Evidence Based Approaches to Address Substance Use in Family Planning: SBIRT Training

Heather Gotham, PhD, Licensed Clinical Psychologist

Martha Lofgreen, RNC, MSN, WHNP
Disclosures

Martha Lofgreen, RNC, MSN, WHNP and Heather Gotham, PhD, have nothing to disclose.
Learning Objectives

1. Explain the process for screening for substance use and determining a patient’s level of risk.

2. Implement a brief intervention for substance use based on motivational interviewing techniques.

3. Describe strategies for effectively referring patients to treatment when appropriate.
Announcements

• Offered in partnership with the Collaborative for Excellence in Behavioral Health Research and Practice
Training Outline

- Introduction to Substance Use and Reproductive Health
- What is SBIRT?
- Screening
- Brief Intervention
- Referral to Treatment
FACING ADDICTION IN AMERICA

The Surgeon General’s Report on Alcohol, Drugs, and Health

U.S. Department of Health & Human Services

EXECUTIVE SUMMARY

The first-ever Surgeon General’s Report on Alcohol, Drugs, and Health reviews what we know about substance misuse and how you can use that knowledge to address substance misuse and related consequences.

VISION FOR THE FUTURE

The last chapter of the Report presents a vision for the future, five general messages, their implications for policy and practice, and recommendations for specific stakeholder groups. Read the vision for the future.

GET THE REPORT

Full Report and Executive Summary

- Full Report (PDF | 27.6 MB)
- Executive Summary (PDF | 3.5 MB)
- Front Matter (PDF | 2.0 MB)

Chapters and Appendices

- Ch. 1: Introduction (PDF | 1.5 MB)
- Ch. 2: Neurobiology (PDF | 5.8 MB)
- Ch. 3: Prevention (PDF | 1.4 MB)
- Ch. 4: Treatment (PDF | 632 KB)
- Ch. 5: Recovery (PDF | 338 KB)
- Ch. 6: Health Care Systems (PDF | 1.2 MB)
- Ch. 7: Vision for the Future (PDF | 258 KB)
- Glossary and Abbreviations (PDF | 106 KB)
- List of Tables and Figures (PDF | 67 KB)
- Appendices (PDF | 531 KB)
Changing the Language of Addiction

Michael P. Botticelli, MEd
White House Office of National Drug Control Policy, Washington, DC.

Howard K. Koh, MD, MPH
Harvard T.H. Chan School of Public Health, Boston, Massachusetts; and Harvard Kennedy School, Cambridge, Massachusetts.

Words matter. In the scientific arena, the routine vocabulary of health care professionals and researchers frames illness and shapes medical judgments. When these terms then enter the public arena, they convey social norms and attitudes. As part of their professional duty, clinicians strive to use language that accurately reflects science, promotes evidence-based treatment, and demonstrates respect for patients.

However, history has also demonstrated how language can cloud understanding and perpetuate societal bias. For example, in the past, people with mental illness were derided as "lunatics" and segregated to "insane asylums." In the early days of human immuno-deficiency virus, patients were labeled as having "gay-related immune deficiency," with public discourse dominated by moral judgments. Other examples apply to disability and some infectious diseases. In all

Stigma isolates people, discourages people from coming forward for treatment, and leads some clinicians, knowingly or unknowingly, to resist delivering evidence-based treatment services. The 2014 National Survey on Drug Use and Health estimates that of the 22.5 million people (aged ≥12 years) who need specialty treatment for a problem with alcohol or illicit drug use, only an estimated 2.6 million received treatment in the past year; of the 7.9 million specifically needing specialty treatment for illicit drug use, only 1.6 million received treatment. The survey noted that reasons for not seeking treatment included fears that receiving it would adversely affect the individual’s job or the opinion of neighbors or other community members. Lack of insurance coverage, cost concerns, and not perceiving a need for treatment also contributed. Among health care professionals, negative attitudes
The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.
### Language of Recovery

<table>
<thead>
<tr>
<th>Current Terminology that is Stigmatizing AND Discriminatory</th>
<th>Language of Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse, drug of abuse</td>
<td>Substance use disorder, addiction, substance misuse, drug being used/misused</td>
</tr>
<tr>
<td>Addict/alcoholic</td>
<td>Person with a substance use disorder, drug use disorder, alcohol use disorder</td>
</tr>
<tr>
<td>Clean/sobber</td>
<td>Not using alcohol or drugs, not using illicit or non-prescribed drugs, in recovery</td>
</tr>
<tr>
<td>Clean/dirty urine, dirty drop</td>
<td>Positive or negative urine drug screen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current</th>
<th>Alternative</th>
<th>Reasoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex is an addict</td>
<td>Alex is addicted to alcohol Alex has a substance use disorder Alex is in recovery from addiction</td>
<td>Put the person first Avoid defining the person by their disease</td>
</tr>
<tr>
<td>Kyle is non-compliant</td>
<td>Kyle is choosing not to... Kyle would rather...</td>
<td>Describe what it looks like to that individual</td>
</tr>
</tbody>
</table>

http://www.attcnetwork.org/home/Language%20of%20Recovery%20071416.pdf
A few words (and graphs) about the opioid epidemics...

Past Month Drug Use/Prescription Drug Misuse among Persons Aged 12 or Older: 2015

- Any drug use: 10.1%
- Marijuana: 8.3%
- Prescription pain relievers: 1.4%
- Cocaine: 0.7%
- Prescription tranquilizers: 0.7%
- Prescription stimulants: 0.6%
- Hallucinogens: 0.4%
- Methamphetamine: 0.3%
- Inhalants: 0.2%
- Prescription sedatives: 0.2%
- Heroin: 0.1%

Percent of U.S. Population

Opioid Overdose Death Epidemic

The number who die each year from...

