National Screening, Brief Intervention and Referral to Treatment (SBIRT)
ATTC

TRAINING OF TRAINERS

Substance Use Screening, Brief Intervention, and Referral to Treatment


WE'RE BEING OBSERVED TODAY TO SEE IF WE'RE EMPLOYING "BEST PRACTICES."
OH, GREAT. NOW WE NOT ONLY HAVE TO LOOK BUSY, WE ALSO HAVE TO LOOK "BEST PRACTICEY."
JUST FOLLOW MY LEAD.
OH, THAT'LL WORK.
WISE/ALDRICH
1-24
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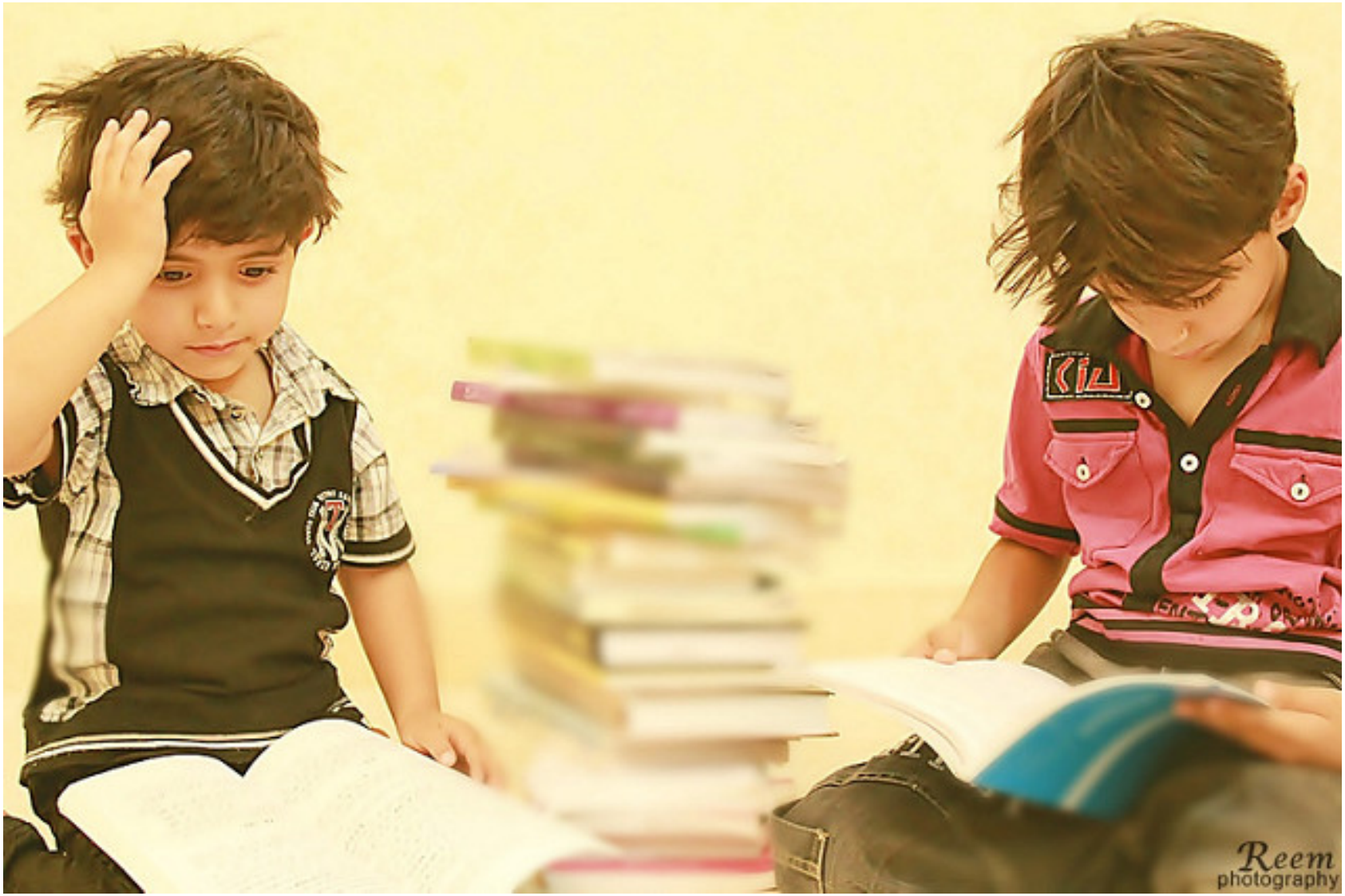
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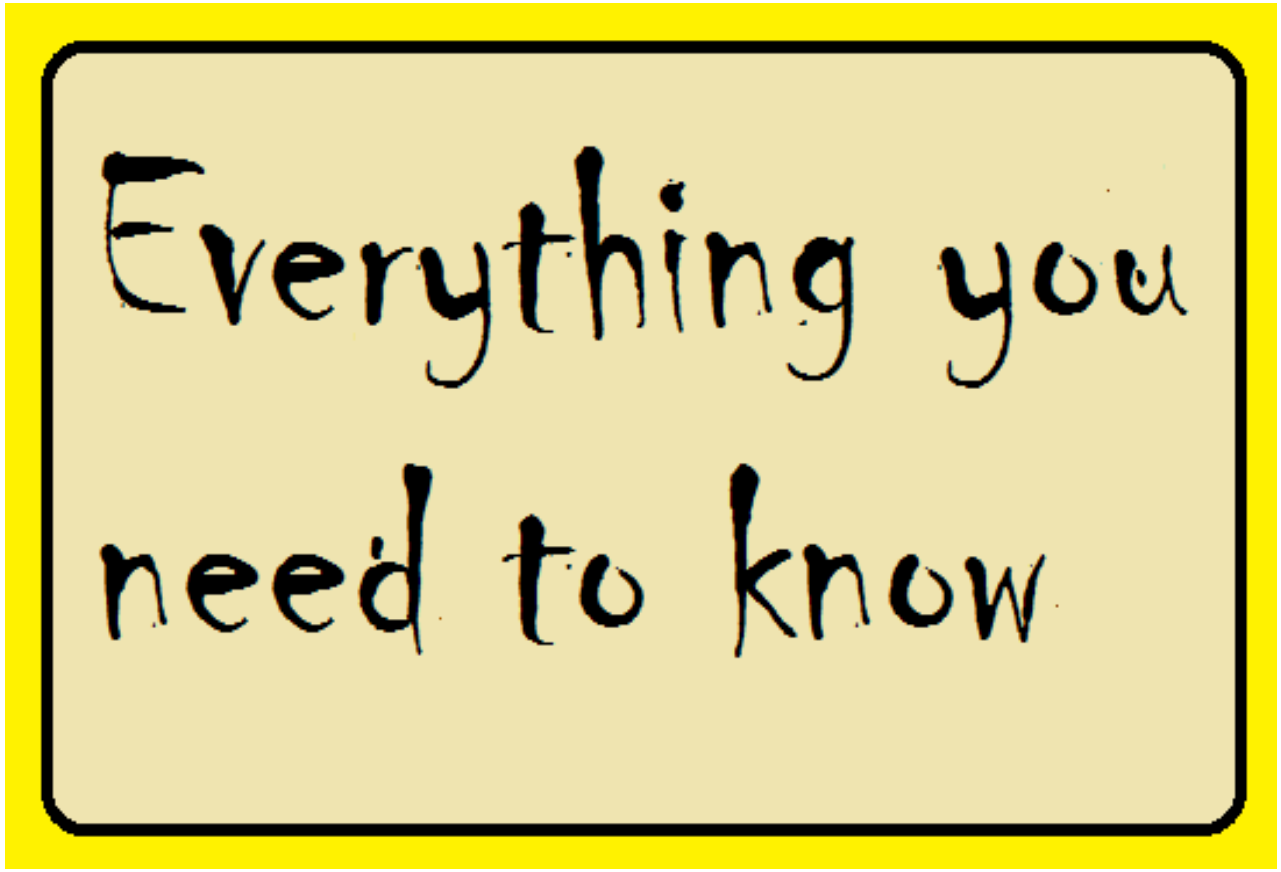


ABOUT SBIRT….

Goals and Objectives

- The goal of this training course is to help participants develop their knowledge, skills, and abilities as Substance Use Screening, Brief Intervention, and Referral to Treatment (SBIRT) Trainers. At the end of this training participants will be able to:

- Identify SBIRT as a system change initiative.
- Compare and contrast the current system with SBIRT.
- Introduce the public health approach.
- Discuss the need to change how we think about substance use behaviors, problems, and interventions.
- Understand the information screening does and does not provide.
- Define brief intervention/brief negotiated interview.
- Describe the goals of conducting a BI/BNI.
- Understand the counselor's role in providing BI/BNI.
- Develop knowledge of Motivational Interviewing.
- Describe referral to treatment
- Conduct teach-backs of various modules of the training curriculum

SBIRT

Module One

Re-conceptualizing Our Understanding of Substance Use Problems

Screening, Brief Intervention and Referral to Treatment (SBIRT)

A different way to look at:

- Substance use disorders
- Screening
- Treatment

A New Initiative

- Substance use screening, brief intervention, and referral to treatment (SBIRT) is a systems change initiative. As such, we are required to shift our view toward a new paradigm, and;
  - Re-conceptualize how we understand substance use problems.
  - Re-define how we identify substance use problems.
  - Re-design how we treat substance use problems.

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?

At-Risk Substance Use Is

A Public Health Problem

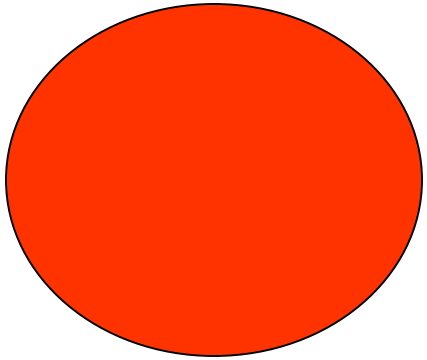
Learning from Public Health

- 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.

Historically

- Substance Use Services have been bifurcated, focusing on two areas only:
  - Primary Prevention – Precluding or delaying the onset of substance use.
  - Tertiary Treatment – Providing time, cost, and labor intensive care to patients who are acutely or chronically ill with a substance use disorder.

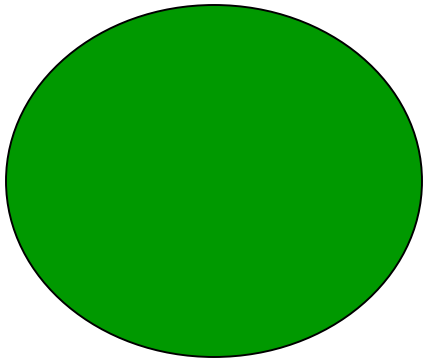
Substance Use Disorder



Traditional Treatment

Abstinence

No Problem



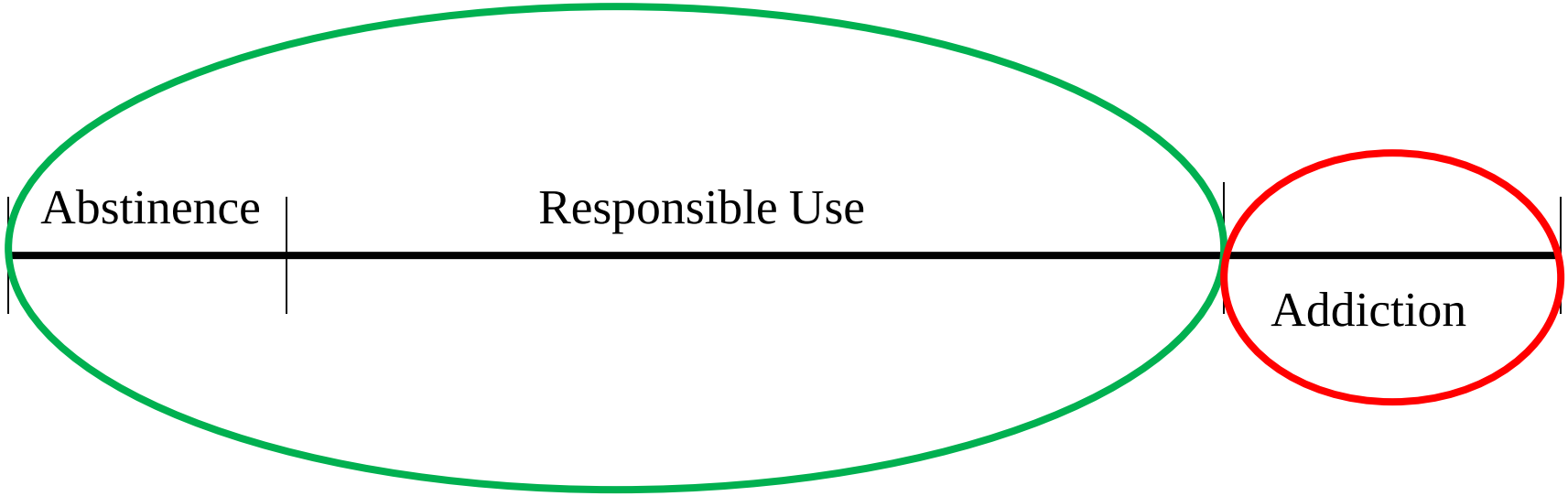
Primary Prevention

No Intervention

Drink Responsibly

Hungerford, D. [Image developed by and used with the permission of]. Centers for Disease Control and Prevention, Atlanta: GA.

The Current Model
A Continuum of Substance Use



An Outdated Model

- This model (paradigm) of substance use:
  - Fails to recognize a full continuum of substance use behavior.
  - Fails to recognize a full continuum of substance use problems.
  - Fails to provide a full continuum of substance use interventions.

WHY?

The current model identifies a substance use problem as…

By defining the problem as addiction or dependence this outdated model fails to recognize a full continuum of substance use behavior, a full continuum of substance use problems, and does not provide a full continuum of substance use interventions. As a result the outdated model has failed to provide resources in the area of greatest need.

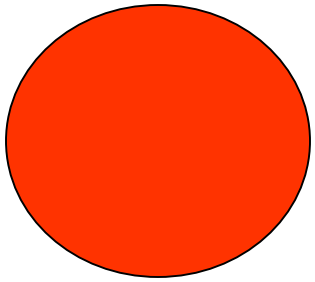
The SBIRT model identifies a substance use problem as…

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.

By defining the problem as excessive use the SBIRT model recognizes a full continuum of substance use behavior, a full continuum of substance use problems, and provides a full continuum of substance use interventions. As a result the SBIRT model can provide resources in the area of greatest need.

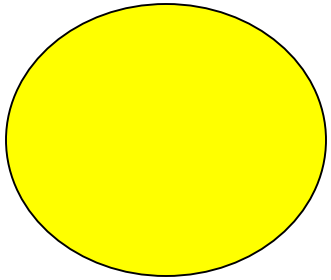
Substance Use Disorder



Traditional Treatment

Abstinence

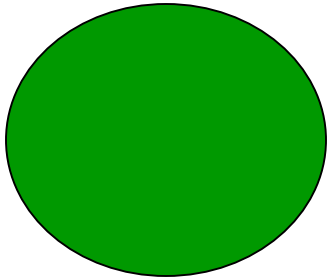
Excessive Use



Brief Intervention

Brief Treatment

No Problem



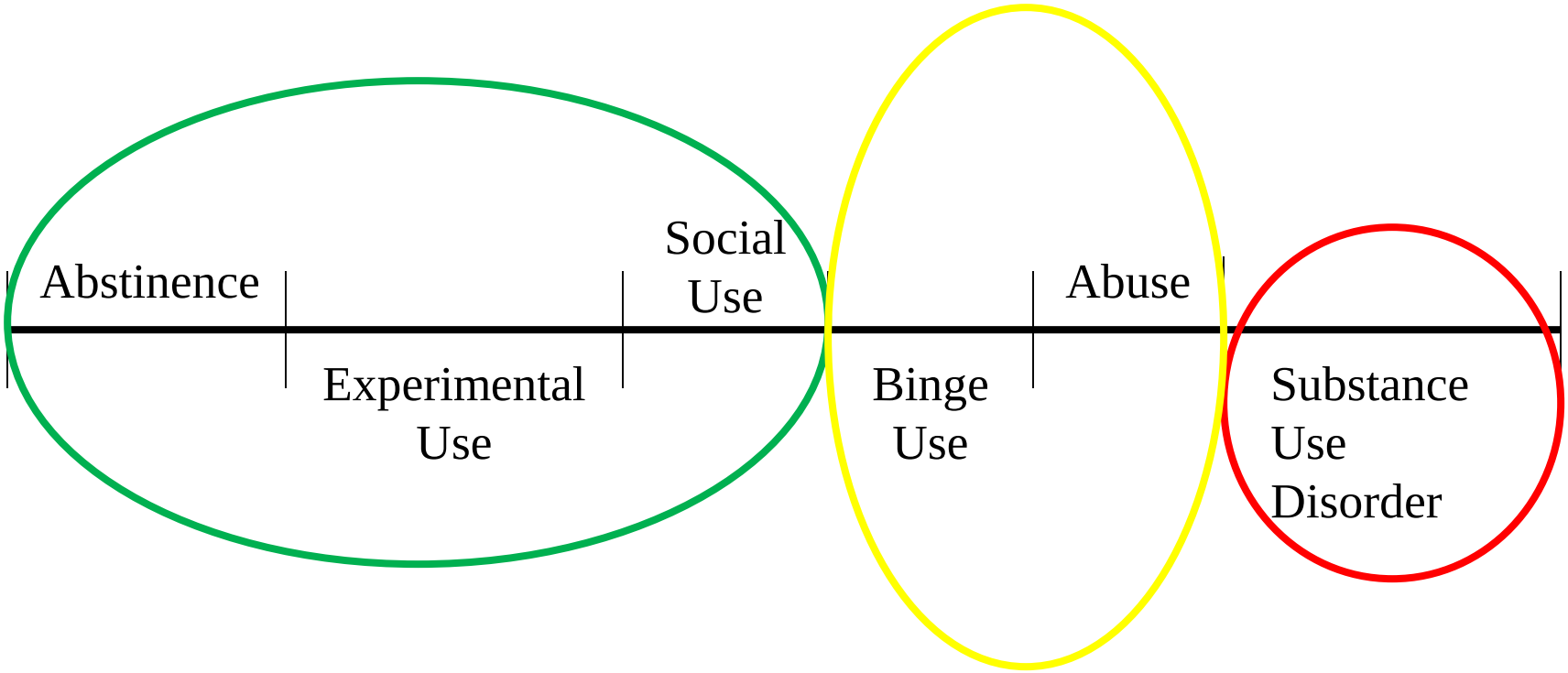
Primary Prevention

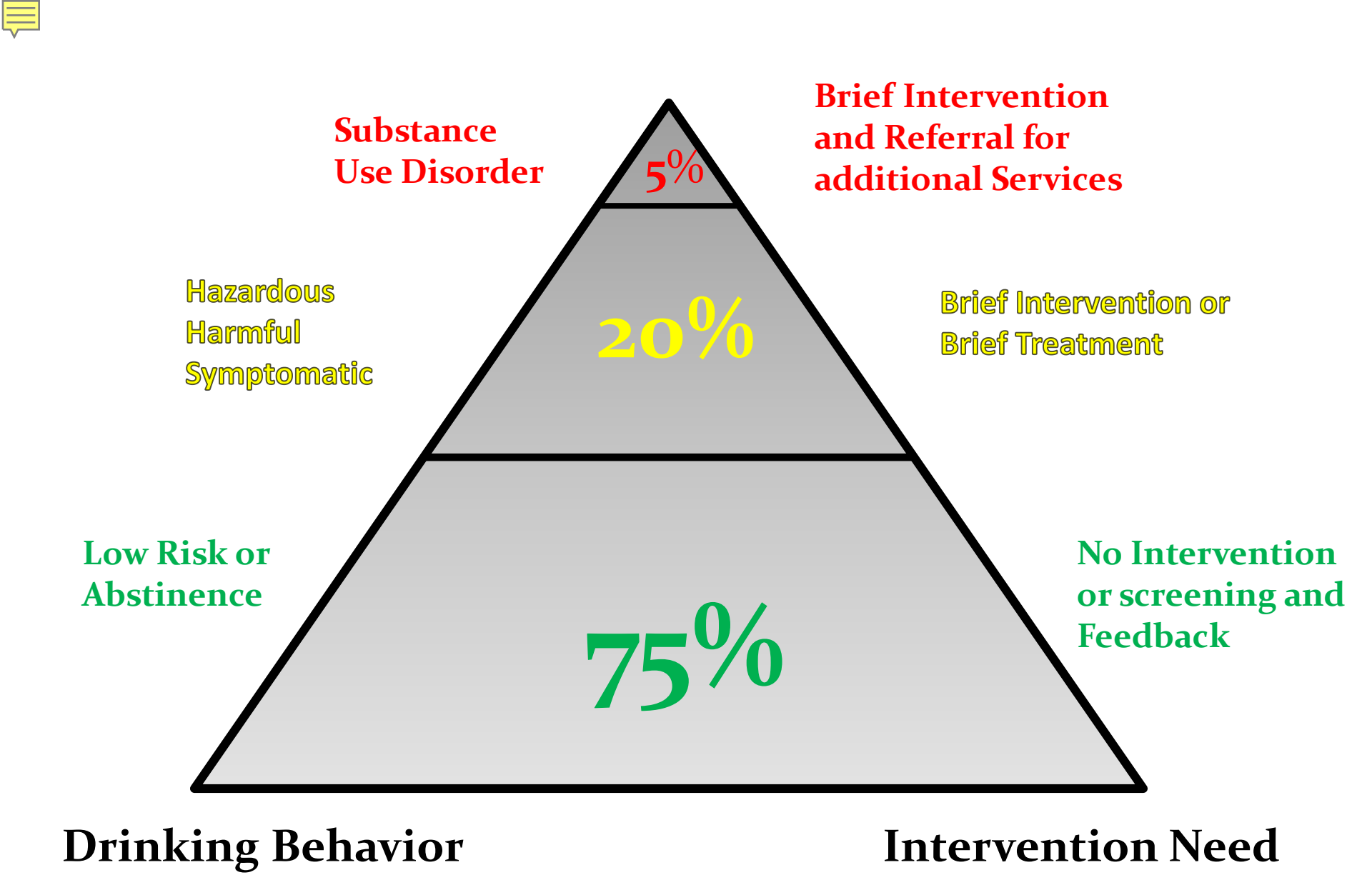
Screening and Feedback

Drink Responsibly

Hungerford, D. [Image developed by and used with the permission of]. Centers for Disease Control and Prevention, Atlanta: GA.

