



TODAY'S GOAL

The goal is to explore the skills used in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance use concerns and their integration in primary care clinic services.

- EXPANSION TECHNICAL ASSISTANCE**
- Step 1: Expansion Kick-off Webinar
 - Step 2: Clinic on-site visits
 - Step 3: Webinar training on Tools for implementing SBIRT
 - Step 4: Implementation Skills training in Des Moines: June 14
 - Step 5: Individual clinic webinar meetings to finalize plans
- Scheduling is on-going via Julie at the IPCA
 - Additional resources are available re: Motivational Interviewing (May 10th webinar) and Marijuana facts (June 28)

- AGENDA**
- **SBIRT brief review and questions**
 - **Prescreening, AUDIT, DAST review**
 - **Brief Intervention flow review**
 - **Motivational Interviewing**
 - **Case reviews**
 - **Referral to Trx**

- WHY DO SBIRT?**
- Clinic/ Health Center reasons
 - Patient Medical reasons
 - Community impact
- SBIRT**
IOWA

SCREENING DOES NOT PROVIDE

A Diagnosis

SBIRT
IOWA

HISTORICALLY

- **Society has viewed substance use as:**
 - A moral problem
 - An individual problem
 - A family problem
 - A social problem
 - A criminal justice problem
 - A combination of one or more
- **The solution to any problem must be driven by its presumed cause.**
 - If substance use is caused by a moral problem...what is its solution?
 - If substance use is caused by a criminal justice problem.....what is its solution?

RETHINKING SUBSTANCE USE AS A PUBLIC HEALTH PROBLEM

The diagram illustrates a progression of substance use from left to right. On the far left, a group of people is labeled 'Non-Use/ Low-Risk Use' under the heading 'PREVENTION'. In the middle, a group is labeled 'Risky/Harmful Use' under the heading 'SBIRT'. On the far right, a smaller group is labeled 'Substance Use Disorder/Addiction' under the heading 'SPECIALIZED TREATMENT'. A red callout bubble points to the 'Risky/Harmful Use' and 'Substance Use Disorder/Addiction' groups, stating 'Historic Response Leaves a Gap in Services'.

The pyramid diagram is divided into three horizontal sections. The top section, representing 5% of the population, is labeled 'Substance Use Disorder' and requires 'Brief Intervention and Referral for additional Services'. The middle section, representing 20%, is labeled 'Hazardous Harmful Symptomatic' and requires 'Brief Intervention or Brief Treatment'. The bottom section, representing 75%, is labeled 'Low Risk or Abstinence' and requires 'No Intervention or screening and Feedback'. The x-axis is labeled 'Drinking Behavior' on the left and 'Intervention Need' on the right.

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

UPDATE IN BEHAVIORAL HEALTH

The Diagnostic & Statistical Manual of Mental Disorders (DSM) was updated with release of DSM 5 in 2013. People and processes are still adjusting.

The diagram compares 'Before' and 'Current' DSM-5 criteria. 'Before' lists 'Substance Use, Abuse, Dependence/ Addiction' and notes that 'Only the Dependent/ Addicted person was identified for intervention'. 'Current' lists 'Substance Use, Excessive Use, and Disordered Use' and notes that 'Risks of excessive use now integrated into SBIRT services'.

DSM-5: SEVERITY OF SUBSTANCE USE DISORDERS

The diagram shows three boxes representing levels of severity. The first box is 'MILD 2-3 Symptoms', the second is 'MODERATE 4-5 Symptoms', and the third is 'SEVERE 6+ Symptoms'. Arrows point from the MILD box to the MODERATE box, and from the MODERATE box to the SEVERE box.

DSM-5: SYMPTOMS OF A SUBSTANCE USE DISORDER

- **Impaired control:**
 - Take in larger amounts or over longer period than intended
 - Failure to carry out major obligations at work, home, or school because of repeated substance use
 - Repeatedly trying without success to decrease or discontinue substance use
 - Spending much time obtaining, using and recovering from substance
- **Social impairment:**
 - Failure to fulfill major obligations at work, school, or home because of repeated substance use
 - Continued use of substance despite persistent social & 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
 - Withdrawal - experience withdrawal symptoms or continue using to keep from having withdrawal

THE MOVING PARTS OF SBIRT

S creening	B rief I ntervention	R eferral to T reatment
<ul style="list-style-type: none"> • Pre-screen/ Annual Screen - universal • Full Screen - targeted 	<ul style="list-style-type: none"> • Help patients understand their substance use and health impact; motivate behavior change. 	<ul style="list-style-type: none"> • Help patients showing signs of a substance use disorder to access specialty care.

