Screening, Brief Intervention and Referral to Treatment (SBIRT)

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Jim Aiello, MA., MEd
This training will focus on how to:

- Administer screening
- Deliver a brief intervention
- Employ a motivational approach
- Make referrals to specialized treatment
SBIRT

Module One

Re-conceptualizing Our Understanding of Substance Use Problems
The current model focuses on... Addiction
Substance Use Is

A Public Health Problem
Learning from Public Health

• The public health system of care routinely screens for potential medical problems (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function), provides preventative services prior to the onset of acute symptoms, and delays or precludes the development of chronic conditions.
The SBIRT model focuses on...

Excessive Use
Excessive Use is Correlated to

- **Trauma** and trauma recidivism.
- Causation or **exacerbation** of health conditions.
- Exacerbation of **mental health** conditions.
- Alcohol **poisoning**.
- DUI.
- Domestic and other forms of **violence**.
- Transmission of sexually transmitted **diseases**.
- Unintended **pregnancies**.
- Substance Use Disorder.
Addiction

Traditional Treatment
Abstinence

Excessive Use

Brief Intervention
Brief Treatment

No Problem

Primary Prevention
Screening and Feedback
Drink Responsibly

Developed by, and is used with permission of Daniel Hungerford, Ph.D., Epidemiologist, Center for Disease Control and Prevention, Atlanta, GA
Drinking Behavior

- Substance Use Disorder
  - Hazardous
  - Harmful
  - Symptomatic

Intervention Need

- Low Risk or Abstinence
- Brief Intervention and Referral for additional Services
  - Brief Intervention or Brief Treatment
- No Intervention or screening and Feedback

Developed by, and is used with permission of Daniel Hungerford, Ph.D., Epidemiologist, Center for Disease Control and Prevention, Atlanta, GA
The Costs of Substance Use

• The **bulk** of the societal, personal, and health care related **costs** are **not** a result of addiction but of **excessive** substance use. Until such time as we **acknowledge** this fact, and address it **appropriately**, we are **unlikely** to make significant progress towards a **solution**.

Consider This
If we could provide a 100% cure to every substance dependent person in the United States we wouldn’t be close to solving most of the substance related problems in our country.
NIAAA Definitions

- Low Risk:
  - Healthy Men < 65
    - \( \leq 4 \) drinks per day \( \rightarrow \) AND NOT MORE THAN 14 drinks per week
  - Healthy Women, & Men \( \geq 65 \)
    - \( \leq 3 \) drinks per day \( \rightarrow \) AND NOT MORE THAN 7 drinks per week

- Hazardous:
  - Pattern that **increases** risk for adverse consequences.

- Harmful:
  - Negative **consequences** have already occurred.
What’s a “Standard” Drink?
What is a Standard Drink?

- 12 oz of beer
- 5 oz of wine
- 1.5 oz of liquor
Screening

Module Two

Re-defining the Identification of Substance Use Problems
Universal Screening

NIAAA Single Question

• How many times in the past year have you had 5 or more drinks in a day (Men) or 4 (Woman)?

