semester
- Program Completion: End of Spring Semester

FRIEDMAN’S TEST

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<tr>
<td>N</td>
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<td>Df</td>
<td>2</td>
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<td>Asymp Sig.</td>
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Significant difference between Median scores at each SICCS Administration
WILCOXON SIGN RANK TEST

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<th>Program Start to Mid-Program</th>
<th>Mid-Program to Program Completion</th>
<th>Program Start to Program Completion</th>
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<tr>
<td>Z</td>
<td>-4.198</td>
<td>-4.198</td>
<td>-4.198</td>
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<tr>
<td>Asymp. Sig. (2-tailed)</td>
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<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>r</td>
<td>-.62</td>
<td>-.62</td>
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A significant (positive) difference between each testing point with a large effect.

WILCOXON SIGN RANK TEST

<table>
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<th>Program Completion vs. Supervisor Score</th>
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<td>r</td>
<td>.38</td>
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<table>
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<th>Mean</th>
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<tr>
<td>Student Rating</td>
<td>4.4065</td>
<td>4.378</td>
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<tr>
<td>Supervisor Rating</td>
<td>4.1152</td>
<td>4.054</td>
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</table>

A significant difference between student ratings and supervisor ratings. In general, students rated themselves higher than their supervisors on the SICCS; 78% of the time, the supervisor rating was lower than the students’ rating.
SICCS & SICCS-S: RELIABILITY

Chronbach’s alpha:
  – SICCS (student scale) $\alpha = .910$
  – SICCS-S (supervisor scale) $\alpha = .938$

CONCLUSIONS & NEXT STEPS
CONCLUSIONS:

• SICCS demonstrates strong reliability across two student cohorts
• SICCS demonstrates sensitivity to change in three-month administrations
• SICCS demonstrates student gains in competencies over time in the expected direction
• SICCS-S demonstrates strong reliability and utility in triangulating student self-reports of competencies gained

NEXT STEPS:

- Continue testing SICCS psychometric properties with each cohort of students (currently in year three of instrument implementation)
- Additional validity testing with students not receiving ICRC curriculum and field program
- Develop online CEU program for licensed behavioral health professionals based on ICRC curriculum
- Develop parallel instrument for licensed behavioral health professionals re-tooling to work in integrated healthcare settings
REFERENCES:


For further information...

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