PRESCREEN SCORING

Prescreen Process:
 First, define standard "drink" and "illegal drugs" for patients prior to questions.

1. How many times in the past year have you had **4** or more drinks in a day? (**4** for women and those over 65, **5** for men under 65)
2. How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

None= NEGATIVE SCREEN 1 or more= POSITIVE SCREEN

How much time is needed?
 Most patients (75-85%) will screen negative. Completing 3-4 simple questions will take 1-2 minutes. For the remaining 15-25% of patients, the full screen and brief intervention will take between 5 - 20 minutes to complete.

Screen	Target Population	# Items	Assessment	Setting (Most Common)	URL
ASSIST (WHO)	-Adults -Validated in many cultures and languages	8	Hazardous, harmful, or dependent drug use (including injection drug use) [Interview]	Primary Care	http://www.who.int/substance_abuse/activities/assist_test/en/index.html
AUDIT (WHO)	-Adults and adolescents -Validated in many cultures and languages	10	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]	-Different Settings -AUDIT C: Primary Care (3 questions)	http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf
DAST-10	Adults	10	To identify drug-use problems in past year [Self-admin or Interview]	Different Settings	http://www.integration.samhsa.gov/clinical-practice/screening-tools
CRAFT	Adolescents	6	To identify alcohol and drug abuse, risky behavior, & consequences of use [Self-admin or Interview]	Different Settings	http://www.ceasr-boston.org/CRAFT/
CAGE	Adults and Youth >16	4	-Signs of tolerance, not risky use [Self-admin or Interview]	Primary Care	http://www.integration.samhsa.gov/clinical-practice/sbirt/CAGE_questionsaire.pdf
TWEAK	Pregnant Women	5	-Risky drinking during pregnancy. Based on CAGE. -Asks about number of drinks one can tolerate, & related problems [Self-admin, Interview, or computerized]	Primary Care, Women's Organizations, etc.	http://www.sbirttraining.com/sites/default/files/TWEAK.pdf

SCORING AUDIT AND DAST

<http://www.idph.iowa.gov/sbirt/tools>

Both tools have 10 questions.

AUDIT: Total points up to 40. Each item has 5 answer options with increasing severity. Columns each have point values 0-4.

DAST: Total points up to 10. YES = 1 point, No= 0 points

Score	Zone	Action
AUDIT: 0-7 DAST: 0	Low Risk	Encouragement & Praise
AUDIT: 8-15 DAST: 1-2	Risky	Brief Intervention
AUDIT: 16-19 DAST: 3-5	Harmful	Brief Treatment
AUDIT: 20+ DAST: 6+	Dependent	Referral to Treatment

CONFIDENTIALITY ISSUES

- Privacy concerns about health information can be important for individuals of both genders in diverse life circumstances. Confidentiality can be a factor when individuals are seeking a broad range of health care services, including substance abuse treatment, mental health care or services related to intimate partner violence.
- Despite widespread recognition of the importance of maintaining patient confidentiality, billing and insurance claims-processing procedures widely used in private health insurance today—most notably, the practice of sending explanation of benefits forms (EOBs) to a policyholder whenever care is provided under his or her policy—routinely violate confidentiality for anyone, often a minor or a young adult, insured as a dependent.

<http://www.quitmicher.org/pubs/confidentiality-review.pdf>

WHAT IS BI?

A Brief Intervention is a time limited, individual educational session.



ASK YOURSELF

Who has the best idea in the room?

The Patient



Brief Intervention Flow

Action	Notes / Model Language
Ask Permission	"I appreciate your answering our health questionnaire. I would like to take a minute to discuss your results. Is that okay with you?"
Provide Feedback	Provide the individual's screening score. "Drinking at this level can be harmful to your health. In fact, it might even be responsible for the health problem you came in with today. How do you feel about that?" "What do you enjoy about drinking? What do you not enjoy about drinking?"
Enhance Motivation & Elicit Change Talk	"On a scale of 0-10, how ready are you to decrease or quit drinking?" "On a scale of 0-10, how important is it for you to decrease or quit drinking?" "On a scale of 0-10, how confident are you that you will be able to make this change?"
Advise with Permission	Refer to drink limit guidelines and discuss possible health consequences related to use. Advise to quit or cut down.
Negotiate Goals	"If you were to make a change, what would be your first step? What would be the challenges? How would you overcome these challenges?"
Close on Good Terms	Summarize. Emphasize the individual's strengths. Highlight change talk, decisions and goals. Arrange for follow-up as appropriate.

