Screening, Brief Intervention, and Referral to Treatment

Core Curriculum

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What Is SBIRT and Why Use It?

At Risk Alcohol Brief Intervention

Video Presentation

http://www.youtube.com/watch?v=AcGCRJcfl4w

Traditional Response to Substance Use

- Universal prevention strategies.
- Specialized treatment services.
- Gap in service systems for at-risk populations.

SBIRT: A Public Health Solution:

Substance abuse leads to significant medical, social, legal, financial **consequences**.

Excessive drinking, illicit drug use, and prescription drug misuse are often undiagnosed by medical professionals.

Treatment GAP

Why SBIRT?

The brief intervention itself is inherently valuable, and positive screens may not require referral to specialty treatment.

Early, brief interventions are clinically effective and cost-efficient.

Goal of SBIRT

Identify and **intervene early** with those who are at moderate or high risk for psychosocial or health problems related to their substance use.

What is SBIRT?

- Intervention based on Motivational Interviewing (MI).
- 3 Components:

SCREENING

BRIEF INTERVENTION

REFERRAL TO TREATMENT

Question?

Why might I choose to support SBIRT implementation?

Questions you may be asking

Q: Do I really *have* to do this thing?

Q: How much hassle is involved?

Q: Will it annoy my patients?

Patients **Are** Open To Discussing Their Substance Use To Help Their Health

Survey on Patient Attitudes	Primary Care[1]	Women's Health[2]
	Agree/Strongly Agree	**Agree/Strongly Agree**
"If my doctor asked me how much I drink, I would give an honest answer."	92%	92%
"If my drinking is affecting my health, my doctor should advise me to cut down on alcohol."	96%	93%
"As part of my medical care, my doctor should feel free to ask me how much alcohol I drink."	93%	81%
	Disagree/Strongly Disagree	**Disagree/Strongly Disagree**
"I would be annoyed if my doctor asked me how much alcohol I drink."	86%	82%
"I would be embarrassed if my doctor asked me how much alcohol I drink."	78%	83%

Source: 1. Miller, P. M., et al. (2006). *Alcohol & Alcoholism*.; 2. Hettema et al. (2015). *Journal of Women's Health.*
Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)

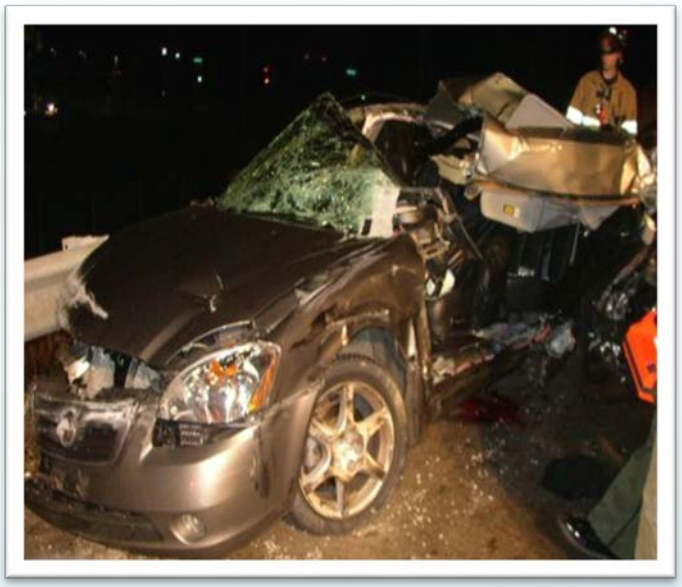
SBIRT Is a Highly Flexible Intervention

SBIRT Settings	
Aging/Senior Services	Inpatient
Behavioral Health Clinic	Primary Care Clinic
Community Health Center	Psychiatric Clinic
Community Mental Health Center	School-Based/Student Health
Drug Abuse/Addiction Services	Trauma Centers/Trauma Units
Emergency Room	Urgent Care
Federally Qualified Health Center	Veterans Hospital
Homeless Facility	Other Agency Sites
Hospital	

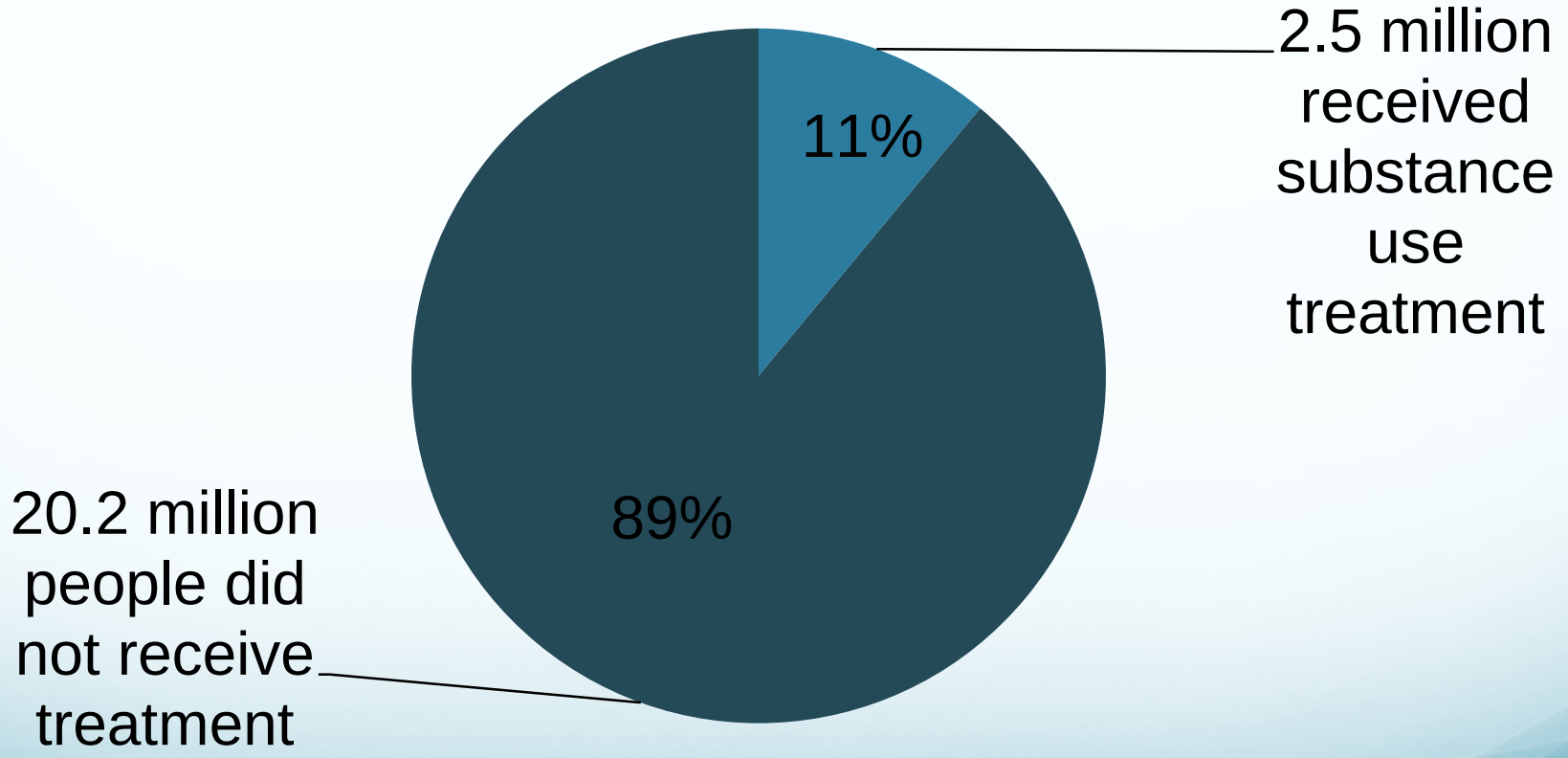
Why is SBIRT Important

- Unhealthy Substance use is a major preventable public health problem.
  - One in six Americans binge drinks four times per month- MOST not dependent (CDC, January 2012)
- More than 100,000 deaths.
- More than $ 600 billion in costs to society.
- Ripple effect