NIDA Single Question

• How many times in the past year have you used illegal drugs or prescription drugs other than how they were prescribed by your physician?
<table>
<thead>
<tr>
<th>Screen</th>
<th>Target Population</th>
<th># Items</th>
<th>Assessment</th>
<th>Setting (Most Common)</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIST (WHO)</td>
<td>Adults</td>
<td>8</td>
<td>Hazardous, harmful, or dependent drug use (including injection drug use) [interview]</td>
<td>Primary Care</td>
<td><a href="http://www.who.int/substance_abuse/activities/assist_test/en/index.html">http://www.who.int/substance_abuse/activities/assist_test/en/index.html</a></td>
</tr>
<tr>
<td></td>
<td>-Validated in many cultures and languages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUDIT (WHO)</td>
<td>Adults and adolescents</td>
<td>10</td>
<td>Identifies alcohol problem use. Can be used as a pre-screen to identify patients in need of full screen/brief intervention [Self-admin, Interview, or computerized]</td>
<td>•Different Settings</td>
<td><a href="http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf">http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf</a></td>
</tr>
<tr>
<td></td>
<td>-Validated in many cultures and languages</td>
<td></td>
<td></td>
<td>•AUDIT C- Primary Care (3 questions)</td>
<td></td>
</tr>
<tr>
<td>DAST-10</td>
<td>Adults</td>
<td>10</td>
<td>To identify drug-use problems in past year [Self-admin or Interview]</td>
<td>Different Settings</td>
<td><a href="http://www.integration.samhsa.gov/clinical-practice/screening-tools">http://www.integration.samhsa.gov/clinical-practice/screening-tools</a></td>
</tr>
<tr>
<td>CRAFFT</td>
<td>Adolescents</td>
<td>6</td>
<td>To identify alcohol and drug abuse, risky behavior, &amp; consequences of use [Self-admin or Interview]</td>
<td>Different Settings</td>
<td><a href="http://www.ceasar-boston.org/CRAFFT/">http://www.ceasar-boston.org/CRAFFT/</a></td>
</tr>
<tr>
<td>CAGE</td>
<td>Adults and Youth &gt;16</td>
<td>4</td>
<td>-Signs of tolerance, not risky use [Self-admin or Interview]</td>
<td>Primary Care</td>
<td><a href="http://www.integration.samhsa.gov/clinical-practice/sbirt/CAGE_questionnaire.pdf">http://www.integration.samhsa.gov/clinical-practice/sbirt/CAGE_questionnaire.pdf</a></td>
</tr>
<tr>
<td>TWEAK</td>
<td>Pregnant Women</td>
<td>5</td>
<td>-Risky drinking during pregnancy. Based on CAGE. -Asks about number of drinks one can tolerate, &amp; related problems [Self-admin, Interview, or computerized]</td>
<td>Primary Care, Women’s Organizations, etc.</td>
<td><a href="http://www.sbirttraining.com/sites/sbirttraining.com/files/TWEAK.pdf">http://www.sbirttraining.com/sites/sbirttraining.com/files/TWEAK.pdf</a></td>
</tr>
</tbody>
</table>
Full Screen AUDIT  
(Alcohol Use Disorders Identification Test)

• **Benefits:**
  – **Created** by the World Health Organization.
  – Comprised of 10 **multiple** choice questions.
  – **Simple** scoring and interpretation.
  – Provides 4 zones of **risk** and **intervention** based on score.
  – Valid and reliable across **different** cultures.
  – Available in **numerous** languages.

• **Limitations:**
  – Addresses alcohol only.
# AUDIT Scores and Zones

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7</td>
<td>Zone 1: Low Risk Use</td>
<td>Alcohol education to support low-risk use – provide brief advice</td>
</tr>
<tr>
<td>8-15</td>
<td>Zone 2: At Risk Use</td>
<td>Brief Intervention (BI), provide advice focused on reducing hazardous drinking</td>
</tr>
<tr>
<td>16-19</td>
<td>Zone 3: High Risk Use</td>
<td><strong>BI/EBI</strong> – Brief Intervention and/or Extended Brief Intervention with possible referral to treatment</td>
</tr>
<tr>
<td>20-40</td>
<td>Zone 4: Very High Risk, Probable Substance Use Disorder</td>
<td>Refer to specialist for diagnostic evaluation and treatment</td>
</tr>
</tbody>
</table>
Full Screen
DAST – 10

• **Benefits:**
  – Comprised of 10 *multiple* choice questions.
  – *Simple* scoring and interpretation.
  – Provides 4 levels of *risk* and *intervention* based on score.