- Drug overdoses: 52,404
- Car accidents: 37,757
- Guns: 35,763
- H.I.V.: 6,465
Each day, more than 1,000 people are treated in emergency departments for not using prescription opioids as directed.

115 Americans die every day from an opioid overdose (that includes prescription opioids and heroin).
Ways to Stem the Opioid-related Epidemics

Screen and intervene early using SBIRT.
Ways to Stem the Opioid-related Epidemics

Follow safe opioid prescribing practices.

Screen and intervene early using SBIRT.
Ways to Stem the Opioid-related Epidemics

Educate patients about overdose and prescribe naloxone for overdose reversal.

Follow safe opioid prescribing practices.

Screen and intervene early using SBIRT.
Substance Use and Reproductive Health

Alcohol use causes reproductive health issues for both men and women.

- Aggressive, irrational behavior, arguments, violence, depression, nervousness
- Frequent colds, reduced infection resistance, increased pneumonia risk
- Liver damage
- Trembling hands, tingling fingers, numbness, painful nerves
- Impaired sensation leading to falls
- Numb, tingling toes, painful nerves
- In women: risk of giving birth to babies with brain damage, low birth weight, or other serious health issues
- In men: impaired sexual performance

RISKY AND HARMFUL DRINKING
Effects on the Body
Marijuana use also causes reproductive health issues. There is a lot of misinformation about marijuana use during pregnancy and breastfeeding.
Substance Use and Reproductive Health

Prescription Opioids and Heroin

Effects on the Body

Death from overdose, addiction, withdrawal, loss of consciousness

Depression, anxiety

Slowed reaction time, confusion, dizziness, sleepiness, irritability, problems concentrating

Small pupils, runny nose, yawning

If injected: Higher chance of HIV and Hepatitis B or C, risk of infections including in heart, vein damage, stroke

Constipation, nausea, vomiting, cramps, bloating

Slowed breathing

Itching and allergic reactions, cold clammy skin, body aches, weakness, increased sensitivity to pain

In women: Decrease in hormones leads to low sex drive, infertility, changes to periods, milky nipple discharge

During pregnancy: Can lead to serious complications, but do not stop taking opioids without getting help from a qualified professional

In Men: Decrease in hormones leads to low sex drive, infertility, decreased sexual performance

Opioid use also causes reproductive health issues. There are special cautions about stopping use during pregnancy.
Prevalence: Women and Substance Use

Over 50% of U.S. women age 18-44 use alcohol
• 33% binge drink

Substance use gender gap has narrowed in recent decades

Higher rates of nonmedical prescription drug use among women

UMKC School of Nursing and Health Studies

UW Department of Family Medicine, 2010; Greenfield et al., 2010; SAMHSA TIP 51, 2010
## Women’s Substance Use

<table>
<thead>
<tr>
<th>Women...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absorb and metabolize alcohol differently, resulting in higher blood alcohol concentrations</td>
</tr>
<tr>
<td>Experience accelerated progression from initiation of substance use to dependence (“telescoping”)</td>
</tr>
<tr>
<td>Are more likely to use substances in response to stress, negative emotions, and relationships</td>
</tr>
<tr>
<td>Are more likely to be introduced to substance use through significant relationships (partners, relatives, etc.)</td>
</tr>
<tr>
<td>With substance use disorders (SUDs) are more likely to have partners with SUDs</td>
</tr>
</tbody>
</table>

*Office of Alcohol and Drug Education, University of Notre Dame; Greenfield et al., 2010; SAMHSA TIP 51, 2010*
## Women’s Substance Use

**Women...**

<table>
<thead>
<tr>
<th>With SUDs are more likely to have been physically or sexually traumatized</th>
<th>Are more likely to have co-occurring psychiatric and substance use disorders</th>
<th>Are more likely to face gender-specific treatment barriers</th>
<th>Are uniquely stigmatized for their substance use</th>
<th>Are more likely to have positive treatment outcomes</th>
</tr>
</thead>
</table>

*SAMHSA TIP 51, 2010; Greenfield et al., 2010*
Health Risks of Alcohol Use

- Liver damage
- Heart disease
- Breast and other cancers
- Weight and nutrition issues
- Osteoporosis
- Mood disorders
- Sexual assault
- Decreased fertility
- Alcohol-exposed pregnancy

NIAAA, 2013; UW Department of Family Medicine, 2010; SAMHSA TIP 51, 2010
More than **3 million** US women are at risk of exposing their developing baby to alcohol.

**3 in 4** women who want to get pregnant as soon as possible report drinking alcohol.

Doctors, nurses, or other health professionals should screen* every adult patient, including pregnant women, and counsel those who drink too much. Providers can help women avoid drinking too much, including avoiding alcohol during pregnancy, in **5 steps**.

1. **Assess a woman’s drinking.**
   - Use a validated screener (e.g., AUDIT (US)*).
   - Take 6-15 minutes to explain results and provide counseling to women who are drinking too much.
   - Advise her not to drink at all if she is pregnant or might be pregnant.
   - Come up with a plan together.

2. **Recommend birth control if a woman is having sex (if appropriate), not planning to get pregnant, and is drinking alcohol.**
   - Review risk for pregnancy and importance of birth control use.
   - Discuss full range of methods available.
   - Encourage her to always use condoms to reduce risk of sexually transmitted diseases.

3. **Advise a woman to stop drinking if she is trying to get pregnant or not using birth control with sex.**
   - Discuss the reasons to stop alcohol use before the woman realizes she is pregnant.

