



University of Pittsburgh

Substance Use Education for Nurses

**Screening, Brief Intervention and
Referral to Treatment (SBIRT)**

University of Pittsburgh School of Nursing

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Substance Use Education for Nurses

Screening, Brief Intervention and Referral to Treatment (SBIRT)

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

Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>



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

Parsley, I. C., Dale, A. M., Fisher, S. L., Mintz, C. M., Hartz, S. M., Evanoff, B. A., & Bierut, L. J. (2022). Association between workplace absenteeism and alcohol use disorder from the National Survey on Drug Use and Health, 2015-2019. *JAMA Network Open*, 5(3), e222954-e222954.

U.S. Department of Health and Human Services. (2023). Highlights of the Surgeon General's Report on Alcohol, Drug, and Health: At-a-Glance. Washington D.C.: United States Department of Health and Human Services.



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

Runge, J.W., Hargarten, S., Velianoff, G., Brewer, P.A., D'Onofrio, G., Soderstrom, C.A., Gentilello, L.M., Flaherty, L., Fiellin, D.A., Degutis, L.C., & Pantalon, M.V. (2001). Developing Best Practices of Emergency Care for the Alcohol-Impaired Patient: Recommendations from the National Conference. Report No. DOT HS 809 281. National Highway Traffic Safety Administration, Impaired Driving Division: Washington, DC 20590. Retrieved from <http://www.nhtsa.gov/people/injury/alcohol/EmergCare/research.htm>



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.



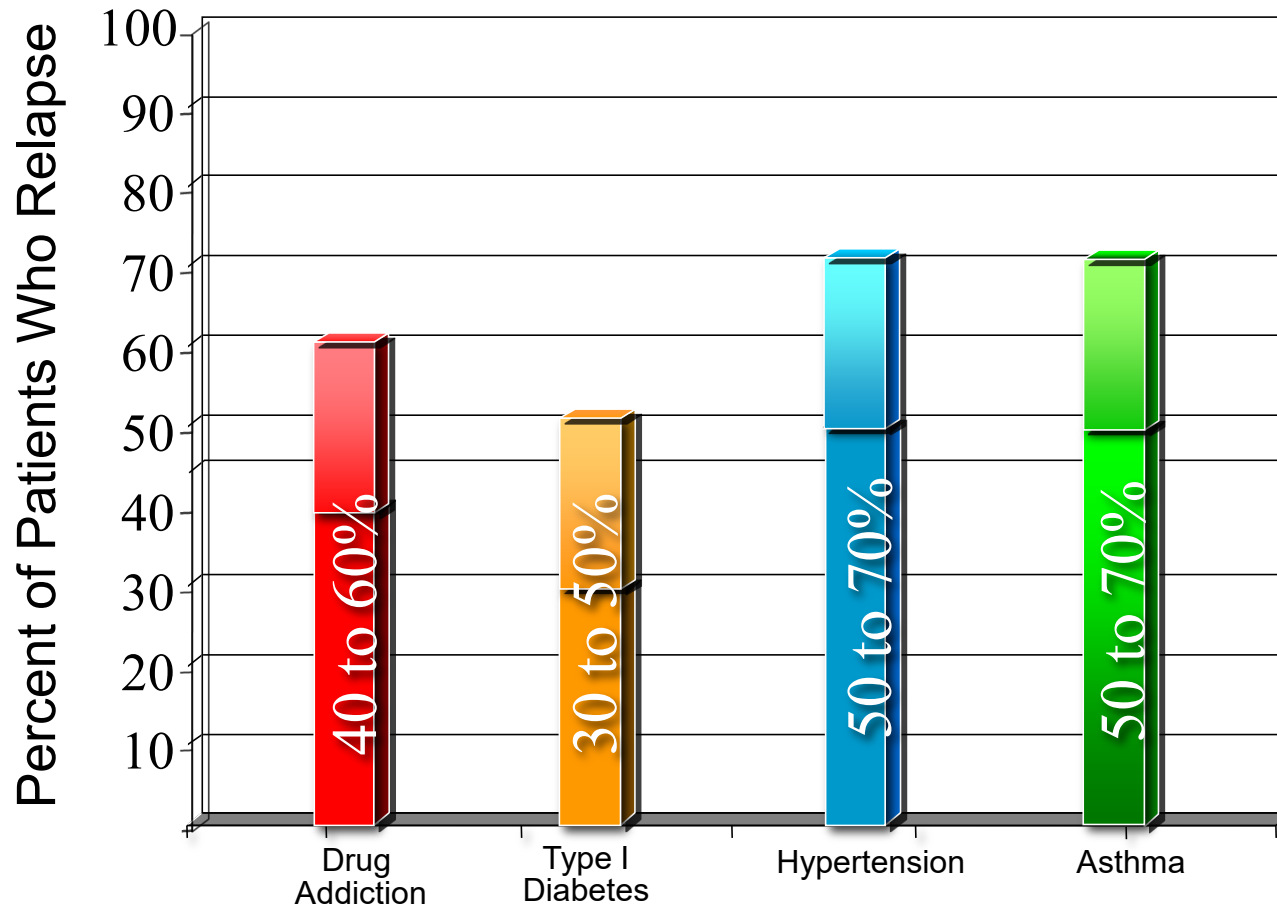
Williams, K.(Photographer). (2008). *Hands covering downward-turned face*. [Digital image]. Retrieved from <http://www.flickr.com/photos/haterblog/2952721574/>
Used with permission.