Unfortunately, these kinds of experiences remain too commonplace

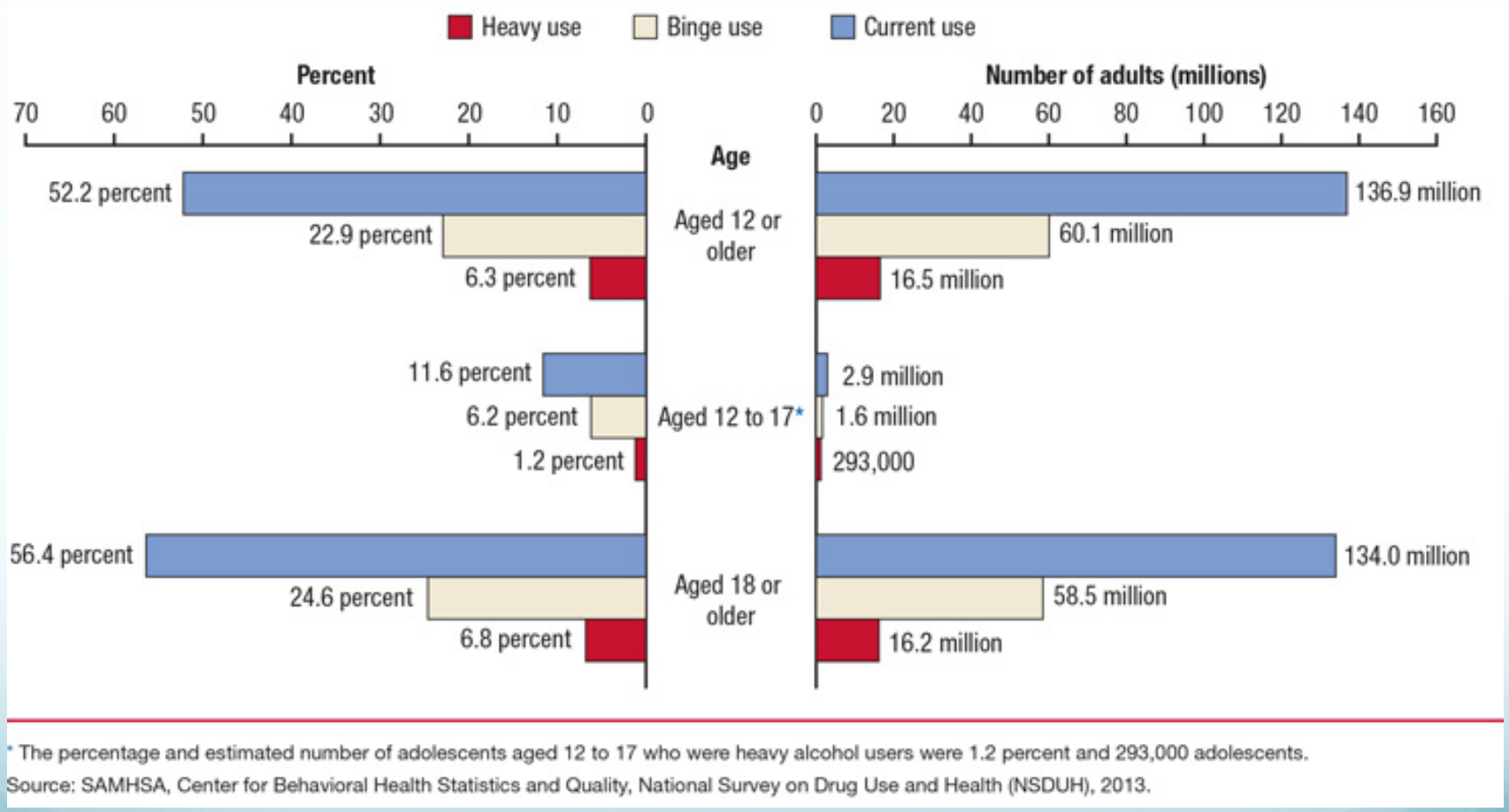


Based on estimates from a national survey[1,] in 2014, there are 22.7 million people that meet criteria for a substance use disorder. Of these people...



Source: 1: (Figure created with data from:) Substance Abuse and Mental Health Services Administration. (2014). *The NSDUH Report.*

2013: Alcohol use in the past month



* The percentage and estimated number of adolescents aged 12 to 17 who were heavy alcohol users were 1.2 percent and 293,000 adolescents.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.

Medical and Psychiatric Harm of High-Risk Drinking

- Aggressive, irrational behavior. Arguments. Violence. Depression. Nervousness
- Cancer of throat and mouth.
- Frequent colds. Reduced infection resistance. Increased pneumonia risk.
- Liver damage.
- Trembling hands, trembling fingers. Numbness.
- Ulcer.
- Impaired sensation leading to falls.

Medical and Psychiatric Harm of High-Risk Drinking (continued)

- Numb, tingling toes.
- Alcohol dependence. Memory loss.
- Premature aging. Drinker's nose.
- Weakness of heart muscle. Heart failure. Anemia. Impaired blood clotting. Breast cancer.
- Vitamin deficiency. Bleeding. Severe stomach inflammation. Vomiting. Diarrhea. Malnutrition.
- Inflammation of the pancreas.
- Impaired sexual performance.
- Risk of giving birth to deformed babies or low birth weight babies.

Research Shows

Brief interventions ARE—

- Low cost and effective
- Among those with less severe problems
- *“Brief interventions are feasible and highly effective components of an overall public health approach to reducing alcohol misuse.*

(Whitlock et al., 2004, for U.S. Preventive Services Task Force)

Making a Measurable Difference

- Since 2003, SAMHSA has supported SBIRT programs, with more than 1.5 million persons screened.[1]
- Outcome data confirm a 40 percent reduction in harmful use of alcohol by those drinking at risky levels and a 55 percent reduction in negative social consequences.[2]
- Outcome data also demonstrate positive benefits for reduced illicit substance use.[2]

Source: 1. Madras. (2010) *Annals of the New York Academy of Sciences*.; 2. United States Department of Health and Human Services. (2011).

Universal Screening for Substance Use

Screening universally allows you to:

