Research Article

Professional knowledge and skills on addictions brief intervention by distance training

Abstract

Dissemination is one step of translational research. The goal of the study was to assess if giving information, modelling, essaying behaviours and giving feedback, in a distance training, increase knowledge's on addictions terms, motivational interview, behavioural principles and behavioural assessing; and increase interactional brief intervention skills in addictions clinical settings. We worked with 100 psychologist (50 on training and 50 control) from 10 entities of Mexican republic, that use to work on public health institutions to give primary attention on addictions. We used a General Knowledge Test and a Checklist of professional skills. We used a quasi-experimental design of pre-post assessment and control group. For the training we design 16 modules of information and skills modelling, essaying, and getting feedback on Moodle® platform. Results showed a significant effect of distance training on the professional psychological knowledge and skills on brief interventions. Distance training for acquisition of competences and have been created ICT for training are, both, important achievements for brief intervention procedures area and to reduce drugs use on clinician settings.

Keywords: brief intervention, distance training, drugs use

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Introduction

Translational research represents a sequence of events where the professional learn to apply their knowledge until get measure from the effects of the treatment on the clients.[1,2] On this matter, Dissemination refers to create a technology from an innovation to facilitate the distribution of the information process. In second place, Implementation represents a group of designed specific activities to put an innovation in use, and promote the needed resources to actual and potential applications. Finally, the Diffusion is the process that allows the adoption of new practices and decision-making based on empirical evidence. So the dissemination of the information makes possible the health professional's transformation to develop the interventions adoption based on evidence.[3] Then, there is necessary to find effective ways of disseminate the procedures to assure health care.[4] The information and communication and technologies (ICT) use constitute the tools to disseminate the information to solve significant social and health problems as drugs dependence.[5] So, the use of ICT is a tool to train professionals to use based evidence practices in clinical settings.

In Mexico, there exist an increased tendency, throughout the last years, to use drugs. We need to have some effective prevention strategies and brief counselling programs with easy access to the whole population. Morales et al.[6] used the presence training to show that giving information, modelling, essaying behaviours and giving feedback, facilitate the professionals skills learning to intervene on addictions clinical settings. So, the goal of the present study was to assess the effect of distance training on the professional psychological competences in brief interventions, in the dissemination area. Specifically the purpose was to assess if giving information, modelling, essaying behaviours and giving feedback, as a distance training, increase knowledge's on addictions terms, motivational interview, behavioural principles and behavioural assessing; and increase interactional brief intervention skills in addictions clinical settings.

Methods

Participants

We worked with 100 psychologist (50 on training and 50 control randomly assigned) from 10 entities of Mexican republic, that use to work on public health institutions to give primary attention on addictions. The participants from the training group have a mean of 31.7 years old (SD=7.49) and the ones from control group, 30.2 (SD=5.82). All report to have a motivation to participate (M=9.3 in experimental group and M=9.01 in control group). There was no significant difference on the groups in these characteristics.

Instruments

We used a General Knowledge Test of 72 items (36 on addictions terms, 12 on motivational interview, 12 on basic behavioural principles and 12 on behavioural assessment) with a .90 Cronbach alpha and 75% of explained variance; and a Checklist of 28 professional skills assessed by three options of execution: don't show the skill, in process or dominate it. We obtained an 85% of liability between observers on a simulated situation of the user - professional interaction.

Procedure

We used a quasi-experimental design of pre-post assessment and control group. To the skills assessment, we designed a simulated situation with nine stimuli to give the opportunity to the professionals from the two groups to show different behaviours of brief intervention. For the training we design 16 modules of information and skills modelling, essaying, and getting feedback on Moodle® platform. Each module was armed of screens of information and object designed to the measure for model, essay and get feedback on counselling brief intervention. The components were made to identify consumption pattern, to dialogue with drug users about their assessment results, to establish a goal of change about drugs use, to accompany the user making action plans to affront the risky situations of consumption,

and to follow the maintaining of change throughout time. To represent the data we made descriptive and inferential statisticsthru the R® statistical package, 3.2.2 Version.

