Screening, Brief Intervention, and Referral to Treatment

An Evidence-Based Approach

BRIEF INTERVENTION
The following information has been adapted from the SAMHSA Core Curriculum: Screening Patients for Substance Use in Your Practice Setting, and slides by the National Screening, Brief Intervention & Referral to Treatment (SBIRT) Addiction Technology Transfer Center (ATTC) Network.

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What is SBIRT?

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services:

– For persons with substance use disorders
– Those who are at risk of developing these disorders

Primary care, mental health, inpatient hospital, dental and community settings provide opportunities for intervention with at-risk substance users before more severe consequences occur

(SAMHSA, 2017)
At-Risk Alcohol Use

- **Men:** No more than 4 drinks on any day *and* no more than 14 drinks per week
- **Women (and anyone age 65+):** No more than 3 drinks on any day *and* no more than 7 drinks per week

(NIAAA, 2017)
What is low risk drinking?

What’s “low-risk” drinking?

Low-risk drinking limits

<table>
<thead>
<tr>
<th></th>
<th>MEN</th>
<th>WOMEN</th>
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<tr>
<td>On any single DAY</td>
<td>No more than 4 drinks on any day</td>
<td>No more than 3 drinks on any day</td>
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<tr>
<td><strong>AND</strong></td>
<td>No more than 14 drinks per week</td>
<td>No more than 7 drinks per week</td>
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To stay low risk, keep within BOTH the single-day AND weekly limits.

(NIAAA, 2013)
What is a Standard Drink?

- 12 oz of beer
- 5 oz of wine
- 1.5 oz of liquor
Review- Screening

- A **preliminary assessment** that indicates probability that a specific condition is present
- Provides opportunity for **education, early intervention**
- Alerts provider to **risks for interactions** with medications or other aspects of treatment
- Offers opportunity to engage patient further
- Has proved beneficial in **reducing high-risk activities** for people who do not have an AUD

(SAMHSA, 1994)
Review- Screening

- **A preliminary assessment**
  - Indicates probability that a specific condition is present
- Opportunity for education, early intervention
- Alerts provider to risks for interactions with medications or other aspects of treatment
- Offers opportunity to engage patient further
- Reduce high-risk activities for people without an AUD

(SAMHSA, 1994)
Brief Interventions for Patients at Risk for Substance Use Problems
What Are Brief Interventions?

• Short, face-to-face conversations

• Discussing motivation and options to change

• Provided during a window of opportunity or teachable moment tied to physical or mental health problems that the patient is presenting

(SAMHSA-HRSA, n.d.)
A Motivational Interviewing Approach

- People are ambivalent about change
- People continue their use because of their ambivalence
- Resolving ambivalence in the direction of change is a key element of MI
- Motivation for change can be fostered by an accepting, empowering, and non-judgmental attitude

(SAMHSA-HRSA, 2011)
Basics of a Brief Intervention

• Aims to identify at-risk alcohol or other drug use

• Provides education about current at-risk use, including potential risks – health education approach

• Uses motivational interviewing techniques to encourage the patient to consider change

• Matches the patient’s Stage of Change – meet the patient where they are

(SAMHSA-HRSA, 2011)
Steps of the Brief Intervention

• Screening forms act as conversation starters
• Ask permission to raise the subject of alcohol/drug use
• “Thanks for filling out this form. Would you mind taking a few minutes to talk with me about your alcohol use and how it might relate to your ______________.”

(Addiction Technology Transfer Center (ATTC) Network, 2013)
Steps of the Brief Intervention

- Show patient where their level of use falls on the drinking pyramid
- Explore connection to health or impairment issues if there is one and express concern
- Educate about NIAAA Guidelines for low-risk drinking
- “What do you think about….we know that….how do you feel about that?”

(Center for Substance Abuse Treatment, 1999)
Steps of the Brief Intervention

Explore pros and cons:

- What are some things you like about your drinking?
- What are some things you like less/don’t like about your drinking?
- Use “Decisional Balance”

(Center for Substance Abuse Treatment, 1999)
Exploring Ambivalence

- Avoid questions that inspire a yes/no answer

(SAMHSA-HRSA, 2011)
On a scale of 1 to 10,
...where 1 is not at all ready and 10 is very ready,
...how ready are you to change any aspect of your alcohol use?
Confidence Ruler

• On a scale of 1 to 10,
• …where 1 is not at all confident and 10 is very confident,
• …how confident are you

(Rollnick, Heather, Gold, & Hall, 1992)
Importance Ruler

- On a scale of 1 to 10,
- ...where 1 is not at all important and 10 is very important,
- ...how important is it for you to change any aspect of your alcohol use?