• **Limitations:**
  – Addresses other drugs only.
Drug Abuse Screening Test

- Ten Questions.
- Yes/No Format.
- Drug Specific.
- Provides information on level of use.
- Provides misuse and symptoms of SUD.
- Preface: In the past 12 months.....
<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Zone 1: No risk</td>
<td>Simple advice: Congratulations this means you are abstaining from excessive use of prescribed or over-the-counter medications, illegal or non-medical drugs.</td>
</tr>
<tr>
<td>1-2</td>
<td>Zone 2: At Risk Use - “low level” of problem drug use</td>
<td>Brief Intervention (BI). You are at risk. Even though you may not be currently suffering or causing harm to yourself or others, you are at risk of chronic health or behavior problems because of using drugs or medications in excess; and continued monitoring</td>
</tr>
<tr>
<td>3-5</td>
<td>Zone 3: “intermediate level”</td>
<td>Extended BI (EBI) and RT – your score indicates you are at an “intermediate level” of problem drug use. Talk with a professional and find out what services are available to help you to decide what approach is best to help you to effectively change this pattern of behavior.</td>
</tr>
<tr>
<td>6-10</td>
<td>Zone 4: Very High Risk, Probable Substance Use Disorder</td>
<td>EBI/RT - considered to be at a “substantial to severe level” of problem drug use. Refer to specialist for diagnostic evaluation and treatment.</td>
</tr>
</tbody>
</table>
Screening Does Not Provide A Diagnosis
Rules for Role Plays

Conducting a Screening Using the AUDIT
I would like to ask you some personal questions that I ask all my patients. These questions will help me to provide you with the best care possible. As with all medical information your responses are confidential. If you feel uncomfortable just let me know.
Conducting a Screening Using the AUDIT

Form Dyads

- physician/nurse/counselor
- patient
Conducting a Screening Using the AUDIT and the DAST-10

- Each role play should be approximately 3-5 minutes.
- Then switch. When you have experienced both roles, discuss how it felt from each perspective.
- After completing the cycle we will have an open large group discussion.
Brief Intervention (BI)
Motivational Interviewing

Module Three

Re-designing How We Treat Substance Use Problems
What is BI?

A Brief Intervention is a time limited, individual counseling session.
What are the Goals of BI?

• The general goal of a BI is to:
  • **Educate** the patient on safe levels of substance use.
  • **Increase** the patients **awareness** of the consequences of substance use.
  • **Motivate** the patient towards making a decision about substance use behavior.
  • **Assist** the patient in making **choices** that reduce their risk of substance use problems.

• The goals of a BI are **fluid** and are dependent on a variety of factors including:
  • The patients screening **score**.
  • The patients **readiness** to change.
  • The patients specific **needs**.
What is Your Role?

- **Provide** feedback about the screening results.
- **Offer** information on low-risk substance use, the link between substance use and other lifestyle or healthcare related problems.
- **Understand** the patient’s viewpoint regarding their substance use.
- **Explore** a menu of options for change.
- **Assist** the patient in making decisions regarding their substance use.
- **Support** the patient in making changes in their substance use behavior.
- **Give** advice if requested.
Ask Yourself

Who has the best idea in the room?

The patient
Where Do I Start?

What you do depends on where the patient is in the process of changing.

The first step is to be able to identify where the patient is coming from.
**Stages of Change: Primary Tasks**

1. **Precontemplation**
   - Definition: Not yet considering change or is unwilling or unable to change.
   - Primary Task: Raising Awareness

2. **Contemplation**
   - Definition: Sees the possibility of change but is ambivalent and uncertain.
   - Primary Task: Resolving ambivalence/
     Helping the patient make a decision about change

3. **Preparation**
   - Definition: Committed to changing. Still considering what to do.
   - Primary Task: Help identify appropriate change strategies

4. **Action**
   - Definition: Taking steps toward change but hasn’t stabilized in the process.
   - Primary Task: Help implement change strategies and learn to eliminate potential relapses

5. **Maintenance**
   - Definition: Has achieved the goals and is working to maintain change.
   - Primary Task: Develop new skills for maintaining recovery

6. **Recurrence**
   - Definition: Experienced a recurrence of the symptoms.
   - Primary Task: Cope with consequences and determine what to do next
Ambivalence

All change contains an element of ambivalence. We “want to change and don’t want to change,” patients’ ambivalence about change is the “meat” of the brief intervention.
Motivational Interviewing (MI)
Motivational Interviewing

- Creates therapeutic partnerships:
  - Motivational Interviewing encourages an active partnership where the patient and counselor work together to establish treatment goals and develop strategies.

