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## Substance Use Education for Nurses

Screening, Brief Intervention and Referral to Treatment (SBIRT)

University of Pittsburgh School of Nursing

*The ATN-SBIRT Program is a partnership with the University of Pittsburgh School of Nursing and IRETA supported by Grant D11HP14629 from the Bureau of Health Professions, Division of Nursing, Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS).*

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## Substance Use Education for Nurses

Screening, Brief Intervention and Referral to Treatment (SBIRT)

### Module 1: Characteristics and Overview of Substance Use Disorders

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### When you hear the words:

- "alcoholic"
- "drug addict"
- What are the first responses that come to your mind?

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## Stigma

- Misperceptions and myths about alcoholism and addiction are still widely believed today
- This makes it more difficult for people with the disease to come forward for treatment

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## Substance Use Disorders

- According to the U.S. Department of Health
  - 8.5 percent of adults living in the U.S. meet the criteria for an alcohol use disorder
  - 2 percent of adults meet the criteria for a drug use disorder
  - 1.1 of adults meet the criteria for both

U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism, (2008). Alcohol and other drugs. (Alcohol Alert No. 76). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism Publications Distribution Center.

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## Scope of the Problem

- Substance abuse is strongly associated with health problems, disability, death, accident, injury, social disruption, crime and violence
- Alcohol abuse alone generates nearly \$224 billion in annual economic costs
- Illicit drug use generates an estimated \$193 billion annually in crime, lost work productivity, and health related problems

Bouchery, E. E., Harwood, H. J., Sacks, J. J., Simon, C. J., Brewer, R.D. (2011). Economic costs of excessive alcohol consumption in the U.S., 2006. *American Journal of Preventive Medicine* 41(5), 518-524.

National Drug Intelligence Center. (2011). *The Economic Impact of Illicit Drug Use on American Society*. Washington D.C.: United States Department of Justice.

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### Symptoms of Addiction

- *Progression* – use increases over time
- *Tolerance* – it takes more of the drug to get the same high
- *Preoccupation* – activities and thinking focus on use of the drug

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### Symptoms of Addiction

- *Loss of Control* – cannot follow the “rules” set regarding use
- *Disruptions in Major Life Areas* – problems surface in home, job, finances, health, legal areas, spirituality
- *Delusional Thinking* – the addicted person acts “as if” there is no problem so s/he can continue to use

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### Addiction is Manageable

- Addiction is manageable and, with treatment, has good outcomes.



Williams, K.(Photographer), (2008). Hands covering downward-turned face. (Digital image). Retrieved from <http://www.flickr.com/photos/haberlog/262711214/> Used with permission.

...all this bad news!  
 Primary, chronic,  
 progressive, ... Is there  
 any hope?

Of course there is hope! We said “no known cure,” not “untreatable.” We don’t cure diabetes, we manage it with proper diet, blood sugar monitoring and other acts of discipline.

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### Relapse Rates are Similar for Drug Addiction & Other Chronic Illnesses

Condition	Relapse Rate Range
Drug Addiction	40 to 60%
Type I Diabetes	30 to 50%
Hypertension	50 to 70%
Asthma	50 to 70%

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McLellan, A.T., Lewis, D. C., O'Brien, C.P., Kleber, H.D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association*, 284(13):1689-1695. doi:10.1001/jama.284.13.1689.

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### Pop Quiz!

**TRUE or FALSE**

- “Alcohol dependence” is defined as using alcohol every day.

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**FILL IN THE BLANKS**

- Addiction is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

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### Substance Use Education for Nurses

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#### Module 2: Pathophysiology of Addiction

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## Addiction is a chronic relapsing disease of the brain



National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. (2010). *Drugs, brains and behavior: The science of addiction*. Retrieved from <http://www.drugabuse.gov/sites/default/files/sciaddiction.pdf>.

Kaulitzki, S. (Photographer). (2006). *3d rendered illustration of an active receptor*. [Digital image]. Retrieved from [http://www.shutterstock.com/1300844/shutterstock-photo-of-rendered-3d-illustration-of-an-active-receptor.html?from\\_view=detail&from\\_cid=1178707](http://www.shutterstock.com/1300844/shutterstock-photo-of-rendered-3d-illustration-of-an-active-receptor.html?from_view=detail&from_cid=1178707). Used with permission.

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## Genetic factors contribute 40% to 60% of the vulnerability



National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. (2010). *Drugs, brains and behavior: The science of addiction*. Retrieved from <http://www.drugabuse.gov/sites/default/files/sciaddiction.pdf>.

Nivens, S. (Photographer). (2009). *Image of DNA strand against colorful background*. [Digital image]. Retrieved from [http://www.shutterstock.com/11229287/shutterstock-image-of-dna-strand-against-colorful-background.html?from\\_view=detail&from\\_cid=286177&from\\_cid=1178707](http://www.shutterstock.com/11229287/shutterstock-image-of-dna-strand-against-colorful-background.html?from_view=detail&from_cid=286177&from_cid=1178707). Used with permission.

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## Repeated drug exposure in individuals who are vulnerable triggers neuroadaptations in the brain.



National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. (2010). *Drugs, brains and behavior: The science of addiction*. Retrieved from <http://www.drugabuse.gov/sites/default/files/sciaddiction.pdf>.

Oleksy, F. (Photographer). (2006). *Brain-3D illustration*. [Digital image]. Retrieved from [http://www.shutterstock.com/12056924/shutterstock-3d-illustration.html?from\\_view=detail&from\\_cid=286177&from\\_cid=1178707](http://www.shutterstock.com/12056924/shutterstock-3d-illustration.html?from_view=detail&from_cid=286177&from_cid=1178707). Used with permission.

