Module 1: Characteristics and Overview of Substance Use Disorders

When you hear the words:

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

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

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
Scope of the Problem

- Alcohol is a factor in:
  - 60-70% of homicides
  - 40% of suicides
  - 38% of fatal motor vehicle crashes
  - 60% of burn injuries
  - 60% of drownings
  - 40% of fatal falls

Substance Abuse vs. Substance Dependence

Substance Abuse: the misuse of an illicit drug, prescription drug or over-the-counter medication.

Substance abuse often involves a pattern of harmful drug use for mood altering purposes.

A person diagnosed with substance abuse is not considered to be addicted or dependent (otherwise the diagnosis would be substance dependence).

Addiction is:

- A complex disorder
- The result of the interplay of multiple factors
  - Biological
  - Psychological
  - Sociocultural
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

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

Addiction is Manageable

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

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

Pop Quiz!

TRUE or FALSE
• "Alcohol dependence" is defined as using alcohol every day.

FILL IN THE BLANKS
• Addiction is _________________.

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

Module 2: Pathophysiology of Addiction
Addiction is a chronic relapsing disease of the brain.

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

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

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

Structures of the Brain
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

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

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.
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.

Types of Treatment

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


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 ________
Pop Quiz!
TRUE or FALSE
• The Crisis Point is the juncture at which the user must choose between personal values and continued use.
• Medically Monitored Short-term Residential Treatment is less restrictive than Partial Hospitalization.

Substance Use Education for Nurses
Screening, Brief Intervention and Referral to Treatment (SBIRT)
Module 3: SBIRT Effectiveness and Barriers

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.”

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


SBIRT

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

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
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

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

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
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.

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

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:
  •
  •
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


Copyright 2014, University of Pittsburgh. All Rights Reserved.
Drinker’s Pyramid Activity

The Drinker’s Pyramid

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


Standard Drink Activity
Definitions: Standard Drink

<table>
<thead>
<tr>
<th>12 fl oz of regular beer</th>
<th>8-10 fl oz of most liquor (pours in a 12 oz glass)</th>
<th>5 fl oz of table wine</th>
<th>1.5 fl oz shot of 80-proof spirits (&quot;hard liquor&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>about 6% alcohol</td>
<td>about 7% alcohol</td>
<td>about 12% alcohol</td>
<td>about 30% alcohol</td>
</tr>
</tbody>
</table>

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

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

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
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 or tolerance or withdrawal

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.

Pop Quiz!

**TRUE or FALSE**

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

TRUE or FALSE
• “Alcohol dependence” is defined as using alcohol every day
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

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)

Tools Available to Help You Screen

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

- **Alcohol Pre-Screen:**
  How many times in the past year have you had X or more drinks in a day?
  (5 for men, 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.


- **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.


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


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

Copyright 2014, University of Pittsburgh. All Rights Reserved.
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.

**Key Terms and Definitions for AUDIT**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous Drinking</td>
<td>A pattern of substance use carrying with it a risk of harmful consequences</td>
</tr>
<tr>
<td>at risk</td>
<td>to the user ICD-10</td>
</tr>
<tr>
<td>Harmful Use</td>
<td>A pattern of substance use that has already caused damage to health</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>A cluster of cognitive, behavioral and physiological symptoms that may</td>
</tr>
<tr>
<td></td>
<td>develop after repeated alcohol use-DSM-IV</td>
</tr>
</tbody>
</table>

**Domains and Item Content of AUDIT**

<table>
<thead>
<tr>
<th>Domains</th>
<th>Question Number</th>
<th>Item Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous Alcohol Use</td>
<td>1, 2, 3</td>
<td>Frequency of drinking, Typical quantity, Frequency of heavy drinking</td>
</tr>
<tr>
<td>Dependence Symptoms</td>
<td>4, 5, 6</td>
<td>Impaired control over drinking, Increased salience of drinking, Morning drinking</td>
</tr>
<tr>
<td>Harmful Alcohol Use</td>
<td>7, 8, 9</td>
<td>Guilt after drinking, Blackouts, Alcohol-related injuries</td>
</tr>
</tbody>
</table>
Interpretation of AUDIT

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7</td>
<td>No problems at this time</td>
</tr>
<tr>
<td>8-15</td>
<td>Hazardous and harmful alcohol use</td>
</tr>
<tr>
<td>16-19</td>
<td>High level of problematic use and possible dependence</td>
</tr>
<tr>
<td>20-40</td>
<td>Possible alcohol dependence</td>
</tr>
</tbody>
</table>


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

Advantages of Different Approaches to AUDIT Administration

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


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


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

Copyright 2014, University of Pittsburgh. All Rights Reserved.

Drugs Abuse Screening Test (DAST)
• Brief self-report instrument (10 items)
• Measures the degree of consequences related to drug abuse


Copyright 2014, University of Pittsburgh. All Rights Reserved.