- Uses empathy not authority:
  - Research indicates that positive outcomes are related to empathy and warm and supportive listening.

- Focuses on less intensive treatment:
  - Motivational Interviewing places an emphasis on less intensive, but equally effective care, especially for those whose use is problematic or risky but not yet serious.
Goal of MI

- To create and amplify discrepancy between present behavior and broader goals.

How?

- Make people aware of the cognitive dissonance between where one is and where one wants to be.
The MI Shift

From feeling responsible for changing patients’ behavior to exploring and supporting them in reaching their own conclusions about change.
Video of a practitioner who is not using Motivational Interviewing as their clinical practice
MI Tool - OARS

- Open-ended Questions
- Affirmation
- Reflective Listening
- Summary
Open versus Closed Questions

- **Open**-
  - Requires more than a yes or no response
  - Eliciting – more person centered
  - Aides individual cognitions

- **Closed**-
  - Quick, easier, & efficient
  - Less person centered
  - Less engaging
**OARS: Open Ended Questions**

- Do you think you have a problem with drinking?
- When you drink, do you drink a lot?
- Do drugs really make your life better?
- Drugs have a lot of problems associated with them, don’t they?
- What would have to change for you to think that this might be a problem?
- What would have to change for you to think that this might be a problem?
- Research suggests that drinking more than five drinks on one occasion is linked to car accidents and health problems. What do you think about this?
- Tell me what you value about what you are currently doing?
- What’s the down side of using?
OARS: AFFIRMATIONS

- patient focused—what they do, say, feel
- Build on patient Strengths—capability
- Highlight patient Success—builds hope
- Express Empathy—around hopes, wishes, dreams, future
Affirmation Examples

• In spite of all the challenges you have faced, you have been able to support and keep your family together.

• Going into rehab and staying drug free for six months required a lot of effort and commitment on your part.
Practicing Affirmations

“I know that drinking a lot isn’t good for my diabetes but I enjoy going to the bar after work. I want to cut back but I don’t know how. My whole social life is at the bar.”
OARS : Reflecting and Responding

- Simple- paraphrasing, clarifying
- Complex- reframes, links feelings to content
- Double-Sided- acknowledges that you hear and understand how the patient is experiencing his/her own dilemma about their behavior
Reflective Listening

• Listen to both what the patient says and to what the patient means

• Shows empathy and encourages the patient to give you more information that you need
  • You do not have to agree

• Be aware of intonation
  • Reflect what patient says with statement not a question, e.g., “You couldn’t get up for work in the morning.”
It's been fun, but something has got to give. I just can’t go on like this anymore.

- **Paraphrase**
  - So the fun has come at a cost.

- **Double-Sided**
  - On the one hand you had a good time, and on the other you can see that it’s coming to an end for you now.

- **Affective**
  - You’re frightened about what could happen if this continues
  - You are really worried that you might not be able to find a better way to manage how you feel.
I have been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work except having a couple of drinks.

- **Paraphrase**
  - You keep looking for ways other than drinking to feel better, without much success.

- **Double-Sided**
  - Drinking helps in the short-term, and part of you recognizes that this may not be a great long term strategy.

- **Affective**
  - You are really worried that you might not be able to find a better way to manage how you feel.
OARS: Summarizing

- Special form of reflection
- Counselor chooses what to include and emphasize
- Includes: **problem recognition, ambivalence about change, concerns about change, optimism about change**
- Patient knows you are listening
- Invite patient to respond to your summary
Summaries can:

• **Collect** material already offered
  – So far you’ve expressed concern about your family, getting a job, and staying clean…
  – *What else?*

• **Link** something just said with something discussed earlier
  – That sounds a bit like what you told me about that lonely feeling you sometimes get.

