Screening, Brief Interventions & Referral to Treatment (SBIRT) for Substance Use Disorders and Addictions

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Overview

- **What is Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Substances of Abuse?**
- **Why Psychologists should do SBIRT?**
- **What are the goals and the components of SBIRT?**

SBIRT: Addressing Health Risks

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) -- A comprehensive, integrated, public health approach to the delivery of early intervention and treatment services
  - Identify and deliver interventions to people
    - with risky levels of alcohol or substance use
    - with tobacco use and substance use disorders
    - with non-prescription use of prescription medications
    - with health risks (HIV, depression, STDs)
    - with lifestyle risks (obesity, sleep, physical activity, domestic violence)

What is SBIRT?

Screening

- Quickly assess substance use or risk behaviors and its severity; identify the appropriate level of intervention.

Brief Intervention

- Increase insight and awareness of substance use and risks; promote motivation toward behavior change.

Referral to Treatment

- Provide those identified as needing more extensive treatment with access to specialty care.

Source: Oregon Health & Science University (2009)

Screening versus Assessment

- Screening
  - Identify immediate, current health needs
  - Determine need for further evaluation & treatment/support
  - Short in length and quick to administer & score

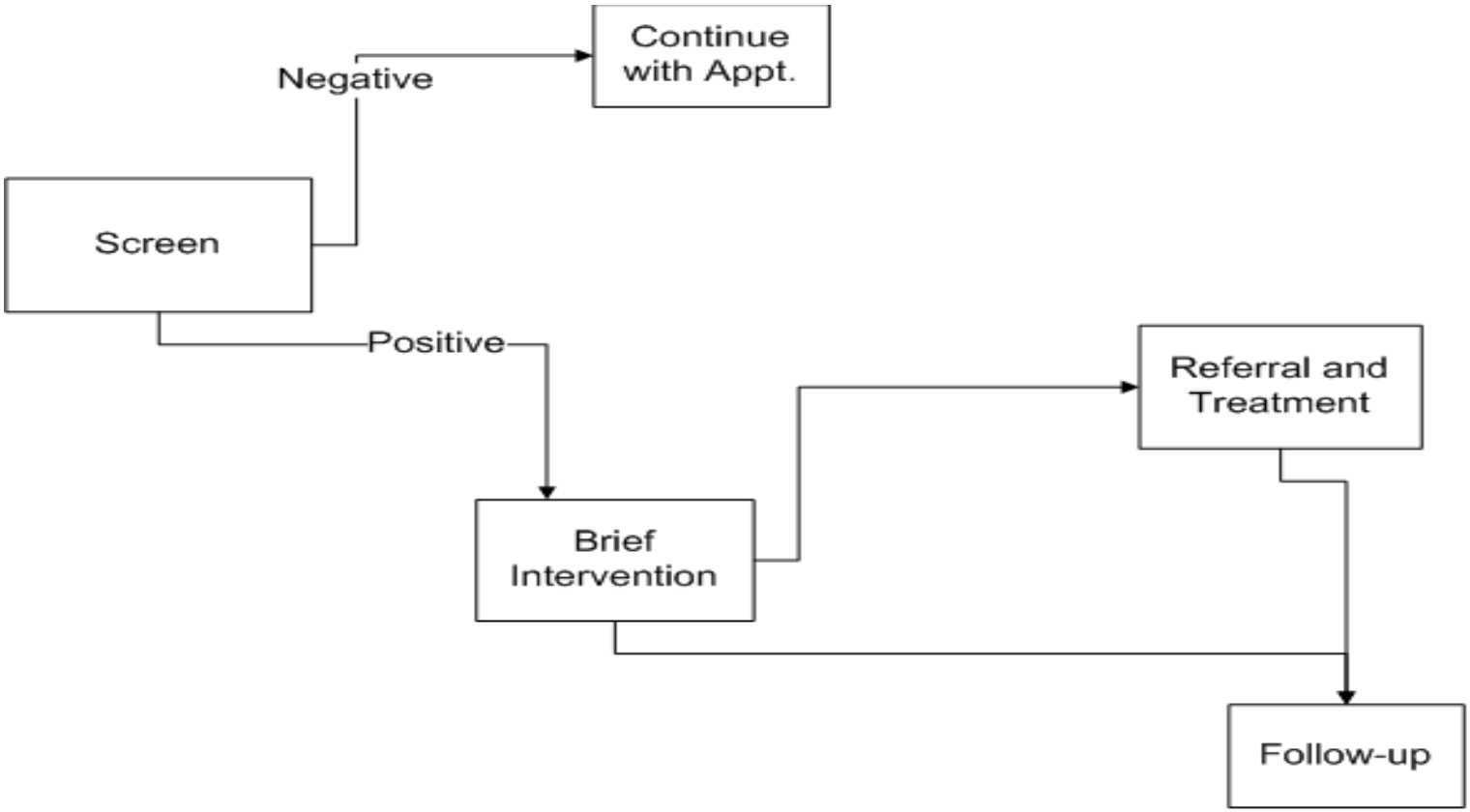
- Assessment
  - Comprehensive; usually considers multiple domains of functioning
  - Individualized to meet needs & identify strengths
  - Gathers key information & enables practitioner to identify health concerns or diagnoses and identify strengths and barriers that may impact treatment engagement

(Technical Assistance Partnership for Child and Family Mental Health, 2013)

What is Brief Intervention and Why do it?