4. **Refer for additional services if a woman cannot stop drinking on her own.**
   - Provide information on local programs or go to SAMHSA treatment locator. www.findtreatment.samhsa.gov
   - Consider referral to treatment or recommend Alcoholics Anonymous. www.aa.org

5. **Follow up yearly or more often, as needed.**
   - Set a time for return appointment.
   - Continue support at follow-up.

*Learn how to do alcohol screening and counseling at www.cdc.gov/ncbddd/fasd/alcohol-screening.html.

Substance Use During Pregnancy

- 18% of US women report **alcohol use during 1st trimester**; 4% during 2nd and 3rd trimesters
- Drug use among pregnant women:
  - 1st trimester: 9.0%
  - 2nd trimester: 4.8%
  - 3rd trimester: 2.4%

World Health Organization Recommendations:

1. Ask all pregnant women about substance use at every visit
2. Offer brief intervention to pregnant women using alcohol or drugs

Meyer-Leu et al., 2011; WHO, 2014; SAMHSA, NSDUH, 2013
What is SBIRT and Why Use It?

**Screening**
- Standardized tools to quickly assess risk level
- Pre-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 addiction treatment and recovery supports
Screening

Standardized tools to quickly assess risk level
• Pre-screen - universal
• Full Screen - targeted

SBIRT

Annual questionnaire
Once a year, all our patients are asked to complete this form because drug use, alcohol use, and mood can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Are you currently in recovery for alcohol or substance use? □ Yes □ No

Alcohol: One drink =

<table>
<thead>
<tr>
<th>Drink</th>
<th>12 oz. beer</th>
<th>5 oz. wine</th>
<th>1.5 oz. liquor (one shot)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MEN: How many times in the past year have you had 5 or more drinks in a day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMEN: How many times in the past year have you had 4 or more drinks in a day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

<table>
<thead>
<tr>
<th>How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Brief Intervention

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

https://vimeo.com/album/3507664
SBIRT

Referral to Treatment

• Help patients showing signs of a substance use disorder to access specialty care.
Substance Use Along the Continuum

Non-Use/Low-Risk Use
Positive Health Message

Risky/Harmful Use
Brief Intervention to Reduce Use

Substance Use Disorder/Addiction
Refer to Addiction Treatment & Recovery Supports
How many people fall in the “risky/harmful” category?

- Non-Use/Low-Risk Use
- Risky/Harmful Use
- Substance Use Disorder/Addiction

How Many?
Substance Use Intervention Need

- 75% Low Risk or Abstinence
- 20% Harmful or Risky Use
- 5% Severe Use (substance use disorder)

- 75% Positive Health Message
- 20% BI, or BI with Follow-up/Brief Treatment
- 5% Brief Intervention (BI) and Referral for Specialty Care

Adapted from Daniel Hungerford, CDC National SBIRT ATTC, 2013
What is “risky” or “harmful” use?

- Non-Use/ Low-Risk Use
- Risky/Harmful Use
- Substance Use Disorder/Addiction

What does this mean?
What is ONE drink?
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)
Low-Risk Drinking Guidelines
National Institute on Alcohol Abuse and Alcoholism [NIAAA]

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

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

AGE 66+
No more than:
3 drinks per day
AND no more than:
7 drinks per week

http://rethinkingdrinking.niaaa.nih.gov/
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

RISKY AND HARMFUL DRINKING
Effects on the Body

- Aggressive, irrational behavior, arguments, violence, depression, nervousness
- Alcohol dependence, memory loss
- Premature aging, drinker’s nose
- Cancer of the throat and mouth
- Frequent colds, reduced infection resistance, increased pneumonia risk
- Liver damage
- Weakness of heart muscle, heart failure, anemia, impaired blood clotting, breast cancer
- Trembling hands, tingling fingers, numbness, painful nerves
- Inflammation of the pancreas
- Impaired sensation leading to falls
- In women: risk of giving birth to babies with brain damage, low birth weight, or other serious health issues
- Numb, tingling toes, painful nerves
- In men: impaired sexual performance

What counts as A DRINK?

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

A drink is:

Are you at risk?

If you drink, taking a look at your drinking pattern and knowing your risks is important for your health, now and in the future. Know the difference between “low-risk” versus “risky” or “harmful” drinking. You owe it to yourself!
Risky Drug Use

• Any use of a recreational drug

Recreational drugs include methamphetamines (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
Patient Education: Marijuana

MARIJUANA: Effects on the Body

Tips for Cutting Back

Think about changing.
- Why do you use? What do you like about it?
- Why do you want to cut down or stop?

Plan for the change you want.
- Set a goal and date for changing your use. Make it realistic.
- Share your plan with people you trust and ask for support.

Act on your decision.
- Distract and do something. Make a list of fun activities (not related to your marijuana use) and keep busy.
- Delay. Stop and think before using. Wait 15 minutes to ride the craving, and the wave of desire may pass.
- Plan ahead. Avoid high-risk situations and people who use.

Have a back-up plan.
- If you haven’t achieved your goal yet, that’s okay.
- Consider the situation in which you used and see what could be changed next time.
- Review your plan and see if it needs revising.
Why SBIRT?
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.
Research Base for SBIRT

• SBIRT is effective
  – Reductions in mortality, alcohol use, health care costs, criminal justice involvement, and societal costs
  – Medicaid savings $8 million/year Washington State

• Recommended or mandated by
  – American Psychiatric Nurses Association, American College of Surgeons, Joint Commission, Veterans Health Administration, U. S. Preventive Services Task Force
SBIRT Recommended by ACOG

COMMITTEE OPINION
Number 633 • June 2015
(Replaces Committee Opinion Number 422, December 2008)

Committee on Ethics
This Committee Opinion was developed by the American College of Obstetricians and Gynecologists and other practicing clinicians. Although this document reflects the current viewpoint of the committee, it is intended to be a statement of opinion rather than a formal recommendation.