The SBIRT Model
A Continuum of Substance Use





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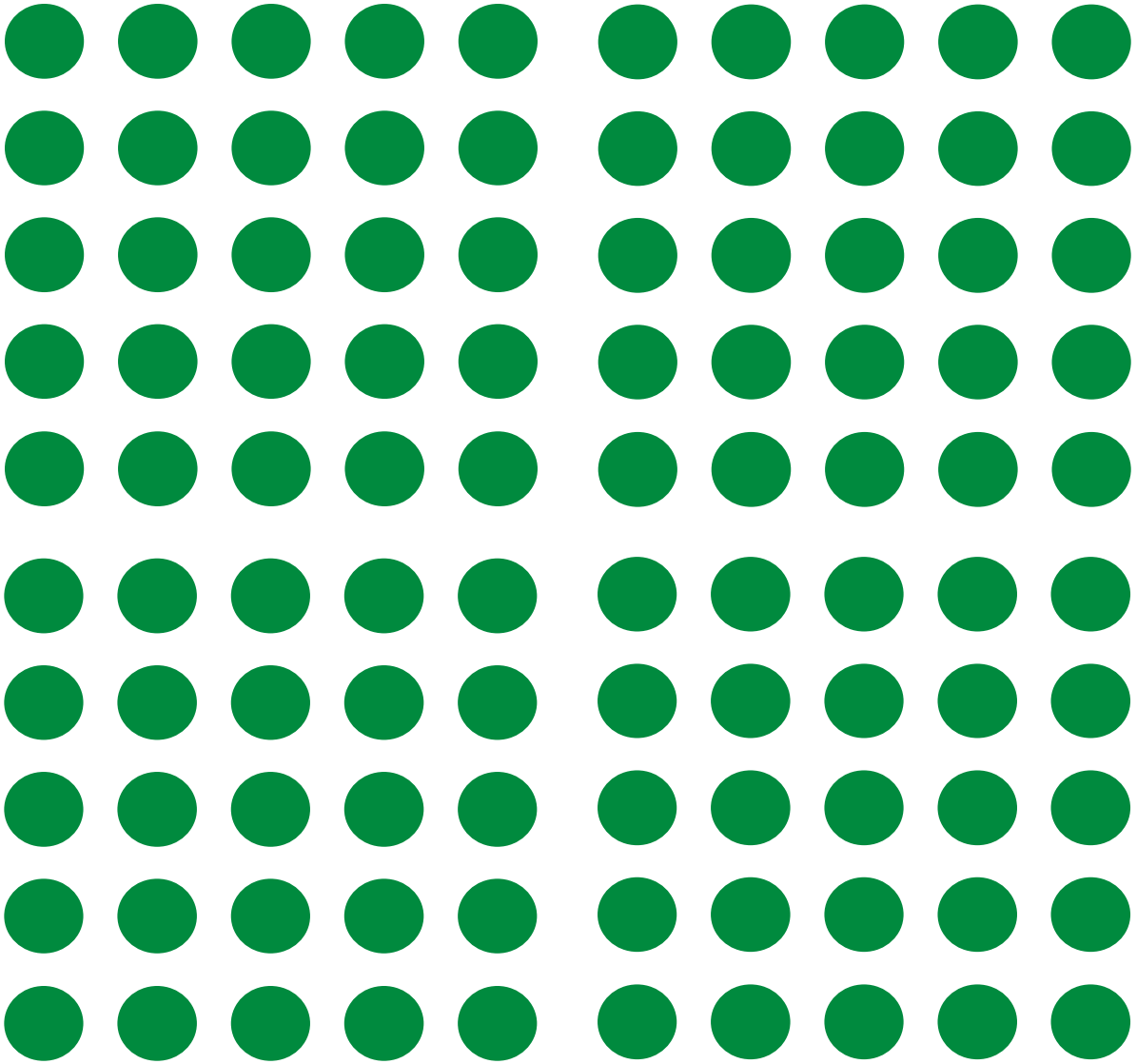
U.S. Population



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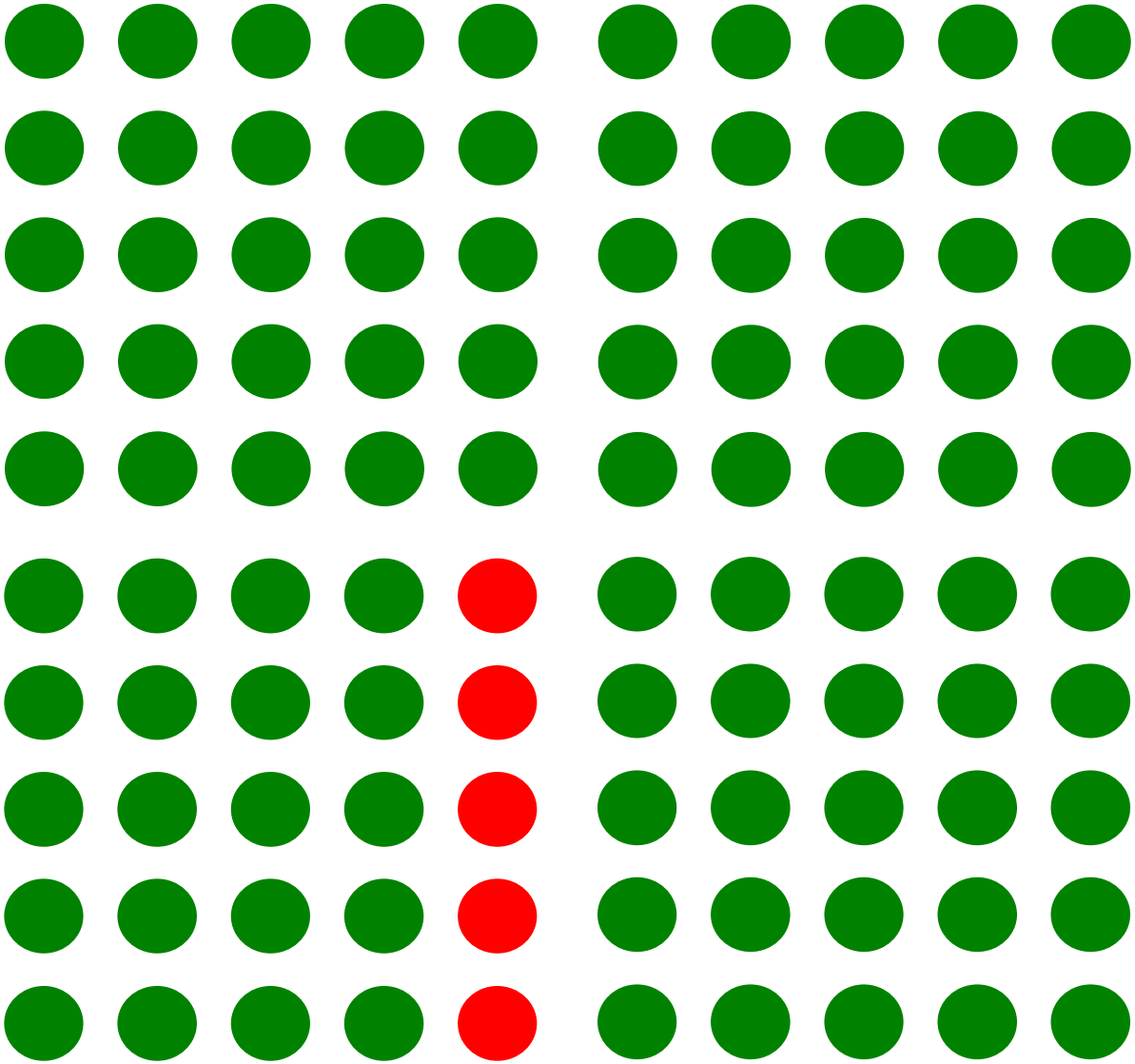
Substance Use Disorder



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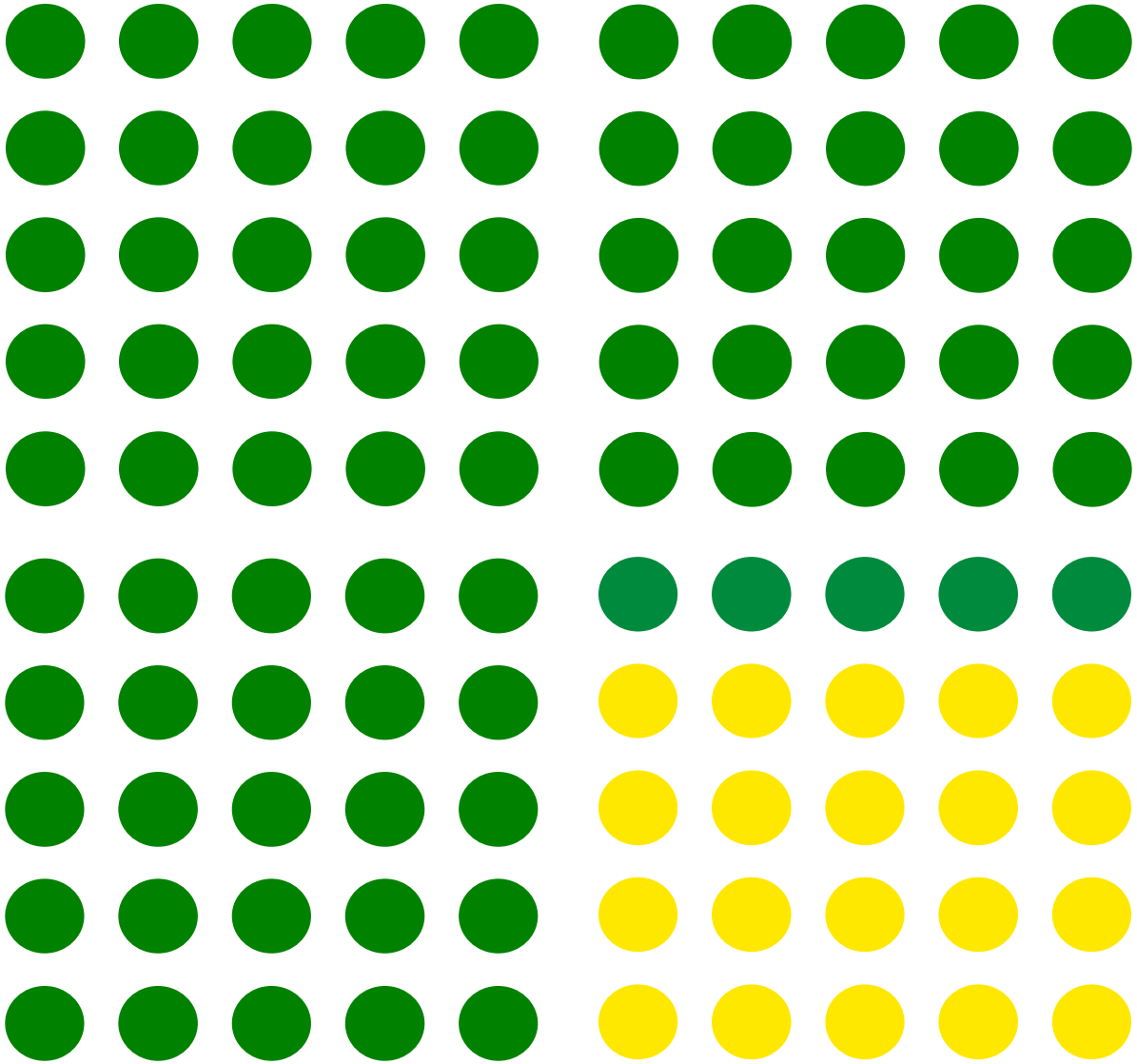
Excessive



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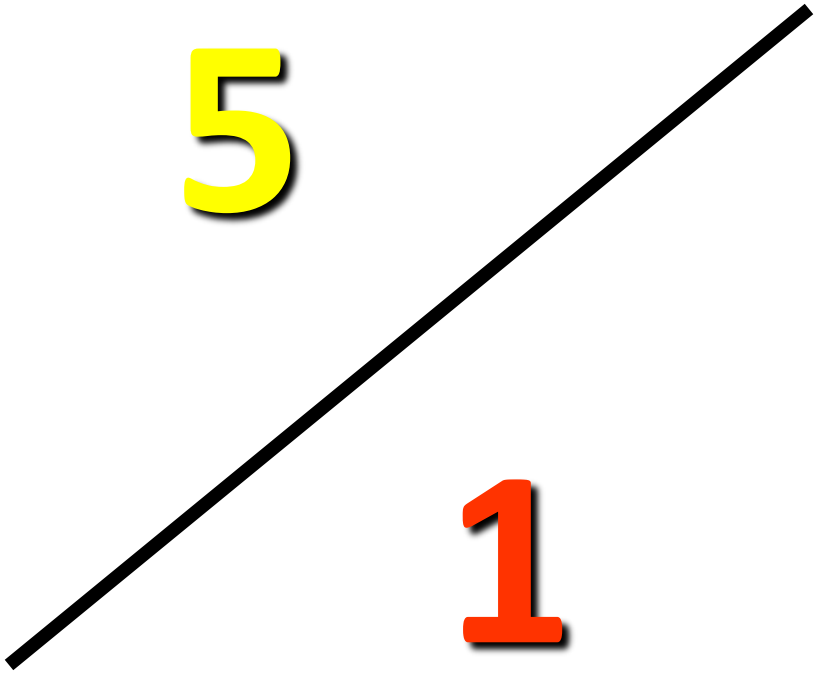
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The Costs of Substance Use

- 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

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.

The SBIRT Model
A Continuum of Interventions

- Primary Prevention – Precluding or delaying the onset of substance use.

- **Secondary Prevention and Intervention – Providing time, cost, and labor sensitive care to patients who are at risk for psycho-social or healthcare problems related to their substance use choices.**

- Tertiary Treatment – Providing time, cost, and labor intensive care to patients who are acutely or chronically ill with a substance use disorder.

Primary Goal

- The primary goal of SBIRT **is not** to identify those who are have a substance use disorder and need further assessment.
- The primary goal of SBIRT **is to** identify those who are at moderate or high risk for psycho-social or health care problems related to their substance use choices.

NIAAA Definitions

- Low Risk:
  - Healthy Men < 65

    ≤ 4 drinks per day AND NOT MORE THAN

    14 drinks per week ⟶
  - Healthy Women & Men ≥ 65

    ≤ 3 drinks per day AND NOT MORE THAN

    7 drinks per week ⟶
- Hazardous:
  - Pattern that increases risk for adverse consequences.
- Harmful:
  - Negative consequences have already occurred.

National Institute of Alcohol Abuse and Alcoholism. (2015). Rethinking drinking: Alcohol and your health. Retrieved from http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf.

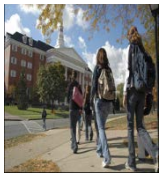
Babor, T.F. & Higgins-Biddle, J.C. (2001). Brief intervention for hazardous and harmful drinking: a manual for use in primary care. *World Health Organization.* Retrieved from http://apps.who.int/iris/bitstream/10665/67210/1/WHO_MSD_MSB_01.6b.pdf.

The SBIRT Concept

- SBIRT uses a public health approach to universal screening for substance use problems.
  - SBIRT provides:
    - Immediate rule out of non-problem users;
    - Identification of levels of risk;
    - Identification of patients who would benefit from brief advice;
    - Identification of patients who would benefit from further assessment, and;
    - Progressive levels of clinical interventions based on need and motivation for change.

The Moving Parts

- Pre-screening (universal).
- Full screening (for those with a positive pre-screen).
- Brief Intervention (for those scoring over the cut off point).
- Extended Brief Interventions or Brief Treatment or (for those who have moderate risk or high risk use of substances would benefit from ongoing, targeted interventions, and are willing to engage).
- Traditional Treatment (for those who have a substance use disorder (after further assessment) and are willing to engage).



Where can SBIRT be implemented?

- Primary Care
- PCMH/Integrated Care
- Trauma
- Emergency Department
- Hospital Inpatient
- Employee Assistance Programs
- Health Promotion and Wellness Programs
- Occupational Health and Safety, Disability Management
- Colleges/Universities
- Federally Qualified Health Centers
- School-based Health Centers
- Drug Courts, Juvenile Justice
- Dental Clinics
- HIV Clinics
- Peer Assistance Programs
- Faith-based Programs
- Addiction Treatment
- Counseling/Therapy
- STD clinics
- Senior Housing
- Community Mental Health Setting
- Planned Parenthood
- Native American Indian Community Centers

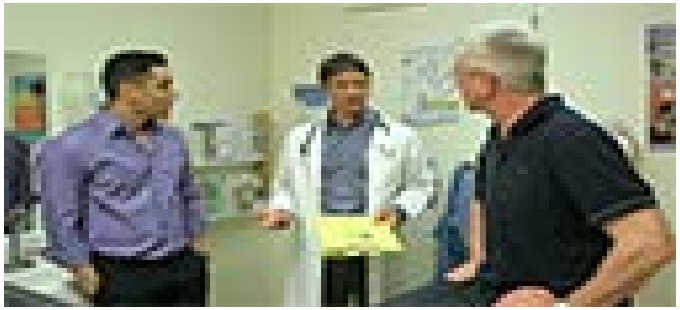
Others?