• **Transition** Draw together what has happened and *transition* to a new task
  – Let me summarize what you’ve told me so far. You came in because you were …, and it scared you when . . . Then you mentioned… and now…
  – …*Where does that leave you?*
Importance Ruler

- On a scale of 1-10 how **important** is it for you to change your drinking, drug use, tobacco use?
- Why not a **lower** number?
- What would it take to move to a **higher** number?
Readiness Ruler

• On a scale of 1-10 how ready are you to make a change in your drinking, drug use, tobacco use?
• Why not a lower number?
• Why would it take to move it to a higher number?
Confidence Ruler

• On a scale of 1-10 how confident are you that you could change your drinking, drug use, tobacco use?
• Why not a lower number?
• Why would it take to move it to a higher number?
The Keys to Change

Readiness

Importance

Confidence

Video of a practitioner who is using more of an MI approach in their clinical practice
Brief Interventions for patients at Risk for Substance Use Problems
Brief Interventions

...NOT
The 4 Steps of a BNI

1) Raise The Subject
2) Provide Feedback
3) Enhance Motivation
4) Negotiate And Advise

D’Onofrio, Gail, et.al. (2008). Screening, Brief Intervention & Referral to Treatment (SBIRT) Training Manual For Alcohol and Other Drug Problems. New Haven CT: Yale University School of Medicine
Step 1: Raise the Subject

Key Components

• Be respectful
• Ask permission to discuss use
• Avoid arguing or being confrontational

Key Objectives

• Establish rapport
• Raise the subject
Step 2: Provide Feedback

What you need to cover.

1. Ask permission; explain how the screen is scored
2. Share results of the screen
3. Interpret results (e.g., risk level)
4. Patient feedback about results
The Feedback Sandwich

Ask Permission

Give Feedback

Ask for Response
Feedback

Link to Patient’s Concerns

• Ask the patient about their concerns
• Provide non-judgmental feedback/information
• Watch for signs of discomfort with status quo or interest or ability to change
• **Always ask this question:** “What role, if any, do you think alcohol/drugs played in your (illness, injury, etc..)?
• Let the patient decide.
• Just asking the question is helpful.
The 1\textsuperscript{st} Task: Feedback

What do you say?

1. **Range of score** and **context** - Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8.

   **Results** - Your score was 18 on the alcohol screen.

2. **Interpretation of results** - 18 puts you in the moderate-to-high risk range. At this level, your use is putting you at risk for a variety of health issues.

3. **Norms** - A score of 18 means that your drinking is higher than 75% of the U.S. adult population.

4. **Patient reaction/feedback** - What do you make of this?

Informational Brochures


Role Play

Let's practice **Feedback:**

- Establish rapport
- Raise the subject
- Give screening results (and range)
- Express concern
- Substance use norms in population
- Elicit patient feedback about the feedback
Step 3: Enhancing Motivation

Critical components:

- Develop discrepancy
- Reflective listening
- Open-ended questions
- Assess readiness to change
Enhancing Motivation

Ambivalence is Normal
Enhance Motivation

Importance/Confidence/Readiness

• On a scale of 1–10:
  - How important is it for you to change your drinking?
  - How confident are you that you can change your drinking?
  - How ready are you to change your drinking?

For each ask:

• Why didn’t you give it a lower number?
• What would it take to raise that number?
Enhance Motivation

• Strategies for Weighing the Pros and Cons
  What do you like about drinking?
  What do you see as the downside of drinking?
  What else?
• Summarize Both Pros and Cons
  “On the one hand you said..., and on the other you said....”
Listen to Understand Dilemma. Don't Give Advice.