Alcohol Abuse and Other Substance Use Disorders in Obstetric and Gynecologic Practice

ABSTRACT: Alcohol abuse and other substance use disorders are major, often preventable problems for women, regardless of age, race, ethnicity, and socioeconomic status, and can affect individuals and society. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, uses the term “substance abuse disorder” to describe a pathologic pattern of behaviors related to the use of any of 10 substances, including alcohol and licit and illicit substances. In order to optimize care of patients with substance abuse-gynecologists are encouraged to learn and appropriately use routine screening tools, brief interventions, and treatment referrals. The purpose of this Committee Opinion is to provide guidance on ethical dilemmas related to substance use disorder.

ACOG COMMITTEE OPINION
Number 711 • August 2017
(Replaces Committee Opinion Number 524, May 2012)

Committee on Obstetric Practice
American Society of Addiction Medicine

The Society of Maternal-Fetal Medicine endorses this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists, Committee on Obstetric Practice in collaboration with committee members Maria A. Muscolini, MD, MPH, Ann E. Borders, MD, MSc, MPH, and the American Society of Addiction Medicine member Mishka Terplan, MD, MPH.

Opioid Use and Opioid Use Disorder in Pregnancy

ABSTRACT: Opioid use in pregnancy has escalated dramatically in recent years, paralleling the epidemic observed in the general population. To combat the opioid epidemic, all health care providers need to take an active role. Pregnancy provides an important opportunity to identify and treat women with substance use disorders. Substance use disorders affect women across all racial and ethnic groups and all socioeconomic groups, and affect women in rural, urban, and suburban populations. Therefore, it is essential that screening be universal. Screening for substance use should be a part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman. Patients who use opioids during pregnancy represent a diverse group, and it is important to recognize and differentiate between opioid use in the context of medical care, opioid misuse, and untreated opioid use disorder. Multidisciplinary long-term follow-up should include medical, developmental, and social support. Infants born to women who used opioids during pregnancy should be monitored for neonatal abstinence syndrome by a pediatric care provider. Early universal screening, brief intervention (such as engaging a patient in a short conversation, providing feedback and advice), and referral for treatment of pregnant women with opioid use and opioid use disorder, improve maternal and infant outcomes. In general, a coordinated multidisciplinary approach without criminal sanctions has the best chance of helping infants and families.

UMKC
School of Nursing and Health Studies
SBIRT is Reimbursable

- Medicare G codes
- Medicaid Healthcare Common Procedure Code System (HCPCS) codes (in some states)

Interactive digital tool from the National SBIRT ATTC for individual state billing information. [http://my.ireta.org/sbirt-reimbursement-map](http://my.ireta.org/sbirt-reimbursement-map)
SBIRT is in the top 4 highest-ranking preventive services, based on health impact and cost effectiveness.

SBIRT is as or more effective as flu shots and cholesterol screening!
Integrating SBIRT into an Abortion Clinic: Study by Appel and colleagues

- Surveyed 100 women at an inner city abortion clinic
- “It would be okay with me if a doctor/nurse provided me with...”

<table>
<thead>
<tr>
<th>Service</th>
<th>“Completely” or “Somewhat Agree”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>95%</td>
</tr>
<tr>
<td>Brief Counseling</td>
<td>86%</td>
</tr>
<tr>
<td>Referral to treatment</td>
<td>80%</td>
</tr>
</tbody>
</table>
SBIRT: Screening

**Screening**
- Standardized tools to quickly assess risk level
  - Pre-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.
Screening...

- 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 targets to aim for
- Provide context for discussing substance use
- Rule-out low/no risk users
- Identify level of risk
  - Patients likely to benefit from brief intervention
  - Patients in need of referral
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

- Pre-screen
  (universal = everyone)

- Full screen
  (patients who score positive on pre-screen)

- Do at intake, annually and first prenatal visit
Rationale for Universal Screening

• Drinking and drug use often go undetected.

**Example Case**

• 40+ y/o female, professional
• Known 5+ years
• Good health, annual visits
• Insomnia, zolpidem

https://vimeo.com/album/3507664
Universal Screening: Two Questions

**Alcohol - NIAAA**

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>1 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEN:</strong> How many times in the past year have you had 5 or more drinks in a day?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>WOMEN:</strong> How many times in the past year have you had 4 or more drinks in a day?</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**Drugs - NIDA**

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>1 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Two Levels of Screening

- **Pre-screen**
  
  *(universal = everyone)*

- **Full screen**
  
  *(patients who score positive on pre-screen)*

  - Do *at intake, annually* and *at first prenatal visit*
Full Screening Tools

- **AUDIT**: Alcohol Use Disorder Identification Test
- **DAST**: Drug Abuse Screening Test
- **ASSIST**: Alcohol, Smoking, and Substance Abuse Involvement Screening Test
- **GAIN** or **GAIN-SS**: Global Appraisal of Individual Needs
- **5Ps**: For pregnant and post-partum women
- **CRAFFT**: Car, Relax, Alone, Forget, Family or Friends, Trouble (adolescents)
Targeted Screen for Alcohol = AUDIT

- Developed by the World Health Organization
- 10 multiple-choice questions
- Addresses alcohol only
- Accurate across many cultures/nations
- Publicly available in multiple languages
- Scores range from 0-40
Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:  
- 12 oz. beer
- 5 oz. wine
- 1.5 oz. liquor (one shot)