- Brief intervention is a **motivational enhancing conversation to increase insight and awareness** about substance use and motivation toward behavioral change
- Can be accomplished during a single encounter or multiple encounters
- Brief intervention can be
  - stand alone intervention for those at-risk
  - motivating and engaging those who need specialized care.
- **Identification and Advice** improves health outcomes if done in a motivation enhancing manner

Possible Flow chart of Screen to Brief Intervention



Why Do It? Causes of Mortality – NCDs

- Noncommunicable diseases were responsible for 68% of all deaths globally in 2012, up from 60% in 2000.
- 4 main NCDs are **cardiovascular diseases, cancers, diabetes and chronic lung diseases**.
- High-income countries have the highest proportion (87%) of all deaths caused by NCDs.
- Tobacco use is a major cause of many of the world's top killer diseases –responsible for the death of about 1 in 10 adults worldwide.

WHO Report, 2012

Scope of the Problem

The 10 Leading Risk Factors for Disease In Developed Countries:

1) Tobacco
2) Blood Pressure
3) Alcohol
4) Cholesterol
5) Overweight
6) Low Fruit & Vegetable Intake
7) Physical Inactivity
8) Illicit Drugs
9) Unsafe Sex
10) Iron Deficiency

These represent problems modifiable By behavior change or medications and behavior change

Source: The World Health Report (2002)

A National Problem

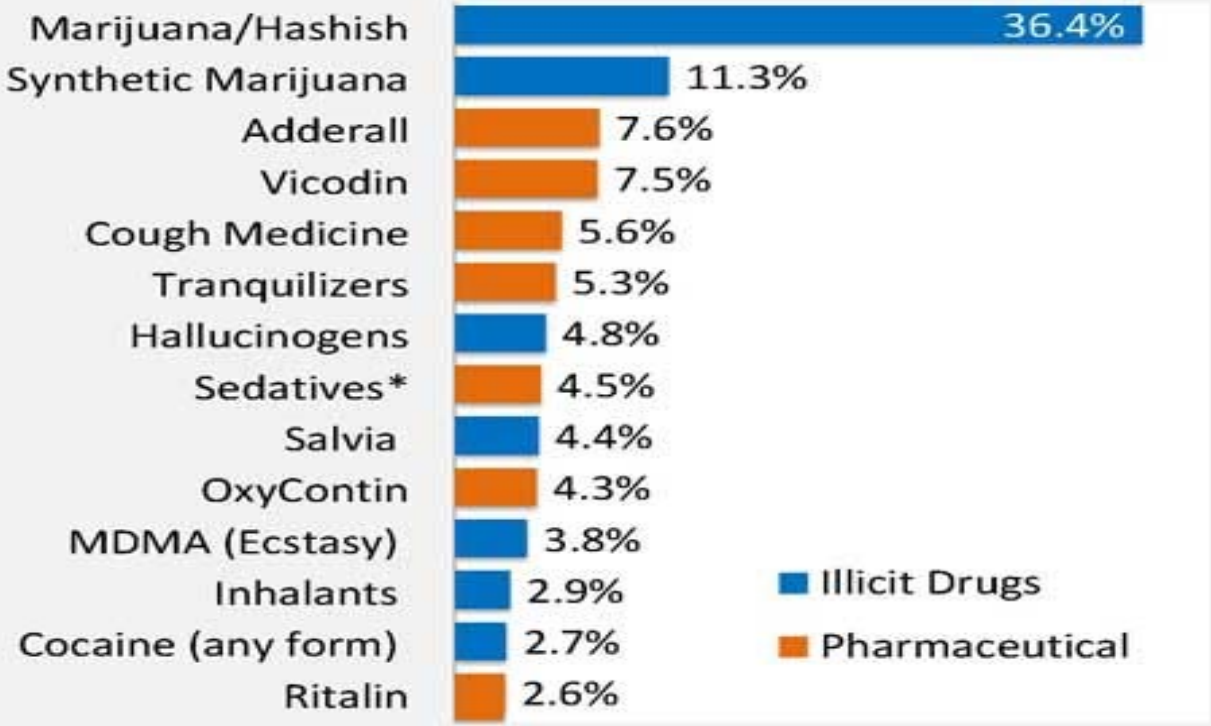
Prevalence of Past Month Substance Use in the U.S.

For all substances Past year use is Higher and in some cases much higher

Substance	12 or Older	26 and Older
Tobacco	20.9%	20.0%
Alcohol (current drinkers)	51.7%	55.6%
Illicit Drugs	10.1%	8.2%
Misuse of Rx Drugs	2.4%	2.0%