SBIRT Iowa is sponsored by the Iowa Department of Public Health, Division of Behavioral Health and funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

BRIEF NEGOTIATED INTERVIEW (BNI) ALGORITHM

1. Build Rapport
2. Pros and Cons
3. Information and Feedback
4. Readiness Ruler
5. Action Plan



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 client's viewpoint regarding their substance use.
- **Explore** a menu of options for change.
- **Assist** the patient in making new decisions regarding their substance use.
- **Support** the patient in making changes in their substance use behavior.
- **Give** advice if requested.

EXAMPLES: THE PROCESS

5-8 minutes each

Alcohol & Marijuana: <https://www.youtube.com/watch?v=hqt2CuvviXc>
 Alcohol Older adult: https://www.youtube.com/watch?v=Xli_ImmFafQ
 Alcohol woman: <https://www.youtube.com/watch?v=MaxHuf17A44>
 Alcohol young man: <https://www.youtube.com/watch?v=b-ibxvHZJDC>
 Marijuana woman: https://www.youtube.com/watch?v=sRUHv6_cRpE
 Marijuana man: <https://www.youtube.com/watch?v=o2CEsBC5UvU>

BNI INTERVIEW FULL PROCESS

<https://www.youtube.com/watch?v=AcGCRJcfl4w>



Role Play Using the AUDIT, DAST, or CRAFFT

- In groups of 2-3, have one person be the nurse/educator, one the patient, and one observer.
- Each role play should be approximately 3-5 minutes.
- At the end of each role play spend a minute or 2 discussing your experience.
- First practice the AUDIT, then switch roles and practice again. 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.

ADJUSTING FOR SBIRT SUCCESS

Directive Communication	Guiding Communication
• Explain why	• Respect for autonomy, goals, values
• Tell how	• Readiness to change
• Emphasize importance	• Ambivalence
• Persuading	• Empathy, non-judgment, respect
• Clinician is the expert	• Patient is the expert



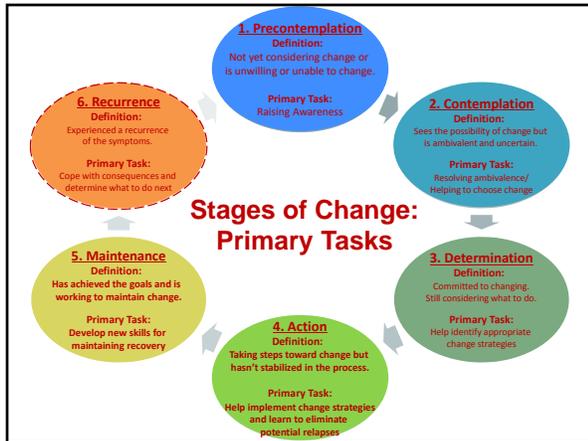
“PEOPLE ARE BETTER
PERSUADED BY THE REASONS
THEY THEMSELVES
DISCOVERED THAN THOSE
THAT COME INTO THE MINDS
OF OTHERS”
BLAISE PASCAL

AMBIVALENCE

All change contains an element of ambivalence.
We “want to change and don’t want to change”



Patients' ambivalence about change is the focus of the brief intervention.



Stages of Change: Intervention Matching Guide

1. Precontemplation	2. Contemplation	3. Determination
<ul style="list-style-type: none"> • Offer factual information • Explore the meaning of events that brought the person to treatment • Explore results of previous efforts • Explore pros and cons of targeted behaviors 	<ul style="list-style-type: none"> • Explore the person's sense of self-efficacy • Explore expectations regarding what the change will entail • Summarize self-motivational statements • Continue exploration of pros and cons 	<ul style="list-style-type: none"> • Offer a menu of options for change • Help identify pros and cons of various change options • Identify and lower barriers to change • Help person enlist social support • Encourage person to publicly announce plans to change
4. Action	5. Maintenance	6. Recurrence
<ul style="list-style-type: none"> • Support a realistic view of change through small steps • Help identify high-risk situations and develop coping strategies • Assist in finding new reinforcers of positive change • Help access family and social support 	<ul style="list-style-type: none"> • Help identify and try alternative behaviors (drug-free sources of pleasure) • Maintain supportive contact • Help develop escape plan • Work to set new short and long term goals 	<ul style="list-style-type: none"> • Frame recurrence as a learning opportunity • Explore possible behavioral, psychological, and social antecedents • Help to develop alternative coping strategies • Explain Stages of Change & encourage person to stay in the process • Maintain supportive contact

THE MI SHIFT

From feeling responsible for changing patients' behavior to supporting them in thinking & talking about their own reasons and means for behavior change.



MOTIVATIONAL INTERVIEWING

Techniques to practice:

- Asking open-ended questions
- Listen and reflect with empathy
- Elicit self-motivational statements
- Affirming the patient
- Reframing
- Summarizing strategically

SUMMARIES

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."