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## Brain Reward System

- Purpose of this system is to reinforce behaviors that promote survival of the species
- The brain associates life sustaining activities with pleasure or reward to insure they will be repeated
- When these activities occur, the pituitary gland signals secretion of hormones that interact with the reward system

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## Brain Reward System

- Dopaminergic neurons
  - Make up the power line of the brain's reward system
  - Run from the ventral tegmental area (VTA) to the other structures involved in brain reward
  - The release of dopamine is the current or energy of the brain reward system

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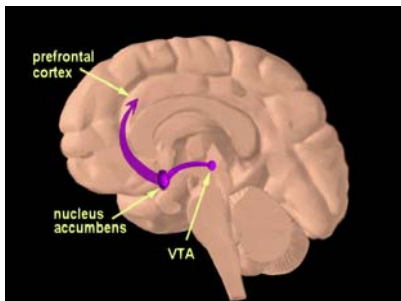
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## Structures of the Brain



National Institute on Drug Abuse (2007). The brain & the actions of cocaine, opiate, and marijuana. Retrieved from <http://www.drugabuse.gov/publications/teaching-materials/brain-action-cocaine-opiate-marijuana>

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## Drugs of Abuse and the Brain Reward System

- All drugs of abuse directly or indirectly target
  - The brain's reward system
  - Flood the circuit with dopamine
  - Can release 2 to 10 times the amount of dopamine that natural rewards do
  - Their effect can last longer than those of natural rewards
  - Their resulting effect can dwarf those produced by naturally rewarding behaviors like eating and sex

National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. (2010). Drugs, brains and behavior: The science of addiction. Retrieved from <http://www.drugabuse.gov/sites/default/files/sciaddiction.pdf>

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## Tolerance

- Tolerance is caused by actions the body takes to return to equilibrium
  - *Cellular*: down regulation of receptor sites stimulated by neurotransmitters
  - *Metabolic*: increases the amount of liver enzymes resulting in less absorption of the drug of abuse

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## The Crisis Point

- The substance user/abuser will adjust his or her drug consumption to prevent it from interfering with other life priorities.
- Addicted person - The chemically dependent individual will not alter his or her drug use.

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### The Crisis Point

- The crisis point is the point at which substance abuse begins to negatively impact one's daily functioning.
- This is the point where a person who is abusing (but is not addicted to) substances can make behavior changes, including reduction in use to low risk levels.

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### Types of Treatment

- Detoxification
  - Outpatient Detoxification
- Medically Managed/Monitored
  - Inpatient Residential
  - Long Term Residential
  - Short Term Residential
- Outpatient
  - Partial Hospitalization
  - Intensive Outpatient
  - Outpatient

PA Department of Health (1999), Commonwealth of Pennsylvania Department of Health Bureau of Drug and Alcohol Programs. Pennsylvania's Client Placement Criteria for Adults, PDF. Copyright 2014, University of Pittsburgh. All Rights Reserved.

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### Pop Quiz!

#### TRUE or FALSE

- Tolerance is caused by actions the body takes to return to equilibrium.



#### FILL IN THE BLANKS

- All drugs of abuse directly or indirectly target the brain's \_\_\_\_\_

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### Pop Quiz!

**TRUE or FALSE**

- The Crisis Point is the juncture at which the user must chose between personal values and continued use.
- Medically Monitored Short-term Residential Treatment is less restrictive than Partial Hospitalization.

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### Substance Use Education for Nurses

Screening, Brief Intervention and Referral to Treatment (SBIRT)

#### Module 3: SBIRT Effectiveness and Barriers

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### SBIRT Effectiveness

“Alcohol screening and counseling (is) one of the highest-ranking preventive services among the 25 effective services evaluated using standardized methods. Since current levels of delivery are the lowest of comparably ranked services, this service deserves special attention by clinicians and care delivery systems.”

Solberg, L. I., Macioszek, M. V., & Edwards, N. M. (2008). Primary care intervention to reduce alcohol misuse: Ranking its health impact and cost effectiveness. *American Journal of Preventive Medicine*, 34 (2),143-152.

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## World Health Organization

- A cross-national trial of brief interventions with heavy drinkers.
  - Multinational study in 10 countries (n=1,559)
  - Interventions included simple advice, brief & extended counseling compared to control group
  - Results: Consumption decreased
    - 21% with 5 minutes advice, 27% with 15 minutes
    - Compared to 7% controls
    - Significant effect for all interventions

Babor, T. F. (1996). A cross-national trial of brief interventions with heavy drinkers. *American Journal of Public Health* (86.7): 948-948. Copyright 2014, University of Pittsburgh. All Rights Reserved.

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## SBIRT

- Is not looking for addiction
- Is looking for individuals who are “at risk” in their use of alcohol and other drugs

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## Why We Don't Screen and Intervene: Barriers

- Lack of awareness and knowledge about tools for screening
- Discomfort with initiating discussion about substance- use/misuse
- Sense of not having enough time for carrying out interventions

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### Why We Don't Screen and Intervene: Barriers

- Healthcare negative attitudes toward substance abusers
- Pessimism about the efficacy of treatment
- Fear of losing or alienating patients
- Lack of simple guidelines for brief intervention

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### Why We Don't Screen and Intervene: Barriers

- Uncertainty about referral resources
- Limited or no insurance company reimbursement for the screening for alcohol and other drug use.
- Lack of education and training about the nature of addiction or addiction treatment

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### Why We Don't Screen and Intervene: Opportunities

- When AOD screening becomes more routine, you typically can expect:
  - Greater patient and family satisfaction
  - Better patient management and follow-up

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### Why We Don't Screen and Intervene: Opportunities

- The concern shown by healthcare providers, even during brief intervention, can provide patients with the significant motivation for engaging in the assessment and treatment process.