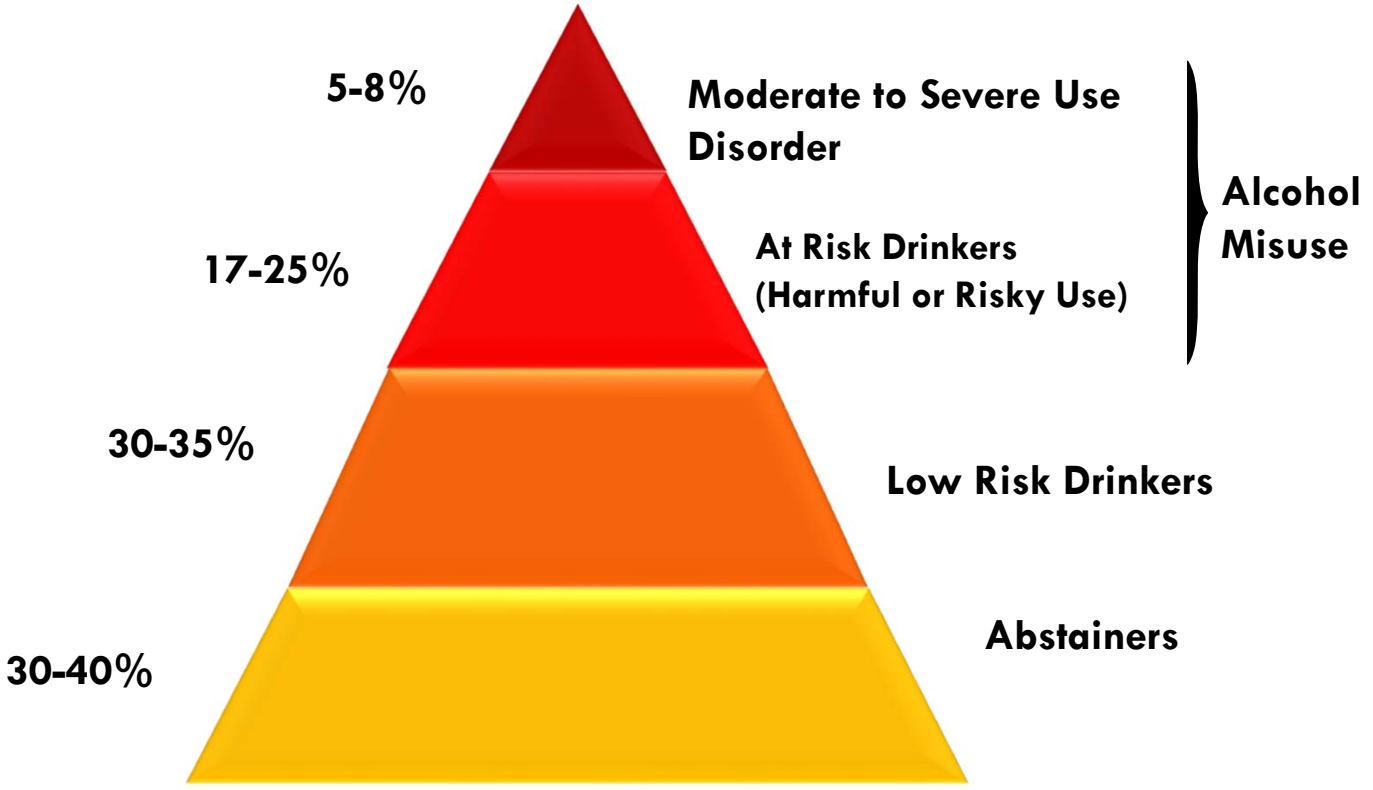
Source: 2015 National Survey on Drug Use and Health, Ages 12+ in the US, past month use

Past-Year Use of Illicit Drugs and Pharmaceuticals among 12th Graders



SOURCE: University of Michigan, 2012 Monitoring the Future Study

Prevalence of Alcohol Misuse: Adults Seeking Carl



Source: Manwell, Fleming, Johnson, & Barry (1998)

Scope of the Problem





Homelessness:
- Chronic Vagrancy

Impact on Children:
- School Failure
- Neurotic and Behavioral Disorders
- Delinquency

Public Order and Amenities:
- Public Intoxication
- Noise, Hooliganism
- Public Disorder

Alcohol & Drug Use



Marital Problems:
- Physical Abuse
- Sexual Abuse
- Psychological Stress
- Marital Breakdown

Crime & Public Safety:
- Drunk Driving
- Assault and Acquisitive Crime



Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)

The Reach of Substance Use and Misuse

- In 2015, over **27 million** people in the US reported **current use of illicit drugs or misuse of prescription drugs**
- Over **66 million** people (nearly a quarter of all adults and adolescents) reported **binge drinking** in the past month (5 or more drinks for men and 4 or more for women on the same occasion at least once in past 30 days)

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, Executive Summary*. Washington, DC: HHS, November 2016.

The Reach of Substance Use and Misuse

- The majority of individuals who misuse substances do **not** develop a substance use disorder.
- However, roughly **one in seven** people in the United States (**14.6 percent** of the population) are expected to develop a substance use disorder at some point in their lives

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, Executive Summary*. Washington, DC: HHS, November 2016.

The Reach of Substance Use Disorders

- In 2015, substance use disorders affected **20.8 million** Americans—almost **8 percent** of the adolescent and adult population.
- That number is similar to the number of people who suffer from **diabetes**, and more than 1.5 times the annual prevalence of all **cancers** combined (14 million)

Cost of Substance Abuse is more than $700 billion annually (crime, lost work productivity, health care)

	Health Care	Overall
Tobacco	$130 billion	$295 billion
Alcohol	$25 billion	$224 billion
Illicit Drugs	$11 billion	$193 billion

Estimates from USDHHS Surgeon General Report 2014; CDC, and National Drug Intelligence Center

How Psychologists can effectively identify and modify substance use risks

- Screening for substance misuse in health care settings including primary, psychiatric, urgent, and emergency care, is the **first step** in identifying risk behaviors for developing or having an existing substance use disorder.
- Screening and brief intervention for alcohol in adults has been shown to be effective
- Screening for substance use and mental health problems is recommended by major health organizations for both adults and adolescents.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, Executive Summary*. Washington, DC: HHS, November 2016.

U.S. Preventive Services Task Force on SBIRT



- For both alcohol screening and brief intervention
- SAME level of recommendation as flu shots and cholesterol screening
- A National Initiative

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)

Why Universal Screening?