....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



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McLellan, A.T., Lewis, D. C., O'Brien, C.P., Kleber, H.D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association*, 284(13):1689-1695. doi:10.1001/jama.284.13.1689.



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

National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. (2010). *Drugs, brains and behavior: The science of addiction*. Retrieved from <http://www.drugabuse.gov/sites/default/files/sciofaddiction.pdf>.

Kaulitzki, S. (Photographer). (2006). *3d rendered illustration of an active receptor*. [Digital image]. Retrieved from http://www.shutterstock.com/pic-130088948/stock-photo--d-rendered-illustration-of-an-active-receptor.html?src=eRYGkFJqPBCKh1y_JE7rpg-1-0. Used with permission

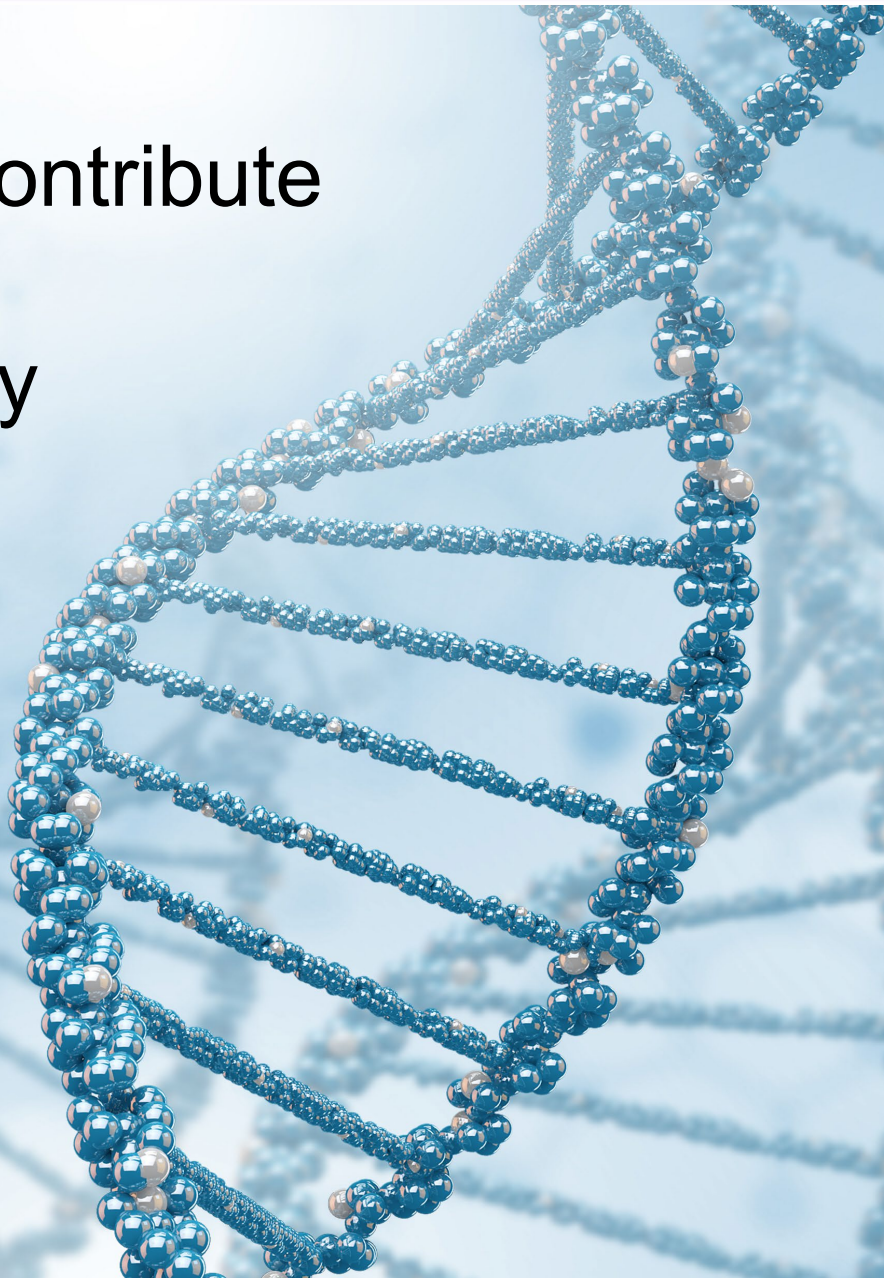


Genetic factors contribute 40% to 60% of the vulnerability

National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. (2010). *Drugs, brains and behavior: The science of addiction*. Retrieved from <http://www.drugabuse.gov/sites/default/files/sciofaddiction.pdf>

Nivens, S. (Photographer). (2009). *Image of DNA strand against colour background*. [Digital image] Retrieved from <http://www.shutterstock.com/pic-112250879/stock-photo-image-of-dna-strand-against-colour-background.html?src=LctdB28KWTULInuLnul4Vg-1-6>. Used with permission.

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

National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. (2010). *Drugs, brains and behavior: The science of addiction*. Retrieved from <http://www.drugabuse.gov/sites/default/files/sciofaddiction.pdf>

Oleksey, F. (Photographer). (2006). *Brain-3D illustration*. [Digital image] Retrieved from <http://www.shutterstock.com/pic-129560924/stock-photo-brain-d-illustration.html?src=dx8Am1NQqEXK91ifSGkp-A-1-28>. Used with permission.

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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