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### Role of Healthcare Profession in Drug and Alcohol Use– What Can We Do To Help?

- Identify of use, misuse, and problematic use; screen with simple direct methods
- Connect use/misuse to health related issues
- Suggest consumption reduction
- Do a Brief Intervention
- Refer for formal assessment

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### Pop Quiz!

#### TRUE or FALSE

- Lack of education and training about the nature of addiction and addiction treatment is a barrier to screening



#### FILL IN THE BLANKS

- When AOD screening becomes more routine you can expect:
  - \_\_\_\_\_
  - \_\_\_\_\_

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## Substance Use Education for Nurses

### Screening, Brief Intervention and Referral to Treatment (SBIRT)

### Module 4: Identification

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## What does “at-risk” mean for alcohol users?

Low-risk drinking limits	MEN	WOMEN
 On any single DAY	No more than <b>4</b> drinks on any day	No more than <b>3</b> drinks on any day
Per WEEK	No more than <b>14</b> drinks per week	No more than <b>7</b> drinks per week

*To stay low risk, keep within BOTH the single-day AND weekly limits.*

National Institute on Alcohol Abuse and Alcoholism. (2013). Rethinking drinking: Alcohol and your health. What's low-risk thinking? Retrieved from <http://rethinkingdrinking.niaaa.nih.gov/yourdrinkingpattern/risky/whatslowriskdrinking.asp>

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## What does “at-risk” mean for alcohol users?

- Anyone age 65 or over who drinks more than 7 standard drinks per week or more than 3 drinks on any day

National Institute on Alcohol Abuse and Alcoholism. (2013). Rethinking drinking: Alcohol and your health. What's low-risk thinking? Retrieved from <http://rethinkingdrinking.niaaa.nih.gov/yourdrinkingpattern/risky/whatslowriskdrinking.asp>

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## Drinker's Pyramid Activity

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## The Drinker's Pyramid

Percentage	Category
5%	Probable Alcohol Dependence
20%	High-Risk Drinkers
35%	Low-Risk Drinkers
40%	Abstainers

World Health Organization. (2002). A guide to low risk drinking. Retrieved from [http://www.healthpartners.com/online/pubs/public/Whp/8publicdocument/documents/dev\\_013198.pdf](http://www.healthpartners.com/online/pubs/public/Whp/8publicdocument/documents/dev_013198.pdf)

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## Standard Drink Activity

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## Definitions: Standard Drink

12 fl oz of regular beer	=	8-9 fl oz of malt liquor (shown in a 12 oz glass)	=	5 fl oz of table wine	=	1.5 fl oz shot of 80-proof spirits ("hard liquor"—whiskey, gin, rum, vodka, tequila, etc.)
						
about 5% alcohol		about 7% alcohol		about 12% alcohol		about 40% alcohol

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

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National Institute on Alcohol Abuse and Alcoholism. (2013). What is a standard drink? Retrieved from <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/standard-drink>

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## What is a Low-Risk Limit?

- There are times when even one or two drinks can be too much:
  - When operating machinery
  - When driving
  - When taking certain medicines
  - If you have certain medical conditions
  - If you cannot control your drinking
  - If you are pregnant

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## Definitions: Drinking Episodes

- A drinking "binge" is a pattern of drinking that brings blood alcohol concentrations (BAC) to 0.08 or above.
- Typical adult males: 5 or more drinks in about 2 hours
- Typical adult females: 4 or more
- For some individuals, the number of drinks needed to reach "binge" level BAC is lower

National Institute on Alcohol Abuse and Alcoholism. (2005). Social work education for the prevention and treatment of alcohol use disorders. Module 1: Epidemiology of alcohol problems in the United States. Retrieved from <http://pubs.niaaa.nih.gov/publications/SocialModule1EpidemiologyModule1.html>

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## Problem and Dependent Drinkers

- Problem drinkers are persons who drink above NIAAA limits and also have one or more alcohol-related problems or adverse events
- Dependent drinkers are persons who are unable to control their alcohol use, have experienced one or more adverse consequences of alcohol use, and have evidence of tolerance or withdrawal

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## Identification of use, misuse, and problematic use: How can we approach this process?

- There are many screening tools that are brief and easy to use that can help to determine the involvement of a person with AOD.

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## Pop Quiz!

### TRUE or FALSE

- An example of hazardous drinking is having 4 drinks in one hour and then driving home



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### Pop Quiz!

**TRUE or FALSE**

- "Alcohol dependence" is defined as using alcohol every day

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### Substance Use Education for Nurses

Screening, Brief Intervention and Referral to Treatment (SBIRT)

#### Module 5: Screening Overview

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### Screening

- What screening do you already know about?
- What is your comfort level doing screens?

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### Goals of Screening

- Identify both hazardous/harmful drinking or drug use and those likely to be dependent
- Use as little patient/staff time as possible
- Create a professional, helping atmosphere
- Provide the patient information needed for an appropriate intervention

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### Tools Available to Help You Screen

- CAGE Questionnaire
- AUDIT (Alcohol Use Disorder Identification Test)
- DAST (Drug Abuse Screening Test)
- ASSIST (The Alcohol, Smoking and Substance Involvement Screening Test)
- MAST (Michigan Alcohol Screening Test)
- SAAST (Self-Administered Alcohol Screening Test)
- T-ACE (pregnant women)

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### Tools Available to Help You Screen

- CRAFFT (adolescents)
- POSIT (Problem-Oriented Screening Instrument for Teens)
- HSS (Health Screening Survey)
- ADS (Alcohol Dependence Scale)

