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

University of Pittsburgh School of Nursing

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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 alcohol use disorder 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. Substance Abuse and Mental Health Services Administration
  - 16.5 percent of individuals in the U.S. over the age of 12 years meet criteria for a substance use disorder
  - 10.5 percent of individuals in the U.S. over the age of 12 years meet criteria for an alcohol use disorder
  - 8.5 percent of individuals in the U.S. over the age of 12 years meet criteria for a drug use disorder

Scope of the Problem

- At-risk substance use is strongly associated with health problems, disability, death, accident, injury, social disruption, crime and violence.

- At-risk alcohol use alone generates nearly $229 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 fatal burn injuries
  – 60% of drownings
  – 40% of fatal falls


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Substance Abuse vs. Substance Dependence

*At-risk substance use*: the misuse of an illicit drug, prescription drug or over-the-counter medication.

*At-risk substance use often involves a pattern of high-risk drug use for mood altering purposes.*
A Substance Use Disorder is:

- A complex disorder
- The result of the interplay of multiple factors
  - Biological
  - Psychological
  - Sociocultural
Symptoms of Substance Use Disorders

• *Progression* – use increases over time

• *Tolerance* – it takes more of the substance to get the same high

• *Preoccupation* – activities and thinking focus on use of the substance
Symptoms of Substance Use Disorders

- *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
Substance Use Disorders are Manageable

• Substance use disorders are manageable and, with treatment, has good outcomes.

….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.

Relapse Rates are Similar for Drug Addiction & Other Chronic Illnesses

- Drug Addiction: 40 to 60%
- Type I Diabetes: 30 to 50%
- Hypertension: 50 to 70%
- Asthma: 50 to 70%

Pop Quiz!

TRUE or FALSE

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

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


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Genetic factors contribute 40% to 60% of the vulnerability


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


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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
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


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Drugs of Abuse and the Brain Reward System

• All substances that can be misused 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
Types of Treatment

• Detoxification
  – Outpatient Detoxification

• Medically Managed/Monitored
  – Inpatient Residential
  – Long Term Residential
  – Short Term Residential

• Outpatient
  – Partial Hospitalization
  – Intensive Outpatient
  – Outpatient


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Pop Quiz!

TRUE or FALSE

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

TRUE
Pop Quiz!

TRUE or FALSE

- Medically Monitored Short-term Residential Treatment is less restrictive than Partial Hospitalization.

FALSE
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Module 3: SBIRT Effectiveness and Barriers
“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 patients who drink alcohol at high-risk levels.
  - 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 or substance use disorders
• 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 patients with substance use-related problems
- 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 alcohol or other drug (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 and at-risk 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

TRUE

FILL IN THE BLANKS

• When AOD screening becomes more routine you can expect:
  • Greater patient and family satisfaction
  • Better patient management and follow-up
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Module 4: Identification
What does “at-risk” mean for alcohol use?

What does “at-risk” mean for alcohol use?

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

Alcohol Use Pyramid Activity
Alcohol Use Pyramid

- **40% Abstinence**
- **35% Low-Risk Alcohol Use**
- **20% At-Risk Alcohol Use**
- **5% Probable Alcohol Use Disorder**


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Standard Drink Activity
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.

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 assigned at birth: 5 or more drinks in about 2 hours
- Typical adult females assigned at birth: 4 or more
- Gender diverse should adhere to guidelines based on sex assigned at birth
- For some individuals, the number of drinks needed to reach “binge” level BAC is lower

At-Risk Alcohol Use and Alcohol Use Disorder

• Persons who engage in at-risk alcohol use are those who drink above NIAAA limits and also have one or more alcohol-related problems or adverse events

• Those with alcohol use disorder 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, at-risk use, and use disorders: 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 at-risk drinking is having 4 drinks in one hour and then driving home

TRUE
Pop Quiz!

TRUE or FALSE

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

FALSE
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Module 5: Screening Overview
Screening

• What screening do you already know about?

• What is your comfort level doing screens?
Goals of Screening

• Identify high-risk drinking or drug use and those likely to have an alcohol use disorder
• 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

- 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 persons)
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?