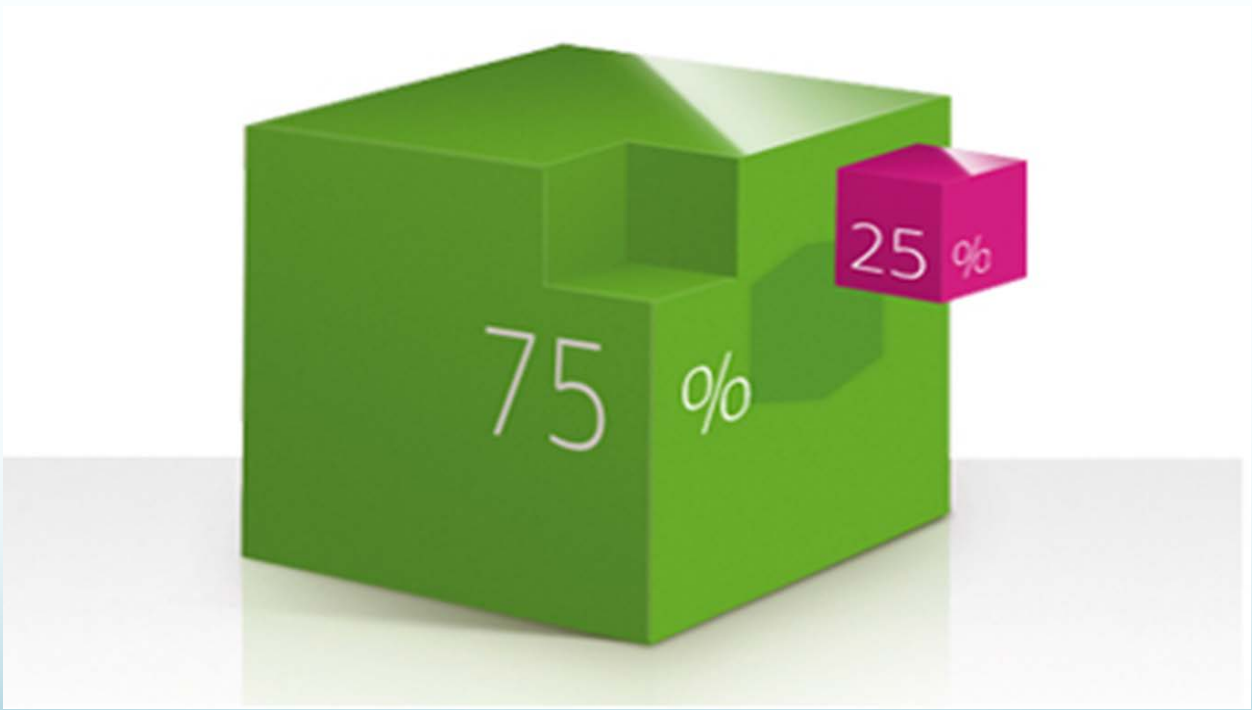
- Detect health problems related to at-risk alcohol and substance use at an early stage.
- Detect alcohol and substance use patterns that can increase future injury or illness risks.
- Intervene and educate about at-risk alcohol and other substance use.

People are more open to change than you might expect.

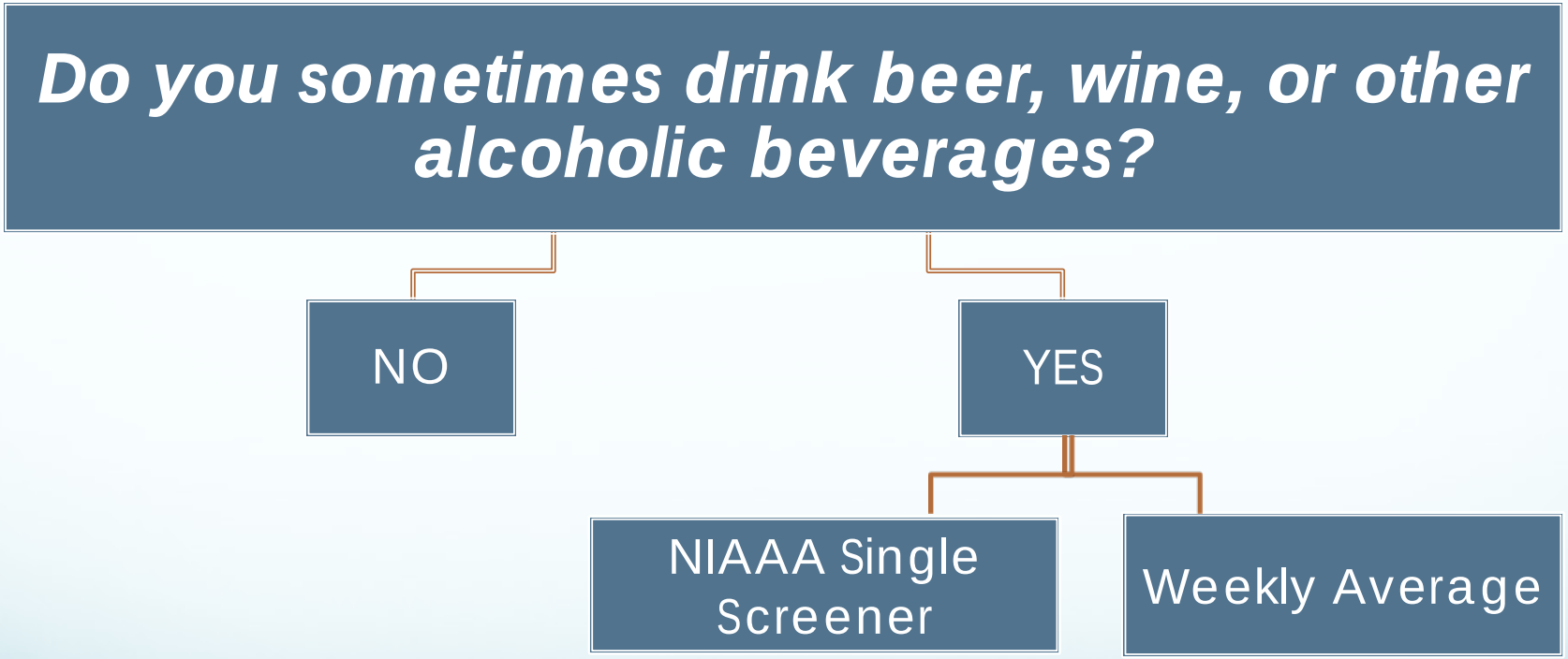
Screening Strategy

ANY POSITIVE, GO TO…

25% of Prescreenings are Positive



Alcohol Prescreening



Source: Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2009). Primary care validation of a single-question alcohol screening test. *J Gen Intern Med 24(7), 783−788*

NIAAA Single Screener

*How many times in the past year have you had **X** drinks or more in a day?*

X = 4 if woman or
man over age 65

X = 5 if man under age 65

If the answer is one or more, move on to full screen.

Sensitivity/Specificity: 82%/79%

Weekly Average

On average, how many days a week do you have an alcoholic drink?

On a typical drinking day, how many drinks do you have? (**Daily average**)

Weekly average = days X drinks

Recommended Limits

Men = 2 per day/14 per week

Women/anyone 65+ = 1 per day or 7 drinks per week

> Regular limits = at-risk drinker

Any Positive Prescreening: Go to full Screen

Binge drink
(≥5 for men or ≥4 for women/anyone 65+)
Or patient exceeds regular limits?
(Men: 2/day or 14/week
Women/anyone 65+: 1/day or 7/week)

NO
Patient is at low risk.

YES
Patient could be at risk. Screen for maladaptive pattern of use and clinically significant alcohol impairment using AUDIT.

When Screening, It's Useful To Clarify What One Drink Is!

How Much Is “One Drink”?