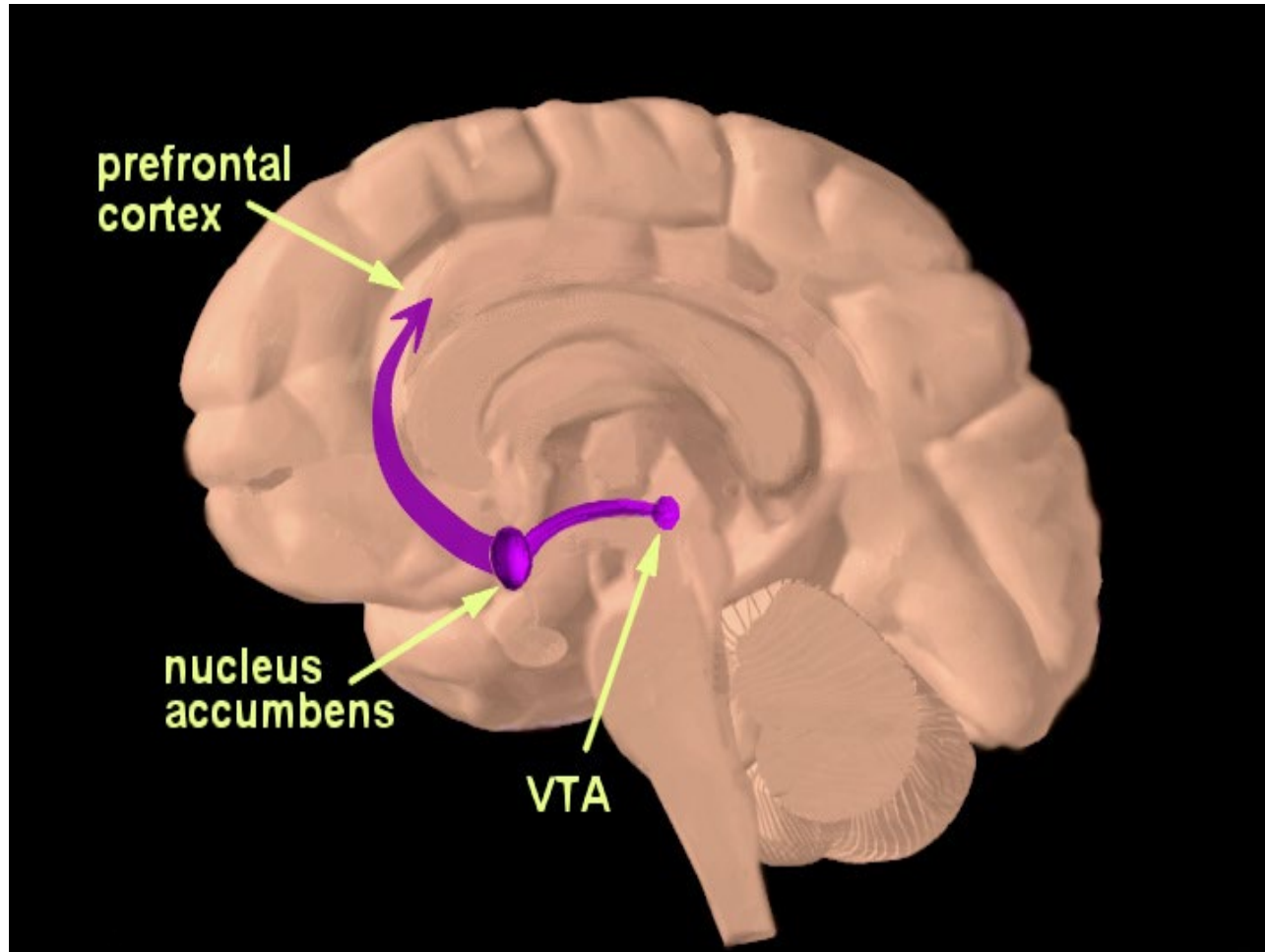


Brain Reward System

- 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



National Institute on Drug Abuse (2007). *The brain & the actions of cocaine, opiates, and marijuana*. Retrieved from <http://www.drugabuse.gov/publications/teaching-packets/brain-actions-cocaine-opiates-marijuana/section-ii-introduction-to-reward-system/2-reward-pathw>

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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

National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. (2010). *Drugs, brains and behavior: The science of addiction*. Retrieved from <http://www.drugabuse.gov/sites/default/files/sciofaddiction.pdf>



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

PA Department of Health (1999). Commonwealth of Pennsylvania Department of Health Bureau of Drug and Alcohol Programs. Pennsylvania's Client Placement Criteria for Adults. PDF.

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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



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.”

Solberg, L. I., Maciosek, M. V., & Edwards, N. M. (2008). Primary care intervention to reduce alcohol misuse: Ranking its health impact and cost effectiveness. *American Journal of Preventive Medicine*;34 (2):143-152.