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Monthly or less</th>
<th>Two to four times a month</th>
<th>Two to three times a week</th>
<th>Four or more times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>Zero to two</td>
<td>Three or four</td>
<td>Five or six</td>
<td>Seven to nine</td>
<td>Ten or more</td>
</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scoring:
- 0 points for answers in the 'Never' column
- 1 point for answers in the 'Monthly or less' column
- 2 points for answers in the 'Two to four times a month' column
- 3 points for answers in the 'Two to three times a week' column
- 4 points for answers in the 'Four or more times a week' column

Total score range: 0 to 4

Scores 0 to 1 indicate low risk of alcohol abuse.
Scores 2 to 3 indicate moderate risk of alcohol abuse.
Scores 4 indicate high risk of alcohol abuse.
Scoring the AUDIT

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td></td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td></td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
<td></td>
</tr>
</tbody>
</table>

0 1 2 3 4
## What do the AUDIT Scores Mean?

<table>
<thead>
<tr>
<th>Risk Zone</th>
<th>1-LOW RISK</th>
<th>2-RISKY</th>
<th>3-HARMFUL</th>
<th>4-SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIT</td>
<td>0-3</td>
<td>4-9</td>
<td>10-13</td>
<td>14+</td>
</tr>
<tr>
<td>DAST</td>
<td>0</td>
<td>1-2</td>
<td>3-5</td>
<td>6+</td>
</tr>
<tr>
<td><strong>Description of Zone</strong></td>
<td><strong>“At low risk for health or social complications.”</strong></td>
<td><strong>“May develop health problems or existing problems may worsen.”</strong></td>
<td><strong>“Has experienced negative effects from substance use.”</strong></td>
<td><strong>“Could benefit from more assessment and assistance.”</strong></td>
</tr>
<tr>
<td><strong>Intervention</strong></td>
<td>Positive Health Message</td>
<td>Brief Intervention to Reduce Use</td>
<td>BI to Reduce/Abstain &amp; Follow-up</td>
<td>BI to Accept Referral to Addiction Treatment &amp; Recovery Supports</td>
</tr>
</tbody>
</table>
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
**Drug Screening Questionnaire (DAST)**

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

In the following questions, "drug abuse" refers to:

- Using prescription pain, anxiety, or sleep medications more than directed by, or not prescribed by, your doctor or medical provider.
- Using recreational drugs.

Please check which recreational drugs you have used in the past year:

- methamphetamines (speed, crystal)
- cannabis (marijuana, pot)
- inhalants (paint thinner, aerosol, glue)
- tranquilizers (valium)
- narcotics (heroin, oxycodone, methadone, etc.)
- hallucinogens (LSD, mushrooms)
- other

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

0 1 3 6
I II III IV
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>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>
## What do the DAST Scores Mean?

<table>
<thead>
<tr>
<th>Risk Zone</th>
<th>1-LOW RISK</th>
<th>2-RISKY</th>
<th>3-HARMFUL</th>
<th>4-SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIT</td>
<td>0-3</td>
<td>4-9</td>
<td>10-13</td>
<td>14+</td>
</tr>
<tr>
<td>DAST</td>
<td>0</td>
<td>1-2</td>
<td>3-5</td>
<td>6+</td>
</tr>
</tbody>
</table>

**Description of Zone**
- **1-LOW RISK**: “At low risk for health or social complications.”
- **2-RISKY**: “May develop health problems or existing problems may worsen.”
- **3-HARMFUL**: “Has experienced negative effects from substance use.”
- **4-SEVERE**: “Could benefit from more assessment and assistance.”

**Intervention**
- **Positive Health Message**
- **Brief Intervention to Reduce Use & Follow-up**
- **BI to Reduce/Abstain & Follow-up**
- **BI to Accept Referral to Addiction Treatment & Recovery Supports**
Brief Intervention

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

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

Referral to Treatment
- Help patients showing signs of substance use disorder to access specialty care
What is a Brief Intervention?

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

(Also effective for addressing tobacco use)

For Tobacco use, see http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html
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”
Which Communication Style Do You Use with Patients, and When?

- Directing
- Following
- Guiding

Rollnick, Miller, & Butler, 2008
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>
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 - willing to talk about
Dyad Exercise: Role of Clinician

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** motivational interviewing
Dyad Exercise: Debrief

- What was it like for you when you were talking about a behavior change you think you should make?

- What was it like for you when you were in the clinician role?
## Avoid Temptation to Offer Advice

<table>
<thead>
<tr>
<th>Common Reactions</th>
<th></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:
Taste of Motivational Interviewing

• 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.

NWATTC SBIRT Slides, 2014
## Dyad Exercise 2: Debrief

### Reaction When Humans are Heard

<p>| | |</p>
<table>
<thead>
<tr>
<th></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>
</tr>
<tr>
<td>Open</td>
<td>Empowered</td>
</tr>
<tr>
<td>Accepted</td>
<td>Hopeful</td>
</tr>
<tr>
<td>Respected</td>
<td>Comfortable</td>
</tr>
<tr>
<td>Want to return</td>
<td>Interested</td>
</tr>
<tr>
<td>Cooperative</td>
<td></td>
</tr>
</tbody>
</table>

NWATTC SBIRT Slides, 2014
Motivational Interviewing is the foundation to delivering effective BIs
Motivational Interviewing

“Client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”

Miller & Rollnick, 1992
3 Key Motivational Interviewing Techniques in a Brief Intervention

- Open-ended Questions
- Reflections
- Summaries
1. Open-Ended Questions

• What are open-ended questions?
  – Gather broad descriptive information
  – Require more of a response than a simple yes/no or fill in the blank
  – Often start with words such as—
    • “How...”
    • “What...”
    • “Tell me about...”

