

# Screening, Brief Intervention, and Referral to Treatment

*An Evidence-Based Approach*

## BRIEF INTERVENTION

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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.

This project was a collaboration with the National ATTC, the Institute for Research, Education & Training in Addictions (IRETA) and the University of Pittsburgh School of Nursing.

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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*




# At-Risk Alcohol Use

- **Males assigned at birth:** No more than 4 drinks on any day *and* no more than 14 drinks per week
- **Females assigned at birth (and anyone age 65+):** No more than 3 drinks on any day *and* no more than 7 drinks per week

# What is low risk drinking?

**What's "low-risk" drinking?**

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

**\*\* AND \*\***

*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 (NIH Publication No. 10-3770) [www.rethinkingdrinking.niaaa.nih.gov](http://www.rethinkingdrinking.niaaa.nih.gov)

2 Copyright 2013, University of Pittsburgh. All Rights Reserved. This project was supported in part by funds from the Division of Nursing (DN), Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under grant number D11HP14629. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the Division of Nursing, BHP, HRSA, DHHS or the U.S. Government.

(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





# 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



# 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

# 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



# 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

# 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**

# 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**

# 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**

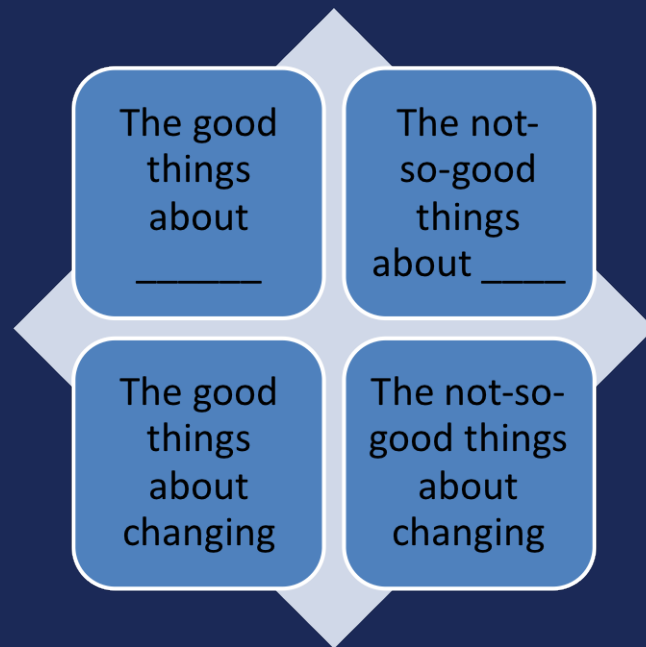
(Center for Substance Abuse Treatment, 1999)





# Exploring Ambivalence

- Avoid questions that inspire a yes/no answer

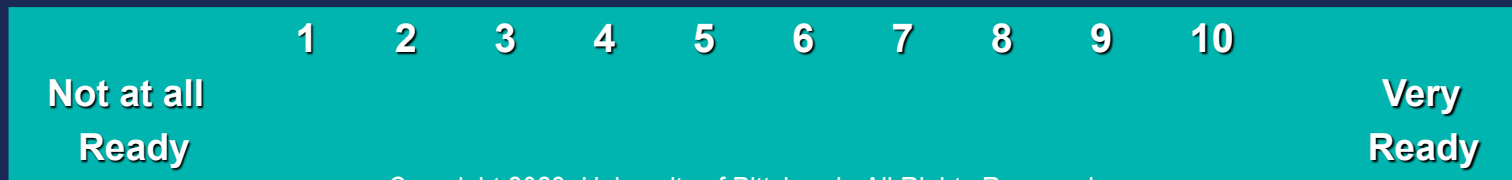




# Readiness Ruler

- 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**



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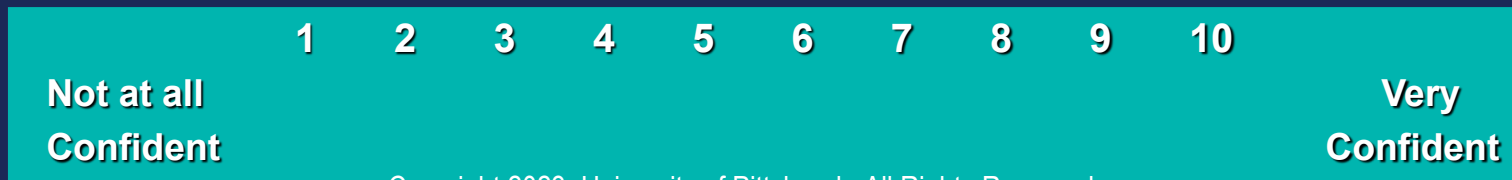
(Rollnick, Heather, Gold, & Hall, 1992)



# 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**



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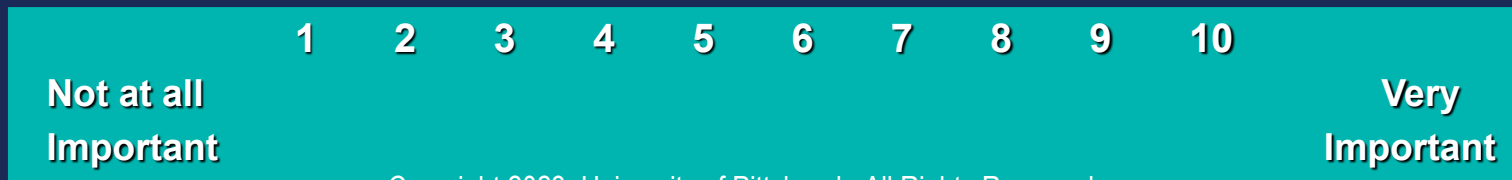
(Rollnick, Heather, Gold, & Hall, 1992)



# 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**



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(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**

# Steps of the Brief Intervention

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

**Negotiate  
plan**



# 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



# 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





# 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



# 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**



# 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



# 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



# 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





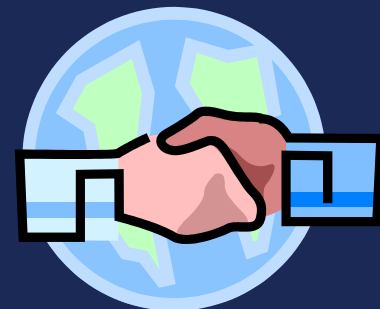
# Referral to Treatment

- 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.



# “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

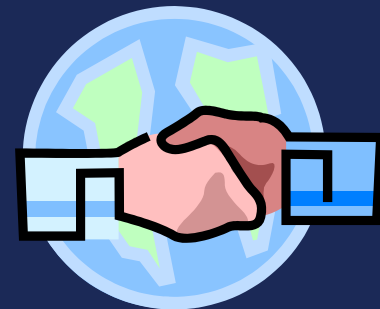




# “Warm Hand-Off” Approach to Referrals

Facilitate hand-off by:

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





# 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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