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## Pre-Screens

- **Alcohol Pre-Screen:**

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

*(X equals 5 for men and 4 for women or anyone 65 or older). Reporting 1 or more occurrences of this is considered a positive result and should trigger more in-depth screening and possibly a brief intervention.*

National Institute on Alcohol Abuse and Alcoholism. (2007). *Helping patients who drink too much: A clinician's guide*. (NIH Publication No. 07-3708)

- **Drug Pre-Screen:**

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

*A score of 1 or more is considered a positive result and should trigger more in-depth screening and possibly a brief intervention.*

National Institute on Alcohol Abuse and Alcoholism. (2007). *Helping patients who drink too much: A clinician's guide*. (NIH Publication No. 07-3708)

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## The AUDIT – Review of Questions

- AUDIT is an acronym for Alcohol Use Disorders Identification Test
- It consists of 10 brief questions that have been shown to effectively demonstrate levels of drinking behavior that become a springboard for intervention

World Health Organization. (2013). *Screening and brief intervention for alcohol problems in primary health care*. Retrieved from [http://www.who.int/substance\\_abuse/activities/brief/](http://www.who.int/substance_abuse/activities/brief/)

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## AUDIT

Developed by the World Health Organization (WHO) and evaluated over a period of two decades

Cross-national standardization;

Provides an accurate measure of risk across gender, age, and cultures

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### AUDIT has the following advantages:

- Identifies hazardous and harmful alcohol use, as well as possible dependence;
- Brief, rapid and flexible;
- Designed specifically for use in primary care;
- Focuses on recent alcohol use.

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### Key Terms and Definitions for AUDIT

Hazardous Drinking "at risk"	A pattern of substance use carrying with it a risk of harmful consequences to the user ICD-10
Harmful Use	A pattern of substance use that has already caused damage to health ICD-10
Alcohol Dependence	A cluster of cognitive, behavioral and physiological symptoms that may develop after repeated alcohol use DSM-IV

World Health Organization. (2001). The alcohol use disorders identification test: Guidelines for use in primary care. Retrieved from [http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01\\_6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01_6a.pdf)

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### Domains and Item Content of AUDIT

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

World Health Organization. (2001). The alcohol use disorders identification test: Guidelines for use in primary care. Retrieved from [http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01\\_6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01_6a.pdf)

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### Interpretation of AUDIT

0-7	No problems at this time
8-15	Hazardous and harmful alcohol use
16-19	High level of problematic use and possible dependence
20-40	Possible alcohol dependence

World Health Organization. (2001). The alcohol use disorders identification test: Guidelines for use in primary care. Retrieved from [http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01\\_6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01_6a.pdf)

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### Advantages of Different Approaches to AUDIT Administration

- Questionnaire
  - Takes less time
  - Easy to administer
  - Suitable for computer administration and scoring
  - May produce more accurate answers

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### Advantages of Different Approaches to AUDIT Administration

- Interview
  - Allows clarification of ambiguous answers
  - Can be administered to patients with poor reading skills
  - Allows seamless feedback to patient and initiation of brief advice

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### Introducing the AUDIT

- “Now I am going to ask you some questions about your use of alcoholic beverages during the past year. Because alcohol use can affect many areas of health (and may interfere with certain medications and treatment), it is important for us to know how much you usually drink and whether you have experienced any problems with your drinking. Please try to be as honest and as accurate as you can be.”

World Health Organization. (2001). The alcohol use disorders identification test: Guidelines for use in primary care. Retrieved from [http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf)  
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### Considering the Patient

- The interviewer is friendly and non-threatening
- The patient is not intoxicated or in need of emergency care at the time
- The purpose of the screening is clearly stated in terms of its relevance to the patient’s health status
- The information patients need to understand the questions and respond accurately is provided
- Assurance is given that the patient’s responses will remain confidential

World Health Organization. (2001). The alcohol use disorders identification test: Guidelines for use in primary care. Retrieved from [http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf)  
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### AUDIT Case Study

- Joan is a 36-year old single mom
- She has two children 10 & 14
- Joan works two jobs – one full time one part time
- She is at her PCP’s office complaining of headaches, sleep difficulty, feeling tired all the time

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### Other Screening Tools: CAGE

1. Have you ever felt you should *Cut down* on your drinking?
2. Have people *Annoyed* you by criticizing your drinking?
3. Have you ever felt bad or *Guilty* about your drinking?
4. Have you had an *Eye-opener* first thing in the morning to steady nerves or get rid of a hangover?

Ewing, J. A. (1984). Detecting alcoholism: the cage questionnaire. *Journal of the American Medical Association*, 252 (14), 1905-1907.

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### Drug Abuse Screening Test (DAST)

- Brief self-report instrument (10 items)
- Measures the degree of consequences related to drug abuse)

Gavin D.R., Ross H.E., Skinner H.A. (1989). Diagnostic validity of the drug abuse screening test in the assessment of drug abuse disorders. *British Journal of Addiction*, 84 (3), 301-307.

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### Pop Quiz!

#### FILL IN THE BLANKS

- AUDIT stands for:

A \_\_\_\_\_ U\_\_ D \_\_\_\_\_ I \_\_\_\_\_  
T \_\_\_\_\_

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### Pop Quiz!

#### TRUE or FALSE

- The AUDIT screens for hazardous drinking, harmful use, and alcohol dependency.



#### FILL IN THE BLANKS

- SBIRT stands for:

S \_\_\_\_\_, B \_\_\_\_\_ I \_\_\_\_\_, R \_\_\_\_\_ to  
T \_\_\_\_\_

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### Pop Quiz!

