Screening, Brief Intervention and Referral to Treatment

Adapted from:

SBIRT

- Screening
  - Pre-screen/Annual Screen - universal
  - Full Screen - targeted

- Brief Intervention
  - Help patients understand their substance use and health impact; motivate behavior change.

- Referral to Treatment
  - Help patients showing signs of a substance use disorder to access specialty care.

Presenters

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SBIRT

What does a Brief Intervention look like?

How many people fall in the “risky/harmful” category?

What is “risky” or “harmful” use?

DSM-5: Severity of Substance Use Disorders

- Can be applied to 10 classes of substances
DSM-5: Symptoms of a Substance Use Disorder

**Impaired Control**
- Take in larger amounts or over longer period than intended
- Repeatedly trying without success to decrease or discontinue substance use
- Spending much time obtaining, using, and recovering from substance use
- Craving – intense desire/urge for substance

**Social Impairment**
- Failure to fulfill major obligations because of repeated substance use
- Continued use of substance despite persistent social and interpersonal problems caused or exacerbated by use
- Giving up important social, occupational, or recreational activities because of substance use

**Risky Use**
- Recurrent use when it is physically hazardous
- Recurrent use despite knowing that it has probably caused ongoing physical or psychological problems

**Pharmacological**
- Tolerance – need increased amount to achieve same effect
- Withdrawing – experience withdrawal symptoms or continue using to keep from having withdrawal

What is ONE drink?

A drink is:
- One 12-ounce can of beer
- One 5-ounce glass of wine
- One shot of hard liquor (1 ½ oz)

NIAAA Low-Risk Drinking Guidelines

<table>
<thead>
<tr>
<th></th>
<th>Per Day Limit</th>
<th>And No More Than Per Week Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>4 drinks per day</td>
<td>14 drinks per week</td>
</tr>
<tr>
<td>Women*</td>
<td>3 drinks per day</td>
<td>7 drinks per week</td>
</tr>
<tr>
<td>Everyone Age 66+</td>
<td>3 drinks per day</td>
<td>7 drinks per week</td>
</tr>
</tbody>
</table>

*Women who are pregnant or may become pregnant should not drink.

Remember ...

There are times when even one or two drinks can be too much – for example:
- When driving or operating machinery
- When pregnant or breast feeding
- If you may become pregnant
- When taking certain medications
- If you have certain medical conditions
- If you have a history of substance use disorder

Evidence Behind the Limits

- Research has shown that the NIAAA limits accurately reflect the amount of alcohol at which
  - psychomotor and cognitive impairment is notably increased
- risk increases for:
  - unintentional injuries
  - deaths from external causes
  - being a target of aggression or taking part in aggression
  - alcohol use disorders
  - negative medical, work, legal, and social consequences
- As the frequency of exceeding NIAAA’s guidelines increases, the likelihood of developing these problems increases.
**Patient Education: Alcohol**

- Interacts with medications
- Complicates and worsens many chronic conditions (hypertension, diabetes, etc.)

**Risky Drug Use**

- Any use of a recreational drug
  
  *Recreational drugs include methamphetamine (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin)*

- Using a prescription medication for nonmedical reasons

**Harms Related to Risky/Harmful Substance Use**

- Increased risk for—
  - Injury/trauma
  - Criminal justice involvement
  - Social problems
  - Mental health consequences (e.g., anxiety, depression)
  - Increased absenteeism and accidents in the workplace

**Patient Education: Marijuana**

**SBIRT targets the 20% of the US Population that uses substances at risky or harmful levels**

The primary goal of SBIRT is to identify and effectively intervene with those who are at moderate or high risk for psychosocial or health care problems related to their substance use.
SBIRT Across Cultures

- Screening: AUDIT was developed by the World Health Organization across 6 countries
- Brief interventions also found to be effective across numerous countries
- SBIRT effective across cultures in the US, including a study of 500,000 patients, including Alaska Natives, American Indians, African Americans, Caucasians, and Hispanics
- However, of course, individual cultural issues must be addressed

SBIRT is more effective than flu shots and cholesterol screening!