Clinic Work Flows

PCP without a Behavioral Health Provider

http://www.sbirtoregon.org/videos.php#clinic-flow

PCP Hand-off to Behavioral Health



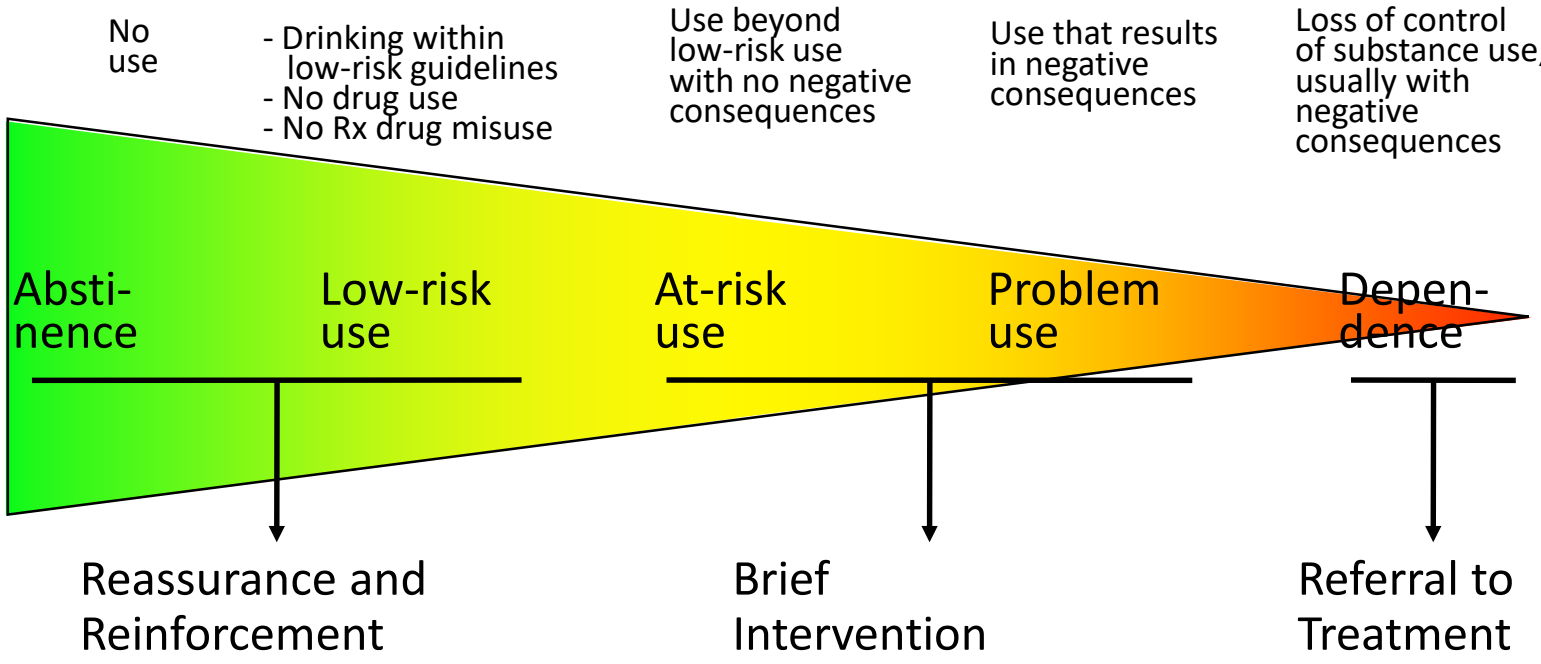
http://www.sbirtoregon.org/videos.php#clinic-flow

SBIRT Oregon. [Video files]. Retrieved from http://www.sbirtoregon.org/videos.php

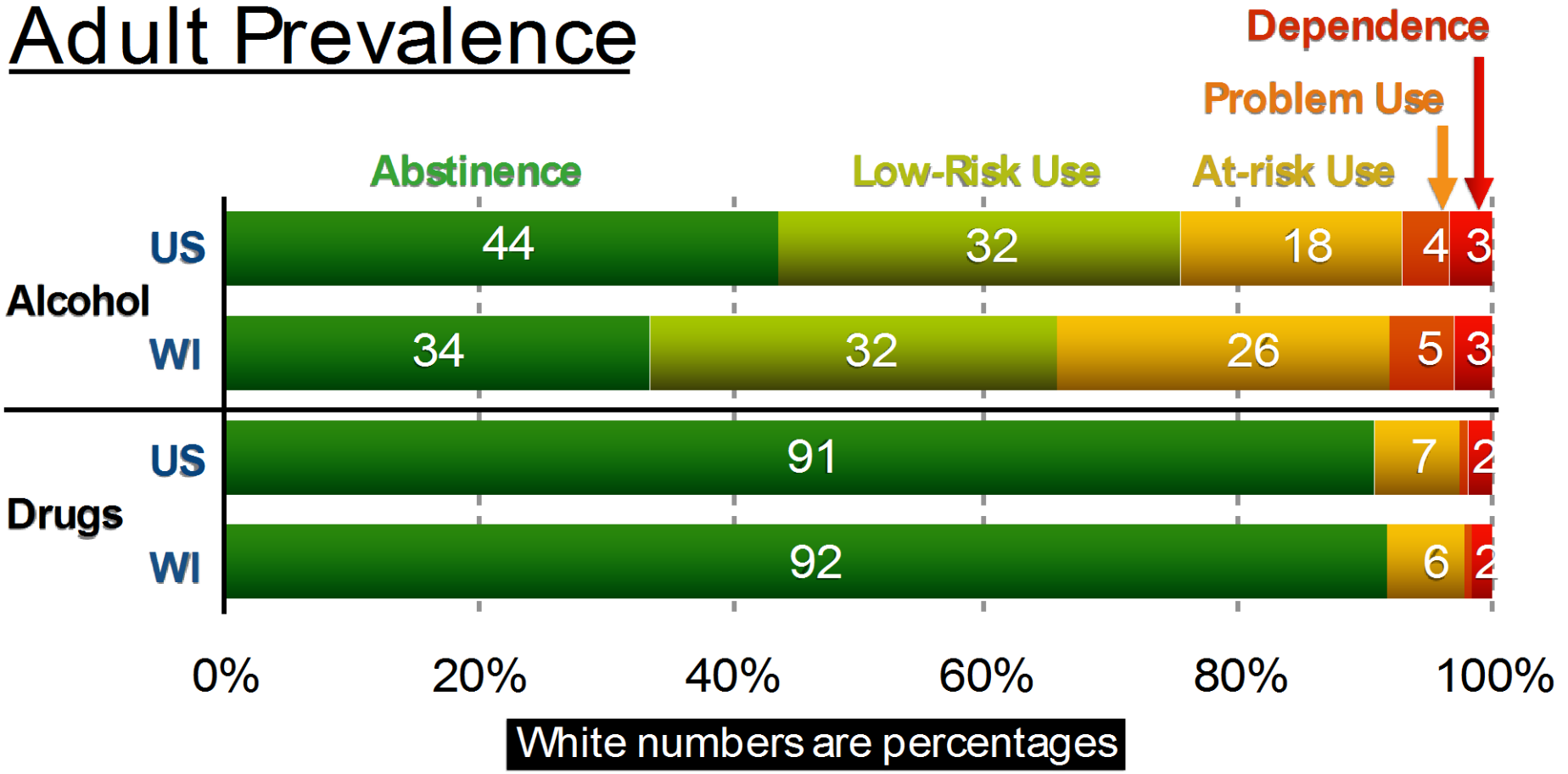
Let's Review

- SBIRT is a systems change initiative requiring us to re-conceptualize, re-define, and re-design our entire approach to substance use problems and services.
- SBIRT uses a public health approach.
- The current model defines the problem in terms of addiction.
- The SBIRT model defines the problem as excessive use.
- SBIRT recognizes a continuum of substance use behavior, a continuum of substance use problems, and a continuum of substance use interventions.

The Substance Use Continuum



Adult Prevalence



National Survey on Drug Use and Health, State Report, 2012-2013

Time to ask. WIPHL

DSM-5 Substance Use Disorder

No disorder
0 to 1 criterion

Mild disorder
2 to 3 criteria

Moderate disorder
4 to 5 criteria

Severe disorder
6 or more criteria

Diagnostic criteria

- Interference with important activities
- Missing work or school
- Use despite personal or social problems
- Continued use despite health problems
- Use in hazardous situations

Problem use

- Unsuccessful attempts to quit
- Using more than intended
- Craving
- Increased substance-seeking behaviors
- Tolerance
- Withdrawal

Depen-dence

Dependence

Most dependent patients or clients have problem use

Loss of control

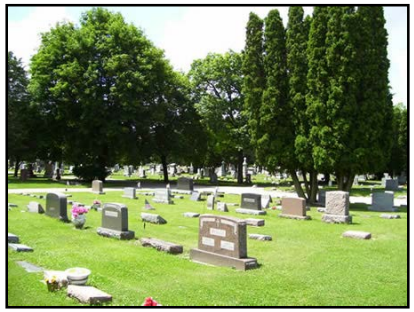
Preoccupation with using or obtaining

Urges and cravings

Compul-sive use

Physical dependence

Impacts of Excessive Drinking in Wisconsin



1,529 deaths

48,578 hospitalizations

5,751 crashes

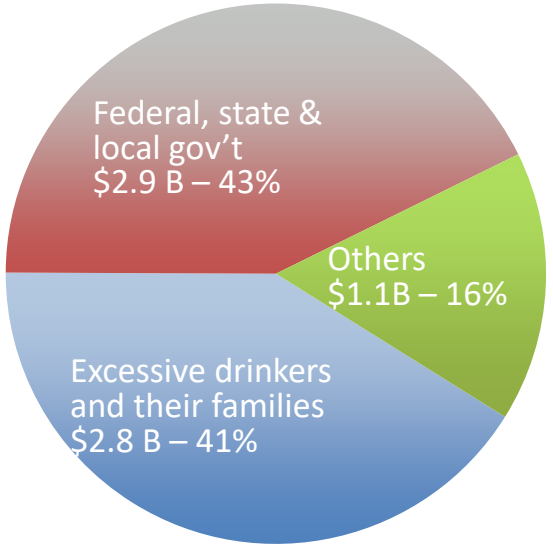
60,221 arrests

Black P, Palzer J. Burden of Excessive Alcohol Use in Wisconsin. UW Population Health Institute, 2013

Economic Impacts of Excessive Drinking in Wisconsin

Description	Amount
Healthcare	$750 million
Premature mortality	$2.0 billion
Additional productivity loss	$2.9 billion
Criminal justice	$649 million
Vehicular crashes	$418 million
Other	$90 million
Total	$6.8 billion

Who pays?



19% of the FY 2016 State of Wisconsin budget

$1,200 for every adult and child resident

Black P, Palzer J. Burden of Excessive Alcohol Use in Wisconsin. UW Population Health Institute, 2013

Brief Alcohol Interventions

– Effectiveness for At-risk and Problem Use –

- 10% to 30% declines in drinking
- With 1 to 3 booster

Fleming, Alc Clin Exp Res, 2002

Brief Alcohol Interventions

– Effectiveness for At-risk and Problem Use –

In the year after interventions:

Injuries

20%

ED Visits

20%

Hospitalizations

37%

Arrests

46%

Crashes

50%

Fleming, JAMA, 1999; Fleming, Medical Care, 2000

Rankings of USPSTF-Recommended Preventive Services

Which services would best prevent disease, injury and death and reduce healthcare costs?

1. Childhood immunizations
2. Smoking prevention for youth
3. Tobacco cessation
4. Alcohol screening & intervention
5. Aspirin - MI & stroke prevention

Alcohol screening & intervention is ranked higher than:

- Blood pressure screening
- Cholesterol screening
- Diabetes screening
- Osteoporosis screening
- Cancer screenings
- All adult immunizations

Maciosek, Annals of Family Medicine 2017 - National Commission on Prevention Priorities

Brief Drug Interventions - RCTs

	Bernstein	Humeniuk	Zahradnik
Settings	Urgent care, women's health, homeless clinic	Primary care patients in Australia, Brazil, India and U.S.	Internal medicine, surgical and gynecological patients
Subjects	1,175 illicit drug users	731 non-dependent amphetamine, cocaine, marijuana and opioid users	126 prescription drug misusers
Results	Significantly greater abstinence from cocaine and heroin at 6 months	Greater declines in Australia, Brazil and India but not in the United States	Greater reductions at 3 months but not at 12 months

Zgierska et al, Journal of Family Practice, 2014; Bernstein, Drug & Alcohol Dependence, 2005; Humeniuk, Addiction, 2012; Zahradnik, Addiction, 2009

Brief Drug Interventions - RCTs

- Roy-Byrne et al
  - Age: 48 ± 11 years
  - 19% married
  - 9% employed, 64% disabled
  - 56% mental illness
  - 30% homeless on ≥1 of 90d
  - 30% DAST score of ≥7

- Saitz et al
  - Age: 41 ± 12 years
  - 62% never married
  - 81% Medicaid or Medicare
  - 46% mood disorder
  - 18% self-help group in past 3 mo.
  - 8% residential treatment in past 3 mo.

- Brief interventions did not seem to reduce drug use <u>in urban patient populations with high rates of poverty, social instability, disability, mental health disorders and drug dependence</u>

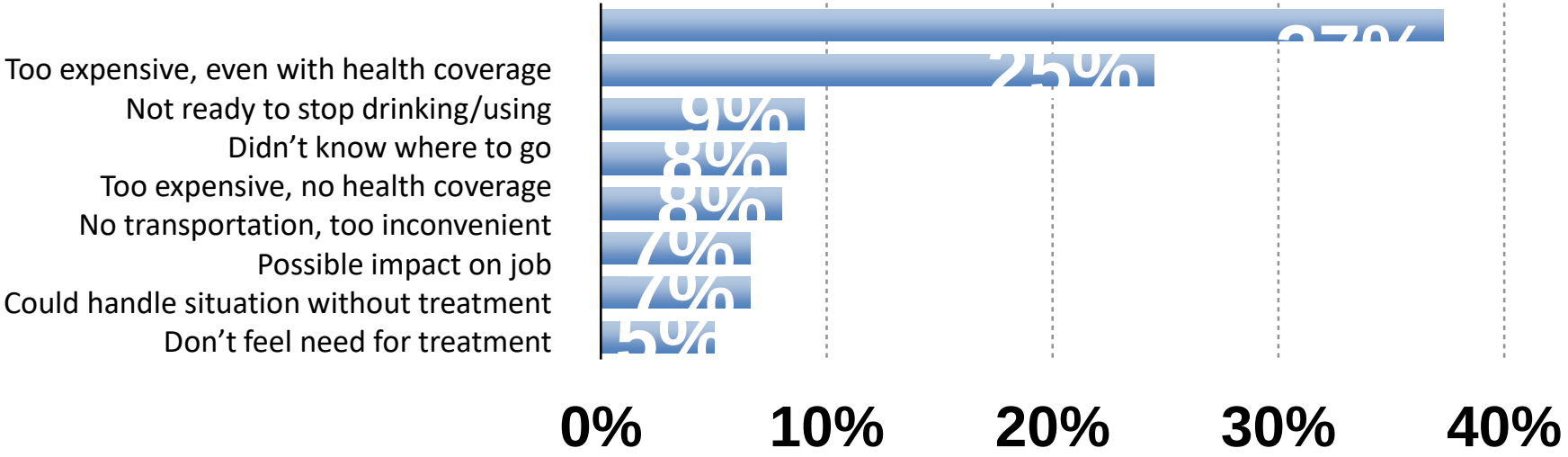
Zgierska et al, Journal of Family Practice, 2014; Roy-Byrne, JAMA 2014; Saitz, JAMA, 2014

Certain brief drug interventions seem effective for certain primary care patients.

Screening may be warranted for other reasons:

- Prompt screening for associated health conditions
- Alter differential diagnoses
- Modify prescribing
  - Potentially addictive medications
  - Medication-drug interactions
- Offer buprenorphine for opioid dependence

Barriers to Effective Referrals

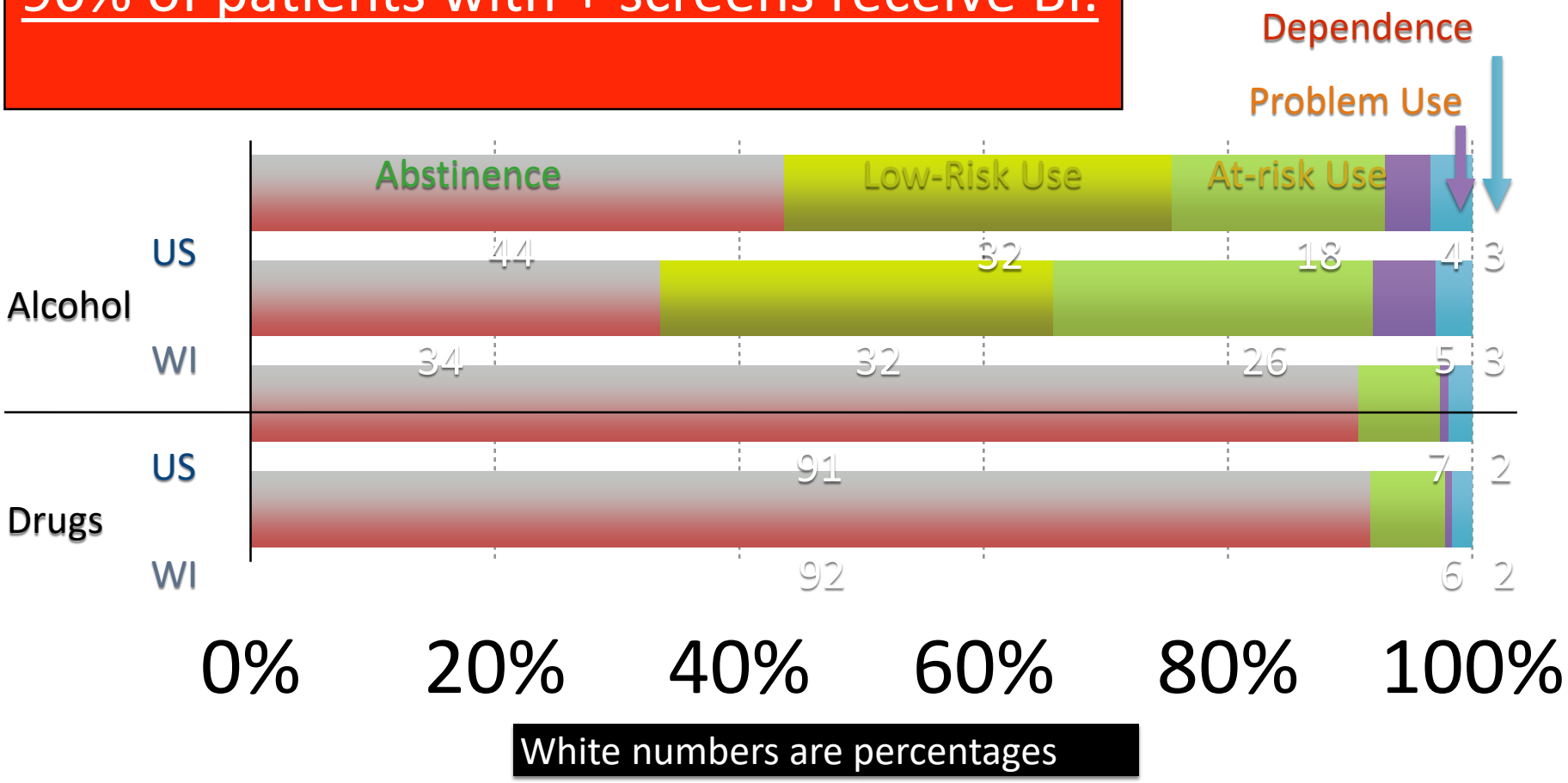


Possible Solutions

- Offer outpatient treatment in general healthcare settings
- Offer outpatient treatment during days and evenings
- Offer treatment that requires no commitment to abstinence
- Enforce parity legislation - reduce treatment costs for patients

SAMHSA, National Survey on Drug Use and Health, 2013

SBIRT is worthwhile even if RT fails.
90% of patients with + screens receive BI.



White numbers are percentages

National Survey on Drug Use and Health, State Report, 2012-2013

The New York Times

HEALTH

Drugs to Aid Alcoholics See Little Use, Study Finds

By ANAHAD O'CONNOR MAY 13, 2014

Two medications could help tens of thousands of alcoholics quit drinking, yet the drugs are rarely prescribed to patients, researchers reported on Tuesday.