5-oz glass of wine
(5 glasses in one bottle)

12-oz glass of beer (one can)

1.5-oz spirits
80-proof
1 jigger

Equivalent to 14 grams pure alcohol

Screening: **AUDIT**

- Alcohol Use Disorders Identification Test
- Developed by World Health Organization (WHO)
- Ten questions, self-administered or through an interview.
- Addresses: Recent alcohol use, alcohol dependence symptoms, and alcohol-related problems

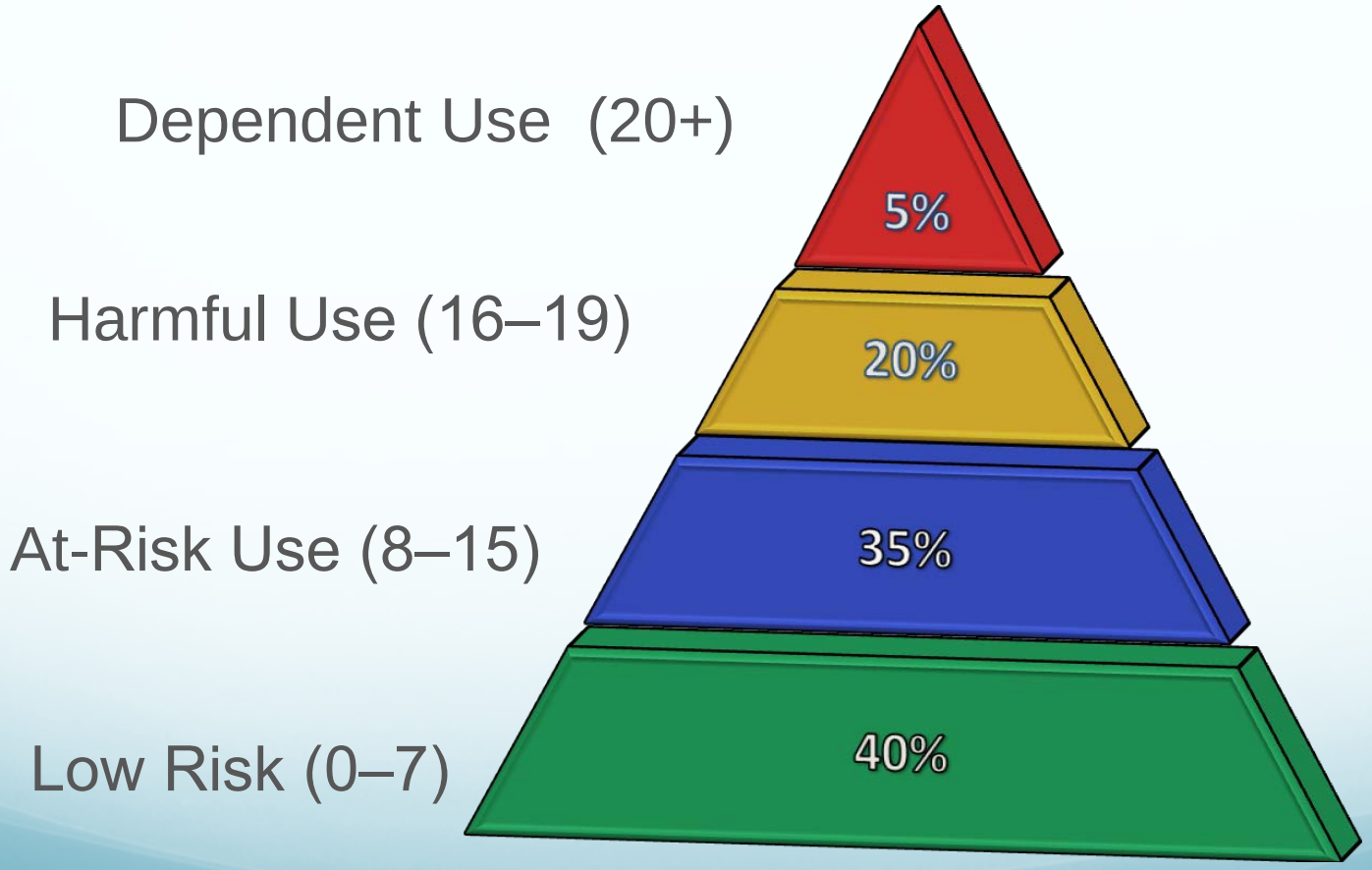
AUDIT Domain

Domains and Item Content of the AUDIT

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

WHO, 1992

Scoring the AUDIT



Prescreening for Drugs

"How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"

For instance because of the feeling it caused

- If response is, "None," screening is complete.
- If response contains suspicious clues, inquire further.

Sensitivity/Specificity: 100%/74%

Source: Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2010). A single-question screening test for drug use in primary care. *Arch Intern Med ,170(13), 1155−1160.*

A Positive Prescreen

The followup questions are to assess impact and whether substance use is serious enough to warrant a substance use disorder diagnosis

- Ask which drugs the patient has been using, such as cocaine, meth, heroin, ecstasy, marijuana, opioids, etc.
- Determine frequency and quantity.
- Ask about negative impacts.

DAST (10)

- Drug Abuse Screening Test.
- Shortened version of DAST 28
  - Developed by Addiction Research Foundation, now the Center for Addiction and Mental Health
  - Yields a quantitative index of problems related to drug misuse
- Strengths
  - Sensitive screening tool for at-risk drug use
- Weaknesses
  - Does not include alcohol use

DAST(10) Questionnaire

These Questions Refer to the Past 12 Months			
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop using drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Source: Yudko et al., 2007

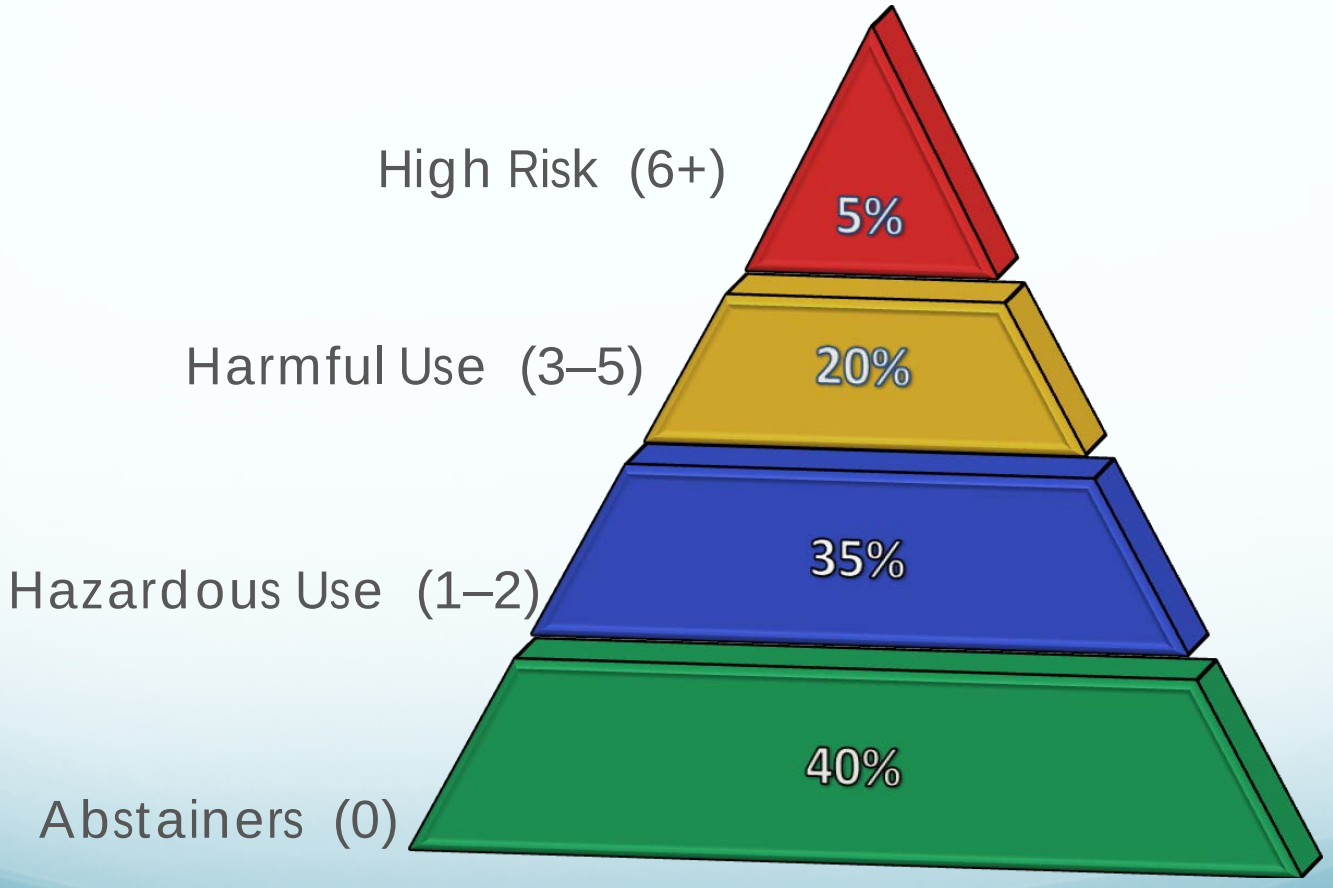
DAST(10) Interpretation

Interpretation (Each "Yes" response = 1)