Pop Quiz!
FILL IN THE BLANKS
• AUDIT stands for:
  A_______ U____ D_______ I___________
  T___

Copyright 2014, University of Pittsburgh. All Rights Reserved.
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_______

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

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.
Pop Quiz!

• MATCHING

Risk Zone I, score of 0-7

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.

Risk Zone II, score of 8-15

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.

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 and send the patient home.

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

Module 6: SBIRT Brief Intervention

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 person’s readiness to change
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

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

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
Job of Brief Interventions:

- Provide Feedback
- Listen and understand
- Explore Options

Example Interviews:

Video 1
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.

Video 2
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.
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).

Components of Brief Interventions: The FRAMES Model

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


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
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.

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.

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)

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

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

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

Patient Scenarios

- Handout & activity
- SBIRT Role play

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
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

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)

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.
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.

--

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.

--

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.
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 _______.

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

Module 7: Stages of Change and Motivational Interviewing Techniques

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
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

Stages of Change

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


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

School of Nursing

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


• 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


Readiness Ruler

Patients Need Help

• Precontemplation
  – Raising awareness
• Contemplation
  – Resolving ambivalence and choosing positive change
• Preparation
  – Identifying appropriate change strategies

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

Stages of Change

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


Copyright 2014, University of Pittsburgh. All Rights Reserved.

Motivational Interviewing

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

Motivational Interviewing

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

Copyright 2014, University of Pittsburgh. All Rights Reserved.
Motivational Interviewing

• Whose Goals?
  – Internal vs. external
  – Short term vs. long term

• Drug Specific vs. other health and lifestyle issues

Motivational Interviewing

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

Motivational Interviewing

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

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

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.

Pop Quiz!

FILL IN THE BLANKS
- When a patient shares concerns about a family member who may have a problem, you

✓ __________
✓ __________
✓ __________
✓ __________
Pop Quiz!  
MATCHING  
Brief intervention elements to be emphasized.

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

Contemplation
- Preparation
- Action
- Maintenance

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

Module 8: Treatment Approaches

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
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

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

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
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

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

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
Types of Treatment

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

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

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
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

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

- Suboxone
  - Partial agonist
  - Reaches a moderate plateau at moderate doses
  - Tablet form
  - Administered under the tongue
Pharmacological Treatment for Opiate Addiction

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

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

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

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 lifestyle
• 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

Where to Turn for Help

• Allegheny County: Where to Call Directory of Mental Health and Drug and Alcohol Services
  – http://www.alleghe County.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
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.pa211sw.org/

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.tsrscna.org

• 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/
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/)

• **SMART Recovery**
  – Self-help online support group utilizing REBT principles

• **Secular Organizations for Sobriety**
  – Self-help group utilizing a secular rather than spiritual approach to recovery

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

Module 9: Cultural Competence
Intercultural Experiences: A Developmental Perspective

- Intercultural sensitivity
  - The ability to discriminate and experience relevant cultural differences
- Intercultural competence
  - The ability to think and act in interculturally appropriate ways


A Developmental Model of Intercultural Sensitivity

Experience of Difference

<table>
<thead>
<tr>
<th>Stages</th>
<th>Ethnocentric Stages</th>
<th>Ethnorelative Stages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denial</td>
<td>Defense</td>
<td>Minimization</td>
</tr>
<tr>
<td>I. Denial of Difference</td>
<td>I. Denial of Difference</td>
<td></td>
</tr>
<tr>
<td>II. Defense Against Difference</td>
<td>II. Defense Against Difference</td>
<td></td>
</tr>
<tr>
<td>III. Minimization of Difference</td>
<td>III. Minimization of Difference</td>
<td></td>
</tr>
</tbody>
</table>

Ethnocentric Stages

I. Denial of Difference
"All big cities are the same—too many cars, McDonalds." 
"Since we all speak the same language, there's no problem."

II. Defense Against Difference
"When you go to other cultures, it makes you realize how much better the U.S. is. (Superiority)
"I wish I could give up my own cultural background and really be one of these people. (Reversal)"

III. Minimization of Difference
"Customs differ, of course, but when you really get to know them they're pretty much like us, so I can just be myself."

Copyright 2014, University of Pittsburgh. All Rights Reserved.
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.”


Copyright 2014, University of Pittsburgh. All Rights Reserved.

Pop Quiz!

TRUE or FALSE

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

Copyright 2014, University of Pittsburgh. All Rights Reserved.

Pop Quiz!

FILL IN THE BLANKS

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

Copyright 2014, University of Pittsburgh. All Rights Reserved.
Substance Use Education for Nurses
Screening, Brief Intervention and Referral to Treatment (SBIRT)

Module 10: Impaired Professionals
*PNAP Presentation*

Additional Resources


Fornili, K., Virginia. (2004). Substance abuse tool box: information for primary care providers. Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. (2nd ed.).


Additional Resources


Copyright 2014, University of Pittsburgh. All Rights Reserved.