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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Project Funding

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?

(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 _____.

Raise the subject

(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?"

Provide feedback

(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"

Enhance motivation

(Center for Substance Abuse Treatment, 1999)

Exploring Ambivalence

- Avoid questions that inspire a yes/no answer

The good things about _____	The not-so-good things about _____
The good things about changing	The not-so-good things about changing

(SAMHSA-HRSA, 2011)
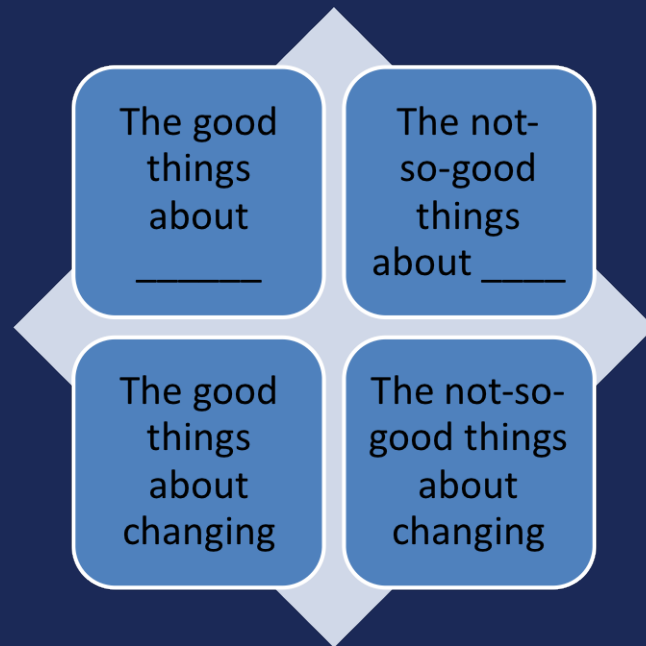
Readiness Ruler

- 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?

Enhance motivation

	1	2	3	4	5	6	7	8	9	10	
Not at all Ready											**Very Ready**

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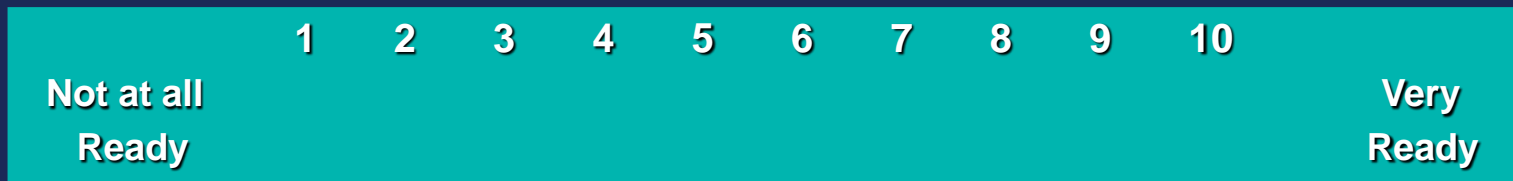
Confidence Ruler

- On a scale of 1 to 10,

- …where 1 is not at all confident and 10 is very confident,

- …how confident are you

Enhance motivation

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Not at all Confident											**Very Confident**

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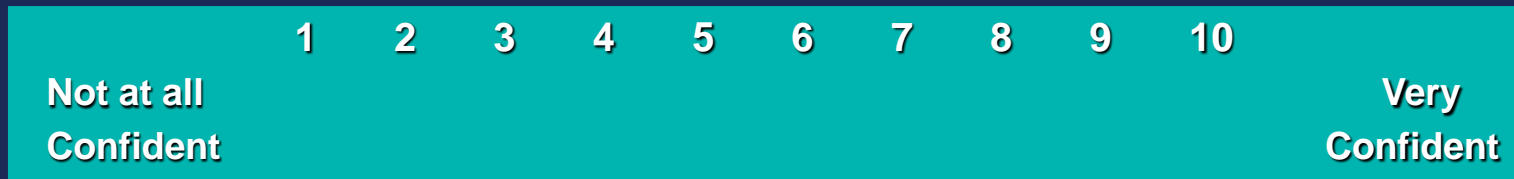
Importance Ruler

- 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?

Enhance motivation

	1	2	3	4	5	6	7	8	9	10	
Not at all Important											**Very Important**

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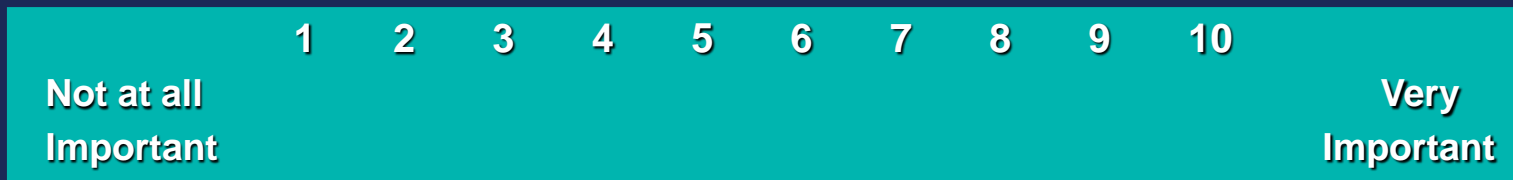
Steps of the Brief Intervention

- 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

Negotiate plan

(SAMHSA, 2017)

Steps of the Brief Intervention

- Confidence Ruler

- Make referral as needed/appropriate

- Seal the Deal

Negotiate plan

(SAMHSA, 2017)

Stages of Change: Intervention Matching Guide

- 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

1. Pre-contemplation

(SAMHSA-HRSA, 2011)

Stages of Change: Intervention Matching Guide

- 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

2. Contemplation

(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

3. Preparation

(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**

4. Action

(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**

5. Maintenance

(SAMHSA-HRSA, 2011)

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

6. Recurrence

(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

Nice Job!

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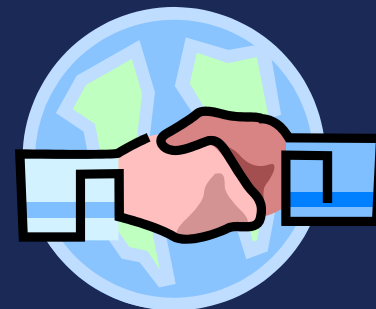
(SAMHSA, 2013)
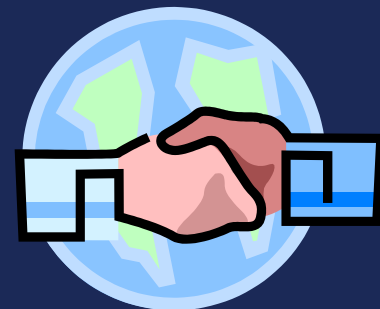
"Warm Hand-Off" Approach to Referrals

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

- NIAAA Video Cases: Helping Patients Who Drink Too Much-https://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/niaaa-clinicians-guide-online-training

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

- SBIRT Oregon- http://www.sbirtoregon.org/

- Improving Health Colorado- http://www.sbirtcolorado.org/

Resources

- NY State Office of Alcoholism and Substance Abuse Services (OASAS)- http://www.oasas.ny.gov/AdMed/sbirt/index.cfm

- Institute for Research, Education and Training in Addictions (IRETA)-http://ireta.org/resources/sbirt-101/

- University of Pittsburgh- School of Nursing SBIRT Teaching Resources- http://www.nursing.pitt.edu/sbirt

- SAMHSA/ HRSA Center for Integrated Health Solutions- https://www.integration.samhsa.gov/clinical-practice/sbirt

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