SBIRT is among the top 4 highest-ranking preventive services, based on health impact and cost effectiveness

Will patients be ok with this extra screening? Patients Are Open To Discussing Their Substance Use To Help Their Health

<table>
<thead>
<tr>
<th>Agree/Strongly Agree</th>
<th>Disagree/Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>“If my doctor asked me how much I drink, I would give an honest answer.”</td>
<td>92%</td>
</tr>
<tr>
<td>“If my drinking is affecting my health, my doctor should advise me to cut down on alcohol.”</td>
<td>96%</td>
</tr>
<tr>
<td>“As part of my medical care, my doctor should feel free to ask me how much alcohol I drink.”</td>
<td>93%</td>
</tr>
<tr>
<td>“I would be annoyed if my doctor asked me how much alcohol I drink.”</td>
<td>86%</td>
</tr>
<tr>
<td>“I would be embarrassed if my doctor asked me how much alcohol I drink.”</td>
<td>78%</td>
</tr>
</tbody>
</table>


Summary: What is SBIRT & Why Use It?

SBIRT stands for Screening, Brief Intervention and Referral to Treatment.

The primary goal of SBIRT is to identify and effectively intervene with those who are at moderate or high risk for psychosocial or healthcare problems related to their substance use.

SBIRT is a highly flexible, effective intervention that reduces short- and long-term healthcare costs.

Possible SBIRT Settings

<table>
<thead>
<tr>
<th>Possible SBIRT Settings</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Aging/Senior Services</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Behavioral Health Clinic</td>
<td>Primary Care Clinic</td>
</tr>
<tr>
<td>Community Health Center</td>
<td>Psychiatric Clinic</td>
</tr>
<tr>
<td>Community Mental Health Center</td>
<td>School-Based/Student Health</td>
</tr>
<tr>
<td>Drug Abuse/Addiction Services</td>
<td>Trauma Centers/Trauma Units</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>Urgent Care</td>
</tr>
<tr>
<td>Federally Qualified Health Center</td>
<td>Veteran Hospital</td>
</tr>
<tr>
<td>Homeless Facility</td>
<td>Other Agency Sites</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
</tr>
</tbody>
</table>

SBIRT is a Highly Flexible Intervention
SBIRT: Screening

• Pre-screen / Annual Screen - universal
• Full Screen - targeted

Brief Intervention
• Help patients understand their substance use, possible health impact, motivate behavior change.

Referral to Treatment
• Help patients showing signs of a substance use disorder access specialty care.

How Might Screening for Substance Use Fit within Healthcare?
• Providers conduct annual screening for multiple issues
• Think of screening for substance use the same as screening for blood pressure
  – If positive, more in-depth assessment needed
  – Low risk drinking limits are like targets to aim for

Finnell & Broyles, 2014

What screening DOES provide
• Rule-out low/no risk users
• Identify level of risk
• Provide context for discussing substance use
• Suggest areas where substance use may be problematic
• Identify patients most likely to benefit from brief intervention
• Identify patients most likely in need of referral

Administering Screens – Two Ways
• Patients complete written screening instrument(s)
• Healthcare provider verbally administers screening instrument(s)

When administering screening instruments verbally ...
• Normalize and set the context
• Transparency – why are you asking?
• Ask permission
• Provide the option of not answering a question
• Address confidentiality
• Use the exact wording provided on the screening instrument – DO NOT PARAPHRASE
  – Okay to clarify the meaning of the item

Two Levels of Screening

**Screening**
• Universal (screen everyone)
  • Provide to all adult patients
  • Rule-out patients at low or no-risk
  • Do at intake or triage
  • Positive = proceed with full screen

• Targeted (screen patients who score positive on universal screen)
  • Provide to just those patients who score positive on the universal screen
  *There are different universal screening questions for adolescents
Drinking and drug use are common.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>22.5%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Alcohol (current drinkers)</td>
<td>45.9%</td>
<td>57.7%</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td>6.3%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Misuse of Prescription Drugs</td>
<td>2.4%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

- Drinking and drug use often go undetected.