(Rollnick, Heather, Gold, & Hall, 1992)
Steps of the Brief Intervention

- Negotiate a plan on how to, reduce use, abstain or seek referral
- Provide clear advice and express your concerns
- Negotiate and secure an agreement regarding the changes the patient is willing to make, including scheduling a follow-up if needed

(SAMHSA, 2017)
Steps of the Brief Intervention

- Confidence Ruler
- Make referral as needed/appropriate
- Seal the Deal

(SAMHSA, 2017)
Stages of Change: Intervention Matching Guide

1. Pre-contemplation

- Offer **factual** information
- Explore the **meaning of events** that brought the person to treatment
- Explore **results of previous efforts**
- Explore **pros and cons** of targeted behaviors

(SAMHSA-HRSA, 2011)
Stages of Change: Intervention Matching Guide

2. Contemplation

- Continue exploration of pros and cons
- Explore the person’s sense of self-efficacy
- Explore expectations regarding what the change will entail
- Summarize self-motivational statements

(SAMHSA-HRSA, 2011)
Stages of Change: Intervention Matching Guide

- Offer a **menu of options** for change
- Help identify **pros and cons** of various change options
- Identify and **lower barriers** to change
- Help person **enlist social support**
- Encourage person to **publicly announce plans** to change

(SAMHSA-HRSA, 2011)
Stages of Change: Intervention Matching Guide

- Support a **realistic view** of change through **small steps**
- Help **identify high-risk situations** and develop **coping strategies**
- Assist in **finding new reinforcers** of positive change
- Help access family and social **support**

(SAMHSA-HRSA, 2011)
Stages of Change: Intervention Matching Guide

- Help identify and try **alternative behaviors** (drug-free sources of pleasure)
- Maintain **supportive contact**
- Help **develop escape plan**
- Work to **set new** short and long term **goals**

(SAMHSA-HRSA, 2011)
6. Recurrence

Stages of Change: Intervention Matching Guide

- Frame recurrence as a **learning opportunity**
- Explore possible behavioral, psychological, and social **antecedents**
- Help to develop **alternative** coping strategies
- Explain Stages of Change & encourage person to **stay in the process**
- Maintain **supportive** contact

(SAMHSA-HRSA, 2011)
A Good Outcome from BI

• Agreeing to discuss alcohol and other drug (AOD) use
• Increasing knowledge of risk and consequences, tied to presenting medical condition
• Agreeing to a plan to cut back or abstain from AOD use
• Accepting a referral to specialized treatment, if necessary
Referral to Treatment

• Approximately 5% of patients screened will require referral to substance use evaluation and treatment.

• A patient may be appropriate for referral when screening responses reveal serious medical, social, legal or interpersonal consequences associated with their substance use.

• High risk patients will receive a referral, followed by a warm hand-off.

(Babor, Higgins-Biddle, Saunders, Maristela, & Monteiro, 2001)
“Warm Hand-Off” Approach to Referrals

• Describe treatment options to patients based on available services
  – Be aware of community resources (e.g., SAMHSA Treatment Locator-https://findtreatment.samhsa.gov/, Single State Agencies for Substance Use Disorders-https://www.samhsa.gov/sites/default/files/ssadirectory.pdf)

• Develop relationships between health centers, who do screening, and local treatment centers

(SAMHSA, 2013)
“Warm Hand-Off” Approach to Referrals

Facilitate hand-off by:

- Calling to make appointment for/with the patient
- Providing directions and clinic hours to patient
- Coordinating transportation when needed

(SAMHSA, 2013)
Resources

- Boston University- School of Public Health, the BNI ART Institute- http://www.bu.edu/bniart/
- SBIRT Oregon- http://www.sbirtoregon.org/
Resources

- University of Pittsburgh- School of Nursing SBIRT Teaching Resources - [http://www.nursing.pitt.edu/sbirt](http://www.nursing.pitt.edu/sbirt)
References


References


References

U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). (1994). Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases.)