The medications, naltrexone and acamprosate, reduce cravings for alcohol by fine-tuning the brain's chemical reward system. They have been approved for treating alcoholism for over a decade. But questions about their efficacy and a lack of awareness among doctors have

By comparison, large studies of widely used drugs, like the cholesterol-lowering statins, have found that 25 to more than 100 people need treatment to prevent one cardiovascular event.

According to federal data, roughly 18 million Americans have an alcohol abuse disorder. Excessive drinking kills about 88,000 people a year.

"These drugs are really underused quite a bit, and our findings show that they can help thousands and thousands of people," said Dr. Daniel E. Jonas,

FDA-Approved for Alcohol Dependence

- Disulfiram (Antabuse®) - aversive agent
- Acamprosate (Campral®) - alleviates long-term, subacute withdrawal
- Naltrexone (Revia®, Vivitrol®) - reduces urges and cravings

No addiction potential • No euphoria • No street value

Disulfiram

Alcohol → Acetaldehyde → Acetic acid

- Nausea
- Vomiting
- Flushing
- Possible death

Disulfiram

- Daily dose (250mg to 500mg) deters drinking for next 1 to 2 days
- Contraindications
  - Severe liver disease
  - Myocardial disease, coronary disease, psychosis, pregnancy
  - Impulsivity, suicidality
  - Recent use of metronidazole, alcohol-containing preparations
  - Many other drug-drug interactions

Disulfiram

- Adverse reactions
  - Rare hepatic toxicity - check LFTs at baseline and 2 to 4 weeks
  - Psychosis
  - “Antabuse” reaction with mild alcohol exposures
- Must be given with patient’s consent
- US studies and experience
  - Poor long-term effectiveness because of non-adherence
  - May be effective in the short term for impulsive or highly motivated individuals
- European studies and experience
  As effective as other meds <u>when administration is supervised</u>

Acamprosate

- Long-term, subacute alcohol withdrawal
  - Insomnia, agitation, restlessness
  - Makes abstinence more difficult
- Reduces subacute alcohol withdrawal symptoms
- Effective for at least one year
- Usual dose: 333mg - 2 tabs tid, half with renal failure
- Halve the dose in the first week to avoid diarrhea
- Renal excretion, may be taken with severe liver disease

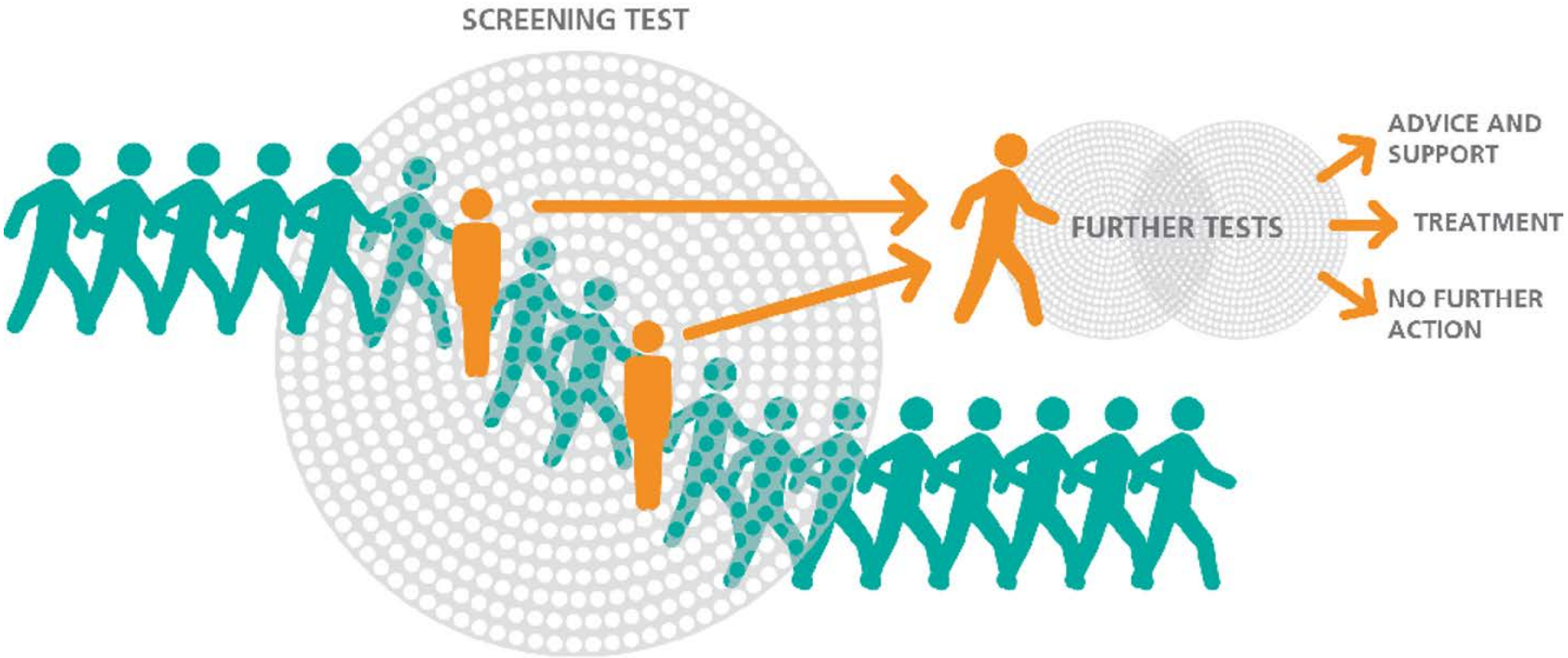
Naltrexone - oral and intramuscular

- Blocks cravings for and euphoric effects of alcohol
- Effective for at least 12 months - fewer, less severe relapses
- Contraindications: severe liver disease, need for opioids
- Rare adverse effect: eosinophilic pneumonia
- Nausea in 10% of patients - usually subsides within 1 week
- Oral dosing - 50mg qd
- IM - 1 injection monthly in alternating buttocks by professional
  - Expensive but covered by most health plans
  - Adherence & duration of treatment greater than oral preparation
  - Generates net healthcare cost reductions

FDA-Approved for Opioid Dependence

- Naltrexone - opioid blocker - no restrictions on prescribing
- Methadone - restricted to federally licensed clinics for opioid dependence
- Buprenorphine
  - Physicians may prescribe for up to 30 patients after 8 hours of training
  - Physicians can apply to increase their limit to 275 patients
  - NPs and PAs may prescribe for 30 patients after 24 hours of training

What do you know about? Screening



Screening

Module Two

Re-defining the Identification of Substance Use Problems

Screening does NOT provide…

A diagnosis

Two Levels of Screening

- Universal:
  - Provided to all adult patients.
  - Serves to rule-out patients who are at low or no-risk.
  - Can (should) be done at intake or triage.
  - Positive universal screen = proceed with full screen.
- Targeted:
  - Provided to specific patients (alcohol on breath, positive BAL, suspected alcohol/drug related health problems)
  - Provided to patients who score positive on the universal screen.

Screening Does Provide

- Immediate rule-out of low/no risk users.
- Immediate identification of level of risk.
- A context for a discussion of substance use.
- Information on the level of involvement in substance use.
- Insight into areas where substance use may be problematic.
- Identification of patients who are most likely to benefit from brief intervention.
- Identification of patients who are most likely in need of referral for further assessment.

What Conditions Warrant Screening?

1. The condition should be an important health problem
2. There should be a latent or early symptomatic stage
3. There should be a test that is easy to perform and interpret, acceptable, reliable, sensitive and specific
4. There should be an accepted treatment for the condition
5. Treatment should be more effective if started early
6. Diagnosis and treatment should be cost-effective

How will screening happen at your site?

Before Starting

I would like to ask you some 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.

Single Alcohol Screening Question

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

 X = 5

 X = 4

a. None
b. 1
c. 2 to 5
d. 6 to 10
d. 11 to 20
e. more than 20

Positive response: Greater than none

Smith, Journal of General Internal Medicine, 2009

AUDIT-C

1.How often do you have a drink containing alcohol?

a. Never
b. Monthly or less
c. 2 to 4 times a month
d. 2 or 3 times a week
e. Daily or almost daily

2.How many standard drinks do you have on a typical day when you drink?

a. 1 or 2
b. 3 or 4
c. 5 or 6
d. 7 to 9
e. 10 or more

3.How often do you have X or more drinks on one occasion?

a. Never
b. Monthly or less
c. Monthly
d. Weekly
e. Daily or almost daily

Men: X = 5
Women: X = 4

Add up all points: a = 0; b = 1; c = 2; d = 3; e = 4
Positive screen – men: ≥4 points women: ≥3 points

Exception: All points from item 3

http://www.integration.samhsa.gov/images/res/tool_auditc.pdf

NIAAA Quantity-Frequency Questions

1.How many days a week do you typically have some alcohol?

2.How many standard drinks do you have on a typical day of drinking?

Multiply together and compare to weekly low-risk limits:

- ≤ 14 for men
- ≤ 7 for women

3.What's the largest number of standard drinks you've had in an occasion in the last 3 months?

Compare to episodic low-risk limits:

- ≤ 4 for men
- ≤ 3 for women

Friedmann, Journal of Studies on Alcohol, 2001

Single Drug Screening Question

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

a. None
b. 1
c. 2 to 5
d. 6 to 10
d. 11 to 20
e. more than 20

Positive response: Greater than none

Smith, Journal of General Internal Medicine, 2009

Two-Item Conjoint Screen
(May be added to 2 single screening questions to identify more drug disorders)

1. the last year, have you ever drunk alcohol or used drugs more than you meant to?

2.In the last year, have you felt you wanted or needed to cut down on your drinking or drug use?

Positive screen: Yes to either or both questions

Does not identify <u>at-risk</u> alcohol or drug use

Brown, Journal of the American Board of Family Practice, 2001

A Standard Drink

12 oz. of beer or cooler	8-9 oz. of malt liquor	5 oz. of table wine	3-4 oz. of fortified wine	2-3 oz. of cordial, liqueur, or aperitif	1.5 oz. of brandy	1.5 oz. of spirits
	8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor		(such as sherry or port) 3.5 oz. shown	2.5 oz. shown	(a single jigger)	(a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer
						
12 oz.	8.5 oz	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

Note: People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25 oz (750 ml.) bottles that hold five standard drinks.

National Institute of Alcohol Abuse and Alcoholism. (2015). Rethinking drinking: Alcohol and your health. Retrieved from http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf.

Universal Screening
The AUDIT – C

- Scored on a scale of 0-12
- Five possible answers for each question:
  - A = 0. B = 1. C = 2. D = 3. E = 4.
- For men a score of 4 or more is positive.
- For women a score of 3 or more is positive.
  - **However, if the score is derived primarily for question 1 the patient is not necessarily at risk.**
- A score > 4 identifies 86% of men who are at risk or meet the criteria for an alcohol use disorder.
- A score of > 2 identifies 84% of women who are at risk or meet the criteria for an alcohol use disorder.

World Health Organization. (1982). *The Alcohol Use Disorders Identification Test.*

The AUDIT–C Questions

- **How often do you have a drink of alcohol?**
  - Never (0). Monthly or less (1). Two to four times per month (2). Two to three times per week (3). Four or more times per week (4).
- **How many drinks containing alcohol do you have on a typical day when you are drinking?**
  - 1 or 2 (0). 3 or 4 (1). 5 or 6 (2). 7 to 9 (3). 10 or more (4).
- **How often do you have five or more drinks on one occasion?**
  - Never (0). Less than monthly (1). Monthly (2). Weekly (3). Daily or almost daily (4).

World Health Organization. (1982). *The Alcohol Use Disorders Identification Test.*

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?

National Institute of Alcohol Abuse and Alcoholism. (2015). Helping patients who drink too much: a clinician's guide. Retrieved from http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf.

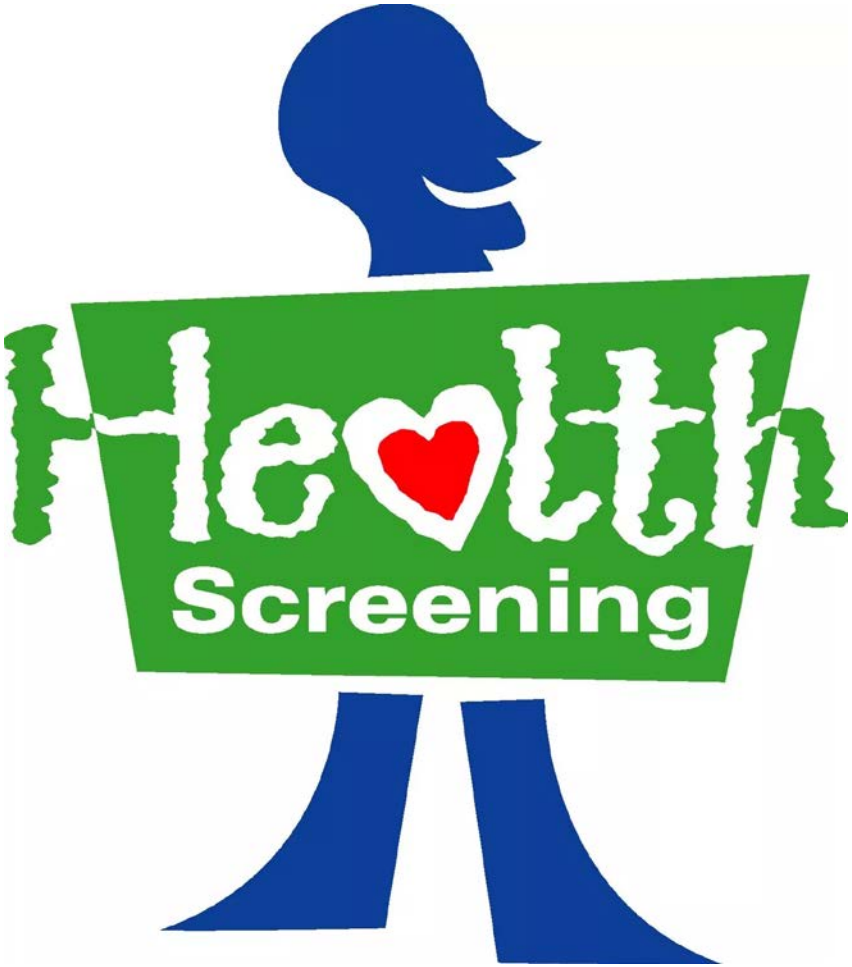
National Institute on Drug Abuse. (2011). Screening for drug use in general medical settings: Quick reference guide. Retrieved from http://www.drugabuse.gov/sites/default/files/pdf/screening_qr.pdf.

Video of a practitioner conducting universal screening

http://www.youtube.com/watch?v=JPU-ojCRPJ0

SBIRT Colorado. [Video files]. Retrieved from http://improvinghealthcolorado.org.

Screening vs. Full screening



Validated Screening Tools

- AUDIT: Alcohol Use Disorder Identification Test.

World Health Organization. (1982). *The Alcohol Use Disorders Identification Test.*

- DAST: Drug Abuse Screening Test.

The Addiction Research Foundation. (1982). *The Drug Abuse Screening Test.*

- POSIT: Problem Oriented Screening Instrument for Teenagers.

National Institute on Drug Abuse. (1991). *The Problem Oriented Screening Instrument for Teenagers.*

- CRAFFT: Car, Relax, Alone, Forget, Family or Friends, Trouble (for adolescents).

Knight, J. R., Sherritt, L., Shrier, L. A., Harris, S. K., & Chang, G. (2002). Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Archives of Pediatrics & Adolescent Medicine*, *156*(6), 607-614.

- ASSIST: Alcohol, Smoking, and Substance Abuse Involvement Screening Test.

World Health Organization. (2002). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility. *Addiction, 97*(9), 1183-94.

- GAIN or GAIN-SS: Global Appraisal of Individual Needs.

Dennis, M. L., & Rourke, K. M. (1998). Global appraisal of individual needs. *Bloomington, IL: Chestnut Health Systems*.

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
CRAFFT	Adolescents	6	To identify alcohol and drug abuse, risky behavior, & consequences of use [Self-admin or Interview]	Different Settings	http://www.ceasar-boston.org/CRAFFT/
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_questionaire.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/sbirttraining.com/files/TWEAK.pdf

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

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.

World Health Organization. (1982). *The Alcohol Use Disorders Identification Test.*

AUDIT

- Ten Questions.
- Five possible answers to each question (except question 9 and 10, which have three possible answers.
- Alcohol Specific.
- Provides information on frequency of use.
- Provides information on level of use.
- Provides misuse and outlines symptoms of SUD.
- Preface: In the past 12 months…..

World Health Organization. (1982). *The Alcohol Use Disorders Identification Test.*

The AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

World Health Organization. (1982). *The Alcohol Use Disorders Identification Test.*

4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

World Health Organization. (1982). *The Alcohol Use Disorders Identification Test.*

8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization and the Generalitat Valenciana Conselleria De Benestar Social. To reflect standard drink sizes in the United States, the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care is available online at www.who.org.

Excerpted from NIH Publication No. 11–7805 | www.niaaa.nih.gov/YouthGuide

World Health Organization. (1982). *The Alcohol Use Disorders Identification Test.*

Domains and Item Content of AUDIT

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

Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B., & Monteiro, M.G. (2001). The alcohol use disorders identification test: Guidelines for use in primary care. Retrieved from http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf.

AUDIT Scores and Zones

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

World Health Organization. (1982). *The Alcohol Use Disorders Identification Test.*

Video of a practitioner conducting screening

https://www.youtube.com/watch?v=WIVxx8DNopY

Practice Session:
Conducting Screening Using the AUDIT

Form Dyads/Triads

- Practitioner
- Patient/Client

Conducting a Screening Using the AUDIT

- Each role play should be approximately 3-5 minutes.
- At the end of each role play spend a minute or 2 discussing your experience.
- Make sure to switch roles, discuss how it felt from each perspective.
- After completing the cycle we will have an open large group discussion.

Conducting a Screening Using AUDIT

And Remember

Have Fun

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.

The Addiction Research Foundation. (1982). *The Drug Abuse Screening Test.*

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…..

The Addiction Research Foundation. (1982). *The Drug Abuse Screening Test.*

SCREENING | Drug Abuse Screening Test (DAST-10)

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.

Drugs include marijuana, solvents like paint thinners, tranquilizers like Valium, barbiturates, cocaine, stimulants like speed, hallucinogens such as LSD, or narcotics like heroin. Drug use also includes using prescription or over-the-counter medications more than directed.

In the past 12 months...	YES	NO
DA1. Have you used drugs other than those required for medical reasons?	○	○
DA2. Do you abuse more than one drug at a time?	○	○
DA3. Are you unable to stop using drugs when you want to?	○	○
DA4. Have you ever had blackouts or flashbacks as a result of drug use?	○	○
DA5. Do you ever feel bad or guilty about your drug use?	○	○
DA6. Does your spouse (or parents) ever complain about your involvement with drugs?	○	○
DA7. Have you neglected your family because of your use of drugs?	○	○
DA8. Have you engaged in illegal activities in order to obtain drugs?	○	○
DA9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	○	○
DA10. Have you had medical problems as a result of your drug use (such as: memory loss, hepatitis, convulsions, or bleeding)?	○	○
Each "Yes" gets a score of 1 **TOTAL**		

Washington State Department of Social and Health Services. (2014). Washington state SBIRT primary care integration: Screening and GPRA training manual. Retrieved from http://www.wasbirt.com/sites/default/files/FULL%20WASBIRT-PCI%20Training%20Manual_Apr%2016%202014_v1.pdf.

DAST-10 Scores and Zones

Score	Risk Level	Intervention
0	Zone 1: **No risk**	Simple advice: Congratulations this means you are abstaining from excessive use of prescribed or over-the-counter medications, illegal or non-medical drugs.
1-2	Zone 2: At Risk Use - "low level" of problem drug use	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
3-5	Zone 3: "intermediate level"	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.
6-10	Zone 4: Very High Risk, Probable Substance Use Disorder	EBI/RT- considered to be at a "substantial to severe level" of problem drug use. Refer to specialist for diagnostic evaluation and treatment.

The Addiction Research Foundation. (1982). *The Drug Abuse Screening Test.*

DAST Questions 1 and 2

- Have you used drugs other than those required for medical reasons?
  - Rule out question - If the answer is no screen stops here.
- Do you abuse more than one drug at a time?
  - Involvement question - Implies deeper use history.