- Substance use increases risk for health, psychosocial, psychological, and safety problems
- Early detection and intervention of at-risk behaviors can avert serious disease or injury and mental health conditions
- Psychologists have a unique opportunity, perspective, and set of skills to effectively implement SBIRT
- People are more open to change than you might expect

Stigma as a barrier

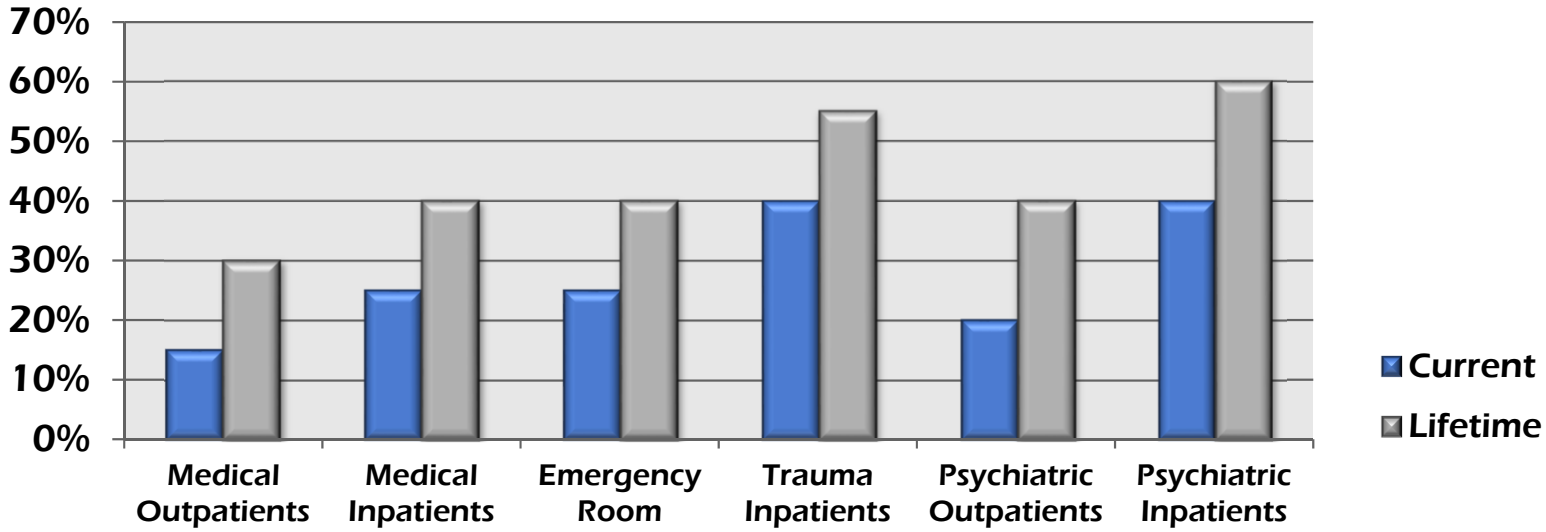
- Individuals with substance use disorders who need treatment may not seek it because of stigma associated with this type of health care service.
- We treat patients with stigmatized conditions differently
- This is the reason patients underreport and do not seek specialty treatment for these stigmatized conditions
- What does this mean in your Settings?

NSDUH, 2007

Do Psychologists See Substance Using and Abusing Clients?

- Although you may not treat substance use, you certainly must see it in every type of practice
- Substance Use - a factor in many psychological symptoms and psychiatric diagnoses
- Many times we forget the toxic and life-threatening effects of substance use
- Many psychologists have little specific training in recognizing, managing, and treating substance use
  - some licensing boards are now requiring at least a 3 credit course in addictions