**Example Case**

- 68yo male, never married, retired accountant
- Known x 10 years
- Hx hypertension and mild Type 2 Diabetes since 1999, not obese
- Presents twice a year; usually no medical complaints

**Hi Clark. How’s the beach retirement going? What do you do with your time up there?**

**I usually hit golf balls on the beach in the morning and spend a couple hours playing pool at the bar before I go home for dinner.**

**That sounds great. Do you drink much when you’re playing pool at the bar?**

**I might have a few beers.**
Interesting! In an average week, how many beers would you guess you might drink?

Pat & Jan

Hmmm . . . 1, 2, 3, 4 . . .

Pat & Jan

Oh, around 70.

Pat & Jan

Wow! Clark doesn’t seem to think this is a big deal. What can I do about it in our 15 minute diabetes follow-up visit?

Pat & Jan

Rationale for Universal Screening

- People are more open to change than you might expect.

<table>
<thead>
<tr>
<th>Reason for Hospitalization</th>
<th>Percentage Seriously Thinking about Change or Ready to Modify Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECTLY related to alcohol use</td>
<td>88%</td>
</tr>
<tr>
<td>INDIRECTLY related to alcohol</td>
<td>82%</td>
</tr>
<tr>
<td>NOT related to alcohol</td>
<td>60%</td>
</tr>
</tbody>
</table>

Jan

Universal Screening: Single Item Questions (Adult)

NIAAA Single Question

- How many times in the past year have you had 5 or more drinks in a day (Men) or 4 (Women)?
  - Any response greater than zero (0) indicates the need to conduct a full screen.

NIDA Single Question

- How many times in the past year have you used a recreational drug or a prescription drug for nonmedical reasons?
  - Any response greater than zero (0) indicates the need to conduct a full screen.

Jan
Two Levels of Screening

**Screening**
- Universal (screen everyone)
  - Provide to all adult patients*
  - Rule-out patients at low or no-risk
  - Do not intake or triage
  - Positive = proceed with full screen
- Targeted (screen patients who score positive on universal screen)
  - Provide to targeted patients who score positive on the universal screen*

*There are different universal & targeted screeners for adolescents.

Targeted Screening Tools

- **AUDIT:** Alcohol Use Disorder Identification Test
- **DAST:** Drug Abuse Screening Test
- **POSIT:** Problem Oriented Screening Instrument for Teenagers
- **CRAFT:** Car, Relax, Alone, Forget, Family or Friends, Trouble (for adolescents)
- **ASSIST:** Alcohol, Smoking, and Substance Abuse Involvement Screening Test
- **GAIN** or **GAIN-SS:** Global Appraisal of Individual Needs

Targeted Screen for Alcohol = AUDIT

- Developed by the World Health Organization
- 10 multiple-choice questions
- Addresses alcohol only
- Accurate across many cultures/nations
- Publically available in multiple languages
- Scores range from 0-40

Scoring the AUDIT

- Each question has five answer choices
- Answers are assigned points and totalled

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or nearly daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How many drinks do you have on a typical day when drinking?</td>
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<td>4. How often do you drink more than you intended?</td>
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<td></td>
<td></td>
<td></td>
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<td>5. How often do you drink after you have had a drink the night before because of your drinking?</td>
<td></td>
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<td></td>
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<tr>
<td>6. How often do you drink more than you intended?</td>
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<td>7. How often do you drink more than you intended?</td>
<td></td>
<td></td>
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<tr>
<td>8. How often do you drink more than you intended?</td>
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<td>9. How often do you drink more than you intended?</td>
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<tr>
<td>10. How often do you drink more than you intended?</td>
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Audit screening questionnaire (AUDIT)

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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Score: 22

Drinking problems:

- 0 = Not at all
- 1 = A few times
- 2 = A few times
- 3 = A few times
- 4 = A few times
- 5 = A few times
- 6 = A few times
- 7 = A few times
- 8 = A few times
- 9 = A few times
- 10 = A few times
- 11 = A few times
- 12 = A few times
- 13 = A few times
- 14 = A few times
- 15 = A few times
- 16 = A few times
- 17 = A few times
- 18 = A few times
- 19 = A few times
- 20 = A few times
- 21 = A few times
- 22 = A few times

*There are different universal & targeted screeners for adolescents.