#### • WHAT WOULD YOU DO?

- If a patient is slightly below the maximum number of drinks that put him into the risky range on the AUDIT
- Explain that he is close to the level that would put him at-risk for alcohol problems; provide him with the handout that explains the daily number of drinks that represent low risk level

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### Pop Quiz!

#### TRUE or FALSE

- The primary reason to use the AUDIT or DAST is to identify patients who are dependent on alcohol or drugs.



#### TRUE or FALSE

- The AUDIT provides an accurate measure of risk across gender, age, and cultures.



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## Pop Quiz!

• **MATCHING**

Risk Zone I, score of 0-7

Risk Zone II, score of 8-15

Risk Zone III, score of 16-19

Assess the patient's readiness to change. Provide an **explanation of the scores using the Guide to Low-Risk Drinking**. Explain a standard drink and assist the patient in establishing a goal for reduction of alcohol.

Assess the patient's readiness to change. Provide an **explanation of the scores using the Guide to Low-Risk Drinking**. Explain a standard drink and assist the patient in establishing a goal for reduction of alcohol. And if the patient is unable to reduce drinking after several appointments, you will refer for diagnostic assessment.

Assess the patient's readiness to change. Provide an **explanation of the scores using the Guide to Low-Risk Drinking** and send the patient home.

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World Health Organization. (2002). A guide to low risk drinking. Retrieved from [http://www.healthpartners.com/um/groups/public/@hey@public/documents/documents/dev\\_013109.pdf](http://www.healthpartners.com/um/groups/public/@hey@public/documents/documents/dev_013109.pdf)

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## Substance Use Education for Nurses

Screening, Brief Intervention and Referral to Treatment (SBIRT)

### Module 6: SBIRT Brief Intervention

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## SBIRT as a Toolkit for Healthcare

- Screen with simple direct methods
- Build relationships
- Provide reinforcement, advice, brief intervention or referral
- Your intervention should mirror the persons readiness to change

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### The Brief Intervention

- Short dialogues between the medical provider and the patient that typically involve:
  - Feedback
  - Client engagement
  - Simple advice or brief counseling
  - Goal Setting
  - Follow-up

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### Early and Brief Intervention

- As little as five minutes of intervention can produce a sustained reduction in consumption
- Substance users tend not to seek help unless they have advanced problems
- Early intervention leads to reduced consumption and related problems

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### Early and Brief Intervention

- For those not ready to change, may increase their motivation
- For those ready to change
  - Provides advice on appropriate goals and strategies
  - Provides support

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## Job of Brief Interventions:

- Provide Feedback
- Listen and understand
- Explore Options

Substance Abuse and Mental Health Services Administration. (2007). Providing training in screening and brief intervention for trauma care providers: Lessons learned. Retrieved from [http://www.niehs.nih.gov/Out4pd/nov06\\_hungerford.pdf](http://www.niehs.nih.gov/Out4pd/nov06_hungerford.pdf)

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## Example Interviews: Video 1

[http://www.ed.bmc.org/sbirt/media/doctor\\_a.html](http://www.ed.bmc.org/sbirt/media/doctor_a.html)

Anti-SBIRT (Doctor A)

This case example demonstrates how ineffective a conversation with a patient can be when the health care provider judges the patient, tells him what to do, and loses his temper.

This increases the patient's defensiveness and "resistance", making him less likely to listen and trust the provider's feedback. It might make the patient just as likely to repeat the harmful behaviors that required emergency care.

The interaction might have gone more smoothly, and the provider might have been more influential, if he had used SBIRT techniques.

Anti-SBIRT (Doctor A). (2011). United States: Boston University School of Public Health BNI Art Institute. Retrieved from <http://www.youtube.com/watch?v=ZGETDcFCAGk>

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## Video 2

[http://www.ed.bmc.org/sbirt/media/doctor\\_b.html](http://www.ed.bmc.org/sbirt/media/doctor_b.html)

Using SBIRT Effectively (Doctor B)

This case example demonstrates an ideal SBIRT Brief Negotiated Interview between an emergency department (ED) doctor and a patient. The patient is in the ED for car accident injuries related to his own drunk driving. The doctor has a respectful, nonjudgmental conversation with him to explore the possibility of changing his alcohol use and/or seeking treatment.

Using SBIRT Effectively (Doctor B). (2011). United States: Boston University School of Public Health BNI Art Institute. Retrieved from <http://www.youtube.com/watch?v=UL8QyJF2wVw>

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### Video 3

<http://www.ed.bmc.org/sbirt/media/case1.html>

SBIRT for alcohol use: college student.

The patient is in the hospital for a head injury related to falling down while intoxicated. The health care provider has a respectful, nonjudgmental conversation with her to explore the possibility of changing her drinking behavior (cutting back on quantity and frequency).

SBIRT for alcohol use: college student. (2011). United States: Boston University School of Public Health BNI Art Institute. Retrieved from [http://www.youtube.com/watch?v=5vqT0Dqg\\_5M](http://www.youtube.com/watch?v=5vqT0Dqg_5M)

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### Components of Brief Interventions: The FRAMES Model

- **Feedback**
- **Responsibility**
- **Advice**
- **Menu of options**
- **Empathy**
- **Self efficacy**

Rolnick S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioral and Cognitive Psychotherapy*, 23, 325-334.  
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### Feedback

- Give people their scores
- Relating it to the patients current health problem
- Asking them what they think about the information that you just provided

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### Responsibility

- Once you have given the feedback, let the patient decide where to go with it.
- Remember that it's the patients' responsibility to make choices about their substance use

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### Advice

- Ask the patient if they are open to feedback
- Provide options that can reduce or eliminate the impact that substances have on health related concerns

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### 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)
  - Utterly Nothing (No change)
  - Seek help (Referral for treatment)