Score	*Degree of Problems Related to Drug Abuse*	*Suggested Action*
0	No Problems Reported	None At This Time
1-2	Low Level	Monitor, Reassess At A Later Date
3-5	Moderate Level	Further Investigation
6-8	Substantial Level	Intensive Assessment

Yudko et al., 2007

Scoring the DAST(10)



Key Points for Screening

- Prescreening is usually part of another health and wellness survey.
- Prescreen **everyone**.
- Use a validated tool.
- Ask about **both** alcohol and drug use
- Explore **each** substance.
- **Follow up** positives or "red flags" by assessing details and consequences of use.
- Use your MI skills and show **nonjudgmental**, **empathic** verbal and nonverbal behaviors during screening.

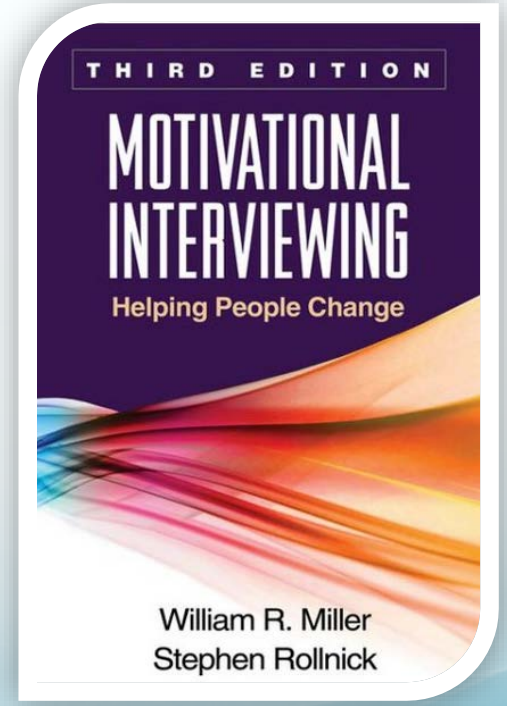
Motivational Interviewing
The Basics

How to help people change: The wrong approach

- http://medicine.yale.edu/sbirt/curriculum/video/index.aspx

Definition of Motivational Interviewing

"Motivational interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence."



Motivational Interviewing

- Spirit
- Principles
- Steps
- Skills
- Brief Intervention using MI

Motivational Interviewing Spirit

Spirit of MI

A way of being with patients that is…

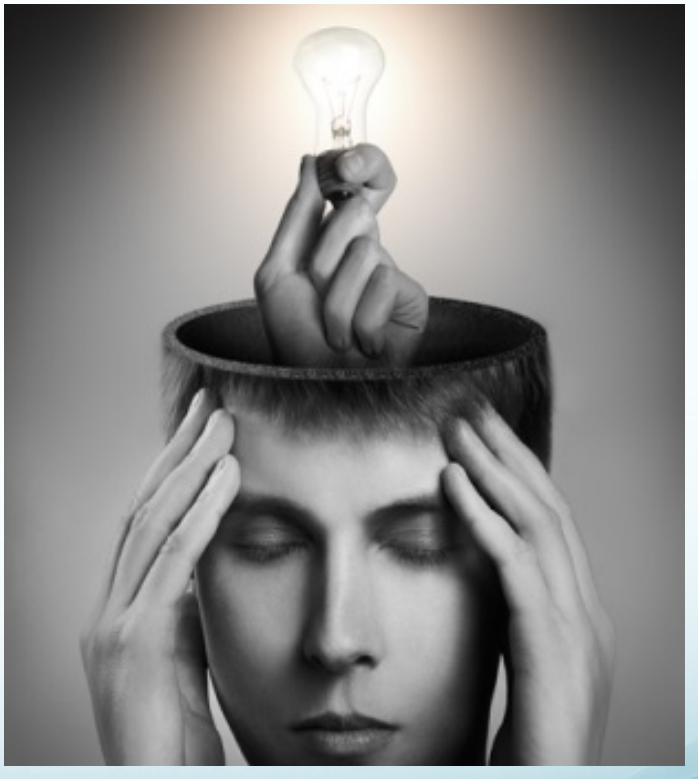
- Collaborative
- Evocative
- Respectful of autonomy

Collaboration

- No confrontation
- Developing a partnership with the patient
- Fostering and encouraging power sharing in the interaction

Evocation

- No Education
- Motivation for change resides within the patient.
- Drawing on the patient's own perceptions, experiences, and goals.



Respect Autonomy

- Not Authority
- Patient's right to choose.
- Emphasize patient control and choice.
- The patient is responsible for the outcomes.

Motivational Interviewing Principles

MI Principles

- EE: Express empathy.
- DD: Develop discrepancy.
- RR: Roll with resistance.
- SS: Support self-efficacy.

Reference: Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (1992). *Motivational enhancement therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence.* Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

Four Tasks of the MI Process

Engage – Would you mind if we take a few minutes to review the results of your health and wellness survey?

Focus- Focus on understanding what your patient is saying and how they feel. Focus by reflecting, summarizing and developing discrepancies.

Evoke- Evoke a personal meaning (thoughts, feelings, motivation) from patient to enhance personal motivation for change.

Plan- Raise the subject of a plan, support self-efficacy and autonomy, and address elements of a change plan.

Engage

- Express empathy
- Ask questions
- Use affirmations
- Support autonomy

Focus

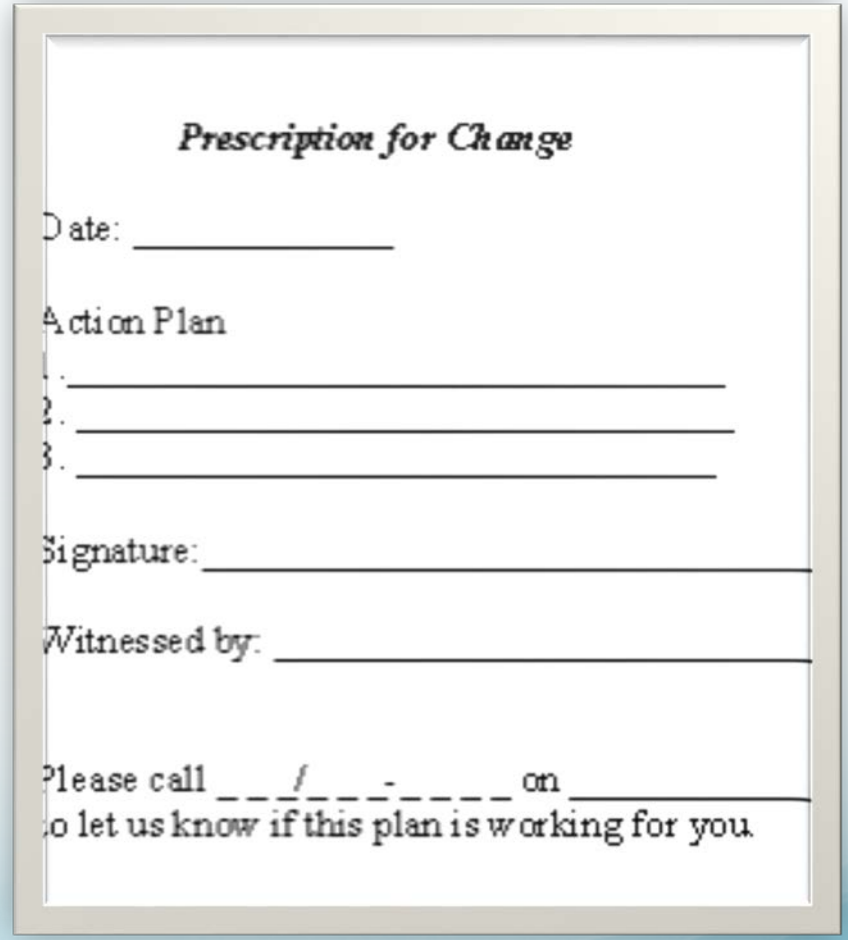
- Directive
- Reflecting
- Summarizing
- Developing discrepancies