(X equals 5 for males assigned at birth and 4 for females assigned at birth 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
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>Drinking definitions</th>
<th>A pattern of substance use carrying with it a risk of harmful consequences to the user</th>
</tr>
</thead>
<tbody>
<tr>
<td>At-Risk Use</td>
<td>A pattern of substance use that has already caused damage to health</td>
</tr>
<tr>
<td>Alcohol Use Disorder</td>
<td>A cluster of cognitive, behavioral and physiological symptoms that may develop after repeated alcohol use-</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</td>
<td>Frequency of drinking</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Typical quantity</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Frequency of heavy drinking</td>
</tr>
<tr>
<td>Dependence Symptoms</td>
<td>4</td>
<td>Impaired control over drinking</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Increased salience of drinking</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Morning drinking</td>
</tr>
<tr>
<td>Harmful Alcohol Use</td>
<td>7</td>
<td>Guilt after drinking</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Blackouts</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Alcohol-related injuries</td>
</tr>
</tbody>
</table>


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# 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>At-risk alcohol use</td>
</tr>
<tr>
<td>16-19</td>
<td>High level of at-risk use and possible use disorder</td>
</tr>
<tr>
<td>20-40</td>
<td>Possible alcohol use disorder</td>
</tr>
</tbody>
</table>


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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
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
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


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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
Drug Abuse Screening Test (DAST)

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

Pop Quiz!

FILL IN THE BLANKS

- AUDIT stands for:
  Alcohol Use Disorders Identification Test
Pop Quiz!

TRUE or FALSE

• The AUDIT screens for at-risk alcohol use or alcohol use disorders.

TRUE

FILL IN THE BLANKS

• SBIRT stands for: Screening, Brief Intervention, Referral to Treatment
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.

FALSE

TRUE or FALSE

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

TRUE
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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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 persons 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
- Patients with substance use-related problems or use disorders 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.


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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).


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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.

TRUE
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.

FALSE
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.

FALSE
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.

TRUE
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 __brief____ __counseling____ and __motivational____ __techniques__.
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Module 7: Stages of Change and Motivational Interviewing Techniques
At-Risk 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

• 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

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

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

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

Precontemplation

Contemplation

Preparation

Relapse and Recycling

Action

Maintenance

Transcendence


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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

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
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 person engaging in at-risk alcohol use 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.

TRUE
Pop Quiz!

FILL IN THE BLANKS

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

✓ listen sympathetically
✓ provide information
✓ encourage support
✓ joint problem-solving
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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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 at-risk
  – 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
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
Who Requires Referral to Treatment?

• Patients who have high indicators of at-risk use or use disorders

• Some individuals who do not have high indicators are likely to require further diagnosis and treatment:
  – Persons strongly suspected of having an alcohol use disorder
  – Persons with prior history of substance use disorders (as suggested by prior treatment)
  – Persons with liver damage
  – Persons with prior or current severe mental illness
  – Persons who have not achieved 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 use disorder
- 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
- 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
Medications for Addiction Treatment

• Combines medication and behavior therapy for the treatment of opioid or alcohol use disorders

• 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, buprenorphine, and naltrexone are the FDA approved medications used to treat opioid use disorder

• Naltrexone, acamprosate and disulfiram are the FDA approved medications used to treat alcohol use disorder
Pharmacological Treatment for Opioid Use Disorder

• Methadone
  – Opiate derivative
  – Not intoxicating or sedating when properly prescribed
  – Administered orally
  – Suppress withdrawal for 24-36 hours
  – Relieves craving associated with heroin addiction
Pharmacological Treatment for Opioid Use Disorder

• Buprenorphine
  – Partial agonist
  – Reaches a moderate plateau at moderate doses
  – Tablet or film form
  – Administered under the tongue
Pharmacological Treatment for Opioid Use Disorder

• Naltrexone
  – Opioid antagonist
  – Blocks the effects of opiates
  – Usually taken orally daily or can be administered once monthly in an intramuscular format
Pharmacological Treatments for Alcohol Use Disorder

• Naltrexone
  – Blocks opioid receptors involved in the rewarding effects of and craving for alcohol
  – Reduces risk of relapse or recurrence
Pharmacological Treatments for Alcoholism

- Acamprosate
  - Thought to reduce the symptoms of protracted withdrawal
  - May be more effective in patients with severe alcohol use disorder
Pharmacological Treatments for Alcoholism

- Disulfiram
  - 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

• 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
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

Ethnocentric Stages
Denial | Defense | Minimization | Acceptance | Adaptation | Integration

Ethnorelative Stages

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.”


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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.”

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Pop Quiz!

TRUE or FALSE

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

TRUE
Pop Quiz!

FILL IN THE BLANKS

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

✓ denial
✓ defense
✓ minimization
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


