

# POWER Evaluation Form- 3 Month Follow-up SBIRT Training

Please complete this brief follow-up survey on the SBIRT training that you participated in on \_\_\_\_\_. This training explored the basic components of Screening, Brief Intervention, and Referral to Treatment (SBIRT), including elements of the Brief Negotiated Interview (BNI). The training was intended to help those working with older women to screen clients for risky substance use; to feel more comfortable speaking to their clients about the risks of opioids and other substance misuse through the use of the BNI, and if needed, to refer clients to appropriate levels of treatment including outpatient and/or Medication Assisted Treatment.

Your responses will help us to understand the impact of the training on your work with women ages 55+. IHR relies on your honest opinions & suggestions for improvement of future trainings. All of your responses will be kept confidential and will only be reported in the aggregate. Your name will not be used in any reports put together for this project.

**Have issues related to opioids or other substance misuse arisen in your work with older women since the IHR SBIRT training?**      € Yes      € No

**Have you used elements of the Brief Negotiated Interview (guided script for conversations around unhealthy substance use) in your work with older women?**      € Yes      € No

**If Yes, please describe how you used this material in your work.**

**If No, please describe any barriers to using the Brief Negotiated Interview in your work.**

**Have you implemented SBIRT (the implementation of a screening tool and follow up brief intervention as necessary) in your work with older women?**      € Yes      € No

**If Yes, please describe how you used this material in your work.**

**If No, please describe any barriers to using SBIRT in your work.**

**What additional trainings or other supports would benefit your work to address and prevent opioid and other substance misuse among women aged 55+?**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer



**What is your title/role? (Select One)**

- Social Worker
- Doctor
- Nurse
- Other Clinical Staff – Please specify: \_\_\_\_\_
- Case manager
- Personal Care Attendant
- Other: \_\_\_\_\_

**Do you have any other comments about the training you participated in?**

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