Jan
**What do the AUDIT Scores Mean?**

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>14+</td>
<td>Zone 4: Severe Use, Probable Substance Use Disorder</td>
</tr>
<tr>
<td>10-13</td>
<td>Zone 3: Harmful Use</td>
</tr>
<tr>
<td>4-9</td>
<td>Zone 2: Risky Use</td>
</tr>
<tr>
<td>0-3</td>
<td>Zone 1: Low Risk Use</td>
</tr>
</tbody>
</table>

*See the back of your blank AUDIT form*

**What do the AUDIT Zones Mean?**

**Zone 1 defined: 0-3**
- Patient NOT at risk for health or social complications based on alcohol use

**Recommended Intervention**
- Positive health message – describe low-risk levels
- Low risk is not necessarily NO risk

**Zone 2 defined: 4-9**
- Alcohol use likely leads to new health problems or makes existing ones worse
- An individual can fall into this zone based on amount of alcohol use alone (no negative consequences)

**Recommended Intervention**
- Brief Intervention (BI) with goal of reducing alcohol use

**Zone 3 defined: 10-13**
- Patient has experienced repeated negative consequences
- Patient continues to use despite persistent problems

**Recommended Intervention**
- Brief Intervention to reduce or abstain (Brief Treatment if available) and specific follow-up appointment

**Zone 4 defined: 14+**
- Multiple signs of substance use disorder, such as:
  - Negative consequences: tolerance; withdrawal; uncontrolled use
  - Is not a diagnosis in and of itself

**Recommended Intervention**
- Brief Intervention to accept referral to specialist treatment for diagnostic evaluation

**Targeted Screen for Drugs = DAST**
- DAST (Drug Abuse Screening Test)
- Addresses drugs only
- Validated for screening adults
- Ten “Yes/No” questions
- Provides information on level of use
- Scores range from 0-10

*The Addiction Research Foundation, 1982*
Scoring the DAST

- Each question has yes or no answer
- Answers assigned points and totaled in the same fashion as the AUDIT

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you neglected your family because of your use of drugs?</td>
<td></td>
</tr>
<tr>
<td>2. Have you engaged in illegal activities in order to obtain drugs?</td>
<td></td>
</tr>
<tr>
<td>3. Have you ever experienced withdrawal symptoms (feel sick) when you stopped using drugs?</td>
<td></td>
</tr>
<tr>
<td>4. Have you had medical problems as a result of your drug use (e.g., memory loss, palpitations, convulsions, bleeding)?</td>
<td></td>
</tr>
</tbody>
</table>

DAST Scores, Zones and Recommended Interventions

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level &amp; Explanation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Zone 1: Low Risk - The patient is abstaining or very rarely using.</td>
<td>Self-help or counseling and reduce amounts of drinking.</td>
</tr>
<tr>
<td>1-2</td>
<td>Zone 2: Risky - The patient is at risk of health or behavior problems because of using drugs or medications in excess.</td>
<td>Brief intervention to reduce or abstain from use.</td>
</tr>
<tr>
<td>3-5</td>
<td>Zone 3: Harmful - The patient may have experienced repeated negative consequences, failed to fulfill major obligations, and continued to use despite persistent problems.</td>
<td>Brief intervention to reduce or quit use with brief treatment, positive psychology, and support in behavioral or psychiatric settings.</td>
</tr>
<tr>
<td>6-10</td>
<td>Zone 4: Severe - The patient likely has a substance use disorder.</td>
<td>Brief intervention to accept referral to specific treatment for diagnostic evaluation.</td>
</tr>
</tbody>
</table>

* See the back of your blank DAST form

How Will Patients React to Alcohol Screening?