Ask:

- Why do you want to make this change?
- What abilities do you have that make it possible to make this change if you decided to do so?
- What are the 3 best reasons for you to do it?
- Give short summary/reflection of speaker’s motivation for change
- Then ask: “So what do you think you’ll do?”
Role Play

• Let’s practice **Enhance Motivation**:
• Using Completed Screening Tool
• Importance/Confidence/Readiness Scales
• Pros and Cons
• Develop Discrepancy
• Dig for Change Talk
• Summarize
Step 4: Negotiate and Advise

- **Critical components:**
  
  - Negotiate a plan on how to cut back and/or reduce harm
  
  - Direct advice
  
  - Provide patient health information
  
  - Follow-up
Negotiate and Advise

• What now?
• What do you think you will do?
• What changes are you thinking about making?
• What do you see as your options?
• Where do we go from here?
• What happens next?
Negotiate and Advise

Offer a **Menu** of Options:

- **M**anage drinking/use (cut down to low-risk limits)
- **E**liminate your drinking/drug use (quit)
- **N**ever drink and drive (reduce harm)
- **U**tterly nothing (no change)
- **S**eek help (refer to treatment)
Negotiate and Advise

- **Giving Advice Without Telling Someone What to Do**
  - Provide Clear Information (Advice or Feedback)
  - What happens to some people is that…
  - My recommendation would be that…
  - Elicit their reaction
  - What do you think?
  - What are your thoughts?
Negotiate and Advise

- Closing the Conversation (SEW)
- Summarize patients views (especially the pro)
- Encourage them to share their views
- What agreement was reached (repeat it; write it down)
Role Play

- Let’s practice **Negotiate and Advise**
- Ask about next steps, offer menu of options
- Offer advice
- Summarize patient’s views
- Repeat what patient agrees to do
Role play: Putting It All Together

1. **Raise The Subject**
   - Establish rapport
   - Raise the subject

2. **Provide Feedback**
   - Provide screening results
     - Relate to norms
     - Get their reaction

3. **Enhance Motivation**
   - Assess readiness
   - Develop discrepancy
   - Dig for Change

4. **Negotiate and Advise**
   - Menu of Options
   - Offer advice
Extended Brief Intervention

Module Four

A Brief Treatment Model
Extended BI/Brief Treatment

- An extended BI/Brief Treatment consists of ongoing individual counseling sessions.
- Generally, extended BI/BT consist of 4 to 6 sessions, up to 1 hour in duration.
- Additional tools and exercises can be used to enhance and support readiness to change.
Referral to Treatment for patients at Risk for Substance Dependence

Module 5
Referral to Treatment

- Approximately 5% of patients screened will require referral to substance use evaluation and treatment.
- A patient may be appropriate for referral when:
  - Assessment of the patient’s responses to the screening reveals serious medical, social, legal, or interpersonal consequences associated with their substance use.

These high risk patients will receive a brief intervention followed by referral.

Referral to Treatment

• Always:
  – Follow appropriate confidentiality (42, CFR-Part 2) and HIPAA regulations when sharing information.
  – Establish a relationship with your community provider(s) and ensure you have a referral agreement.
  – Maintain a list of providers, support services, and other information that may be helpful to patients.
  – Reduce barriers and build bridges.
“WARM HAND-OFF” APPROACH TO REFERRALS

- Describe treatment options to patients based on available services
- Develop relationships between health centers, who do screening, and local treatment centers
- Facilitate hand-off by:
  - Calling to make appointment for patient/patient
  - Providing directions and clinic hours to patient/patient
  - Coordinating transportation when needed
WHAT IF THE PERSON DOES NOT WANT A REFERRAL?

Encourage follow-up – at the point of contact

• At follow-up visit:
  • Inquire about use
  • Review goals and progress
  • Reinforce and motivate
  • Review tips for progress
Thank you for your time and attention!

Be sure to visit:
www.ireta.org
sbirt@attcnetwork.org

National Screening, Brief Intervention and Referral to Treatment
ATTC