Results

In Figure 1, the data from superior graph show that the mean knowledge from the control group remained the same from the firs assessment (M=32.1, SD=5, the blue bar of the graph) to the second one (M=36.2, SD=5.4). The same figure shows that de knowledge mean grows up for the experimental group, from the first (M=33.9, SD=6.1, the red bar of the graph) to the second assessment (M=57.4, SD=7.6; F [1,98]=5.46, p=.05). In the middle graph, data show that, from control group, pre-assessment (the blue bar of the graph) keeps the same on post-assessment for rapport mean (the red bar of the graph; M=42.75, SD=25 vs. M=45, SD=23.42), identifying use pattern (M=32.50, SD=11.78 vs. M=33.75, SD=10.56), establishing goals of change (M=28.87, SD=9.93 vs. M=28.26, SD=11.15) and accompanying (M=46.33, SD=12.04 vs. M=44.17, SD=12.96); except for dialoguing with the user (M=18.33, SD=12.14 vs. M=27.17, SD=12.80). Finally, In the inferior graph, data show that, from experimental group, pre-assessment (the blue bar of the graph) increased on post-assessment for rapport mean (the red bar of the graph; M=43.75, SD=15.41 vs. M=55.75, SD=17.72), identifying use pattern (M=35, SD=12.56 vs. M=43.25, SD=13.65), dialoguing with the user (M=28, SD=13.01 vs. M=45, SD=16.32), establishing goals of change (M=28.47, SD=10.90 vs. M=55.73, SD=14.25) and accompanying (M=45.17, SD=14.39 vs. M=65, SD=19.99; F [1,98]=5.460, p<0.05).
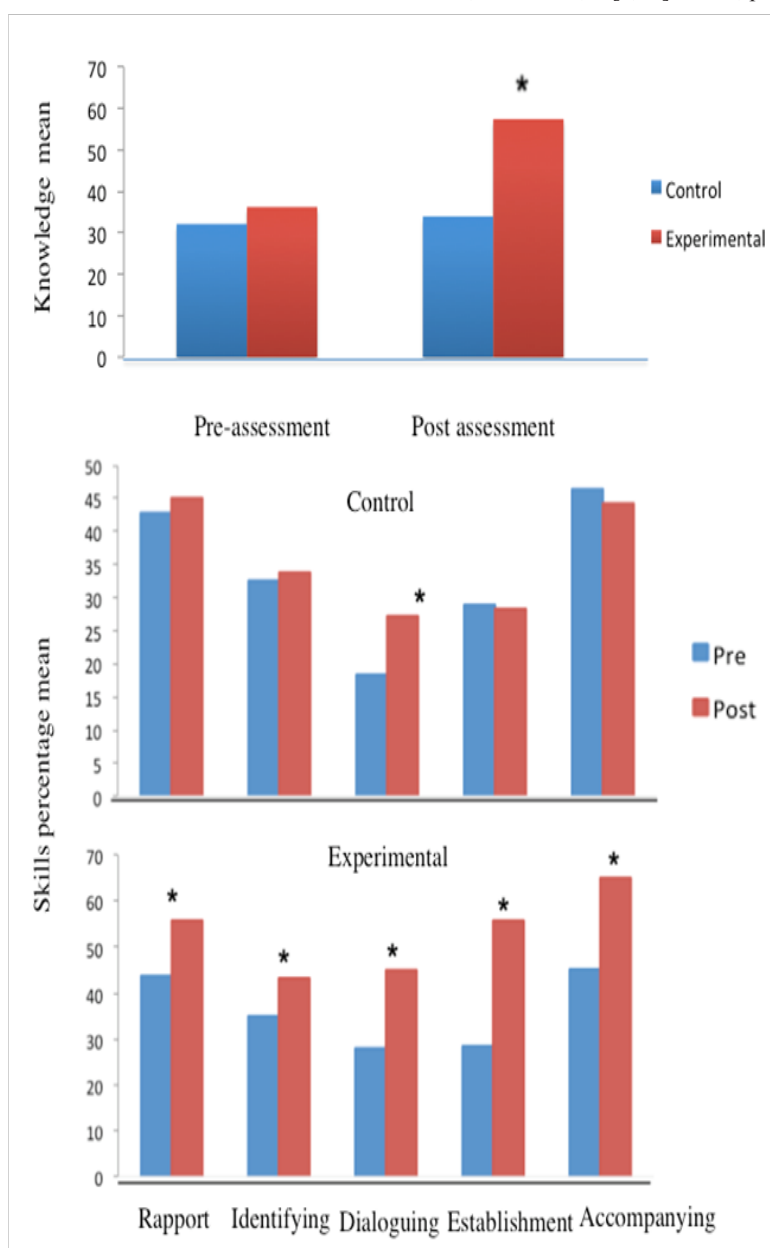
Figure 1 Represents the knowledge (superior graph, in blue control group and in red experimental group) and skills means on the two conditions of comparison: control (middle graph, in blue pre and in red post-assessment) and experimental (inferior graph, in blue pre and in red post-assessment) and the two moments of evaluation.

Discussion

According with the results we assessed the effect of distance training on the professional psychological competences on brief interventions, in the dissemination area. The training on Moodle® platform, allowed to increases the knowledge on addiction traditional terms that is necessary to the health professionals to take correct decision in the moment of feedback evaluation results to the attended users, on primary level of attention.[6] The health professionals acquired knowledge about basic behavioural principles that allow to explain how a person establish a pattern of drug use, and how to reduce it and increase alternative behaviours associated to healthy life, free of drugs use. This learning allow health professionals to make correct moves on motivational interview, application associated with the essential needed skills on brief intervention on clinical settings where people with addictive behaviour ask for effective treatment.

Throughout the distance model is possible to teach counselling basic skills to help a drug users to identify the pattern of their consumption; to make a decisional balance about their cost and benefits on a dialogue mode; to help them to establish a healthy goal of life, choosing alternative behaviour of the drugs use; and to accompany them to distinguish risk situations, to create action plans to avoid use of drugs and to achieve their healthy goals. Brief intervention skills, learned by distance procedures, allow the health professionals to increase the probability of effectively help their clients, based on evidenced and good practice, to really achieve the reduced use of drugs.[2,3,6] Apparently we did find one way of disseminate brief intervention to make possible that people get effective health care services.[4] Distance training for acquisition of knowledge and skills, and have been created ICT for training are, both, important achievements for brief intervention procedures area and to reduce drugs use on clinician settings.[5]

Conflict of interest

The author declares no conflict of interest.

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