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
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<tbody>
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</tbody>
</table>

Summary: Screening

- Screening is the first step in the SBIRT Process – Everyone should receive a universal or pre-screen.
- Screening determines level of severity and guides the delivery of the brief intervention.
- Screening does not provide a diagnosis; rather it provides an opening to have a collaborative conversation with the patient.
- SBIRT provides clinicians with tools, language and a model to effectively help people who are exceeding safe alcohol and other drugs limits.
Brief Negotiated Interview (BNI)

What is a Brief Intervention?

- A brief 5 to 15 minute discussion(s)
- Aim 1: Enhance a patient’s motivation to change risky substance use
- Aim 2: Motivate patients with more severe risk to seek assessment/treatment
  (Also effective for addressing tobacco use)

Key Aspects of a Brief Intervention

Goals of the Brief Intervention

- Opportunity to explore alcohol/drug use and discuss possible reasons for change
- Enhance self-efficacy and commitment to change
- Draw upon the natural supports in the person’s life
- Plant a seed to influence possible change
- Capitalize on a “teachable moment”

What Makes Brief Intervention Different?

Communication Styles

<table>
<thead>
<tr>
<th>Directive Communication</th>
<th>Guiding Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain why</td>
<td>Respect for autonomy, goals, values</td>
</tr>
<tr>
<td>Tell how</td>
<td>Readiness to change</td>
</tr>
<tr>
<td>Emphasize importance</td>
<td>Ambivalence</td>
</tr>
<tr>
<td>Persuading</td>
<td>Empathy, non-judgment, respect</td>
</tr>
<tr>
<td>Clinician is the expert</td>
<td>Patient is the expert</td>
</tr>
</tbody>
</table>

Which Communication Styles Do You Use with Patients, and When?

- Directing
- Following
- Guiding

Robbuck, Aihui, Butler, 2008
What is MI?

Using the Spirit of Motivational Interviewing is essential to delivering effective BIs

Dyad Exercise: Patient’s Topic

Something about yourself that you
— want to change
— need to change
— should change
— have been thinking about changing, but you haven’t changed yet

. . . in other words - something you’re ambivalent about and willing to talk about

Dyad Exercise: Role of Provider

Find out what change the person is considering making, and then:

• Give the person a few good reasons to make the change
• Tell the person how they could change
• Emphasize how important it is to change
• Persuade if you meet resistance, repeat

This is NOT using the spirit of motivational interviewing!

Dyad Exercise: Debrief

• Patient: What was it like being told how and why to change your behavior?
• Provider: What was it like telling the patient why and how he/she should change?

Avoid Temptation to Offer Advice

<table>
<thead>
<tr>
<th>Common Reactions</th>
<th>Common Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>Afraid</td>
</tr>
<tr>
<td>Agitated</td>
<td>Helpless, overwhelmed</td>
</tr>
<tr>
<td>Oppositional</td>
<td>Ashamed</td>
</tr>
<tr>
<td>Discounting</td>
<td>Trapped</td>
</tr>
<tr>
<td>Defensive</td>
<td>Disengaged</td>
</tr>
<tr>
<td>Justifying</td>
<td>Not come back – avoid</td>
</tr>
<tr>
<td>Not understood</td>
<td>Uncomfortable</td>
</tr>
<tr>
<td>Procrastinate</td>
<td>Not heard</td>
</tr>
</tbody>
</table>

Dyad Exercise: MI Spirit in Practice

• How would you make this change?
• What are the three best reasons to do it?
• On a scale from 0 to 10, how important would you say it is for you to make this change?
• Follow-up: Why are you not a zero?
• Give a short summary
  Then ask: “So what do you think you’ll do?”
  . . . and just listen.
Dyad Exercise 2: Debrief

<table>
<thead>
<tr>
<th>Reaction When People are Heard</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Understood</td>
<td>Engaged</td>
</tr>
<tr>
<td>Want to talk more</td>
<td>Able to change</td>
</tr>
<tr>
<td>Liking the counselor</td>
<td>Safe</td>
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<tr>
<td>Open</td>
<td>Empowered</td>
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<tr>
<td>Accepted</td>
<td>Hopeful</td>
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<tr>
<td>Respected</td>
<td>Comfortable</td>
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<tr>
<td>Want to return</td>
<td>Interested</td>
</tr>
<tr>
<td>Cooperative</td>
<td></td>
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</tbody>
</table>

“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others.”