Prevalence of Substance Abuse in Various Medical Settings



If you do not see them, it is not because they are not there

The Many Faces of Addiction



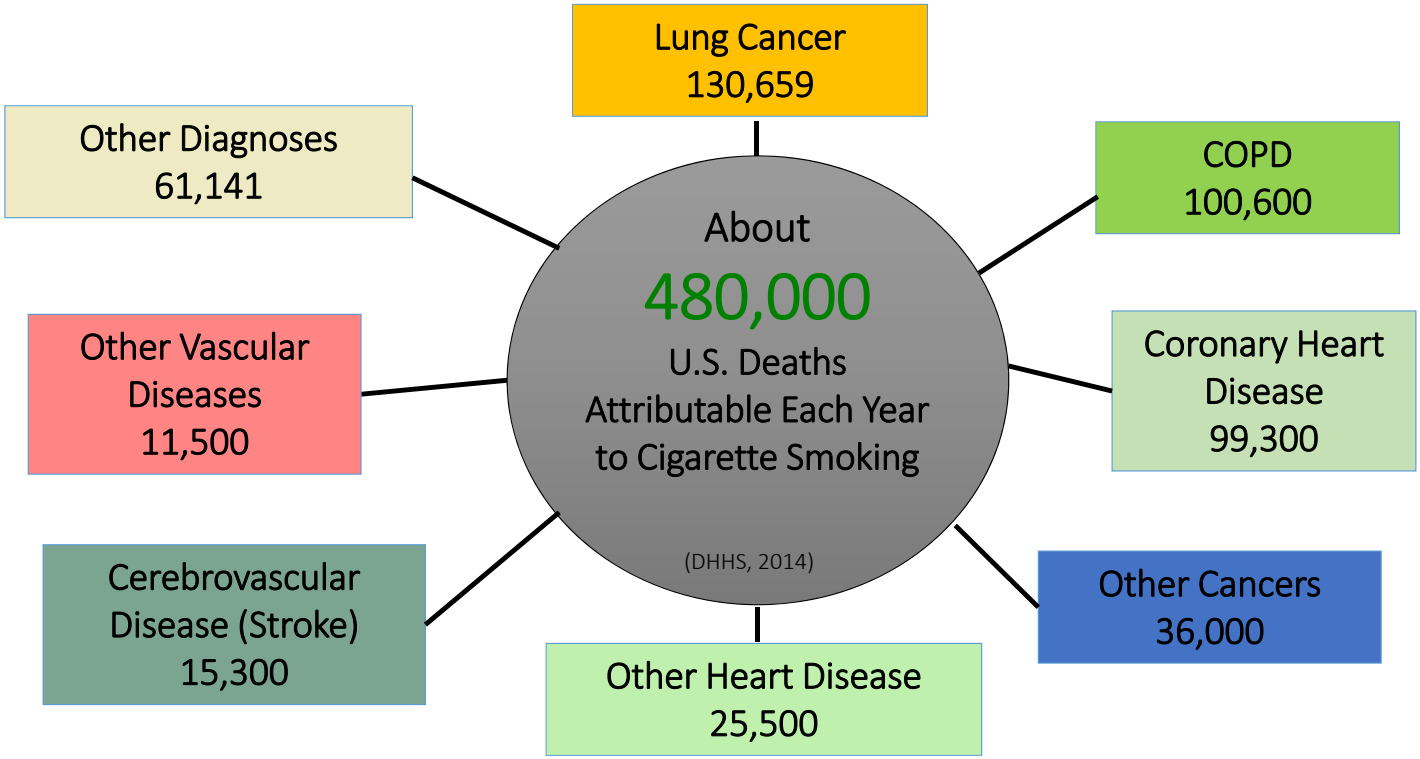








Do You See Smokers? U.S. Deaths Attributable to Smoking Annually



- Average annual number of deaths 2005–2009 (DHHS, 2014)

Mortality: Tobacco and Behavioral Health

- Individuals with chronic mental illness die on average ***25 years earlier*** than the general population
  - Top 3 causes of death: CVD, lung disease, and diabetes mellitus

- In a 20 year longitudinal study of individuals with alcoholism or SUDs
  - Mortality rate was **48%**. Triple the expected 18%!
  - **HALF** the deaths were attributed to smoking

- Each year, 200,000+ of the 480,000 deaths due to smoking are believed to be among individuals with mental health or substance use disorders.

Mauer, 2006; Hurt et al., 1996; Prochaska et al., 2013

Tobacco Disproportionately Impacts Mental Health Populations

- Tobacco use among persons with mental illness is **2 to 4 times** as great as among the general U.S. population

"In general, the more severe the psychiatric condition, the higher the smoking prevalence."

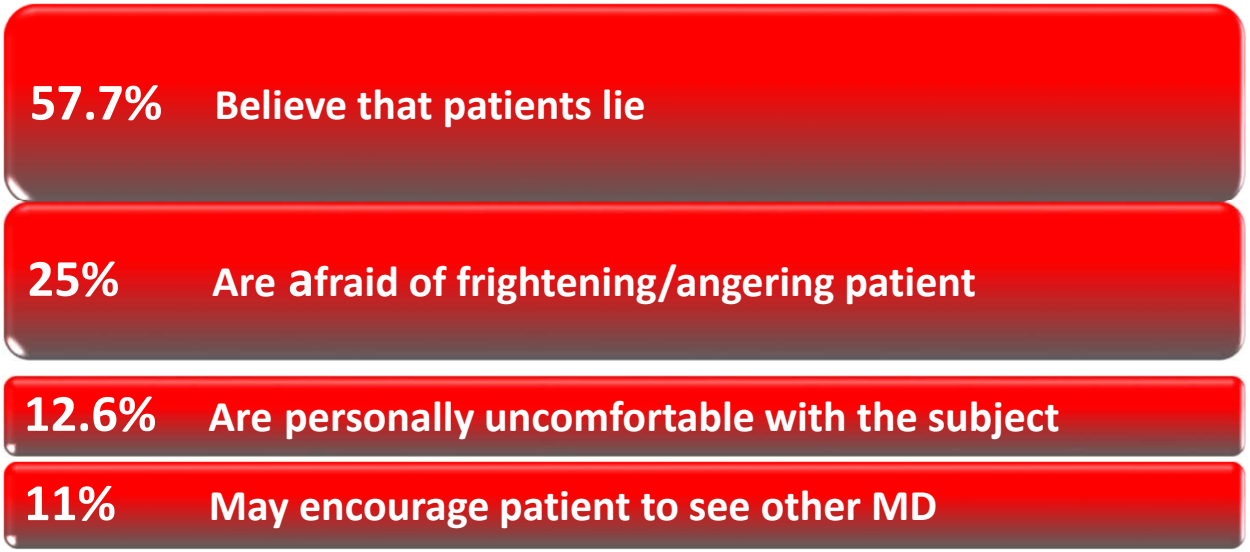
Prochaska et al., 2013;
Schroeder & Morris, p. 299, 2010

Populations with Greater Risk: LGB

- The 2013 *National Health Interview Survey* found that a higher percentage of LGBT adults, aged 18 to 64, had five or more drinks on one day in the past year compared to heterosexual adults.
- LGB adolescents report higher rates of substance use compared to heterosexual youth
  - On average substance use among LGB youth was
  - 190 percent higher than for heterosexual youth,
  - 340 percent higher for bisexual youth,
  - 400 percent higher for lesbians and bisexual females.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, Executive Summary*. Washington, DC: HHS, November 2016.