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

SAMHSA SBIRT, 2013
Closed- or Open-Ended Questions

• Where are you from?
• What do you think about that?
• Did you know your drinking could be causing your GERD?
• 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?
2. Reflections

• “Reflective listening is a way of checking rather than assuming that you know what is meant.” (Miller & Rollnick, 2002)

• Accurate empathy is a predictor of behavior change

• *Simple Reflection* - stays close to patient’s words
  – Repeating, rephrasing (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.
Types 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.”

SAMHSA SBIRT, 2013
3. Summaries

- Periodically summarize what has occurred in the session
- Use summaries to:
  - Transition between parts of the brief intervention
  - End the session
- Double sided reflections are often highly effective as summaries to illustrate ambivalence.
  - “On the one hand, you like x, y, z about your drug use, but on the other hand, you don’t like p, d, and q.”
Sailing through Sustain Talk
Sailing through Sustain Talk: Reflect and Pause

• “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.”
“You are the only one who can decide what the best thing for you is relative to your use of alcohol.

“I’m not here to tell you what to do. I’m just interested in finding out what some of your thoughts are and sharing some information with you.”

“It’s totally up to you whether you make a change.”

“You may, or may not, decide to make a change based on our conversation today.”
Brief Negotiated Interview (BNI)

• Developed for use in emergency rooms
• Adapts an evidence-based practice, Motivational Interviewing
  - Goal-directed conversation to enhance patient’s motivation to change
  - Recognizes patient’s conflicting feelings about behavior change

Gail D’Onofrio, MD
Yale University School of Medicine

Steve Rollnick, Ph.D.
Institute of Primary Care & Public Health
Cardiff University School of Medicine
Wales, UK

The Yale Brief Negotiated Interview Manual, D’Onofrio et al., 2005
Brief Interview Steps

STEP 1: Raise the subject
STEP 2: Provide feedback
STEP 3: Enhance motivation
STEP 4: Negotiate plan

The Yale Brief Negotiated Interview Manual, D'Onofrio et al., 2005
Step-by-Step Learn and Practice the Brief Intervention

- Pull out the [patient name] role play
- Divide into dyads
- Choose who is playing the provider and patient first
- Read the role play and score the screening forms
Score the Screening Forms, Determine Risk Zone, and Decide on Intervention

<table>
<thead>
<tr>
<th>Risk Zone</th>
<th>1-LOW RISK</th>
<th>2-RISKY</th>
<th>3-HARMFUL</th>
<th>4-SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIT</td>
<td>0-3</td>
<td>4-9</td>
<td>10-13</td>
<td>14+</td>
</tr>
<tr>
<td>DAST</td>
<td>0</td>
<td>1-2</td>
<td>3-5</td>
<td>6+</td>
</tr>
</tbody>
</table>

**Description of Zone**

<table>
<thead>
<tr>
<th>Risk Zone</th>
<th>1-LOW RISK</th>
<th>2-RISKY</th>
<th>3-HARMFUL</th>
<th>4-SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIT</td>
<td>“At low risk for health or social complications.”</td>
<td>“May develop health problems or existing problems may worsen.”</td>
<td>“Has experienced negative effects from substance use.”</td>
<td>“Could benefit from more assessment and assistance.”</td>
</tr>
<tr>
<td>DAST</td>
<td>“Positive Health Message”</td>
<td>“Brief Intervention to Reduce Use”</td>
<td>“BI to Reduce/Abstain &amp; Follow-up”</td>
<td>“BI to Accept Referral to Addiction Treatment &amp; Recovery Supports”</td>
</tr>
</tbody>
</table>

**Intervention**

<table>
<thead>
<tr>
<th>Risk Zone</th>
<th>1-LOW RISK</th>
<th>2-RISKY</th>
<th>3-HARMFUL</th>
<th>4-SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIT</td>
<td>“At low risk for health or social complications.”</td>
<td>“May develop health problems or existing problems may worsen.”</td>
<td>“Has experienced negative effects from substance use.”</td>
<td>“Could benefit from more assessment and assistance.”</td>
</tr>
<tr>
<td>DAST</td>
<td>“Positive Health Message”</td>
<td>“Brief Intervention to Reduce Use”</td>
<td>“BI to Reduce/Abstain &amp; Follow-up”</td>
<td>“BI to Accept Referral to Addiction Treatment &amp; Recovery Supports”</td>
</tr>
</tbody>
</table>
**SBIRT Provider Card – Brief Intervention Steps**

| **Raise the subject** | Explain your role; ask permission to discuss alcohol/drug use screening forms  
| | Ask about alcohol/drug use patterns: “What does your alcohol/drug use look like in a typical week?”  
| | Listen carefully; use reflections to demonstrate understanding  
| **Provide feedback** | Share AUDIT/DAST zone(s) and description; review low-risk drinking limits; explore patient’s reaction: “Your score puts you in the _____ zone, which means _____ . The low-risk limits are _____ . What do you think about that?”  
| | Explore connection to health/social/work issues (patient education materials): “What connection might there be...?”  
| **Enhance motivation** | Ask about pros/cons: “What do you like about your alcohol/drug use? What don’t you like?”  
| | Explore readiness to change: “On a scale of 0-10, how ready are you to make a change in your alcohol/drug use?”  
| | If readiness is greater than 2: “Why that number and not a _____ (lower one)?”  
| | If 0-2: “How would your alcohol/drug use have to impact your life for you to think about changing?”  
| **Negotiate plan** | Summarize the conversation (zone, pros/cons, readiness); ask question: “What steps would you be willing to take?”  
| | If not ready to plan, stop the intervention; offer patient education materials; thank patient  
| | Explore patient’s goal for change (offer options if needed); write down steps to achieve goal; assess confidence  
| | Negotiate follow-up visit; thank patient  

UMKC School of Nursing and Health Studies
STEP 1: Build Rapport & Raise the Subject

- Explain your role
- Ask permission to discuss alcohol/drug use
- Ask about alcohol/drug use patterns in the patient’s own words
- Listen carefully; use reflections to demonstrate understanding

D’Onofrio et al, 2005; Miller and Rollnick, 2013
Step 1: Raise the subject

Explain role: Hi, my name is _______. I’m part of your healthcare team.