VIDEO OF A PRACTITIONER WHO IS NOT USING MOTIVATIONAL INTERVIEWING AS THEIR CLINICAL PRACTICE

[HTTP://YOUTUBE/_VLVANBFKVI](http://youtube.com/vlvANBFKVI)

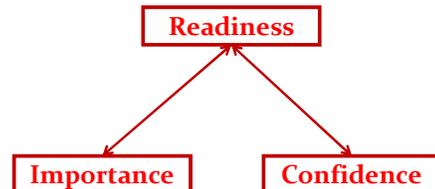


VIDEO OF A PRACTITIONER WHO IS USING MOTIVATIONAL INTERVIEW IN THEIR CLINICAL PRACTICE

[HTTP://YOUTU.BE/6716G117ZAO](http://youtu.be/6716G117ZAO)



The Keys to Readiness



Rosenberg, David, "Building Readiness for Change." 2002. Page 102

READINESS RULER

On a scale of 1-10 how **ready** are you to make a change in your drinking, drug use, substance use?

Why not a **lower** number?
Why would it take to move it to a **higher** number?

1 2 3 4 5 6 7 8 9 10

GOOD DOCTOR/BAD DOCTOR

http://www.youtube.com/watch?feature=player_embedded&v=ZGETDcFcAb
http://www.youtube.com/watch?v=uL8QyJF2wVw&feature=player_embedded

USE TOOLS/RESOURCES

LOW-RISK DRINKING LIMITS
Source: National Institutes of Health

Men 18-65
No more than:
≤ 4 drinks per day
AND no more than:
≤ 14 drinks per week

Women 18-65
No more than:
≤ 3 drinks per day
AND no more than:
≤ 7 drinks per week

All Age
No more than:
≤ 3 drinks per day
AND no more than:
≤ 7 drinks per week

*Women who are pregnant or breastfeeding should not drink.

ALCOHOL RISK CALCULATOR
WHAT COUNTS AS A DRINK?

A drink is:
One 12-ounce can of beer
One 5-ounce glass of wine
One shot of hard liquor (1½ ounces)

RISK LEVEL PYRAMID
For Alcohol Use

Adapted from World Health Organization

What is a standard drink?

15 oz.

=

5 oz.

=

12 oz.

Information provided by the National Institute on Alcohol Abuse and Alcoholism

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 with a referral during the negotiation of goals.

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

ZINGERS

Push back, Resistance, Denial, Excuses:

- Look, I don't have a drinking problem.
- My dad was an alcoholic; I'm not like him.
- I can quit anytime I want to.
- I just like the taste.
- That's all there is to do in this town!!!!



HANDLING ZINGERS

“I’m not going to push you to change anything you don’t want to change”

“I’m not here to convince you that you have a problem/are an alcoholic.”

“I’d just like to give you some information.”

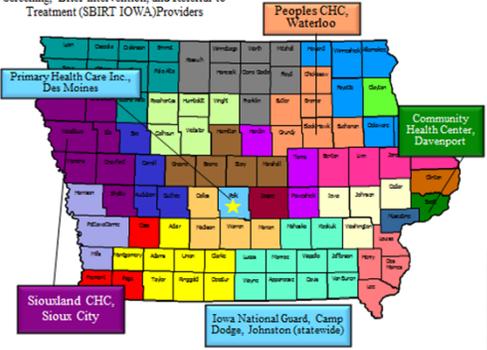
“I’d really like to hear your thoughts about...”

“What you decide to do is up to you.”



IOWA TREATMENT RESOURCES

Screening, Brief Intervention, and Referral to Treatment (SBIRT IOWA) Providers




INCREASING USE OF MARIJUANA

Important to recognize changes in perceived risk due to increased potential for medical marijuana.

19:00-27/28:20
https://www.youtube.com/watch?v=FVctKC_qt6U

Basic Information:
<https://vimeo.com/118059010>

Pregnancy and newborns
<https://vimeo.com/126813195>

NEXT STEPS

For the final webinar meeting:

- Please have your current patient workflow process finalized to include SBIRT
- Have nearly final implementation plan
- Review steps taken so far, review supply needs
- Secure the commitment letter from CEO
- Do as much research as you need to feel comfortable

RESOURCES

- <http://www.idph.iowa.gov/sbirt/>
- www.attcnetwork.org
- <http://www.niaaa.nih.gov>
- <http://www.drugabuse.gov>
- <http://www.integration.samhsa.gov/clinical-practice/SBIRT>
- <http://attcnetwork.org/marijuana/index.aspx>



THANK YOU FOR YOUR TIME
AND ATTENTION!

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