Substance Abuse and Mental Health Services Administration. (2007). *Providing training in screening and brief intervention for trauma care providers: Lessons learned*. Retrieved from [http://www.nrehta.net/Du14/pd/m002\\_hurjgerford.pdf](http://www.nrehta.net/Du14/pd/m002_hurjgerford.pdf)

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### Menu (of alternative change options)

- Examples of options for patients to choose could include:
- Keeping a diary of substance use (where, when, how much, who with, why)
- Identifying high risk situations and strategies to avoid them
- Identifying other activities instead of drug use – hobbies, sports, exercise, healthy social activities etc

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### Menu (of alternative change options)

- Encouraging the patient to identify people who could provide support
- Providing information about other self help resources and written information
- Providing information about other groups or counselors that specialize in drug and alcohol problems
- Putting aside the money they would normally spend on alcohol or drugs for something else

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### 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

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### 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
  - Focuses on solutions not problems
  - Techniques designed to motivate and support change

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### Patient Scenarios

- Handout & activity
- SBIRT Role play

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### What if Patient Does Not Want to Change?

- Consider any harm reduction strategies
- Safe injecting or alternative routes
- Avoid mixing drugs
- Reduction in amount and/or frequency
- Reduction in variety
- Avoid driving when intoxicated

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### What if Patient Does Not Want to Change?

- Stress being safe, even when intoxicated
- Child protection
- Remind patients: What you buy is not always what you think

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### Closing the Intervention

- Summarize the patient's views
- Provide encouraging remarks
- Repeat what agreement has been reached
- Thank the person for their time and attention
- Let them know how you can be reached (if this is an option)

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### Pop Quiz! TRUE or FALSE

- If the patient scores 3-5 on the DAST-10 and is using heroin, you would assess readiness to change, provide results of screens, provide information on health issues, and recommend a referral for further assessment due to the seriousness of heroin use.



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### Pop Quiz!

#### TRUE or FALSE

- If the patient scores 6-8 on the DAST-10, he is at a moderate risk level and you would provide brief counseling to assist in reducing substance use.



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### Pop Quiz!

#### TRUE or FALSE

- As an SBIRT professional, you will be able to diagnose the problem using the screening instruments and then you will refer the patient to the appropriate treatment provider for treatment.



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### Pop Quiz!

#### TRUE or FALSE

- If the patient scores 3-5 on the DAST-10 and is using heroin, you would assess readiness to change, provide results of screens, provide information on health issues, and recommend a referral for further assessment due to the seriousness of heroin use.



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### Pop Quiz!

#### FILL IN THE BLANKS

- If a patient scores 1-2 on the DAST-10, and he is at a low level of risk and he reveals that his drug of choice is heroin, you will provide \_\_\_\_\_ and \_\_\_\_\_.

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### Substance Use Education for Nurses

Screening, Brief Intervention and Referral to Treatment (SBIRT)

#### Module 7: Stages of Change and Motivational Interviewing Techniques

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### Risky Behavior Activity

- We are going to read aloud a list of behaviors
- Make a mental note of which ones you engage in
- Consider what might motivate you to give up these activities

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### Assessing Readiness

- It's important to assess for stage of change so you can determine the right kind of intervention.
- Intervention matching individualizes the approach to readiness level

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### Stages of Change

- Basically, the model describes 5 stages of change:
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19 (3), 276-287.

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### Stages of Change

- Precontemplation
  - Unaware or under aware that there is a problem
  - Resignation
  - Lack of control
- Contemplation
  - Aware that a problem exists
  - Seriously thinking of overcoming it
  - No commitment to take action

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19 (3), 276-287.

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## Stages of Change

- Preparation
  - Intention to take action soon
  - May have taken actions that were unsuccessful in past year
  - May be taking small steps toward behavior changes

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19 (3), 276-287.  
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## Stages of Change

- Action:
  - Modification of behavior
  - Invest time and energy into change
  - Level of investment obvious to others
- Maintenance:
  - Works to prevent relapse
  - Consolidates gains of action stages
  - Long duration - possibly throughout one's life

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. (*Psychotherapy: Theory, Research and Practice*, 19 (3), 276-287.  
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## Readiness Ruler

1	2	3	4	5	6	7	8	9	10
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Rollnick, S., Heather, N., Gold, R. and Hall, W. (1992). Development of a short 'readiness to change' questionnaire for use in brief, opportunistic interventions among excessive drinkers. *British Journal of Addiction*, 87: 743-754.  
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### Patients Need Help

- **Precontemplation**
  - Raising awareness
- **Contemplation**
  - Resolving ambivalence and choosing positive change
- **Preparation**
  - Identifying appropriate change strategies

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### Patients Need Help

- **Action**
  - Implementing change strategies,
  - Learning to avoid/limit relapse
- **Maintenance**
  - Developing new skills for maintaining recovery
- **Recurrence**
  - Recovering quickly and resuming the change process

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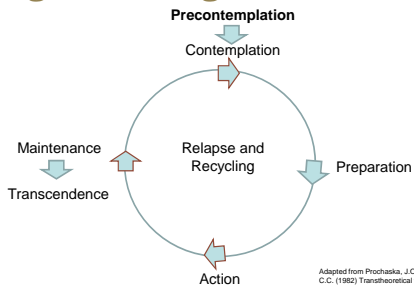
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### Stages of Change



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Adapted from Prochaska, J.O. and DiClemente, C.C. (1982) Transcendental therapy: Toward a more integrative model of change. *Psychotherapy: Research and Practice*, 19 (3), 276-287

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### Motivational Interviewing

- Approach to behavior change that assumes that motivation is fluid and can be influenced
- Motivation is influenced in the context of a relationship

Miller, W.R. & Rollnick, S. (2002). *Motivational interviewing: preparing people for change*. New York, NY: The Guilford Press.