The Addiction Research Foundation. (1982). *The Drug Abuse Screening Test.*

DAST Questions 3 and 4

- Are you unable to stop using drugs when you want to?
  - Addiction question – Loss of control.
- Have you ever had blackouts or flashbacks as a result of drug use?
  - Addiction question – Psychological problems caused or exacerbated by substance use.

DAST Questions 5 and 6

- Do you ever feel bad or guilty about your drug use?
  - Implies awareness of negative results of substance use/use consequences.
- Does your spouse (or parents) ever complain about your involvement with drugs?
  - Abuse question – Recurrent social or interpersonal problems.

The Addiction Research Foundation. (1982). *The Drug Abuse Screening Test.*

DAST Questions 7 and 8

- Have you neglected your family because of your drug use?
  - Abuse question – Failure to meet role obligations.
- Have you engaged in illegal activities in order to obtain drugs?
  - Involvement question – Implies changes in social norms.

The Addiction Research Foundation. (1982). *The Drug Abuse Screening Test.*

DAST Questions 9 and 10

- Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
  - Addiction question – Implies high frequency/high dose exposure.
- Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?
  - Addiction question – Physical problems caused or exacerbated by substance use.

Video of a practitioner conducting screening

https://www.youtube.com/watch?v=TkFHuhLStwE

Practice Session:
Conducting Screening Using the DAST

Form Dyads/Triads

- Practitioner
- Patient/Client

Conducting a Screening Using the DAST

- Each role play should be approximately 3-5 minutes.
- At the end of each role play spend a minute or 2 discussing your experience.
- Make sure to switch roles, discuss how it felt from each perspective.
- After completing the cycle we will have an open large group discussion.

Conducting a Screening Using DAST -10

And Remember

Have Fun

Let's Review

- Screening does not provide a diagnosis.
- Screening does provide immediate rule-out of no risk/low risk users.
- Screening does provide immediate identification of level of risk.
- There are 2 levels of screening:
  - Universal.
  - Targeted.
- There are 4 types of intervention:
  - Feedback.
  - Brief Intervention.
  - Extended Brief Intervention or Brief Treatment.
  - Referral for further assessment.

MI and all 4 types of intervention….

Four Types of Intervention

- Feedback only.
- Brief Intervention.
- Extended Brief Intervention or Brief Treatment.
- Referral for further assessment.

Substance Abuse and Mental Health Services Administration. (2011). Screening, brief intervention, and referral to treatment (SBIRT) in behavioral healthcare. Retrieved from http://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf.

Success

is liking yourself,
liking what you do,
and liking how
you do it."

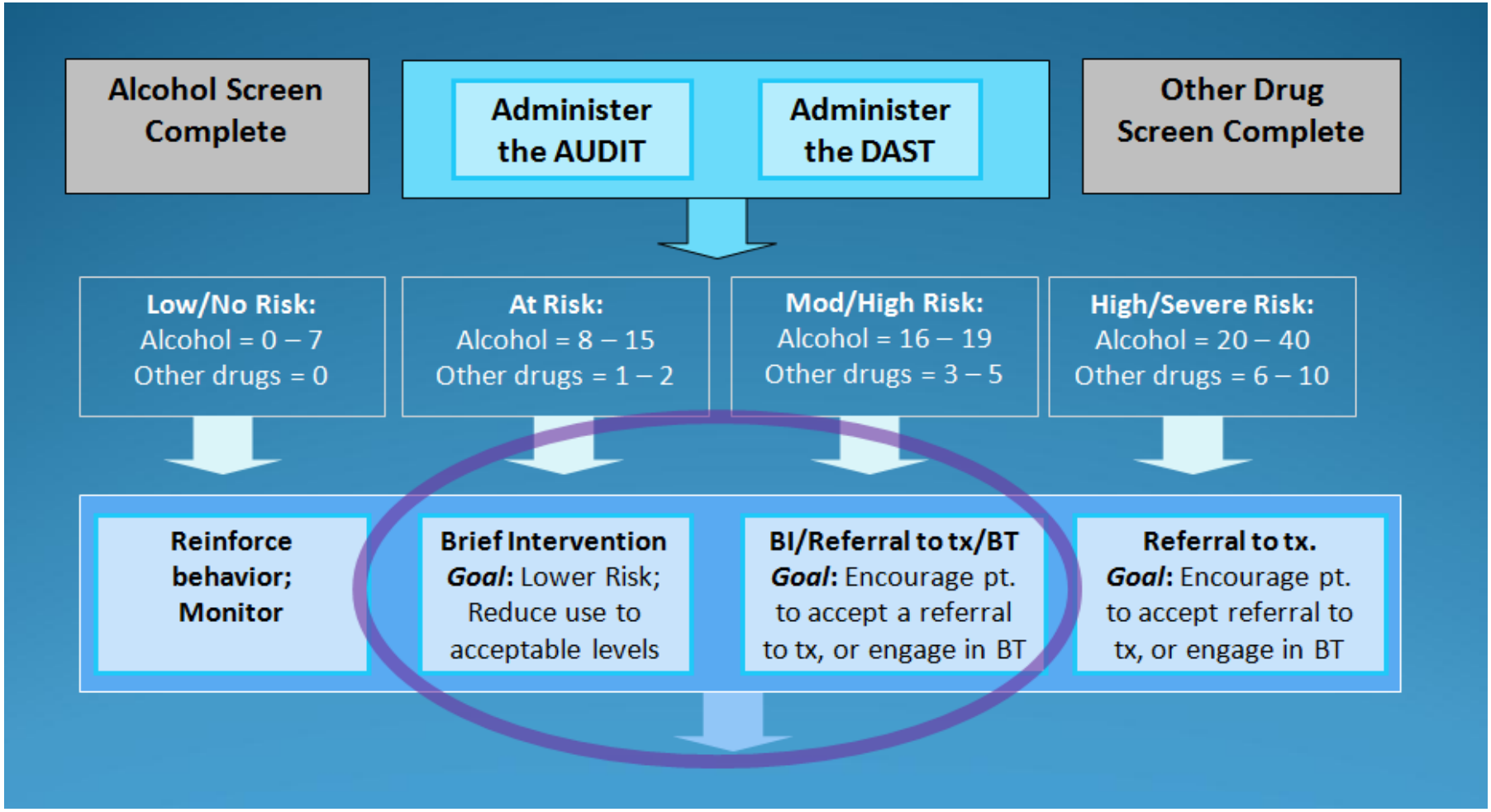
– Maya Angelou

Brief Intervention (BI) Motivational Interviewing and 4 BI Options

Module Three

Re-designing How We Treat Substance Use Problems

SBIRT Decision Tree



Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

What is Brief Intervention (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 changing 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 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.

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.**

"People are better persuaded by the reasons they themselves discovered than those that come into the minds of others"

Blaise Pascal

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

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.

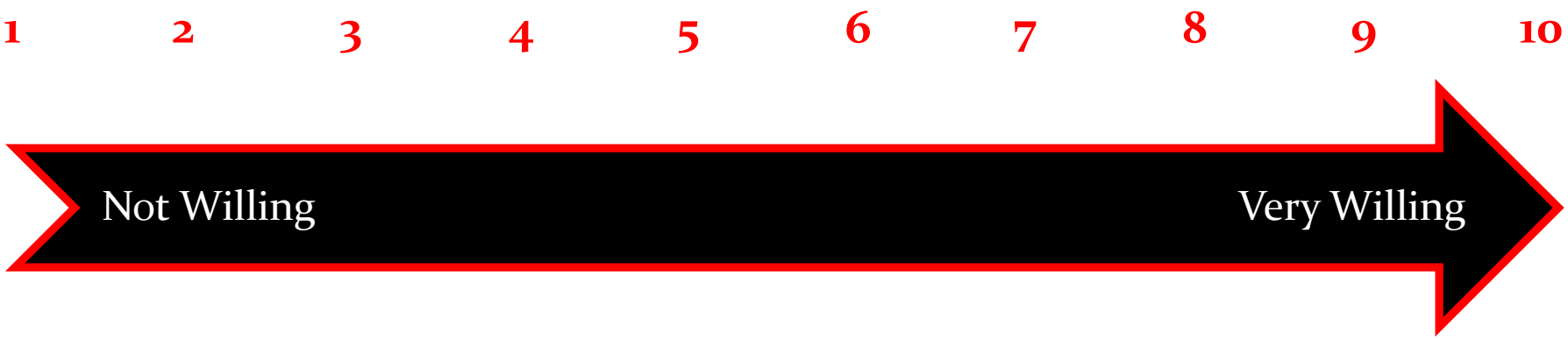
Video of a practitioner who is not using Motivational Interviewing

http://youtube/_VlvanBFkvI

Rate the BI

- How would you rate this providers Motivational Interviewing skills?
- Imagine you are the patient….How do you feel?
- Is this approach:
  - –Helpful?
  - –Harmful?
  - –Neutral?

- How willing do you think this patient will be to change her use or decrease her risk as a result of this intervention?



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.

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Motivational Interviewing (MI)

Motivational Interviewing

Motivational Interviewing is a person-centered, evidence-based, goal-oriented method for enhancing intrinsic motivation to change by exploring and resolving ambivalence with the individual.

Why Motivation

- Research has shown that motivation-enhancing approaches are associated with greater participation in treatment and positive treatment outcomes.

(Landry, 1996)
(Miller, et al., 1995)

- A positive attitude and commitment to change are also associated with positive outcomes.

(Miller & Tonigan, 1996)
(Prochaska & DiClemente, 1992)

Motivation

- Motivation is not something one has but is something one does.
- Motivation is a key to change.
- Motivation is dynamic and fluctuates.
- Motivation can be influenced.
- Motivation can be modified.
- The clinician can elicit and enhance motivation.

The Spirit of MI

- MI is an adaptation and extension of Carl Roger's humanistic client-centered style.
- MI is as much a way of being with patients as it is a therapeutic approach to counseling.

Motivational Interviewing

- Is focused on competency and strength:
  - Motivational Interviewing affirms the client, emphasizes free choice, supports self efficacy, and encourages optimism that changes can be made.
- Is individualized and client centered:
  - Research indicates that positive outcomes are associated with flexible program policies and focus on individual needs (Inciardi et al., 1993).
- Does not label:
  - Motivational Interviewing avoids using names, especially with those who may not agree with a diagnosis or don't see a specific behavior as problematic.

Inciardi, J., Horowitz, R., & Pottieger, A.E. (1993). *Street Kids, Street Drugs, Street Crime: An Examination of Drug Use and Serious Delinquency in America.* Belmont, TN: Wadsworth Publishing.

Motivational Interviewing

- Creates therapeutic partnerships:
  - Motivational Interviewing encourages an active partnership where the client 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.

Motivational Interviewing

- Assumes motivation is fluid and can be influenced.
- Motivation is influenced in the context of a relationship – developed in the context of a patient encounter.
- Principle tasks – to work with ambivalence and resistance.
- Goal – to influence change in the direction of health.

Goal of MI

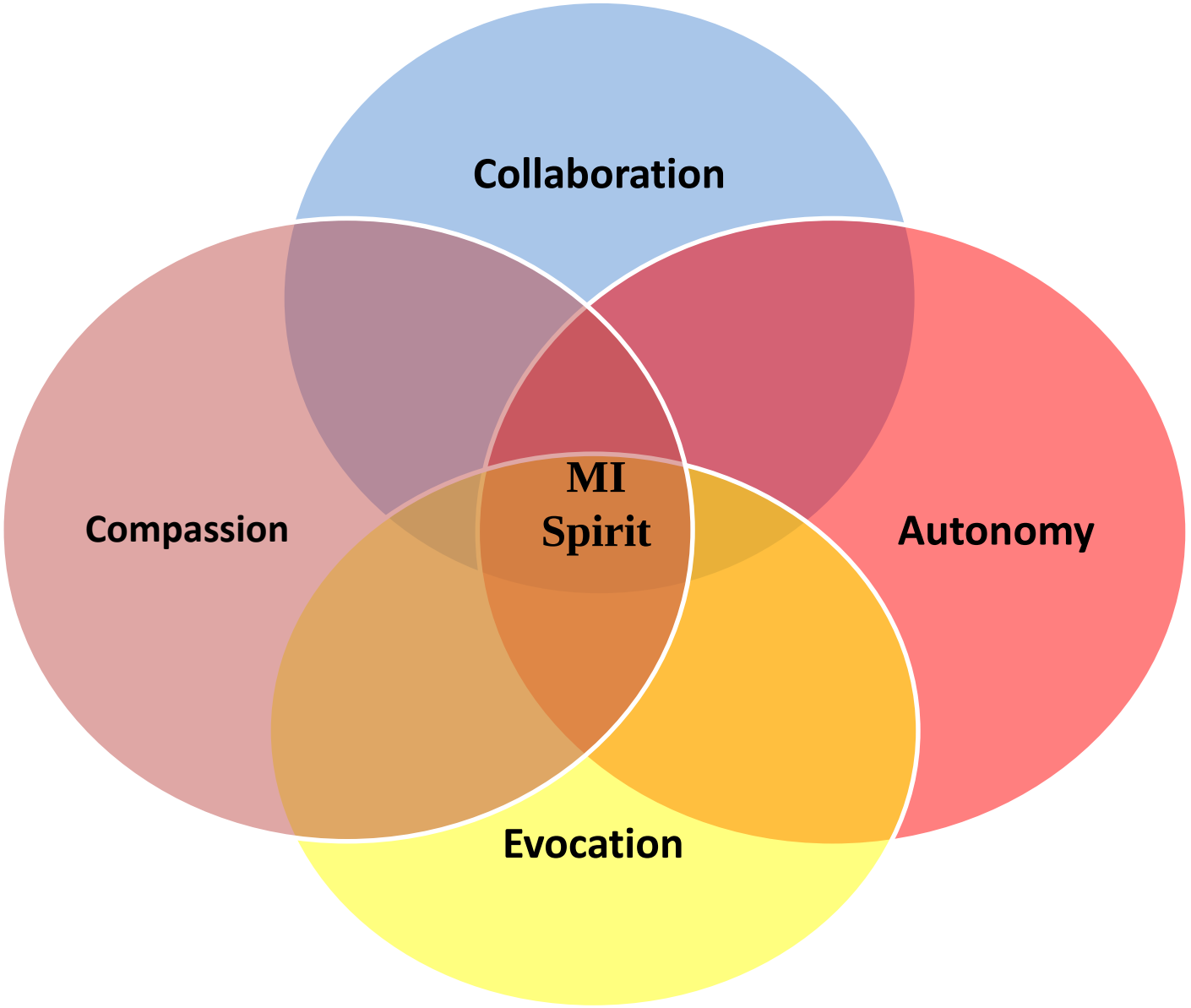
- To create and amplify discrepancy between present behavior and broader goals.

How?

- Create cognitive dissonance between where one is and where one wants to be.

UNDERLYING ASSUMPTIONS

- Acceptance
- Autonomy/Choice
- Less is better
- Elicit versus Impart
- Ambivalence is normal
- Care-frontation
- Non-Judgmental
- Change talk
- Avoid the righting reflex


Collaboration
Compassion
MI
Spirit
Autonomy
Evocation

MI Tools

- DARN CAT
- OARS
- EARS

Types of Change Talk

- **Desire:** I want to…. I'd really like to….I wish….
- **Ability:** I would….I can….I am able to….I could….
- **Reason:** There are good reasons to….This is important….
- **Need:** I really need to….
- **Commitment:** I intend to….I will….I plan to….
- **Activation:** I'm doing this today….
- **Taking Steps:** I went to my first group….

Eliciting Change Talk

- Attending Skills
- **O**pen-ended Questions
- **A**ffirmation
- **R**eflective Listening
- **S**ummary
- Eliciting Change Talk

Responding to Change Talk

- **E**: Elaborating - asking for more detail, in what ways, an example, etc.
- **A**: Affirming – commenting positively on the person's statement.
- **R**: Reflecting – continuing the paragraph, etc.
- **S**: Summarizing – collecting bouquets of change talk.

Other MI Tools

- Repeating: Reflect what is said.
- Rephrasing: Alter slightly.
- Altered/Amplified: Add intensity or value.
- Double –sided: Reflect Ambivalence.
- Metaphor: Create a picture.
- Shifting Focus: Change the focus.
- Reframing: Offer new meaning.
- Paradoxical: Siding with the negative.
- Emphasize personal choice: "It's up to you".

- Repeating:
  - *Patient:* I don't want to quit smoking.
  - *Counselor:* You don't want to quit smoking.
- Rephrasing:
  - *Patient:* I really want to quit smoking.
  - *Counselor:* Quitting smoking is very important to you.
- Altered/Amplified:
  - *Patient:* My smoking isn't that bad.
  - *Counselor:* There's no reason at all for you to be concerned about your smoking. (*Note:* it is important to have a genuine, not sarcastic, tone of voice).
- Double-Sided:
  - *Patient:* Smoking helps me reduce stress.
  - *Counselor:* On the one hand, smoking helps you to reduce stress. On the other hand, you said previously that it also causes you stress because you have a hacking cough, have to smoke outside, and spend money on cigarettes.

- Metaphor:
  - *Patient*: Everyone keeps telling me I have a drinking problem, and I don't feel it's that bad.
  - *Counselor:* It's kind of like everyone is pecking on you about your drinking, like a flock of crows pecking away at you.
- Shifting Focus:
  - *Patient:* What do you know about quitting? You probably never smoked.
  - *Counselor:* It's hard to imagine how I could possibly understand.
- Reframing:
  - *Patient:* I've tried to quit and failed so many times.
  - *Counselor:* You are persistent, even in the face of discouragement. This change must be really important to you.