Clinician Barriers



The SBIRT approach will address and help you overcome all of these barriers

Source: CASA; Missed Opportunity: National Survey of Primary Care Physicians and Patients on Substance Abuse, April 2000; Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)

Hints For Screening

- Have a *non-judgmental* attitude!!!!!!
- Be aware of your own *pre-conceptions* about substance use & abuse
- *Acknowledge* that you recognize that some information is *difficult to talk about*
- Try to *avoid using labels* or diagnoses
- Assure that you are asking because of your *concern for their health*
- Assure *confidentiality* (but be honest)

Non-Verbal Cues

Interpret significant changes in a client's non-verbal cues as a potentially positive screen for abuse:

- Eye contact
- Fluidity and tone of speech
- Posture
- Movements
- Affect

Tobacco

- Tobacco:
  - “Have you **ever** smoked 100 cigarettes in your life?”
  - “Have you smoked even a puff of a cigarette in **past 30 days**?”
  - If yes, how often and how many cigarettes do you smoke?

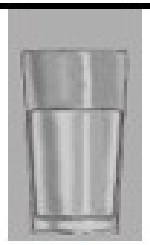


Screening for Alcohol Quantity and Frequency

- Alcohol:
  - How often do you have a drink containing alcohol, including beer and wine?
  - On a typical day how many drinks do you have?
  - “During the last 12 months, how often did you drink five (men)/ four (women) standard drinks in a single day or on a single occasion?”
  - For a pregnant woman, ask about the months before pregnancy.

	Drinks / Week	Drinks / Occasion
Men	More than 14	More than 4
Women	More than 7	More than 3
65+	More than 7	More than 3

What is a “standard drink”?

A “STANDARD DRINK” (a standard drink contains approximately 12-14 grams or 0.5-0.6 oz of pure alcohol)						
12 oz. of beer, wine cooler (3-5%)	6-9 oz. of malt liquor, Zima (6-10%)	5 oz. of table wine (12-13%)	3-4 oz. of fortified wine (Thunderbird, port, sherry, Mad Dog 20/20) (18-20%)	2-3 oz. of cordial, liqueur, aperitif, Schnapps (23-30%)	1.5 oz. of brandy (Cognac, Hennessey, Courvoisier) (37-40%)	1.5 oz. of liquor (a “shot”) (vodka, gin, scotch, whiskey, bourbon, tequila) (40-50%)
						
12oz.	8oz.	5oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

Screening for Alcohol Quantity and Frequency

- **Ask about beer and wine specifically.**
- **Ask if the beer is:**
  - **-12 ounces**
  - **-16 ounces (a pint)**
  - **-22 ounces (a "double deuce")**
  - **-32 ounces (a quart)**
  - **-40 ounces ("a 40")**
- **Ask if the pint/quart/fifth/etc. is wine or liquor (vodka, gin, rum, whiskey, cognac, brandy).**
- **Ask how many ounces or how big "a drink" is**
  - **(can have them gesture with hands).**

Illicit Drugs



- **“Have you ever used any drugs such as marijuana, heroin, cocaine, LSD, PCP, Ecstasy, methamphetamine?”**
    - **If yes:**
        - “Which in the last 3 months?”
        - If pregnant, also ask prior to pregnancy

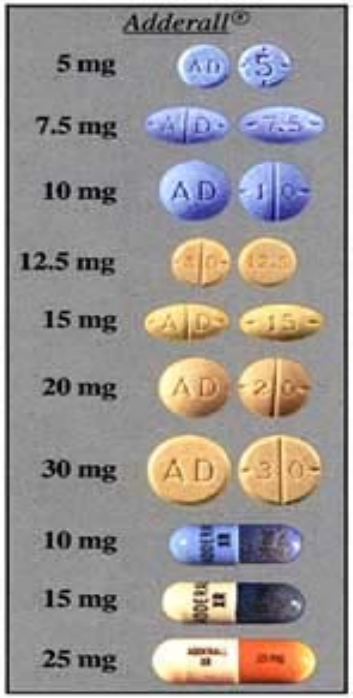
      If any use:
        - “How much are you using per day/week/month?”
        - “When did you last use?”
- **“Have you ever used drugs by injection?”**



Rx Drugs

- Misuse of Rx Drugs:
  - **“Have you ever taken any prescription drugs:**
    - that were not prescribed for you?”
    - in ways not prescribed?”
    - only for the feeling or experience that it produced?”