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### Motivational Interviewing

- Principle tasks are to work with ambivalence and resistance
- Goal is to influence change in the direction of health

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### Motivational Interviewing

- Goal-setting
- Goals must be:
  - Realistic
  - Achievable
  - Specific
  - Observable

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### Motivational Interviewing

- Whose Goals?
  - Internal vs. external
  - Short term vs. long term
  
- Drug Specific vs. other health and lifestyle issues

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### Motivational Interviewing

- Emphasizes the patient's right to choose
- Assumes that responsibility and capability for change are found within the patient

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### Motivational Interviewing

- 5 Key Components
  - Express empathy
  - Elicit ambivalence
  - Elicit self-motivational statements
  - Display counseling micro-skills
  - Roll with resistance

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### Motivational Interviewing

- Explore Ambivalence
- What's good about your drug use?
- What's not good?
- Explore discrepancies
- Resolve these through change

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### Pop Quiz!

#### TRUE or FALSE

- Precontemplation is when the hazardous or harmful drinker is not considering change in the near future and may not be aware of the actual or potential health consequences of continued drinking at this level.

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### Pop Quiz!

#### FILL IN THE BLANKS

- When a patient shares concerns about a family member who may have a problem, you

✓ \_\_\_\_\_ ✓ \_\_\_\_\_  
 ✓ \_\_\_\_\_ ✓ \_\_\_\_\_

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## Pop Quiz!

### MATCHING

Brief intervention elements to be emphasized.

Precontemplation	Give encouragement
Contemplation	Feedback about the results of the screening & information about the hazards of drinking
Preparation	Emphasize the benefits of changing; give information about alcohol-related problems; the risks of delaying & discuss how to choose a goal
Action	Discuss how to choose a goal and give advice & encouragement
Maintenance	Review, advise & give encouragement

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## Substance Use Education for Nurses

### Screening, Brief Intervention and Referral to Treatment (SBIRT)

## Module 8: Treatment Approaches

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## Referral to Treatment

- When using Brief Intervention for referral, information about and linkage to the treatment providers is necessary
- Levels of care including detoxification, outpatient, day treatment and residential programs
- Connections for mental health providers to address co-occurring disorders
- Halfway houses and group homes for patients in need of living arrangements
- Local mutual self-help groups, individual counselors and other supportive community services

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### Providing the Referral

- Many patients are resistant to taking immediate action despite knowing how much they are drinking because of
  - not being aware their drinking is excessive
  - not having made the connection between drinking and problems
  - giving up perceived benefits of drinking
  - admitting their condition to themselves and others
  - not wanting to expend the time and effort required by treatment

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### Providing the Referral

- The goal of the referral should be to assure that the patient contacts a specialist for further diagnosis, and if required, receives treatment

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### Who Requires Referral to Treatment?

- Patients who have high indicators of abuse
- Some individuals who do not have high indicators are likely to require further diagnosis and treatment:
  - Persons strongly suspected of having ETOH dependence
  - Persons with prior history of ETOH or drug dependence (as suggested by prior treatment)
  - Persons with liver damage
  - Persons with prior or current serious mental illness
  - Persons who have failed to achieve their goals despite extended brief counseling

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### Referral to Treatment

- The effectiveness of referral process is impacted by:
  - Health care providers attitude and approach
  - Degree to which patient can resolve the resistance factors

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### Referral to Treatment: Feedback

- Clear discussion drinking in excess of safe limits
- Take note of problems related to drinking already present
- There are signs of possible presence of alcohol dependence syndrome
- Emphasize that such drinking is dangerous to personal health and potentially harmful to loved ones and others
- A frank discussion of whether the patient has tried unsuccessfully to cut back or quit may assist the patient in understanding that help may be required to change

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### Referral to Treatment: Advice

- Deliver the clear message that this is a serious medical condition and the patient should seek further diagnosis and possibly treatment
- The possible connection of drinking to current medical conditions should be drawn
- The risk of future health problems and social problems should be discussed

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### Types of Treatment

- Detoxification
  - Outpatient Detoxification
- Medically Managed/Monitored
  - Inpatient Residential
  - Long Term Residential
  - Short Term Residential
- Outpatient
  - Partial Hospitalization
  - Intensive Outpatient
  - Outpatient

PA Department of Health (1999). Commonwealth of Pennsylvania Department of Health Bureau of Drug and Alcohol Programs. Pennsylvania's Client Placement Criteria for Adults. PDF.

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### Residential Addiction Treatment

- Biopsychosocial Disease Model of Addiction
- Abstinence is the primary treatment goal
- AA/NA 12-Step programs are used as a major tool for recovery and relapse prevention
- Approximately 5 days of residential treatment including detoxification
- Provide individual, group, and family counseling along with medical and psychiatric services

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### Drug-Free Outpatient Treatment

- Uses a variety of counseling treatment models and strategies in combination with case management and 12-Step or self-help meetings
- Individual and/or group and family counseling are the primary treatment interventions utilized
- Vary in intensity and length of treatment
  - Out-patient treatment with scheduled attendance of less than 9 hours per week
  - Intensive Outpatient Treatment with a minimum of 9 hours weekly attendance ranging in increments of 3 to 8 hours a day for 5 to 7 days a week

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### Medically Assisted Treatment

- Combines medication and behavior therapy for the treatment of opioid or alcohol addiction
- Medications are used to help reestablish normal brain function, prevent relapse and diminish drug cravings
- Individual and group counseling are the primary behavior treatment interventions utilized
- Methadone, Suboxone and Naltrexone are the FDA approved medications used to treat opioid addiction
- Naltrexone, Acamprosate and Disulfiram are the FDA approved medications used to treat alcohol addiction