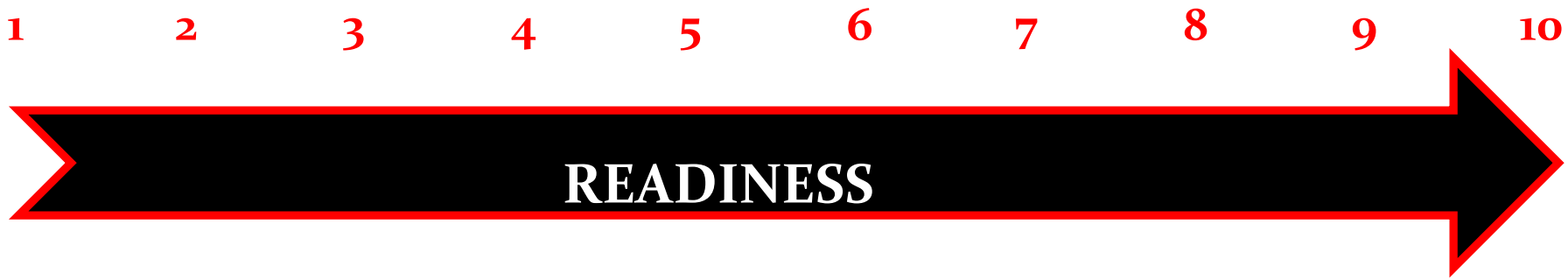
- Paradoxical:
  - *Patient:* My smoking isn't that bad.
  - *Counselor:* Smoking is a good choice for you so why would you want to change? (*Note:* it is important to have a genuine, not sarcastic, tone of voice).
- Emphasize Personal Choice:
  - *Patient:* I've been considering quitting for some time now because I know it is bad for my health.
  - *Counselor:* You're worried about your health and you want to make different choices

Importance Ruler

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

Readiness Ruler

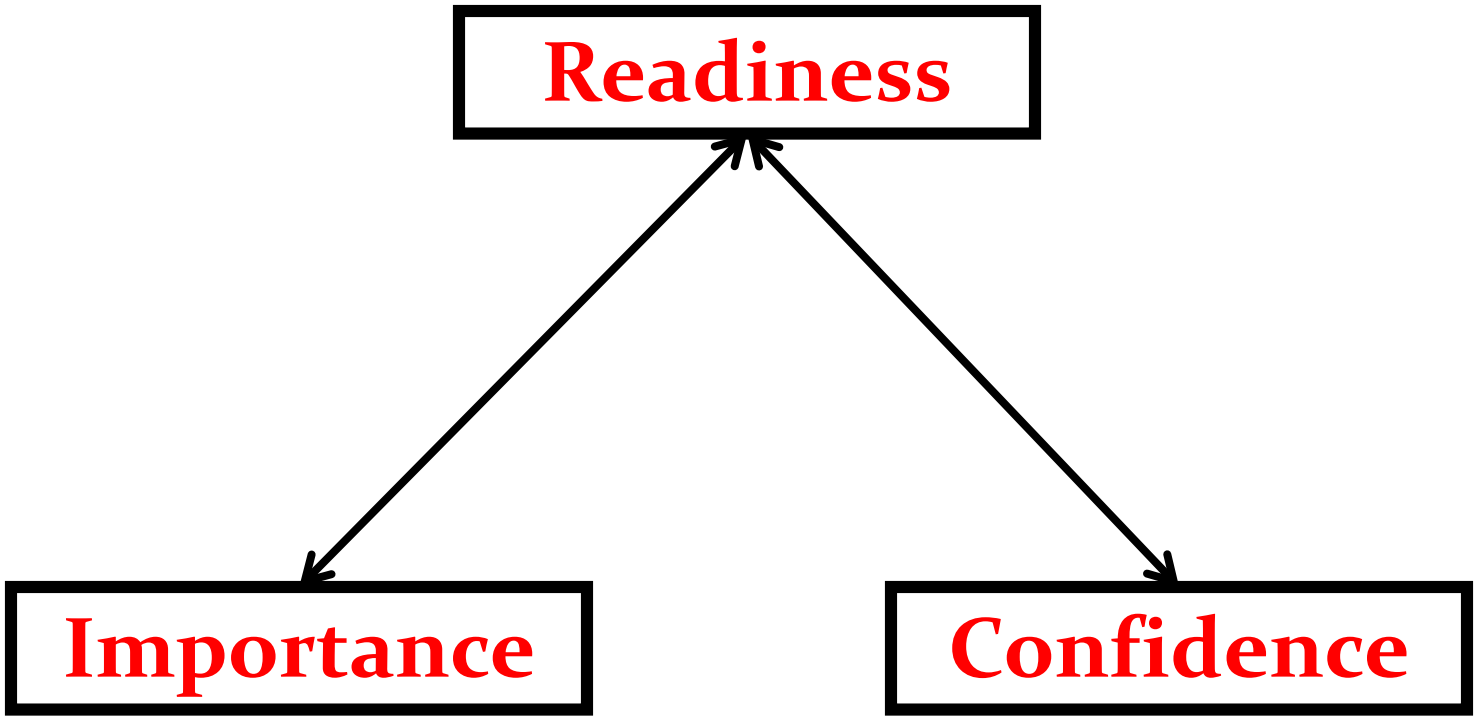
- On a scale of 1-10 how ready are you to make a change in your drinking, drug use, substance use?
- Why not a lower number?
- Why would it take to move it to a higher number?



Confidence Ruler

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

The Keys to Readiness



Rosengren, D.B. (2009). *Building Motivational Interviewing Skills: A Practitioner Workbook.* New York, NY: Guilford Press.

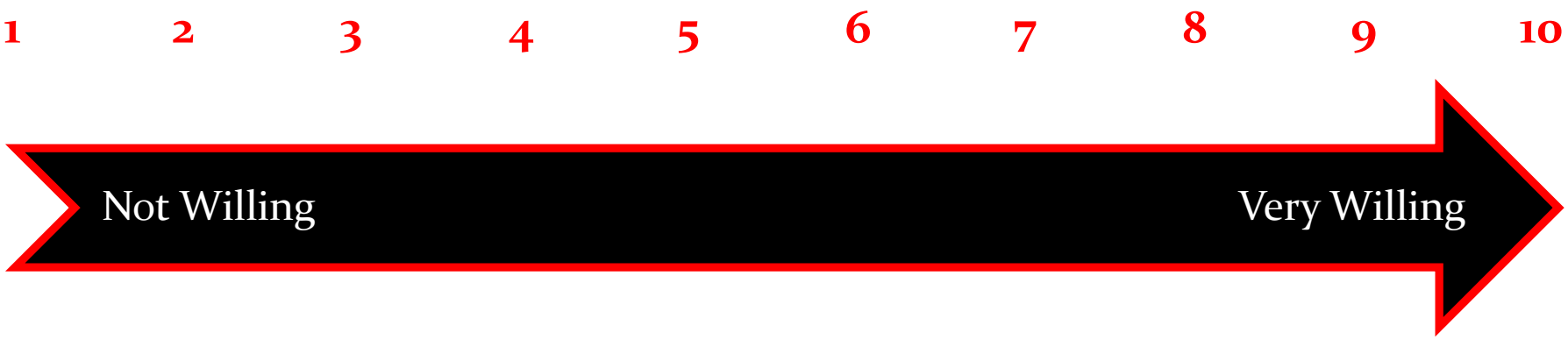
Video of a practitioner who is using Motivational Interviewing

http://youtu.be/67I6g1I7Zao

Rate the BI

- How would you rate this providers Motivational Interviewing skills?
- Imagine you are the patient….How do you feel?
- Is this approach:
  - Helpful?
  - Harmful?
  - Neutral?

- How willing do you think this patient will be to change her use or decrease her risk as a result of this intervention?



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 (my 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.

Let's Review

- A brief intervention/brief negotiated interview is a time limited, individual counseling session.
- The goals of a BI are fluid depending on a variety of factors.
- The patient has the best idea in the room.
- Use MI tools.
- Always listen for change talk.
- Be prepared for zingers.
- Always end on a positive note.

Brief Interventions for Patients at Risk for Substance Use Problems

Four BI Model Options

- **FLO** (**F**eedback, **L**isten and understand, **O**ptions explored)
- **4 Steps of the BNI** (Raise the Subject; Provide Feedback; Enhance Motivation; Negotiate and Advise)
- **Brief Negotiated Interview (BNI) Algorithm** (Build Rapport; Pros and Cons; Information and Feedback; Readiness Ruler; Action Plan)
- **FRAMES** (**F**eedback; **R**esponsibility; **A**dvice; **M**enu of options; **E**mpathy; **S**elf efficacy)

Option 1: Conducting a Brief Intervention

F L O

Dunn, C.W., Huber, A., Estee, S., Krupski, A., O'Neill, S., Malmer, D., & Ries, R. (2010). Screening, brief intervention, and referral to treatment for substance abuse: A training manual for acute medical settings. Retrieved from https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-4-83C.pdf.

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

FLO: THE 3 TASKS OF A BI

F Feedback

L Listen & Understand

O Options Explored

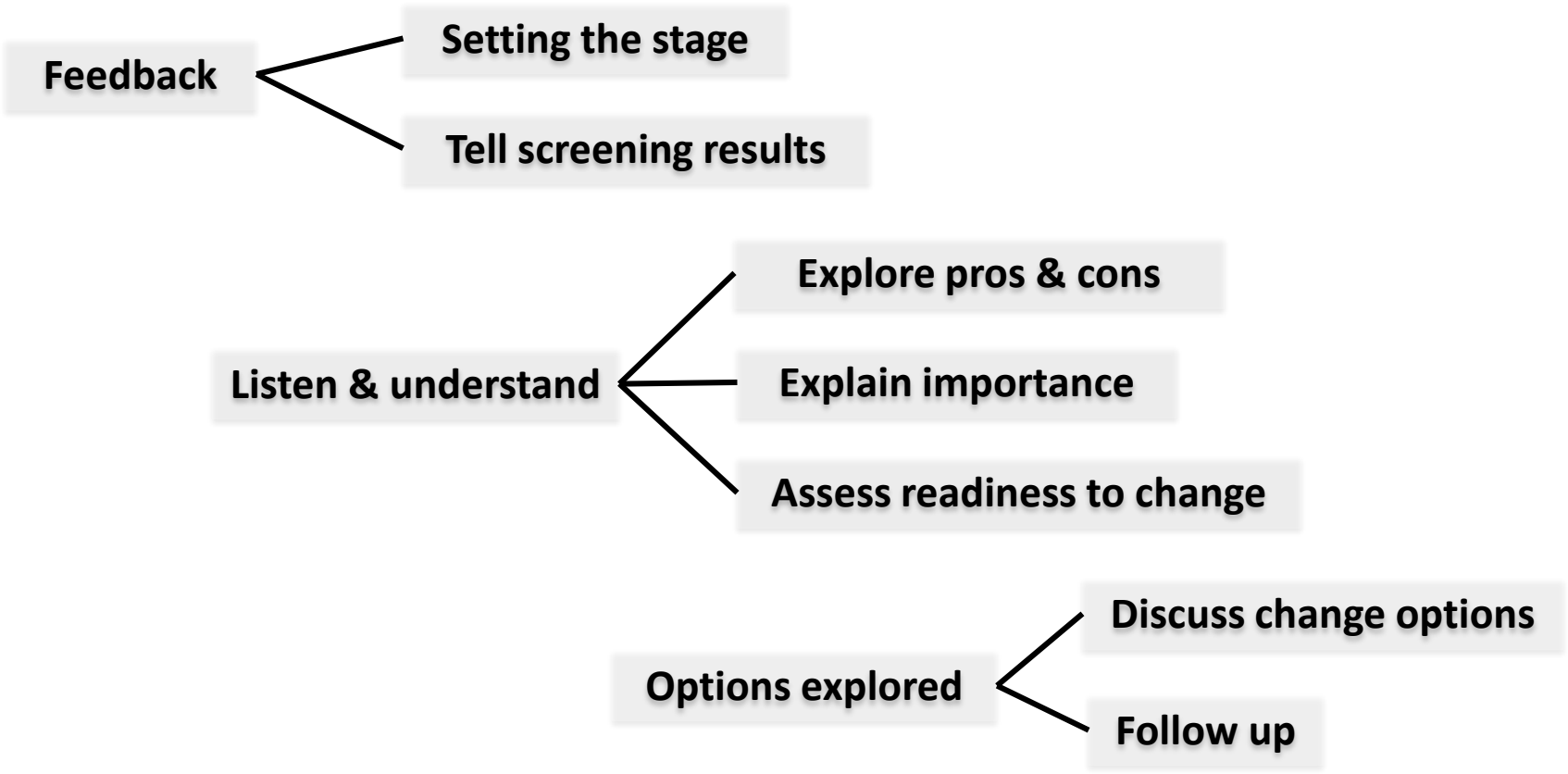
W Warn

Avoid Warnings!

(that's it)

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

How Does It All Fit Together?



Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 3 Tasks of a BI

F Feedback

L Listen & Understand

O Options Explored

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 1st Task: Feedback

The Feedback Sandwich

Ask Permission

Give Advice

Ask for Response

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 1st Task: Feedback

What you need to cover.

1. Ask permission; explain how the screen is scored
2. Range of scores and context
3. Screening results
4. Interpretation of results (e.g., risk level)
5. Substance use norms in population
6. Patient feedback about results

Risky drinking means going above (3 women, anyone 65+; 4 men) drinks per day, (7 women, anyone 65+; 14 men) drinks per week.

Ask: Does that make sense to you?
Normal (low risk) drinkers never drink above (3 women, 4 men) drinks per occasion.

Give feedback: You said that you sometimes exceed these limits. This places you at higher risk for future injury or other types of harm.
Elicit Response: What do you make of that?

RANGE

The 1st 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.

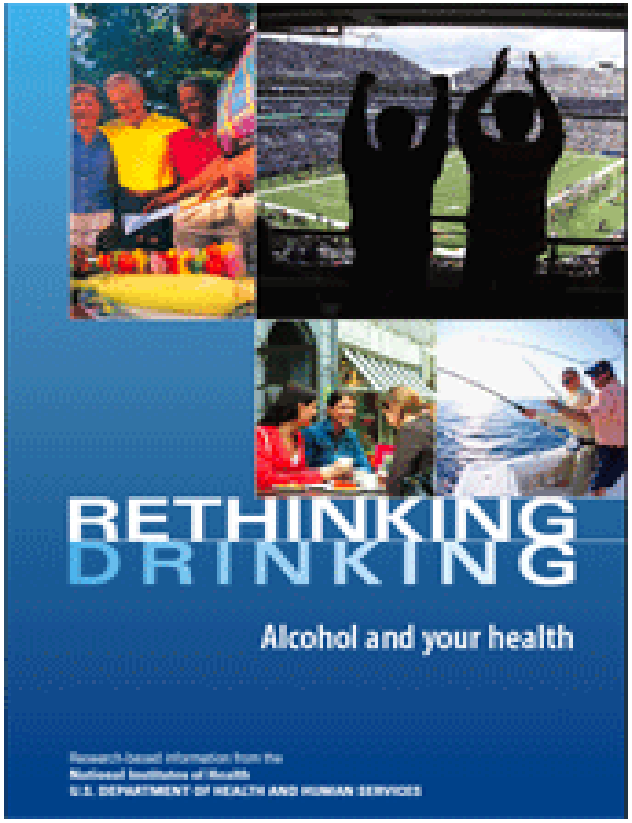
   Results - Your score was 18 on the alcohol screen.

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



National Institute of Alcohol Abuse and Alcoholism. (2015). Rethinking drinking: Alcohol and your health. Retrieved from http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf.

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

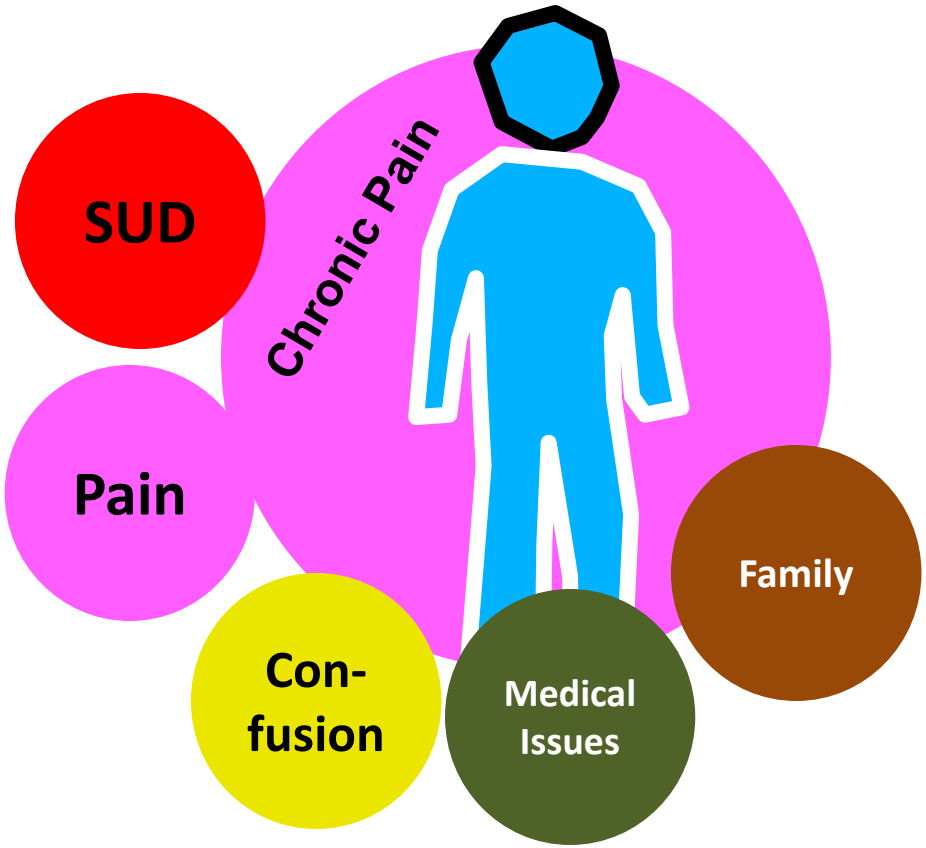
The 1st Task: Feedback

Handling Resistance

- Look, I don't have a drug problem.
- My dad was an alcoholic; I'm not like him.
- I can quit using anytime I want to.
- I just like the taste.
- Everybody drinks in college.

What would you say?

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.



SUD

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 1st Task: Feedback

To avoid this…

LET GO!!!

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 1st Task: Feedback

Easy Ways to Let Go

- I'm not going to push you to change anything you don't want to change.
- I'd just like to give you some information.
- What you do is up to you.

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 1st Task: Feedback

Finding a Hook

- 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 played in your (getting injured)?**
- Let the patient decide.
- Just asking the question is helpful.

: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Practice Session:
Providing Feedback

Form Dyads/Triads

- Practitioner
- Patient/Client

Role Play

Let's practice **F**:

Role Play Giving Feedback Using Completed Screening Tools

- Focus the conversation
- Get the ball rolling
- Gauge where the patient is
- Hear their side of the story

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

AUDIT Scores and Zones

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

The 3 Tasks of a BI

F Feedback

L Listen & Understand

O Options Explored

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 2nd Task: Listen & Understand

Ambivalence is
Normal

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 2nd Task: Listen & Understand

Tools for Change Talk

- Pros and Cons
- Importance/Readiness Ruler

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 2nd Task: Listen & Understand

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…."

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 2nd Task: Listen & Understand

Listen for the Change Talk

- Maybe drinking did play a role in what happened.
- If I wasn't drinking this would never have happened.
- Using is not really much fun anymore.
- I can't afford to be in this mess again.
- The last thing I want to do is hurt someone else.
- I know I can quit because I've stopped before.

Summarize, so they hear it twice!

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 2nd Task: Listen & Understand

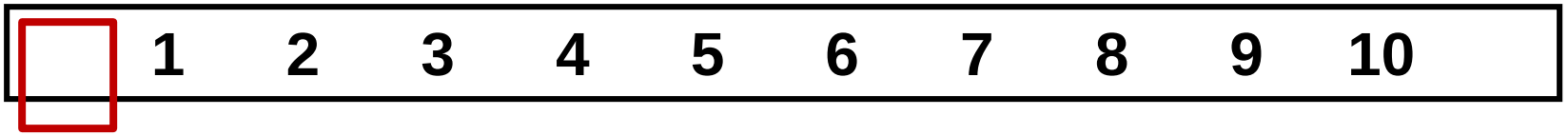
Importance/Confidence/Readiness

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?



Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Practice Session:
Listen & Understand

Form Dyads/Triads

- Practitioner
- Patient/Client

Role Play

Let's practice **L:**
Role Play Listen & Understand

Using Completed Screening Tool

- Pros and Cons
- Importance/Confidence/Readiness Scales
- Develop Discrepancy
- Dig for Change

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 3 Tasks of a BI

F Feedback

L Listen & Understand

O Options Explored

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 3rd Task: Options for Change

Offer a Menu of Options

- Manage drinking/use (cut down to low-risk limits)
- Eliminate your drinking/drug use (quit)
- Never drink and drive (reduce harm)
- Utterly nothing (no change)
- Seek help (refer to treatment)

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 3rd Task: Options for Change

During MENUS you can also explore previous strengths, resources, and successes

- Have you stopped drinking/using drugs before?
- What personal strengths allowed you to do it?
- Who helped you and what did you do?
- Have you made other kinds of changes successfully in the past?
- How did you accomplish these things?

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 3rd Task: Options for Change

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?

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 3rd Task: Options for Change

Giving Advice Without Telling Someone What to Do

- Provide Clear Information (Advise 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?

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The 3rd Task: Options for Change

Closing the Conversation ("SEW")

- **S**ummarize patients views (especially the pro)
- **E**ncourage them to share their views
- **W**hat agreement was reached (repeat it)

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Practice Session:
Options Explored

Form Dyads/Triads

- Practitioner
- Patient/Client

Role Play

Let's practice **O:** Role Play Options Explored

- Ask about next steps, offer menu of options
- Offer advice if relevant
- Summarize patient's views
- Repeat what patient agrees to do

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Role Play: Putting It All Together

Feedback

- Range

Listen and Understand

- Pros and Cons
- Importance/Confidence/Readiness Scales
- Summary

Options Explored

- Menu of Options

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Video of a practitioner conducting BI for hazardous alcohol use

SBIRT Oregon. [Video files]. Retrieved from http://www.sbirtoregon.org/videos.php#steve

Option 2: the 4 Steps of a BNI

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

D'Onogrio, G., Pantalon, M.V., Degutis, L.C., O'Connor, P.G., Fiellin, D., Owens, P., & Martel-Regan, S. (2008). Screening, brief intervention, and referral to treatment (SBIRT) training manual for alcohol and other drug problems. Retrieved from http://medicine.yale.edu/sbirt/curriculum/manuals/SBIRT%20training%20manual_2012_tcm508-100719_tcm508-284-32.pdf

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

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

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Step 2: Provide Feedback

What you need to cover.