Video example of Screening

Example from MD3 Residency Training Video series

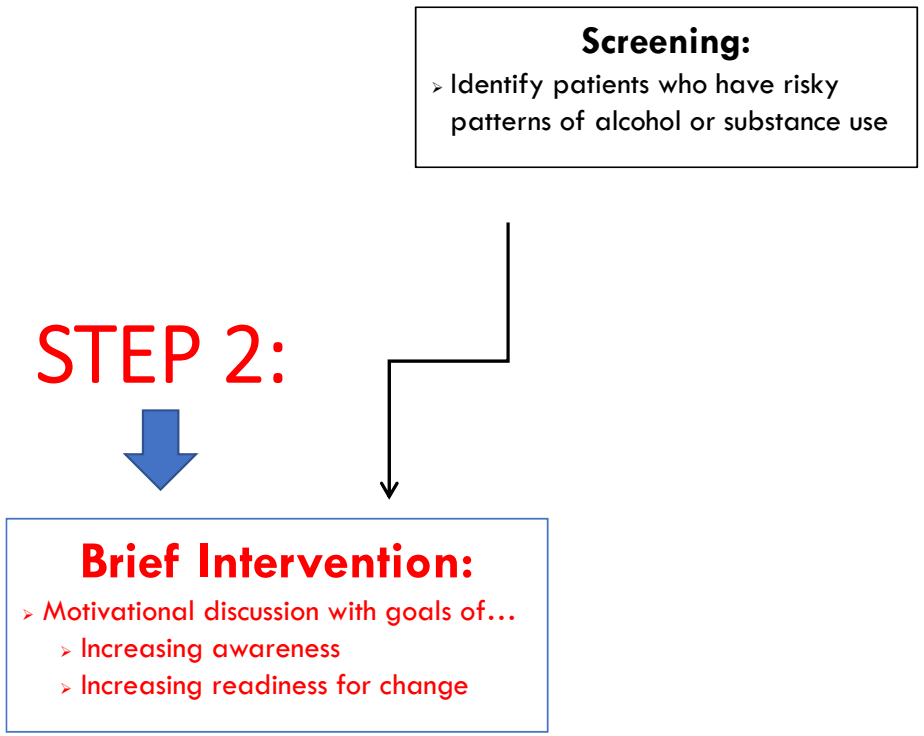
Good Example of screening questioning

Mostly Advice Giving and not Brief Intervention (Supervision illustration)

Other examples and supervision at www.sbirt.umaryland.edu

YouTube Video: http://youtu.be/xB67CD9zxG4

SBIRT Process: Brief Intervention



Brief Intervention: “Teachable Moment”

“Teachable Moments” are…

- Newly diagnosed health conditions that can be related to substance use
- Emergency room visits
- Visits to a specialist
- Preconception and Pregnancy Visits
- Any naturally occurring health events in which you could help motivate a patient change his or her health risk behaviors!

Brief Interventions (BI) take advantage of these Teachable Moments

The Basics

- Length of time: 3-5 minutes
- Typically conducted face to face
- Can be done with additional materials to supplement
- Purpose: “A brief intervention is a single session or multiple sessions of motivational discussion focused on increasing insight and awareness regarding substance use and motivation toward behavioral change.” CSAT 2005

Brief Intervention in research

- Support for BI has been found in multiple settings, even via web, with populations of all ethnicities and ages, and for a variety of health behaviors. However, severity and type of substance have moderating effects on effectiveness.



Sources: Cheng, Samet, and Palfai, 2010; Kypri et al. 2008; Saitz et al. 2010, Saitz & Naimi, 2010

HOW PEOPLE CHANGE



How Do People Change?

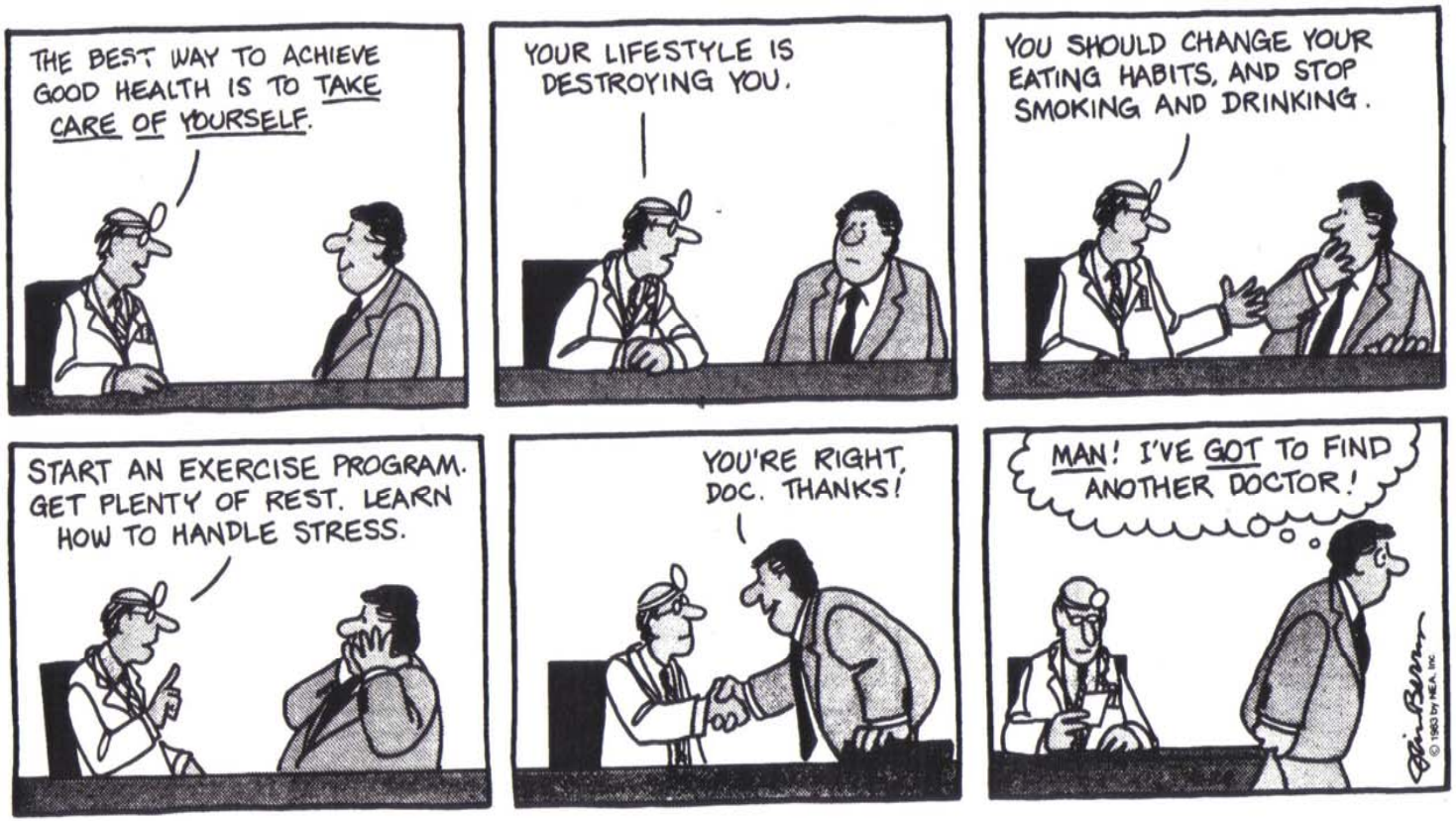
- **People change voluntarily only when:**
  - They become *interested and concerned* about the need for change
  - They become *convinced* the change is in their best interest or will benefit them more than cost them
  - They organize a *plan of action* that they are *committed* to implementing
  - They *take the actions* necessary to make the change and sustain the change