—Blaise Pascal

3 Core MI Skills Used in BNIs

- Open-ended questions
- Reflections
- Summaries

1. Open-Ended Questions

- Using open-ended questions
  - Enables the patient to convey more information
  - Encourages engagement
  - Opens the door for exploration

Closed- or Open-Ended Questions?

- Where are you from?
- What do you think about that?
- Did you know your drinking could be causing your acid reflux symptoms?
- What are the pros and cons of your drinking?
- How many drinks do you have on a typical day?
- What does your drug use do for you?
Open-Ended Questions (continued)

- Why open-ended questions?
  - Avoid the question-answer trap:
    - Puts patient in a passive role
    - No opportunity for patient to explore ambivalence

2. Reflections

- Reflective listening is 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)

Reflective Listening (continued)

- Involves listening and understanding the meaning of what the patient says
- Why listen reflectively?
  - Demonstrates that you have accurately heard and understood the patient
  - Strengthens the empathic relationship

Types of Reflection

- Simple Reflection - stays close to patient’s words
  - Repeating
  - Rephrasing (substitutes synonyms)
- Example
  - 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.

Levels of Reflection (continued)

- Complex Reflection - makes a guess
  - Paraphrase: major restatement, infer meaning, “continuing the paragraph”
- Examples
  - 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.”

Double-Sided Reflection

- Double-sided reflection - attempts to reflect back both sides of the ambivalence the patient experiences
- Example:
  - 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 session
- Use summaries to:
  - Transition between parts of the brief intervention
  - End the session

Examples

- “So, let me see if I’ve got this right…”
- “So, let me summarize what we’ve talked about”
- “Make sure I’m understanding exactly what you’ve been trying to tell me…”

Double sided reflections are often highly effective as summaries to illustrate ambivalence.

- “On the one hand, you like a, b, c about your drug use, but on the other hand, you don’t like x, y, and z.”

SBIRT Process

Brief Negotiated Interview (BNI)

- Developed for use in emergency rooms – (D’Onofrio et al., 2005)
- Adapts spirit and skills from Motivational Interviewing*
  - Patient-centered, collaborative approach
  - Goal-directed conversation method used to enhance patient’s own motivation to change
  - Recognizes patient’s conflicting feelings about a particular behavior change

* Miller and Tonni, 1996; Prochaska and DiClemente, 1982

Brief Negotiated Interview Steps

Use Your Tools
**Tool to guide you through 4 steps of a BI**

1. **Raise the subject**
   - Ask patient to read the question and discuss the topic
   - Explore readiness/openness for change
   - Identify common signs of alcohol problems
   - Discuss personal history of alcohol use
   - Present objectives of the session
   - Engage in open-ended questions

2. **Raise the subject**
   - Ask a valid question about alcohol use
   - Identify personal reasons for change
   - Use the AUDIT (or CAGE) to assess risk
   - Discuss personal history of alcohol use
   - Present objectives of the session
   - Engage in open-ended questions

3. **Engage**
   - Ask permission to discuss patient’s alcohol use
   - Review alcohol use patterns in patient’s own words
   - Seek to understand patient’s perspective on his/her drinking

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**BNI Learning Tool Includes Example Statements**

**Step 1: Build Rapport & Raise the Subject**
- **Engage**
- **Explain your role**
- **Raise the subject**
- **Ask permission to discuss the patient’s alcohol (drug) use**
- **Review alcohol (drug) use patterns in patient’s own words**
- **Seek to understand patient’s perspective on his/her drinking (drug) use**

**Step 1: Raise the subject**

**Opening Statement Example**

Hi, my name is ______. I’m part of your healthcare team. Would it be okay if we talked about the annual screening forms you filled out today?