1. Ask permission; explain how the screen is scored
2. Range of scores and context
3. Screening results
4. Interpretation of results (e.g., risk level)
5. Substance use norms in population
6. Patient feedback about results

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Feedback

What do you say?

- **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.
- **Interpretation of results** - 18 puts you in the high risk range. At this level, your use is putting you at risk for a variety of health issues and other negative consequences.
- **Norms** - A score of 18 means that your drinking is higher than 70% of the U.S. adult population.
- **Patient reaction/feedback** - What do you make of this?

Feedback

Handling Resistance

- Look, I don't have a drug problem.
- My dad was an alcoholic; I'm not like him.
- I can quit using anytime I want to.
- I just like the taste.
- Everybody drinks.

What would you say?

Feedback

To avoid this…

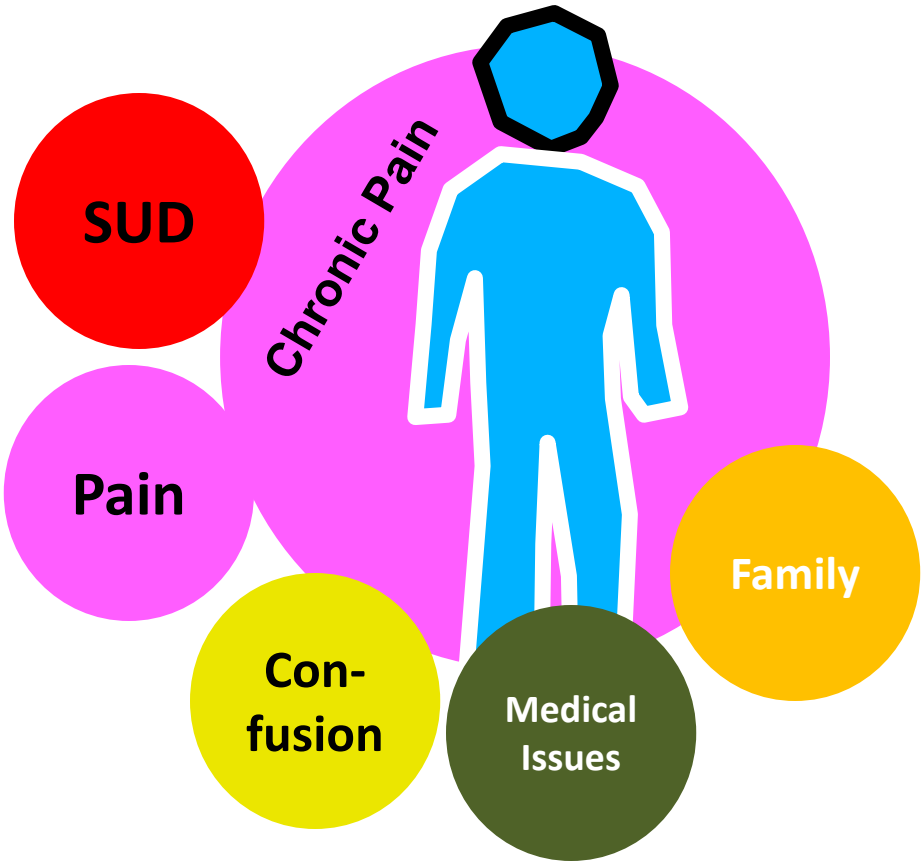
LET GO!!!

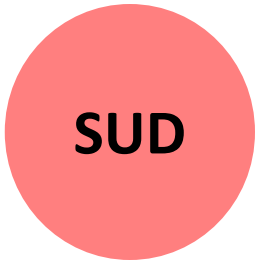
Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Feedback

Easy Ways to Let Go

- 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.





Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Feedback

Finding a Hook

- 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 played in your (getting injured)?**
- Let the patient decide.
- Just asking the question is helpful.

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Practice Session:
Providing Feedback

Form Dyads/Triads

- Practitioner
- Patient/Client

Role Play

Lets practice **Feedback:**

- Give Feedback Using Completed Screening Tools
- Establish rapport
- Raise the subject
- Give feedback results
- Express concern
- Substance use norms in population
- Elicit patient feedback about the feedback

AUDIT Scores and Zones

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

World Health Organization. (1982). *The Alcohol Use Disorders Identification Test.*

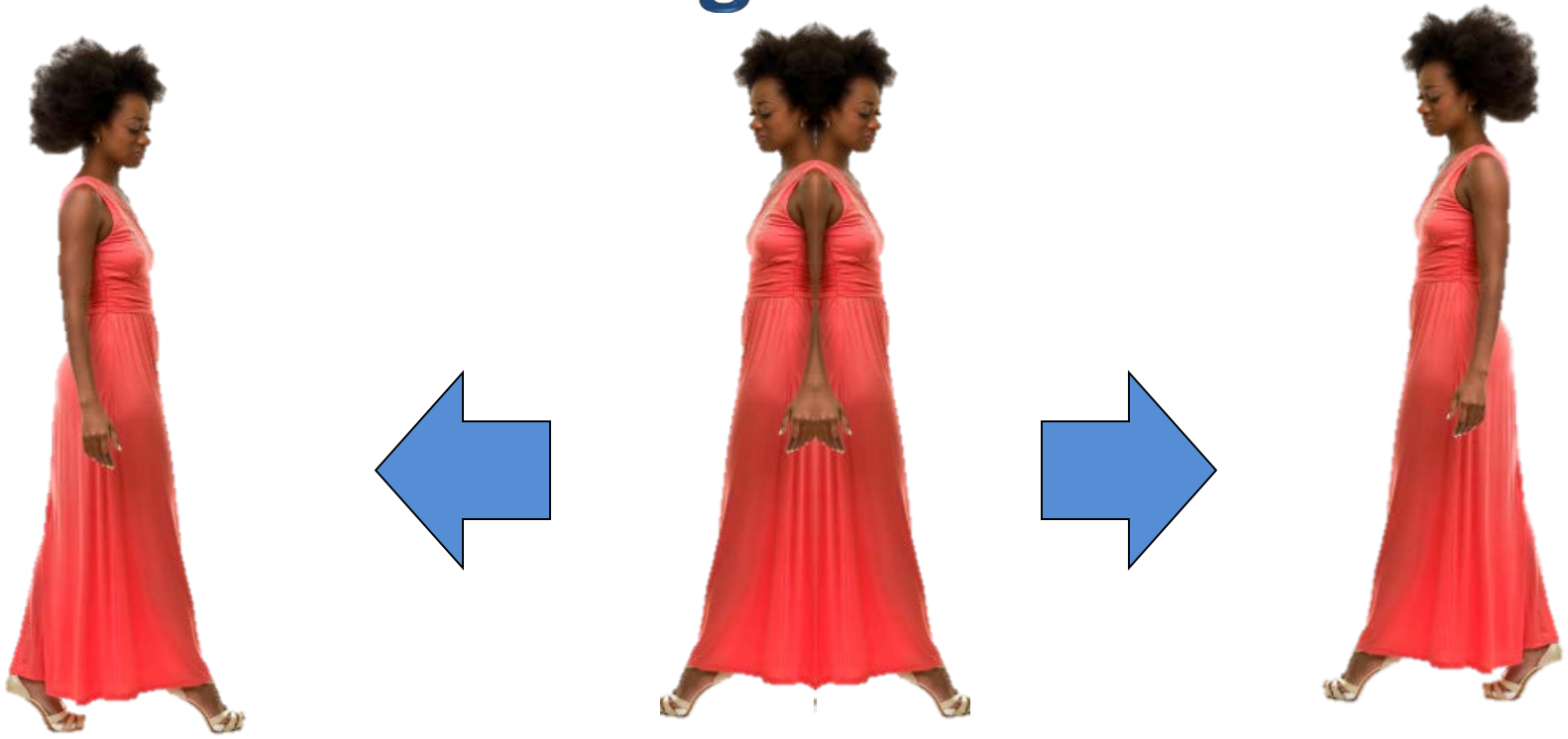
Step 3: Enhancing Motivation

Critical components:

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

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Enhancing Motivation



Ambivalence is **Normal**

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Enhance Motivation

Importance/Confidence/Readiness

On a scale of 1–10…

- How important is it for you to change your drinking?
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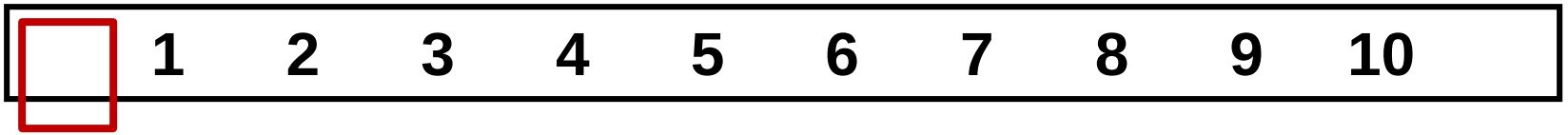
For each ask:

- Why didn't you give it a lower number?
- What would it take to raise that number?



Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

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…."

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Dig for Change Talk

- I'd like to hear your opinions about…
- What might you enjoy about…
- If you decided to ____ how would you do it?
- What are some things that bother you about using?
- What role do you think ____ played in your _____?
- How would you like your drinking/using to be 5 years from now?
- What do you need to do in order to_____?

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

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?
- Why do you think you should make this change?
- 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?"

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Practice Session:
Enhancing Motivation

Form Dyads/Triads

- Practitioner
- Patient/Client

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

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

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

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Negotiate and Advise

The Advice Sandwich

Ask Permission

Give Advice

Ask for Response

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

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?

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Negotiate and Advise

- You can also explore previous strengths, resources, and successes
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Negotiate and Advise

- Offer a Menu of Options
- Manage drinking/use (cut down to low-risk limits)
- Eliminate your drinking/drug use (quit)
- Never drink and drive (reduce harm)
- Utterly nothing (no change)
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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?

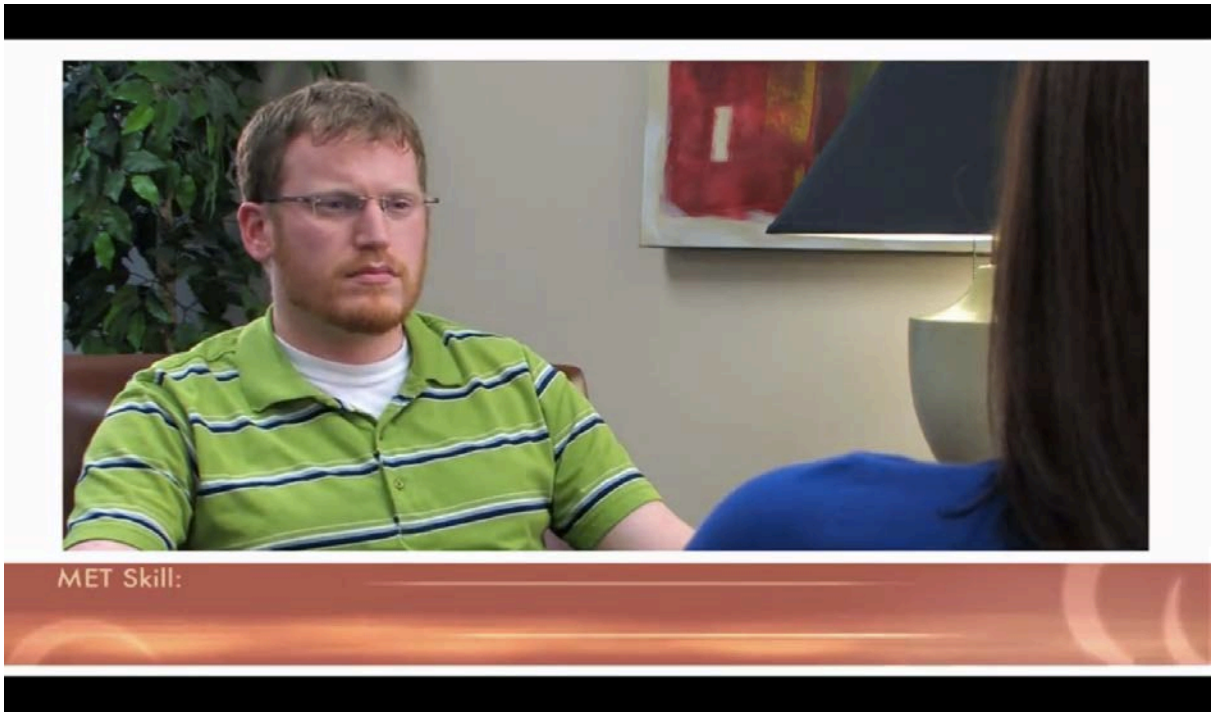
Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

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)

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Video of a practitioner conducting BI for



https://www.youtube.com/watch?v=25kE7p0-V0M

SBIRT Colorado. [Video files]. Retrieved from http://improvinghealthcolorado.org.

Practice Session:
Negotiate and Advise

Form Dyads/Triads

- Practitioner
- Patient/Client

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

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

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 advise

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Option 3: Brief Negotiated Interview (BNI) Algorithm

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

D'Onofrio, G., Bernstein, E., & Rollnick, S. (1996). Motivating patients for change: A brief strategy for negotiation. In Bernstein, E. & Bernstein, J. (eds.), *Case Studies in Emergency Medicine and the Health of the Public.* Boston, MA: Jones & Bartlett.

1. Build Rapport

- Set up a safe environment by exhibiting a non-judgmental, empathetic attitude.
- Introduce yourself and take time to remember the patient's name and how he/she prefers to be addressed (first name or Mr./Ms.)
- Show an interest in understanding the patient's point of view.
- Use reflective listening
- Your attitude and demeanor will increase the likelihood that the patient will be honest

Practice Session:
Building Rapport

Form Dyads/Triads

- Practitioner
- Patient/Client

Role Play

- Let's practice **building rapport**
- Introduce yourself and determine how to address the patient
- Ask permission to talk about drinking:
  - Would you mind taking a few minutes to talk about your drinking?
  - What is a typical day like for you?
  - Where does your drinking fit in to your day?
  - Be sure to use reflective listening.

2. Ask About Pros and Cons

- Strategies for Weighing the Pros and Cons
- Ask the patient to put his/her hands out as if you were going to drop something in each hand.
- Then ask the patient to mentally drop into the right hand the “good” things about drinking; and into the left the things that aren’t so good about drinking.
- Summarize for the patient and ask which hand feels heavier?
- Use the discussion to underscore the patient’s ambivalence.

Practice Session:
Pros and Cons

Form Dyads/Triads

- Practitioner
- Patient/Client

Role Play

- Let's practice asking about **pros and cons**
- Ask:
- Help me understand through your eyes the good things about your drinking?
- What are some of the downsides about drinking for you?
- Use the "hands" exercise if you'd like (or just ask the questions).
- Summarize: On the one hand you said (Pros); and on the other hand (Cons)

Information and Feedback

What you need to cover.

1. Ask permission; explain how the screen is scored
2. Range of scores and context
3. Screening results
4. Interpretation of results (e.g., risk level)
5. Substance use norms in population
6. Patient feedback about results

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Practice Session:
Giving Information and Feedback

Form Dyads/Triads

- Practitioner
- Patient/Client

Role Play

Let's practice giving Information and feedback:

Role Play Giving Feedback Using Completed Screening

Tools and information about at-risk drinking levels

Focus the conversation

- Get the ball rolling using the AUDIT score
- Provide at-risk drinking information
- Elicit the patient's reaction

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

AUDIT Scores and Zones

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

World Health Organization. (1982). *The Alcohol Use Disorders Identification Test.*

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

4. Readiness to Change

- Use the “readiness ruler” to help the patient visualize how ready he/she is to consider reducing the amount they drink (or stopping altogether) in reaction to the feedback and information.

- Reinforce positives: “ You marked x. That’s great. That means you’re x% ready to change. Why did you choose that number and not a lower one like a 1 or 2?

- Allow the patient time to consider and share what is motivating them to consider change.

1 **2** **3** **4** **5** **6** **7** **8** **9** **10**

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Dig for Change Talk…

- I'd like to hear you opinions about…
- What might you enjoy about…
- If you decided to ____ how would you do it?
- What are some things that bother you about using?
- What role do you think ____ played in your _____?
- How would you like your drinking/using to be 5 years from now?
- What do you need to do in order to_____?

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

5. Prescription for Change

- Create an action plan identifying steps the patient is willing and able to take in order to reduce the risks they have identified as connected to their drinking .
- Help the patient identify strengths and supports they can tap into based on their successes of the past and current available resources.
- Write down the action plan and give it to the patient
- Make referrals as appropriate
- Close the session by thanking the patient

Practice Session:
Readiness to Change

Form Dyads/Triads

- Practitioner
- Patient/Client

Role Play

- Lets practice readiness to change and prescription for change:
- Ask the patient where they see themselves on a scale of 1 to 10 in terms of their readiness to change.
- Ask them why they didn't select a lower number and elicit “change talk” statements.
- Discuss options/steps that will work for the patient.
- Help them to identify strengths/supports/resources to support change.
- Summarize and write down the plan for the patient to take with them.
- Make a referral as appropriate.
- Thank the patient.

Practice Session:
BNI Algorithm

Form Dyads/Triads

- Practitioner
- Patient/Client

Role play: Putting It All Together

- Build Rapport
- Ask about Pros and Cons
- Give Feedback and Information
- Assess Readiness to Change
- Develop a Prescription for Change

BNI Algorithm

Brief Negotiated Interview (BNI) Algorithm

1) Build Rapport	Tell me about a typical day in your life. Where does your current [X] use fit in?
2) Pros & Cons Summarize	Help me understand, through your eyes, the good things about using [X]. What are some of the not-so-good things about using [X]? So, on the one hand [PROS], and on the other hand [CONS].
3) Information & Feedback Elicit Provide Elicit	I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you? We know that **drinking**... • 4 or more (F) / 5 or more (M) drinks in 2 hrs • or more than 7 (F) / 14 (M) drinks in a week • having a BAC of ___ ...and/or use of **illicit drugs** such as _____ ...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information]. What are your thoughts on that?

BNI Algorithm (continued)

4) READINESS RULER	This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use?
Reinforce positives	You marked ___. That's great. That means you are ___ % ready to make a change.
Ask about lower #	Why did you choose that number and not a lower one like a 1 or a 2?
5) ACTION PLAN	What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about using [X]?
Identify strengths & supports	What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now?
Write down steps	Those are great ideas! Is it okay for me to write down your plan, your own **prescription for change,** to keep with you as a reminder? Will you summarize the steps you'll take to change your [X] use?
Offer appropriate resources	I have some additional resources that people sometimes find helpful; would you like to hear about them? • Primary Care, Outpatient counseling, Mental Health • Suboxone, Methadone clinic, Needle Exchange, AA/NA, Smoking cessation • Shelter, Insurance, Community Programs • Handouts and information
Thank patient	Thank you for talking with me today.

BNI-ART Institute, www.bu.edu/bniart

Option 4: The FRAMES Model

- **F**eedback
- **R**esponsibility
- **A**dvice
- **M**enu of options
- **E**mpathy
- **S**elf efficacy

Rollnick, S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioral and Cognitive Psychotherapy, 23,* 325-34.

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Feedback

The Feedback Sandwich

Ask Permission

Give Feedback

Ask for Response

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Feedback

What do you say?

- **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.
- **Interpretation of results** - 18 puts you in the high risk range. At this level, your use is putting you at risk for a variety of health issues and other negative consequences.
- **Norms** - A score of 18 means that your drinking is higher than 70% of the U.S. adult population.
- **Patient reaction/feedback** - What do you make of this?

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Responsibility

- Once you have given the feedback, let the patient decide where to go with it.
- Remember that it's the patient's responsibility to make choices about their substance use.
- Your responsibility is to create an opportunity for the patient to discuss their substance use in a non-threatening, non-judgmental environment.

