

Understanding Experiences of Simulation for Behavioral Health Students Working with Families Impacted by Opioid/Substance Use

Jerrika Kim¹, Erika Feeney², Jessica Chou, PhD², & Rikki Patton, PhD²

¹Drexel University College of Medicine ²Drexel University College of Nursing and Health Professions

Project Aim & Method

Significance: There is a significant shortage of healthcare personnel trained to recognize and treat opioid use disorder (OUD)¹ and other substance use disorders (SUDs) despite continued SUD treatment needs and increased opioid overdoses in recent years.² Simulation training among health professions students provides low-risk training that can facilitate translation of classroom education into field application.³ Simulated patients (SPs) are individuals who are trained to represent clients and provide training and education experiences for health professionals.⁴

Aim: The **Interdisciplinary Training Initiative** for Children, Adolescent, and Families Impacted by Opioid Use Disorder (OUD) was developed to train graduate level trainees with an innovative training experience in working with youth and families impacted by OUD by including a series of dyadic mixed reality and live telehealth simulations as part of their training. This project examined trainee's reported experiences with simulation to understand benefits, challenges, and areas for growth of implementing simulation in a training program for OUD.

Method: In total, 80 trainees completed post-simulation debriefs. All focus groups were transcribed and de-identified. All transcripts were imported to NVIVO v14⁵ for analysis. Braun and Clarke's⁶ thematic analysis approach was used to analyze focus group content utilizing the following six steps: 1) familiarization with the data; 2) generation of initial codes; 3) search for themes; 4) review of themes; 5) define and name themes; and 6) write up.

Demographic Characteristics

Variable (n= 78)	Frequency (%)/ Mean (SD)
Age (range: 22-59 years old)	28.85 (7.3)
Gender	
Cisgender Woman	65 (83.3%)
Cisgender Man	9 (11.5%)
Gender Non-Conforming or Other Gender Identity	4 (5.1%)
Race	
Asian	2(2.6%)
Biracial	4 (5.1%)
Black or African American	12(7.7.%)
Native Hawaiian or Other Pacific Islander	1(1.3%)
White	59 (75.6%)
Experience working with Families Impacted by SUDs (YRS)	
0	59 (75.6%)
1	13 (16.7%)
2	2 (2.6%)
3+	4 (5.2%)
Substance Use Training Experience (YRS)	
0	56 (71.8%)
1	16 (20.5%)

Results

Themes

Theme 1: Benefiting from simulation experience:

"I mean, there's a lot of unknowns out there and so the simulation sort of helped to demystify the process. For me, I mean, you would just talk to the client. They're just a client at the end of the day, you know? And like you said, you know, this is just another symptom, no need for us to treat them any differently. So, for me, it gave me like a lot more reassurance and a lot more confidence for sure."

Theme 2: Peer-led learning and collaboration:

"I really enjoy seeing how different counselors ask questions and where their mind goes as well. So, I love being able to see the different approaches that everybody had and like, oh, I would have gone this direction, but they went this direction and then we found out all this other information that I wouldn't have found out. "

Theme 3: Simulation is rewarding AND challenging:

"I think part of it is like making peace with what you don't get done. Like I noticed in the 15 minutes today, I felt like, oh, I have to like get the family through this resistance as if that's going to happen in 15 minutes. And I think being in session with people, part of my practice is always remembering, of course, you want to be as like effective as you can in this session, but like. You have the next week and hopefully you know, two weeks after that. So just to be OK with it being a process, that's pretty messy sometimes."

Theme 4: Social location on perception and attitudes of therapy:

"I think they're just like being sure to not be making assumptions about the way a family system is structured and understanding what factors might be contributing to lack of conversation about this"



Case Vignette Summary:

Alex is a 16-year-old cisgender woman who was referred to you from her Primary Care Provider for assessment and treatment of a potential opioid use disorder.

Alex is a notable track star in her school and community, is a straight A student, and is moderately involved in the youth group at church.

Alex's mother Sarah (who works in the medical field) recently found prescription opioid pills in her daughter's room; she searched her room after receiving a call from another parent who was sharing concerns about Alex and her daughter "sneaking out to parties" and Alex "supplying" the party with drugs.

Sarah became concerned, forcing her daughter to see her doctor. Alex has completed intake paperwork at your organization with the intake coordinator, this is your first time meeting with her and one of her parents.

Live Simulation via Center for Interprofessional Clinical Simulation and Practice⁸

Center for Interprofessional Clinical Simulation and Practice



Discussion & Implications

The findings contribute to extant literature by examining the potential role of simulation among behavioral health OUD training. Four themes were identified when comparing the baseline and six-month follow-up interview data. These themes demonstrate:

- **Trainees found the simulation experience beneficial and enjoyed collaborating with their peers**
- **Despite challenges along the way, trainees felt more knowledgeable and competent with understanding OUD and treating OUD**
- **Trainees became more cognizant of how social location can impact perception and attitudes towards working with families impacted by OUD**

The results of this study show the potential of participating in simulation to promote behavioral health trainees' confidence and knowledge when working with families impacted by SUDs/OUD. Furthermore, results indicate that simulation is a positive training experience and can support behavioral health professionals training for SUDs/OUD.

- **Advancements in simulation technology and educational techniques contribute to enhanced care and can lead to improved patient outcomes³**
- **Simulation training with SPs provides a safe and controlled environment for students to practice skills and can improve the quality of their education⁴**
- **Simulation training builds confidence, reduces anxiety in real-life settings, and has been shown to lower clinical error rates, improving patient safety⁹**

Limitations and Future Directions

- The study was limited to trainees enrolled in the ITI training program; simulation training should be expanded to trainees beyond ITI and other behavioral health and medical professionals.
- Future research should evaluate specific mechanisms of simulation that contribute to promote confidence and knowledge in substance use training programs among behavioral health professionals.



Use this QR code to access references and interview guide