Tell me about your alcohol/drug use? In a typical week, what does your alcohol/drug use look like?

*Listen carefully*

**Step 1: Raise the subject**

**Use Open-ended Questions**

- **Tell me about your drinking and how it fits into your life.**
- **What, if any, concerns do you have about your marijuana use?**
- **I’ll be sharing the results of the questionnaire you filled out here in just a minute, but first I’m curious what your thoughts are about your use of alcohol (drugs)?**
**Sailing through Sustain Talk**

**Sailing through Sustain Talk: Pause and Reflect**

- "I just have a couple of drinks to help me relax."
- "I'm not paying you to talk to me about drinking! Geez, I'm just here for a cold."
- "Everyone smokes a little weed."
- "Sure once in a while I drink more than I should, but it doesn't cause any major problems in my life."
- "My dad was an alcoholic. I don't drink like him."

**STEP 2: Provide Feedback**

*STEP 2*

- Share the AUDIT/DAST scores and zones – explain their zone
- Review NIAAA low-risk drinking guidelines
- Explore connection to health, social and work issues and express concern(s) – patient education materials

D’Onofrio et al., 2005; Miller and Rollnick, 2013

Pat
STEP 2: Provide Feedback
AUDIT/DAST Zones and Meaning

Possible substance use disorder, could benefit from specialty treatment
Experience negative consequences from substance use
Use can be causing or making health problems worse
Not currently at risk for health problems

STEP 2: Provide Feedback
Examples

"Your score of X puts you in the X Zone, which means.....
And here are the NIAGA low-risk drinking guidelines, and
where your drinking fits in.....What do you think about that?"

"What connection might there be between your alcohol/drug
use and why you came in today?" (if appropriate)

"As your care provider, I can tell you that drinking (drug use)
at this level can be harmful to your health and possibly be
responsible for your current health problems." (if appropriate)

STEP 2: Use and Provide Patient
Materials When Providing Feedback

STEP 3: Enhance Motivation

STEP 3: Enhance Motivation

Readiness/Confidence Ruler

"On a scale of 0 - 10, how ready are you to make a
change in your drinking (drug use)?"

"Why did you choose that number and not a
_____ (lower one)"

A strategy that helps the patient identify what motivation already
exists toward making change
STEP 3: Enhance Motivation
If the Readiness Score is 0-2 then ask:

How would your drinking (drug use) have to impact your life in order for you to start thinking about cutting back?

STEP 4: Negotiate Plan

Start by Asking Patient for “Pros”

“What is it that you like most about drinking (drug use)’?”

Then Ask Patient for “Cons”

“What are some things you don’t like about your drinking (drug use)’?”

STEP 4: Negotiate Plan

- Summarize pros/cons - “On the one hand you like...on the other hand you don’t like...”
- Ask a key question – “What steps would you be willing to take?”
- Offer a menu of choices for change, provide recommendations, secure agreement
- If not ready to plan, STOP! Thank patient and negotiate follow-up appointment
- If making a plan, ask about confidence, thank patient, and negotiate follow-up

STEP 4: Examples of Key Questions

- So given our conversation, what steps would you be willing to take?
- What steps can you make to cut back?
- Where do you think you would like to go from here?

STEP 4: Offer Menu of Choices for Change Plan

Tips for cutting down on drinking
- Measure and Count. Measure drinks per standard drink size and count how much you drink on your phone, a card in your wallet, or calendar.
- Set Goals. Decide how many days a week you want to drink, and how many drinks to have on those days.
- Pace and Space. Pace yourself. Slowly. Have no more than one drink per hour. Alternate “drink spaces”—non-alcohol drinks (water, soda, or juice).
**STEP 4: Tips to Keep in Mind**

- Avoid slipping into role of expert
- Keep it patient-centered, realistic
- Identify specific steps
- Emphasize personal autonomy
- Empathize with difficulty of change

**STEP 4: Last Steps**

- “On a scale of 0 - 10, how confident are you that you can make these changes in your drinking (drug use)?
- Check to make sure patient at high level of confidence (6+) or renegotiate plan.
- Plan follow-up visit.
- Thank patient: “Thank you for talking with me about your alcohol (and drug) use.”