DiClemente, 2003

The Stages of Change

Stages of Change	Associated Tasks
Precontemplation	Interested and concerned.
Contemplation	Risk-Reward Analysis and Decision making.
Preparation	Commitment and creating an effective/acceptable plan.
Action	Implementation of Plan and Revising as needed.
Maintenance	Consolidating change into lifestyle.

Adapted from HABITS lab website,
http://www.umbc.edu/psyc/habits/content/the_model/index.html



NOT AN EFFECTIVE BRIEF INTERVENTION

Assumptions of Brief Interventions

- **PEOPLE CAN CHANGE**
- **Motivation…**
  - Is a state of readiness to change
  - May fluctuate from one time or situation to another
  - Is not only modifiable by the client
  - Can be influenced by you, the psychologist
- ***Note:*** You cannot force individuals to be motivated or be motivated for them, but you can make a difference!

Goals of Brief Interventions

- Increase awareness of the impact of substance use on current medical issues
- Empower individual patients to take action
- Support naturally occurring events and influences
- Reduce health risks and risky substance use
- Promote treatment adherence and engagement
- Change the way a patient understands or feels about a particular risk factor or behavior

Brief Intervention Principles

- **Patient Centered Communication**
- **Using a Motivational Interviewing (MI) strategy, which includes…**
  - Empathy
  - Collaboration with shared decision-making
  - Skillful management of resistance
  - Eliciting patient's motivation to change
  - Caring concern and awareness of patient's experiences
  - Appreciation for patient's experiences and opinions

Basic MI Skills: OARS

- **O** – Open Ended Questions
- **A** – Affirmations
- **R** – Reflective Listening
- **S** – Summarize



OARS help to:

- Engage a client
- Lead client to self-motivational statements
- *Support concerns and reasons for change*

What to Reflect/Summarize

- The statements or pieces of conversation you reflect should not be random!
- Reflections are a crucial tool to enhance motivation, particularly when you reflect the client's **change talk** rather than **sustain talk**
  - *It is normal to hear change and sustain talk intertwined*
- Reflections help manage the conversation and explore motivation

Change Talk: DARN-CATs

PREPARATORY DARN Language	**MOBILIZING** CATs Language

• **Desire**
  • Want, wish, hope
• **Ability**
  • Can, able to, could do it
• **Reasons**
  • Specific benefits, values
• **Needs**
  • Urgency, have to, must, can't continue
	• **Commitment**
	  • Going to, will, promise to
	• **Activation**
	  • Prepared to, ready, starting to
	• **Taking Steps**
	  • Initial Actions, Preparatory Actions

Evoking Change Talk: DOs

- Listen closely to client thoughts, feelings, and language
- Ask evocative questions that elicit DARN language
  - *"How would you like for things to change?"*
  - *"What do you think you might be able to change?"*
  - *"What's the downside of how things are now?"*
  - *"What needs to happen?"*

Among those who do perceive that they need substance use disorder treatment, many still do not seek it. The most common reasons are:

- Not ready to stop using (40.7 percent).
- Do not have health care coverage/could not afford (30.6 percent).
- Might have a negative effect on job (16.4 percent) or cause neighbors/community to have a negative opinion (8.3 percent).
- Do not know where to go for treatment (12.6 percent) or no program has the type of treatment desired (11.0 percent).
- Do not have transportation, programs are too far away, or hours are inconvenient (11.8 percent).

The End Game of Brief Interventions

- Getting a sense of how information has impacted client
- Rolling with resistance
- Creating Collaboration
- Negotiating the change you can get
- Getting the client to YES
- Moving from Risk to Readiness to Referral (if needed)

Offering Advice or a Referral

- Two Experts in the Room
- Using your expertise and offering information and advice
- ELICIT – PROVIDE – ELICIT
- Ask permission to share information and expertise (Elicit)
- Provide information in objective, compelling manner (Provide)
- Elicit client thoughts and reactions
- Use these reactions to move to negotiating a plan
  - Plans can include consider feedback, monitor impact of substances, cut down/harm reduction, change risky use, stop behavior more completely

Negotiating and Planning

Definition	Helping Patient Move from discussing importance of change to developing specific strategies to implement some change

Creating the bridge from commitment to action!

- Signs of Readiness to Plan
  - Increasing Change Talk AND Diminished Sustain Talk
  - Considering Taking Steps (cutting down on alcohol or smoking, beginning physical activity, changing frequency of MJ use)
  - Making a referral for help when needed (more intensive intervention or assessment; specialized care

Video Example: Negotiating Change of Marijuana use

Joseph Tape Segment 5

SBIRT: Final Thoughts

"SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders." CSAT (2005)

- SBIRT for substance misuse and risk reduction is about improving & saving lives of patients and their affected families
- Practice is needed to become proficient
- Patience is needed to foster change