Evoke

- Motivation
- Concerns

Plan

- Support self-efficacy
- Realistic
- Address elements of change



Prescription for Change

Date: _____

Action Plan

1. _____
2. _____
3. _____

Signature: _____

Witnessed by: _____

Please call ___/___-____ on _____
to let us know if this plan is working for you.

Motivational Interviewing Core skills

MI Skills

- Open-ended questions
- Affirmations
- Reflections
- Summaries

OARS

Open-Ended Questions

- Require more of a response than a simple yes/no
- Often start with words such as—
  - “How…”
  - “What…”
  - “Tell me about…”
- Usually go from general to specific

Open-Ended Questions

- The patient conveys more information
- Encourages engagement
- Opens the door for exploration of ambivalence

OARS

Closed-Ended Questions: Conversational Dead Ends

- Are for gathering very specific information
- Tend to solicit yes-or-no answers
- Convey impression that the agenda is not focused on the patient

Affirmations

- Compliments
- Statements of appreciation and understanding
- Praise positive behaviors
- Support the person as they describe difficult situations

OARS

Why affirm?

- Promote self-efficacy,
- Prevent discouragement
- Build rapport
- Reinforce open exploratio (patient talk)

Caveat

- Must be done sincerely

Affirmations May Include:

- Commenting positively on an attribute
  - You are determined to get your health back.
- A statement of appreciation
  - I appreciate your efforts despite the discomfort you're in.
- A compliment
  - Thank you for all your hard work today.

Reflective Listening

One of the hardest skills to learn.

"Reflective listening is a way of checking rather than assuming that you know what is meant."

(Miller and Rollnick, 2002)

OARS

Reflective Listening

- Involves listening and understanding the meaning of what the patient says
- Convey empathy

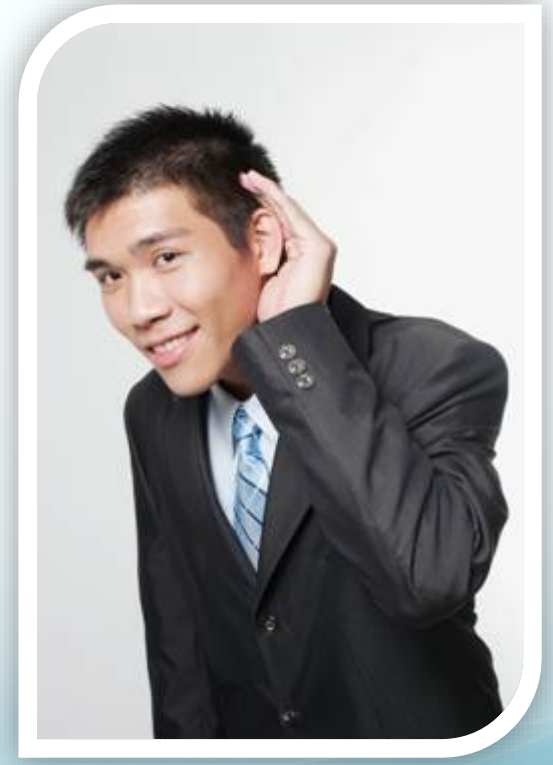
Why listen reflectively?

Serves 2 purposes:

Brings to life the principle of

EXPRESS EMPATHY

And…



Why listen reflectively?

Supports the goal-directed aspect of Motivational Interviewing

Levels of Reflections

Simple:
Repeat,
Rephrase

Complex:
Paraphrase, Reflect
Feeling

Double-Sided:
Both sides of
Ambivalence

Simple Reflection

Patient: I hear what you are saying about my drinking, but I don't think it's such a big deal.

Clinician: So, at this moment you are not too concerned about your drinking.

Patient: She is driving me crazy trying to get me

to quit.

Clinician: Her methods are really bothering you.

Simple Reflection: Amplify

- **Patient:** All my friends smoke weed and I don't see myself giving it up.
- **Clinician:** So, you're likely to keep smoking forever.

- **Patient:** I don't know why everybody is making such a big deal over my drinking. I don't drink that much.
- **Clinician:** There's no reason for any concern.

Complex Reflection: Paraphrase

Patient: “Who are you to be giving me advice? What do you know about drugs? You’ve probably never even smoked a joint!

Clinician: “It’s hard to imagine how I could possibly understand.”

Patient: “I just don’t want to take pills. I ought to be able to handle this on my own.”

Clinician: “You don’t want to rely on a drug. It seems to you like a crutch.”

Complex Reflection: Feeling

Patient: My wife decided not to come today. She says this is my problem, and I need to solve it or find a new wife. After all these years of my using around her, now she wants immediate change and doesn't want to help me!

Clinician: Her choosing not to attend today's meeting was a big disappointment for you.

Double-Sided Reflections

A double-sided reflection attempts to reflect back both sides of the ambivalence the patient experiences.

Patient: But I can't quit smoking. I mean, all my friends smoke!

Clinician: You can't imagine how you could not smoke with your friends, and at the same time you're worried about how it's affecting you.

Patient: Yes. I guess I have mixed feelings.

Summaries

- Periodically summarize what has occurred in the counseling session.
- Summary usages
  - Begin a session
  - End a session
  - Transition

OARS

Summaries (continued)

Strategic summary—select what information should be included and what can be minimized or left out.

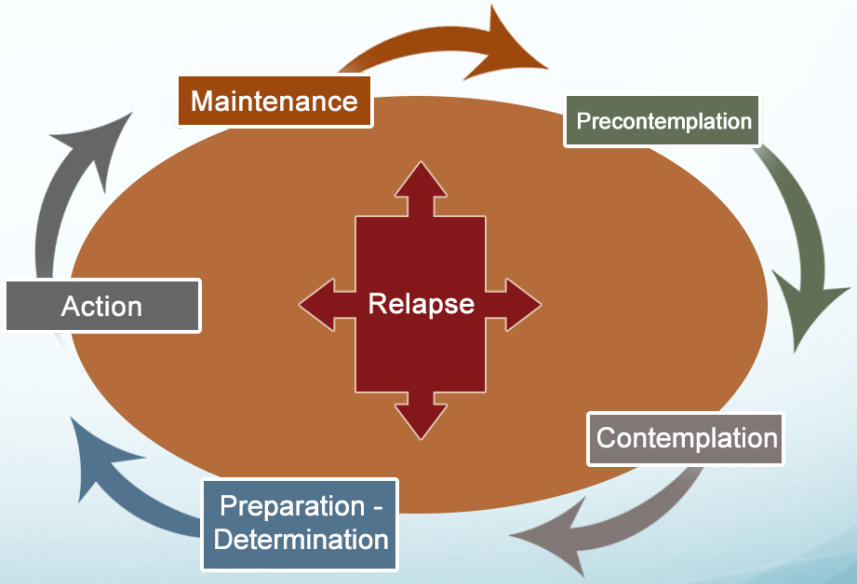
Additional information can also be incorporated into summaries—for example, past conversations, assessment results, collateral reports, etc.