Ask permission: Would it be okay if we talked about the annual screening forms you filled out today?

Ask about patterns: What does your alcohol /drug use look like in a typical week?

Listen carefully
Practice STEP 1, and Debrief

**STEP 1**

- Explain your role
- Ask permission to discuss alcohol/drug use
- Ask about alcohol/drug use patterns in the patient’s own words
- Listen carefully; use reflections to demonstrate understanding
STEP 2: Provide Feedback

- Share the patient’s AUDIT/DAST zones and meaning.
- Review low-risk drinking limits and explore how these compare with the patient’s use.
- Explore possible connection to health, social, and/or work issues (share patient education materials).
- Explore the patient’s reaction to the information. Listen closely and reflect.
“Your score on the screening form puts you in the ... zone, which means... The NIH low-risk drinking limits are ... What do you think about that?” (provide reflection)
STEP 2: Provide Patient Materials

- Provide handout and highlight a few issues
- “What connection might there be between your alcohol/drug use and why you came in today?” (if appropriate)
STEP 2

- Share the patient’s AUDIT/DAST zones and meaning.
- Review low-risk drinking limits and explore how these compare with the patient’s use.
- Explore possible connection to health, social, and/or work issues (share patient education materials).
- Explore the patient’s reaction to the information. Listen closely and reflect.
STEP 3: Enhance Motivation

• Ask about pros and cons.
• Explore readiness to change and reasons for change using the readiness ruler.
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 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 – patient will respond with change talk
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?
Practice STEP 3, and Debrief

• Ask about pros and cons.
• Explore readiness to change and reasons for change using the readiness ruler.
STEP 4: Negotiate Plan

- Summarize the conversation, including reasons for change identified by the patient.

- Ask a key open-ended question: “What do you think you will do?” or “What steps are you willing to take to cut back?”

- If not ready to plan, stop the intervention; thank patient; offer patient education materials.

- If needed, offer options for change (patient education materials); write down agreed-to steps and give to patient.

- Assess patient’s confidence in achieving his/her goal: “On a scale of 0-10, how confident are you to make these changes?”

- Negotiate follow-up visit and thank patient.
STEP 4: Offer Options for Change

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. Sip slowly. Have no more than one drink per hour. Alternate “drink spacers”—non-alcohol drinks (water, soda, or juice).

• **Include Food.** Don't drink on an empty stomach.

• **Avoid “Triggers.”** What triggers you to drink? Avoid people, places, and activities that triggers the urge to drink.

• **Plan to Handle Urges.** When an urge hits: remind yourself of reasons for changing, talk it through with someone, do a healthy, distracting activity, or “urge surf” and accept the feeling and ride it out, knowing it will pass.

• **Know your “no.”** Have a polite, convincing “no” ready for times when you don't want a drink.

• The patient’s goal and steps should be specific and attainable

• Avoid becoming the expert, elicit the patient’s ideas

• Ask patient to read (or offer) patient ed materials for ideas
Prescription for Change

• Writing down information is a health literacy practice

• Write down the patient’s goal and steps and provide to the patient

Prescription for Change

Date: ____________________

Goal: ______________________________________________________
__________________________________________

Steps:
1.
2.
3.

Next appointment: ____________________

Contact: ____________________________________________
STEP 4: Wrapping Up

- “On a scale of 0 - 10, how confident are you that you can make these changes in your drinking (drug use)?”

- If confidence is <6, renegotiate plan.

- Make follow-up visit.

- Thank patient: “Thank you for talking with me about your alcohol (and drug) use.”
Practice STEP 4

• Summarize the conversation, including reasons for change identified by the patient.

• Ask a key open-ended question: “What do you think you will do?” or “What steps are you willing to take to cut back?”

• If not ready to plan, stop the intervention; thank patient; offer patient education materials.

• If needed, offer options for change (patient education materials); write down agreed-to steps and give to patient.

• Assess patient’s confidence in achieving his/her goal: “On a scale of 0-10, how confident are you to make these changes?”

• Negotiate follow-up visit and thank patient.

D`Onofrio et al, 2005; Miller and Rollnick, 2013
Dyad Exercise: Practice a BI

1. Healthcare Provider Role
   - Deliver a 10-minute BI using the case study and completed screening

2. Patient Role
   - Read the case study and respond as you think the patient might respond – please don’t be the most resistant patient

When time is called, the patient should give brief feedback – something the provider did well, and something to do differently next time
Referral to Treatment

- Approximately 5% of patients screened in primary care settings will require a referral to specialty treatment.