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### Pharmacological Treatment for Opiate Addiction

- Methadone
  - Opiate derivative
  - Not intoxicating or sedating when properly prescribed
  - Administered orally
  - Suppress withdrawal for 24-36 hours
  - Relieves craving associated with heroin addiction

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### Pharmacological Treatment for Opiate Addiction

- Suboxone
  - Partial agonist
  - Reaches a moderate plateau at moderate doses
  - Tablet form
  - Administered under the tongue

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## Pharmacological Treatment for Opiate Addiction

- Naltrexone
  - Opiate antagonist
  - Blocks the effects of opiates
  - Usually taken orally daily or three times weekly

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## Pharmacological Treatments for Alcoholism

- Naltrexone
  - Blocks opioid receptors involved in the rewarding effects of and craving for alcohol
  - Reduces relapse to heavy drinking
  - Highly effective in some but not all alcoholics
  - This difference is assumed to be genetic

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## Pharmacological Treatments for Alcoholism

- Acamprosate
  - Thought to reduce the symptoms of protracted withdrawal
  - May be more effective in patients with severe dependence

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### Pharmacological Treatments for Alcoholism

- Disulfiram
  - Antabuse
  - Interferes with the degradation of alcohol
  - Results in the accumulation of acetaldehyde
  - Produces flushing, nausea, and palpitations if the individual drinks alcohol

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### Therapeutic Community Residential Treatment

- Designed to treat individuals with both chemical dependency and severe psychosocial adjustment problems
- Focused on resocializing clients to a drug-free, crime-free life style
- The therapeutic milieu is used as the key agent of change to address negative thinking patterns and behavior
- Long-term, intensive treatment, typically of 6 to 12 months duration

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### Where to Turn for Help

- Allegheny County: Where to Call Directory of Mental Health and Drug and Alcohol Services
  - <http://www.alleghenycounty.us/dhs/substanceabuse.aspx>
- Pennsylvania Bureau of Drug and Alcohol Programs
  - Online drug and alcohol provider directories:
    - <http://webserver.health.state.pa.us/health/custom/TreatmentProviders.asp?COUNTY=All>

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## Where to Turn for Help

- **Help Connections, United Way of Pittsburgh**
  - Online directory of health and human services organizations in the Southwestern PA region
  - <http://www.pa21sw.org/>

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## Support Groups

- **Alcoholics Anonymous**
  - 12-Step self help group for alcoholics
  - 412-471-7472
  - <http://www.pghaa.org>
- **Narcotics Anonymous**
  - 12-Step self help group for drug addicts
  - HELPLINE: 412-391-5247
  - <http://www.tsrsca.org>

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## Support Groups

- **Al-Anon/Alateen**
  - 12-Step support groups for families of alcoholics
  - 412-683-7750 (local)
  - 800-628-8920
  - <http://www.pa-al-anon.org/>
- **NAR Anon**
  - 12-Step support groups for families of drug addicts
  - HELPLINE: ELEANORE 412-782-2210 or TERRY 724-869-0549
  - <http://sites.google.com/site/naranonwpa/>

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### Support Groups

- **Celebrate Recovery, Network of Hope**
  - Christian faith-based support groups for chemically addicted individuals
  - 412-487-7220
  - [www.networkofhope.org/](http://www.networkofhope.org/)

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### Support Groups

- **SMART Recovery**
  - Self-help online support group utilizing REBT principles
  - <http://www.smartrecovery.org/>
- **Secular Organizations for Sobriety**
  - Self-help group utilizing a secular rather than spiritual approach to recovery
  - <http://www.cfwest.org/sos/index.htm>

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### Substance Use Education for Nurses

Screening, Brief Intervention and Referral to Treatment (SBIRT)

#### Module 9: Cultural Competence

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### Ethnorelative Stages

**IV. Acceptance of Difference**

“Sometimes it’s confusing, knowing that values are different in various cultures and wanting to be respectful, but still wanting to maintain my core values.”

**V. Adaptation to Difference**

“I greet people from my culture and people from my host culture somewhat differently to account for cultural differences in the way respect is communicated.”

**VI. Integration of Difference**

“Whatever the situation, I can usually look at it from a variety of cultural points of view.”

Bennett, M. J. (1993). "Towards a Developmental Model of Intercultural Sensitivity" in R. Michael Paige, ed. Education for the Intercultural Experience. Yarmouth, ME: Intercultural Press.  
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### Pop Quiz!

#### TRUE or FALSE

- Intercultural sensitivity is the ability to discriminate and experience relative cultural differences



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### Pop Quiz!

#### FILL IN THE BLANKS

- The Ethnocentric Stages of the Developmental Model of Intercultural Sensitivity are

- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_

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University of Pittsburgh School of Nursing

**Substance Use Education for Nurses**  
**Screening, Brief Intervention and Referral to Treatment**  
**(SBIRT)**

**Module 10: Impaired Professionals**  
**\*PNAP Presentation\***

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Gorski, T. T., & Grinstead, S. F. (2000). *Denial management counseling workbook*. Independence, MO.: Herald House Independent Press.

Jellinek B. M. (1960). *The disease concept of alcoholism*. New Haven: Hillhouse Press.

Miller, B. (2006) SBIRT in the Urban Hospital Setting. [Presentation]. Albert Einstein Hospital, Philadelphia, PA.

Murray, P. & Begun, A. (2005). *Alcohol and Other Drug Abuse Training: Essentials for All Health Professionals*.

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### Additional Resources

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