Advice

- Ask the patient if he/she is open to hearing your recommendations
- Offer advice from your professional perspective
- Elicit the patient's response

Menu of Alternative Change Options

- You can consider these ideas:
- Manage your drinking (cut down to low risk limits)
- Eliminate your drinking (Quit)
- Never drink and drive (Reduce Harm)
- Nothing (no change)
- Seek help (referral for treatment)

Empathy

- A consistent component of effective brief interventions is a warm, reflective, empathic and understanding approach by the person delivering the intervention.
- Use of a warm, empathic style is a significant factor in the patient's response to the intervention and leads to reduced substance use at follow up.

Self-Efficacy (Self-Confidence for Change)

- Self-efficacy has been described as the belief that one is capable of performing in a certain manner to attain certain goals.
- Solution focused interventions
  - Focus on solutions not problems
  - Techniques designed to motivate and support change

Practice Session:
FRAMES

Form Dyads/Triads

- Practitioner
- Patient/Client

Role Play

- Let's practice the **FRAMES** model:
- Begin with **Feedback** Using Completed Screening Tools
- Emphasize that the patient can make a change but what she will do is up to her (**Responsibility**).
- Share at-risk drinking levels and give **Advice** about alcohol consumption techniques.
- Discuss a **Menu of Options** with the patient and help the patient decide what changes she can realistically make in relation to reducing consumption.
- Express an understanding of the patient's situation and acknowledge that change can be difficult (**Empathy**); endorse the idea that even small changes in the direction of risk reduction can be very beneficial.
- Express optimism that any change the patient can make will be a step on the path to achieving a larger, health-related goal. The key is to leave the patient with an increase in self-confidence (**Self-Efficacy**)

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

National Screening, Brief Intervention & Referral to Treatment

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Extended Brief Intervention

Module 4

A Brief Treatment Model

Extended BI/Brief Treatment

- An extended BI/Brief Treatment consists of ongoing individual counseling sessions with patients scoring in AUDIT Zone III or DAST Level Moderate/High Risk.
- 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.

Extended BI/Brief Treatment

- Who is most appropriate for EBI/BT?
- Who will provide EBI/BT?
- What are the goals of EBI/BT?
- When will the interventions take place? Frequency?
- Where is the most appropriate setting?
- Why is EBI/BT indicated?
- How will you know when EBI/BT is completed?

Anything else?

Extended BI/Brief Treatment

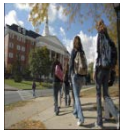
AUDIT Scores and Zones

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

Extended BI/Brief Treatment

The type of provider may be dependent on:

- Scope
- Competence
- Availability
- Re-imbursement



Setting for Extended BI/Brief Treatment?

- Primary Care
- PCMH/Integrated Care
- Trauma
- Emergency Department
- Hospital Inpatient
- Employee Assistance Programs
- Health Promotion and Wellness Programs
- Occupational Health and Safety, Disability Management
- Colleges/Universities
- Federally Qualified Health Centers
- School-based Health Centers
- Community Mental Health Centers
- Drug Courts, Juvenile Justice
- Dental Clinics
- HIV Clinics
- Peer Assistance Programs
- Faith-based Programs
- Addiction Treatment
- Counseling/Therapy

Others?

Extended BI/Brief Treatment

Stages of Change: Intervention Matching Guide

1. Pre-contemplation

- 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

2. Contemplation

- 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**

3. Preparation

- 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

- 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**

5. Maintenance

- 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**

6. Recurrence

- 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

Source: Pacific Southwest ATTC (2011). SBIRT Curriculum, retrieved September 24, 2013 from http://www.attcnetwork.org/regcenters/productdetails.asp?prodID=784&rcID=11

Extended BI/BT Exercises

- Ask your patient to write down:
  - What are the good things about my drinking/drug use?
  - What are the not so good things?
  - What are the good things about changing my drinking/drug use?
  - What are the not so good things?
  - What are the obstacles that will keep me from success?
  - How can I overcome those obstacles?
  - When is it hardest to keep moving forward?
  - What can I do deal with those situations?

Extended BI/Brief Treatment

Referral to Treatment for Patients at Risk for Substance Dependence

Module 5

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

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.

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Referral to Treatment

AUDIT Scores and Zones

Score	Risk Level	Intervention
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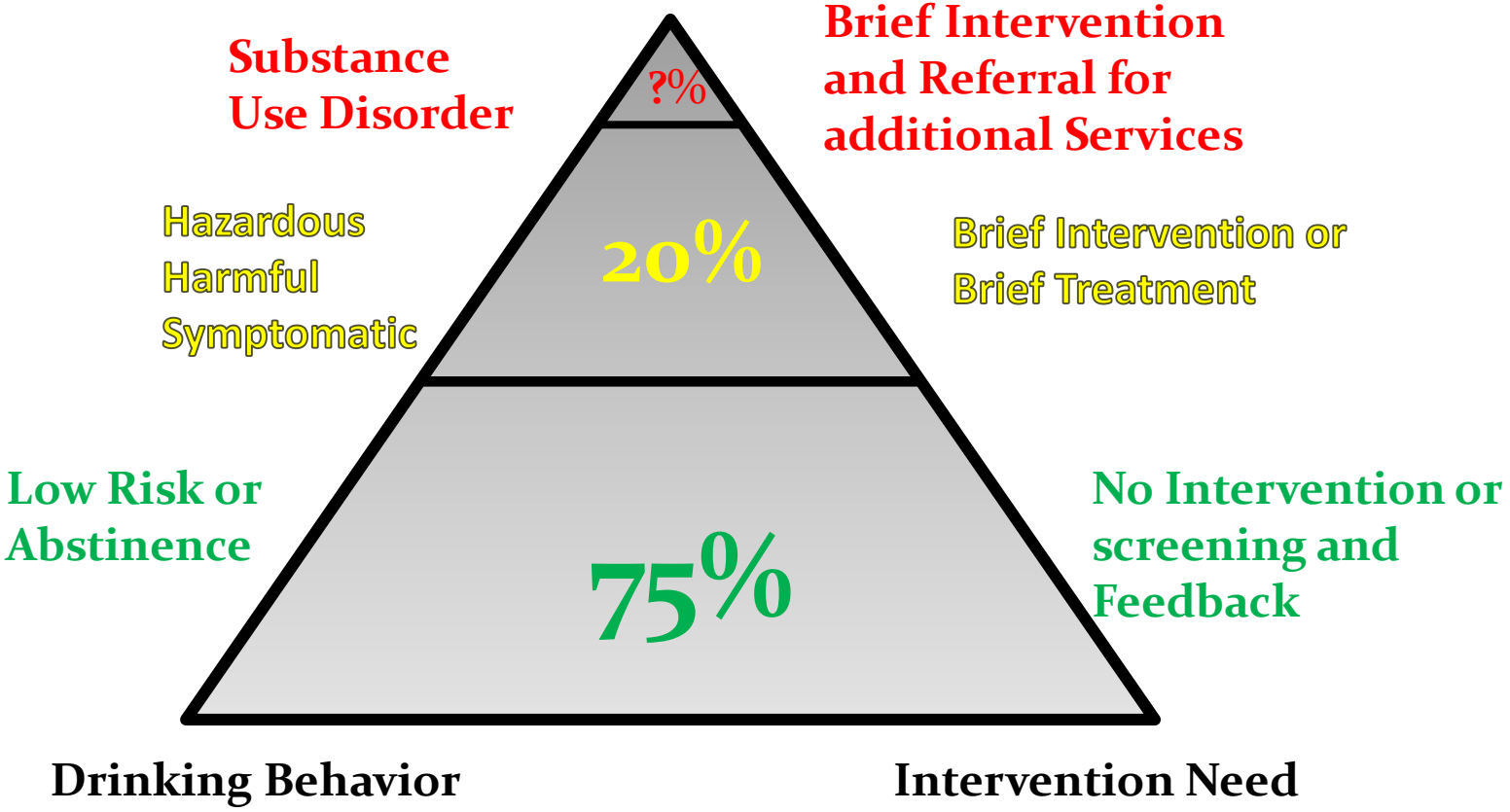


Developed by, and is used with permission of Daniel Hungerford, Ph.D., Epidemiologist, Center for Disease Control and Prevention, Atlanta, GA

Referral to Treatment

Table 2A. Six Levels of Collaboration/Integration (Key Differentiators)

COORDINATED		CO-LOCATED		INTEGRATED	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Key Differentiator: Clinical Delivery					
▸▸ Screening and assessment done according to separate practice models ▸▸ Separate treatment plans ▸▸ Evidenced-based practices (EBP) implemented separately	▸▸ Screening based on separate practices; information may be shared through formal requests or Health Information Exchanges ▸▸ Separate treatment plans shared based on established relationships between specific providers ▸▸ Separate responsibility for care/EBPs	▸▸ May agree on a specific screening or other criteria for more effective in-house referral ▸▸ Separate service plans with some shared information that informs them ▸▸ Some shared knowledge of each other's EBPs, especially for high utilizers	▸▸ Agree on specific screening, based on ability to respond to results ▸▸ Collaborative treatment planning for specific patients ▸▸ Some EBPs and some training shared, focused on interest or specific population needs	▸▸ Consistent set of agreed upon screenings across disciplines, which guide treatment interventions ▸▸ Collaborative treatment planning for all shared patients ▸▸ EBPs shared across system with some joint monitoring of health conditions for some patients	▸▸ Population-based medical and behavioral health screening is standard practice with results available to all and response protocols in place ▸▸ One treatment plan for all patients ▸▸ EBPs are team selected, trained and implemented across disciplines as standard practice
Key Differentiator: Patient Experience					
▸▸ Patient physical and behavioral health needs are treated as separate issues ▸▸ Patient must negotiate separate practices and sites on their own with varying degrees of success	▸▸ Patient health needs are treated separately, but records are shared, promoting better provider knowledge ▸▸ Patients may be referred, but a variety of barriers prevent many patients from accessing care	▸▸ Patient health needs are treated separately at the same location ▸▸ Close proximity allows referrals to be more successful and easier for patients, although who gets referred may vary by provider	▸▸ Patient needs are treated separately at the same site, collaboration might include warm hand-offs to other treatment providers ▸▸ Patients are internally referred with better follow-up, but collaboration may still be experienced as separate services	▸▸ Patient needs are treated as a team for shared patients (for those who screen positive on screening measures) and separately for others ▸▸ Care is responsive to identified patient needs by of a team of providers as needed, which feels like a one-stop shop	▸▸ All patient health needs are treated for all patients by a team, who function effectively together ▸▸ Patients experience a seamless response to all healthcare needs as they present, in a unified practice

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013

"Warm hand-off" Approach to Referrals

- Describe treatment options to patients based on available services. Ask permission to facilitate a referral.
- If patients are going to be referred to another provider within your practice, provide an in-person introduction and help facilitate communication about reason for referral with provider and patient.
- If patients are going to be referred outside of your practice, explain the way care will be coordinated between providers and identify a point person responsible for facilitating the referral.
- Facilitate hand-off by:
  - Calling to make appointment for patient/student
  - Providing directions and clinic hours to patient/student
  - Coordinating transportation when needed
  - ALWAYS ensure proper follow-up and set this expectation with your patient.
- Request releases for care coordination.
- Keep the door open for other providers.

Source: Pacific Southwest ATTC (2011). SBIRT Curriculum, retrieved September 24, 2013 from http://www.attcnetwork.org/regcenters/productdetails.asp?prodID=784&rclD=11

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.

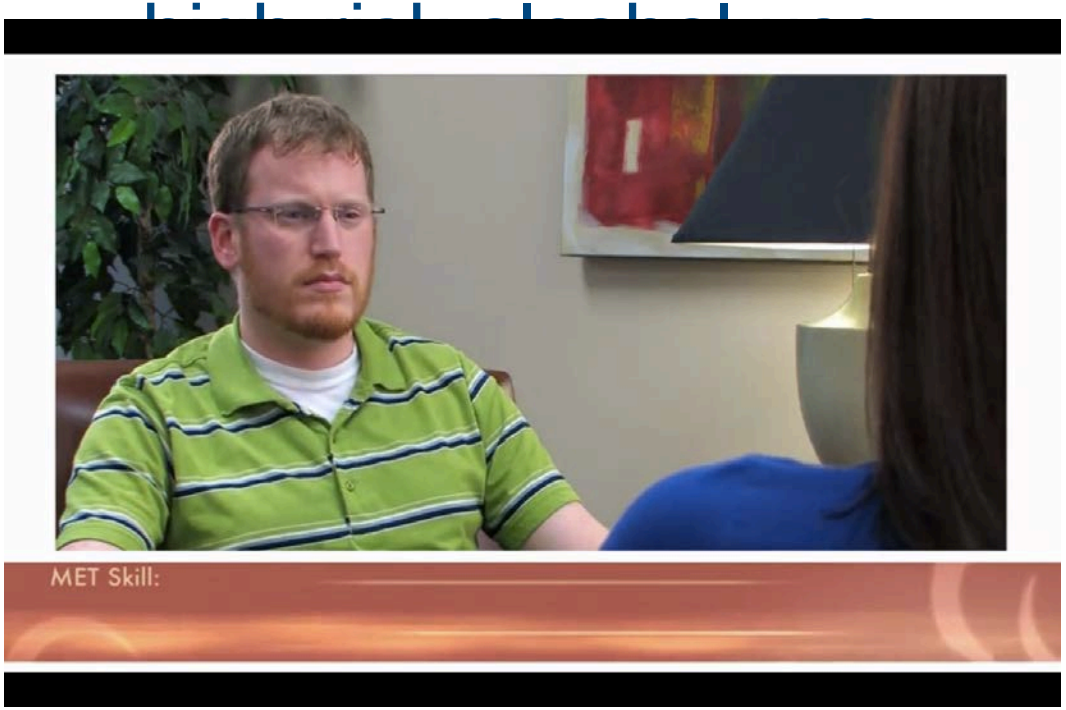
What if the person does not want a referral?

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

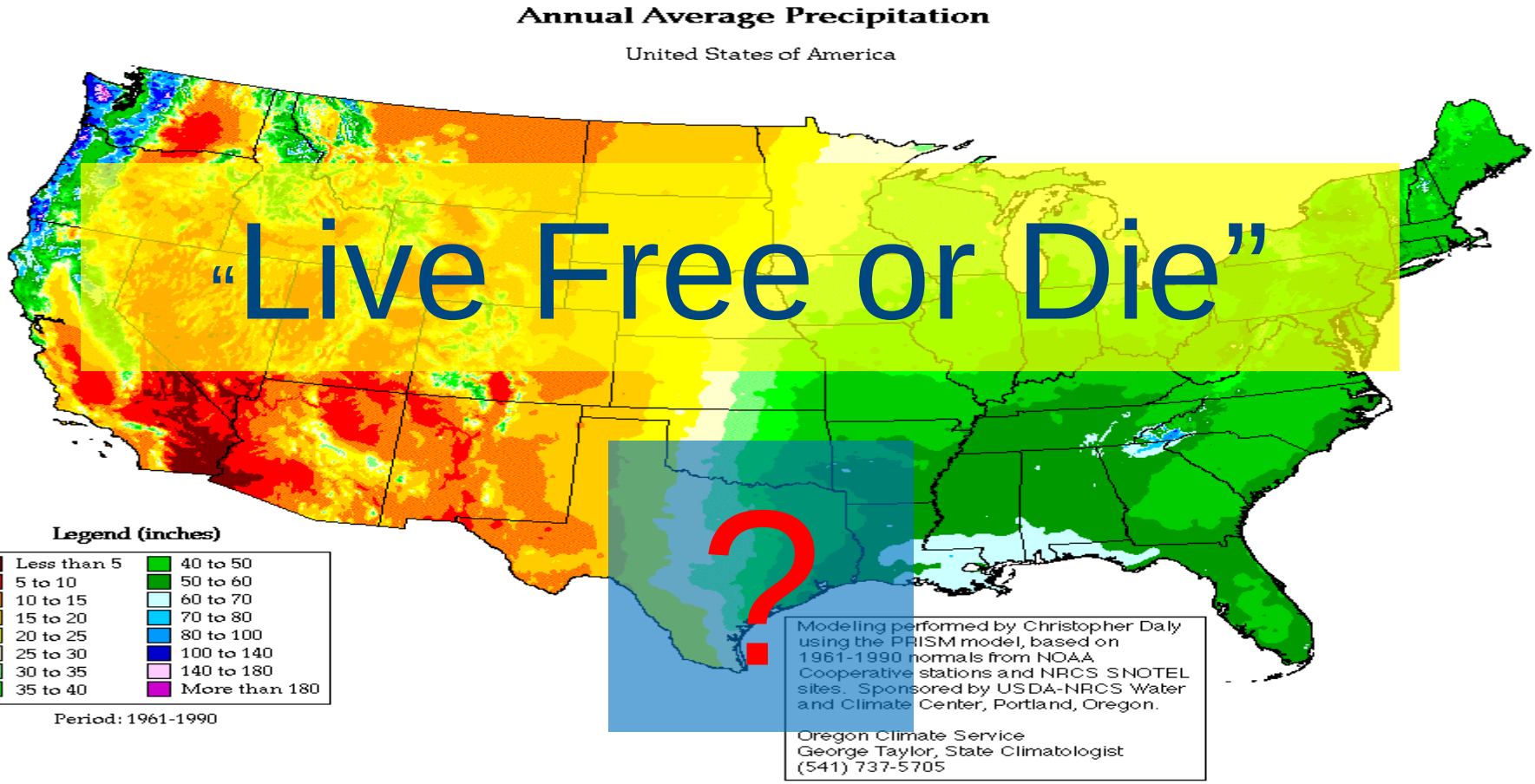
Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Video of a practitioner conducting referral for



https://www.youtube.com/watch?v=SfFF7jcm3tA

SBIRT Colorado. [Video files]. Retrieved from http://improvinghealthcolorado.org.



"Live Free or Die"

?

The Business of SBIRT

Module 6

SBIRT Cost Effectiveness and Reimbursement

Overview

- Multiple studies have shown the cost benefits of providing SBIRT services.
  - One study (Gentilleo, Eble, Wickizer, et al. 2005) showed:
    - A cost saving of $89 for each patient screening and $330 for each patient who received a brief intervention.
    - Health expenditures decreased $3.81 for each $1.00 spent providing SBIRT services.
  - A study of Medicaid patients in Washington State (Estee, et al. 2008) showed:
    - A cost savings of $271 per member, per month for those who received at least a brief intervention.

Coding for SBIRT Reimbursement

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$57.69
Medicaid	H0049	Alcohol and/or drug screening	$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	$48.00

Substance Abuse and Mental Health Services Administration. Coding for SBIRT reimbursement. Retrieved from http://www.integration.samhsa.gov/sbirt/reimbursement_for_sbirt.pdf.

SBIRT and the Electronic Health Record (EHR)

- The Affordable Care Act encourages both prevention/early intervention and integration of behavioral health with primary care. This integration can be facilitated by imbedding validated alcohol and drug use screening results in the EHR
- The Health Information Technology for Economic and Clinical Health (HITECH) Act promotes the meaningful use of the EHR to facilitate integration of care (which would include recording screening and prevention/intervention activities in the EHR)

Tai, B., Wu, L., & Clark, H.W. (2012). Electronic health records: essential tools in integrating substance abuse treatment with primary care. *Substance Abuse and Rehabilitation, 3,* 1-8.

SBIRT and the Electronic Health Record (EHR)

- Storing SBIRT information in the EHR makes it readily available to clinicians who are monitoring patient treatment and coordinating services to promote the integration of Substance Use Disorder care with primary care
- SBIRT data in the EHR is easily retrieved for research and billing purposes

Tai, B., Wu, L., & Clark, H.W. (2012). Electronic health records: essential tools in integrating substance abuse treatment with primary care. *Substance Abuse and Rehabilitation, 3,* 1-8.

Resources

Resources – flash drive

- TAP 33
- TIP 35
- SBIRT articles
- ROK cards
- Case Studies
- Trainer's Manual
- Power Points

Thank you for your time and attention!

Be sure to visit:
sbirt@attcnetwork.org

National Screening, Brief Intervention and Referral to Treatment
ATTC