STAGES OF CHANGE

Theoretical Framework Informing MI

Prochaska and DiClemente identified five stages of change your patient can experience:

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance



Prochaska & DiClemente (1984)

Remember

“Readiness to change”

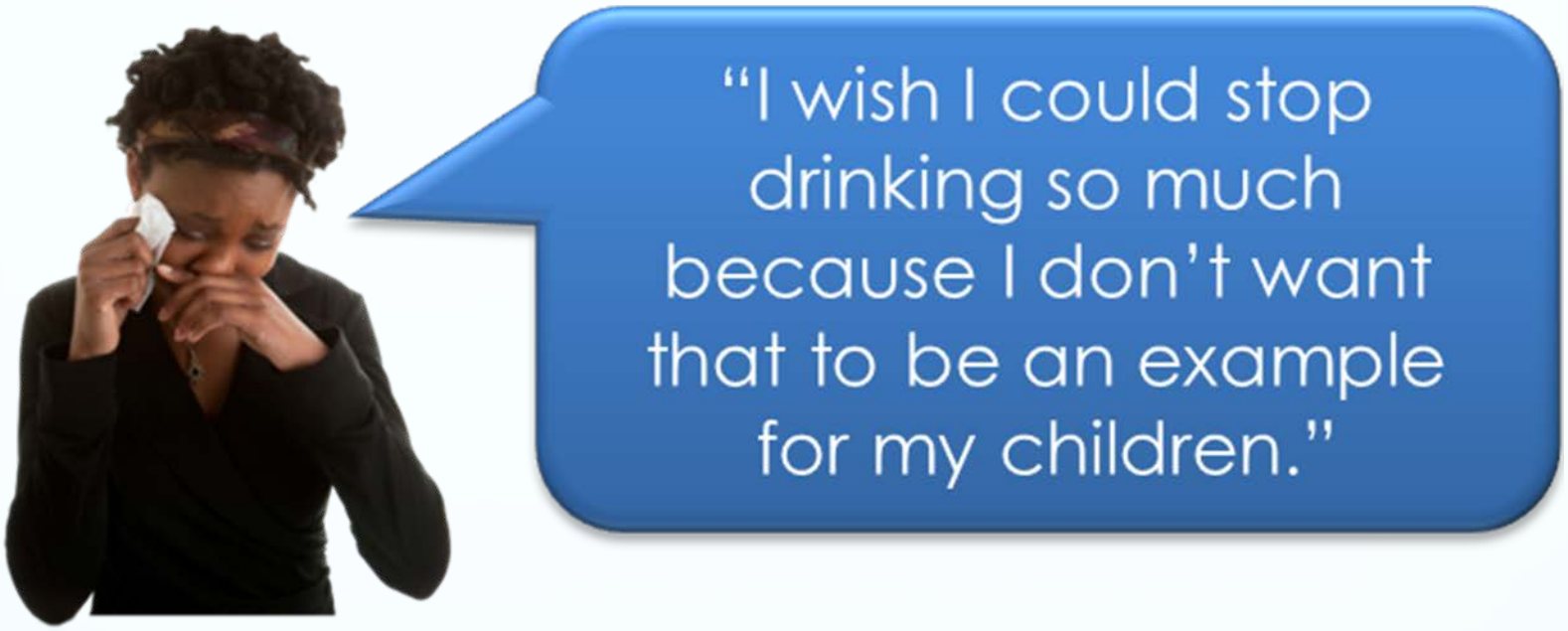
State

Trait

CHANGE TALK

Change Talk: DARN

- Desire – I wish/want to…
- Ability – I can/could…
- Reasons – It's important because…
- Need – I have to…



Affirm and reinforce change talk as it emerges.

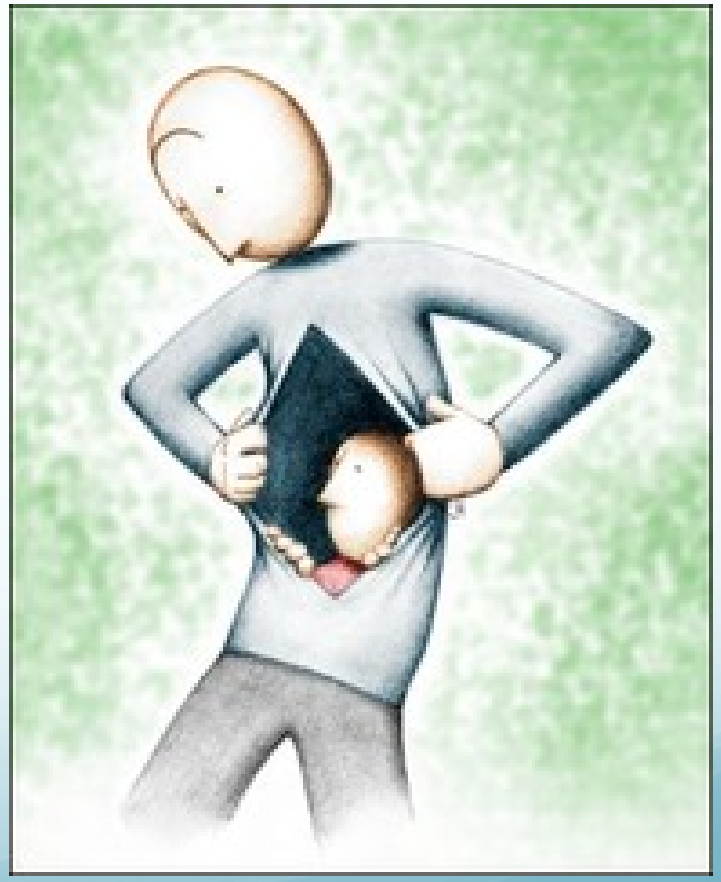
"I hear you are quite concerned about the effects your drinking may be having on your family and that not being a good parent or partner is important for you."

Motivational Interviewing: Enhancing Motivation To Change Strategies

Linking Screening and Brief Intervention

MI strategies facilitate—

- Finding personal and compelling reasons to change
- Building readiness to change
- Making commitment to change

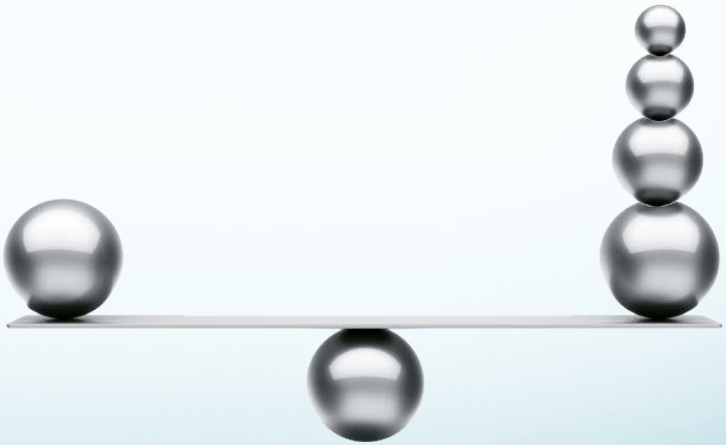


MI Strategies Most Commonly Used in Brief Intervention

- Decisional balance
- Readiness ruler
- Personalized reflective discussion

Decisional Balance

- Highlights the ambivalence
- Leverages the costs versus the benefits (start with the benefits)



Readiness Ruler

On a scale of 1 to 10, how ready are you to make a change?