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**SBIRT**

- **Screening**
  - Pre-screen/Annual Screen - universal
  - Full Screen - targeted

- **Brief Intervention**

- **Referral to Treatment**
  - Help patients showing signs of a substance use disorder to access specialty care.

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**Of those patients screened in primary care . . .**

- Approximately 5% will require a referral to specialty treatment.

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**When Referring to Treatment . . .**

**A Strong Referral to an Appropriate Treatment Provider Is Key**

So, what strategies can you use to make a strong referral?
Three Key Strategies to Make a Strong Referral

1. Use the brief intervention to build the patient’s confidence and willingness to go to a specialty provider before making the referral.

2. Be prepared to make referrals – know the specialty treatment providers in your area.

3. Conduct a “warm handoff” when possible.

Prepare the Patient for Specialty Care

- Ask the patient to share his/her worries or what they imagine treatment will be like.
- Provide corrective information.

Prepare the Patient for Specialty Care

- Remind the patient that he/she has choice. If one program doesn’t fit, try another.
- There are many options just as there are many paths to recovery.
- If appropriate, and with releases in place, enlist the support of family members or friends the patient identifies as important in his/her life.

1. Use a brief intervention to prepare the patient for specialty care

- Use motivational techniques to build the patient’s confidence and willingness to go to a specialty provider before making the referral.

2. Be prepared to make referrals

- Who do you call?
- What form do you fill out?
- Who on your team can help you set up an appointment?
- Maintain an up-to-date roster of public and private treatment and peer support resources in your community.
Know your referral resources

- SAMHSA’s National Treatment Facility Locator
  http://findtreatment.samhsa.gov

3. Conduct a “warm handoff”

Clinician directly introduces the patient to the SUD treatment provider at the time of the patient’s visit.
- Establish an initial direct contact between the patient and the treatment provider
- Convey your trust and rapport with treatment provider.

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

Conduct a Warm Handoff

Remove referral barriers
- Discuss a range of treatment options
- Identify programs and providers by name and have contact info available
- Assist the patient in making the first appointment; help them make the call
- Call or help the patient call the insurance company or local authority who oversees access

What if the person does not want a referral?

- Plan a specific follow-up visit
- At follow-up visit:
  - Inquire about use
  - Review goals and progress
  - Reinforce and motivate
  - Review tips for progress

Summary: Referral to Treatment

- Use the brief intervention to motivate patient to accept a referral
- Clarify your procedures for referral
- Warm handoffs work best
- Follow up

Summary

SBIRT stands for Screening, Brief Intervention and Referral to Treatment.
The primary goal is to identify and effectively intervene with those patients at risky or harmful levels in regard to their substance use.
SBIRT is a flexible, effective intervention that reduces short- and long-term healthcare costs.
Summary

There are two levels of screening for substance use:

Universal screening is provided to all patients and helps identify if the patient is using substances at low-risk, risky, harmful or severe levels.

Patients who score higher than the low risk/abstain category, receive a targeted screen.

Summary: Referral to Treatment

Approximately 5% of patients in primary care settings need a referral to specialty SUD care.

When making a referral to treatment, it is key to use a warm hand-off.

Resources

http://rethinkingdrinking.niaaa.nih.gov/
http://www.wasbirt.com/
www.sbirtoregon.org
http://www.attcnetwork.org/index.asp
http://www.bu.edu/bniart/
http://www.ena.org/practice
http://www.ahrq.gov/professionals/clinicians-provider-guidelines-recommendations/tobacco/5steps.html

References


SAMHSA (2013) Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment (TAP 33), Rockville, MD.