SAMSHA, 2013
There are Many Paths to Recovery

- Addiction treatment & recovery support services
  - Psychosocial interventions
  - Medication assisted treatment
  - Recovery supports, including peer specialists
- Support from families, friends, or schools
- Faith-based approaches
- Peer support groups
- Others
Specialty Addiction Treatment - Modalities/Levels of Care

• Detoxification – 2-3 days
  – Medically managed
  – Social detox

• Residential
  – Long-term: 6-12 months
  – Short-term: 2-4 weeks

• Outpatient
  – Intensive outpatient: 8-20 hrs/week
  – Outpatient: 1-8 hrs/week

• Continuing Care
  – Outpatient: 1-3 hrs/week
  – Telephone monitoring
Gender-Responsive Treatment

- Treatment should consider the multiple contexts of women’s lives:
  - social and economic environment
  - relationships with family, extended family, and support systems
  - the impact of gender and culture

Types of Gender-Responsive Treatment:
- Supportive therapy
- Collaborative therapeutic alliance
- Integrated Trauma Treatment (e.g., Seeking Safety, Trauma-Informed Care)
- Family-Centered Treatment (including on-site childcare and children’s services)

SAMHSA TIP 51, 2010
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?
1. Use the Brief Intervention to Prepare the Patient for Specialty Care

- Patients with substance use problems often feel ambivalent about seeking specialty treatment services.
- During the brief intervention, use motivational techniques to build the patient’s confidence and willingness to go to a specialty provider before making the referral.
Video Demonstration: Pregnant Woman and Opioids


Southeastern Consortium for Substance Abuse Training (SECSAT), [www.sbirtonline.org](http://www.sbirtonline.org)
2. Plan for the Nuts and Bolts

- 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.
Who do you call?

• SAMHSA’s Behavioral Health Locator
  – [http://findtreatment.samhsa.gov](http://findtreatment.samhsa.gov) or
  – 1-800-662-HELP (4357) / 1-800-487-4889 (TDD)
    • Facility Operation (e.g. Private, Public)
    • Age groups, gender, language services
    • Payment/Insurance Accepted
    • Type of Care: mental health, substance abuse, health care centers
    • Service Setting (e.g., Outpatient, Residential, etc.):
    • Payment Assistance Available:

• Your state Department of Behavioral Health
3. What is a Warm Handoff?

A warm handoff is directly introducing the patient to the specialty addiction treatment provider or a behavioral health specialist during the visit.

- Introduce the patient to an addiction treatment provider or behavioral health specialist on staff at the end of their appointment
- Assist the patient to make an appointment; help them make the call
- Call or help the patient call the insurance company or local authority who oversees access
How to Modify the Brief Intervention for Patients in the Severe Zone

• Goal: Enhance the patient’s motivation to accept a referral to specialty addiction treatment for an initial appointment/assessment.

• See handout for strategies for tailoring each step of the brief intervention.
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
Brief Intervention for Drug Use

• Research on effectiveness of BI for drug use is mixed
• However, a BI for drug use can have significant impact
  – Begin open conversation about drug use/reduce stigma
  – Accurate diagnosis and treatment of other problems
  – Help patient reduce harm from drug use
  – Elicit reasons for cutting down/explore ambivalence
• Key is to maintain nonjudgmental, caring stance
  – Use same tone as if discussing alcohol use
Example of Extended SBIRT: Kaiser-Permanente Northern California’s Early Start

- Universal Screening of ALL pregnant women
  - Screening questionnaire
  - Urine toxicology (with consent)
- Place a licensed substance abuse expert in outpatient obstetrics clinics
- Link the Early Start appointments with routine prenatal care appointments
- Educate all women and providers

NORC, May 8, 2014; study by Goler et al., 2008, J Perinatology
The rate of Preterm Delivery is 2.1 times higher in S group than SAF (Early Start patients)

SAF = Screened, Assessed, Followed (Early Start, mean 2.5 visits)
SA = Screened, Assessed (no visits)
S = Screened positive (standard care)
Controls = Screened negative

NORC, May 8, 2014; study by Goler et al., 2008, J Perinatology
The rate of the babies needing a ventilator is 2.2 times higher in the S group that the SAF and 3.1 times higher than the controls.

SAF = Screened, Assessed, Followed (Early Start, mean 2.5 visits)
SA = Screened, Assessed (no visits)
S = Screened positive (standard care)
Controls = Screened negative

NORC, May 8, 2014; study by Goler et al., 2008, J Perinatology
Stillborns (IUFDs) were 14.2 times more likely in the S group than the SAF or C groups.

SAF = Screened, Assessed, Followed (Early Start, mean 2.5 visits)
SA = Screened, Assessed (no visits)
S = Screened positive (standard care)
Controls = Screened negative

NORC, May 8, 2014; study by Goler et al., 2008, J Perinatology
Maternal and Infant Mean Costs Comparison

SAF = Screened, Assessed, Followed (Early Start, mean 2.5 visits)
SA = Screened, Assessed (no visits)
S = Screened positive (standard care)
Controls = Screened negative

NORC, May 8, 2014; study by Goler et al., 2012, Obstet Gynecol
SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use

- [www.healtheknowledge.org](http://www.healtheknowledge.org)
- 3.5-hour, self-paced, FREE
- CE for nurses, social workers, health educators, counselors, physicians, dentists
- Clinician tools, patient education materials, role plays
INCREASE YOUR IMPACT

25% or more of your patients will benefit from you talking to them about their alcohol or drug use.

EXPLORE SBIRT

SBIRT Video Series
Watch brief intervention demonstrations and more.

Free Online Course
Improve your SBIRT skills and receive free CE.

Download Clinician Tools
SBIRT provider card, patient education, and more.
Martha Lofgreen, RNC, MSN, WHNP
Clinical Assistant Professor
lofgreenm@umkc.edu

Heather J. Gotham, PhD
UMKC SBIRT Project Director
Associate Research Professor
gothamhj@umkc.edu

University of Missouri-Kansas City
School of Nursing and Health Studies
2464 Charlotte St, HSB
Kansas City, MO 64108
www.sbirt.care