1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready

Brief Intervention

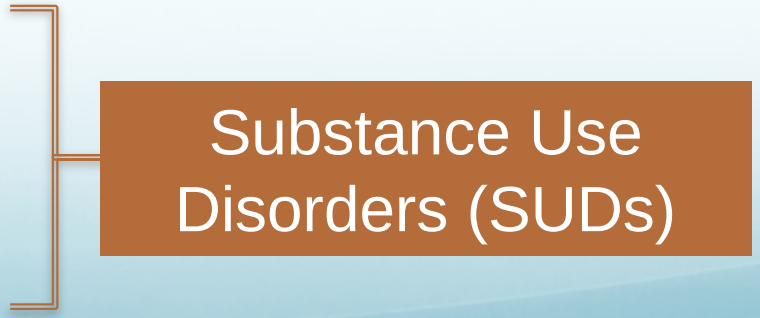
Review of SBIRT

Do you recall the primary goal of SBIRT?

Goal of SBIRT

Substance use continuum

- Abstinence
- Moderate use (lower risk use)
- At-risk use (higher risk use)
- Abuse
- Dependence



What Is Brief Intervention?

An awareness-raising intervention given to risky or problematic substance users.

Types:

- Personalized Reflective Discussion
- Brief Negotiated Interview

Brief Negotiated Interview

- Semi structured interview based on MI.
- Proven evidence-based practice.
- Can be completed in 5−15 minutes.
- Developed by Gail D'Onofrio, M.D., Ed Bernstein, M.D., Judith Bernstein, M.S.N., Ph.D., and Steven Rollnick, Ph.D.

Special acknowledgement is made to Drs. Stephen Rollnick, Gail D'Onofrio, and Ed Bernstein for granting permission to orient participants to the "brief negotiated interview."

Steps in the BNI

1. Build rapport—raise the subject. Explore the pros and cons of use.

2. Provide feedback. Provide screening results, relate to norms, get their reaction

3. Build readiness to change. Assess readiness, develop discrepancy, look for change

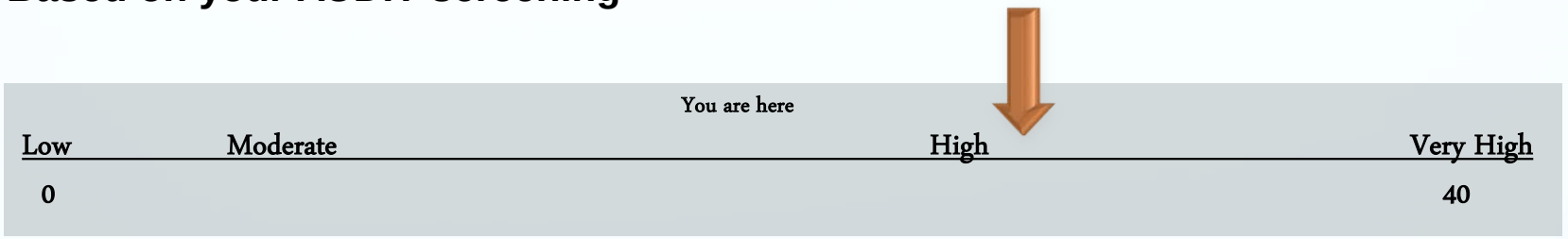
4. Negotiate a plan for change.

Raise the subject

- Start the discussion by asking permission of our patients to have the conversation.
- Example: “Would it be all right with you to spend a few minutes discussing the results of the wellness survey you just completed?”

Providing Feedback

Substance use risk
Based on your AUDIT screening—



Review

- Score
- Level of risk
- Risk behaviors
- Normative behavior

Evoking Personal Meaning

Open-ended questions: From your perspective…..

- What relationship might there be between your drinking and ____?
- What are your concerns regarding use?
- What are the important reasons for you to choose to stop or decrease your use?
- What are the benefits you can see from stopping or cutting down?

Discuss the Pros and Cons of Use

Help me understand through your eyes.

1. What are the good things about using alcohol?
2. What are some of the not-so-good things about using alcohol?

Discuss the Pros and Cons of Use—Applying MI

Decisional Balance

Using reflections

- “On one hand, you enjoy…
- On the other hand, I hear your concern about…”

Summarizing

- Acknowledges the patient's perceived benefits of use
- Elicits the "personal and important" problems or concerns caused by use
- Elicits, affirms, and reinforces motivation to change
- Helps resolve ambivalence and reinforces motivation

Enhancing Motivation

Readiness Ruler

"On a scale from 1 to 10, how ready are you to make a change to reduce your drinking?"

1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready

Negotiating Commitment

- Simple
- Realistic
- Specific
- Attainable
- Follow-up time line

Motivational Interviewing/Brief Intervention-A better approach

Video Presentation

https://www.youtube.com/watch?v=67l6g1l7Zao

Brief Therapy

- For moderate to high risk use of alcohol or drugs
- Motivational discussion; focused on empowerment and goal setting
- Includes assessment, education, problem-solving, coping strategies,
- supportive social environment
- Typically up to 12 sessions, each one approached as though it could be the last

Referral to Treatment

About Patients Screened in Primary Care

Evidence indicates that approximately 5 percent of patients screened will require a referral to either brief treatment or specialty treatment.

What Is Treatment?

Treatment may include—

- Counseling and other psychosocial rehabilitation services
- Medications
- Involvement with self-help (AA, NA, Al-Anon)
- Complementary wellness (diet, exercise, meditation)

Referral Guidelines for Greatest Success

- Determine if patient is drug or alcohol dependent and needs medical detoxification (usually inpatient).
- A nondependent substance abuser is usually treated as an outpatient unless there are other risk factors.
- Most patients can be successfully served in outpatient treatment.

A Strong Referral to Appropriate Treatment Provider Is Key

When your patient is ready—

- Make a plan with the patient.
- You or your staff should actively participate in the referral process. The warmer the referral handoff, the better the outcome.
- Decide how you will interact/communicate with the provider.
- Confirm your follow-up plan with

What Is a Warm-Handoff Referral?

- The clinician directly introduces the patient to the treatment provider at the time of the patient's medical visit.

- Reasons:

  - Establish an initial direct contact between the patient and the treatment counselor and

  - To confer the trust and rapport.

- Evidence strongly indicates that warm handoffs are dramatically more successful than passive referrals.

Plan for the Nuts and Bolts

- Whom do you call?
- Do you have access to referral resource information?
- What form do you fill out?
- What support staff can help?

Considerations When Choosing a Treatment Provider

- Language ability/cultural competence
- Family support
- Services that meet the patient's needs
- Record of keeping primary care provider informed of patient's progress and ongoing needs
- Accessible location/transportation

Payment for Services

- Does the provider accept your patient's insurance?
- Will the patient need to get prior insurance authorization?

- If the patient does not have insurance, does the provider offer services on a sliding-fee scale?

What Should You Expect?

Programs change over time. Maintain an up-to-date roster of public and private treatment and self-help resources in your community.

Common Mistakes To Avoid

- Rushing into “action” and making a treatment referral when the patient isn’t interested or ready
- Referring to a program that is full or does not take the patient’s insurance
- Not knowing your referral base
- Not considering pharmacotherapy in support of treatment and recovery
- Seeing the patient as “resistant” or “self-sabotaging” instead of having a chronic disease

WHAT IF THE PERSON DOES NOT WANT A REFERRAL?

- Encourage follow-up

  - At follow-up visit:
  - Inquire about use
  - Review goals and progress
  - Reinforce and motivate

- Thank you!

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