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

Babor, T. F. (1996). A cross-national trial of brief interventions with heavy drinkers. *American Journal of Public Health* (86.7): 948-948.



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



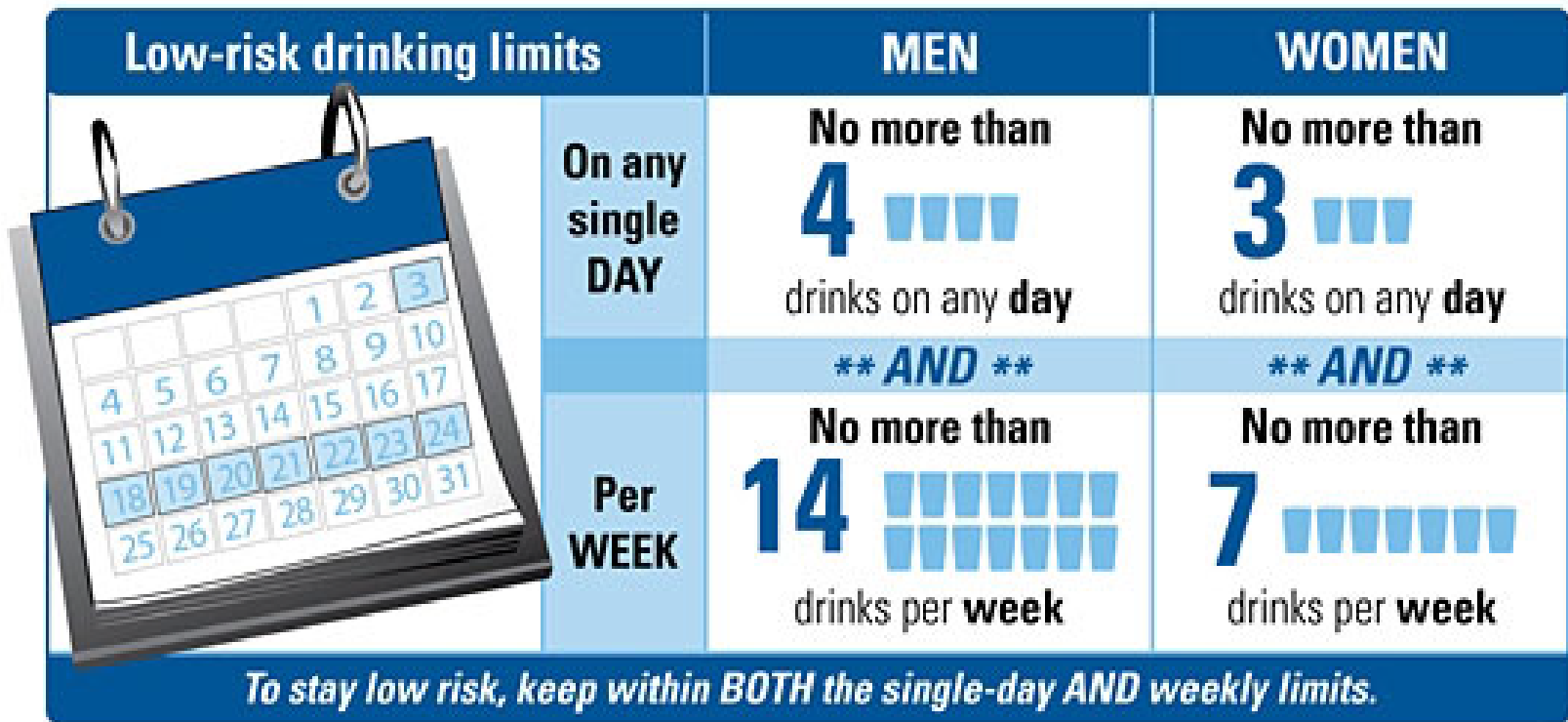
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Module 4: Identification



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



U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).



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

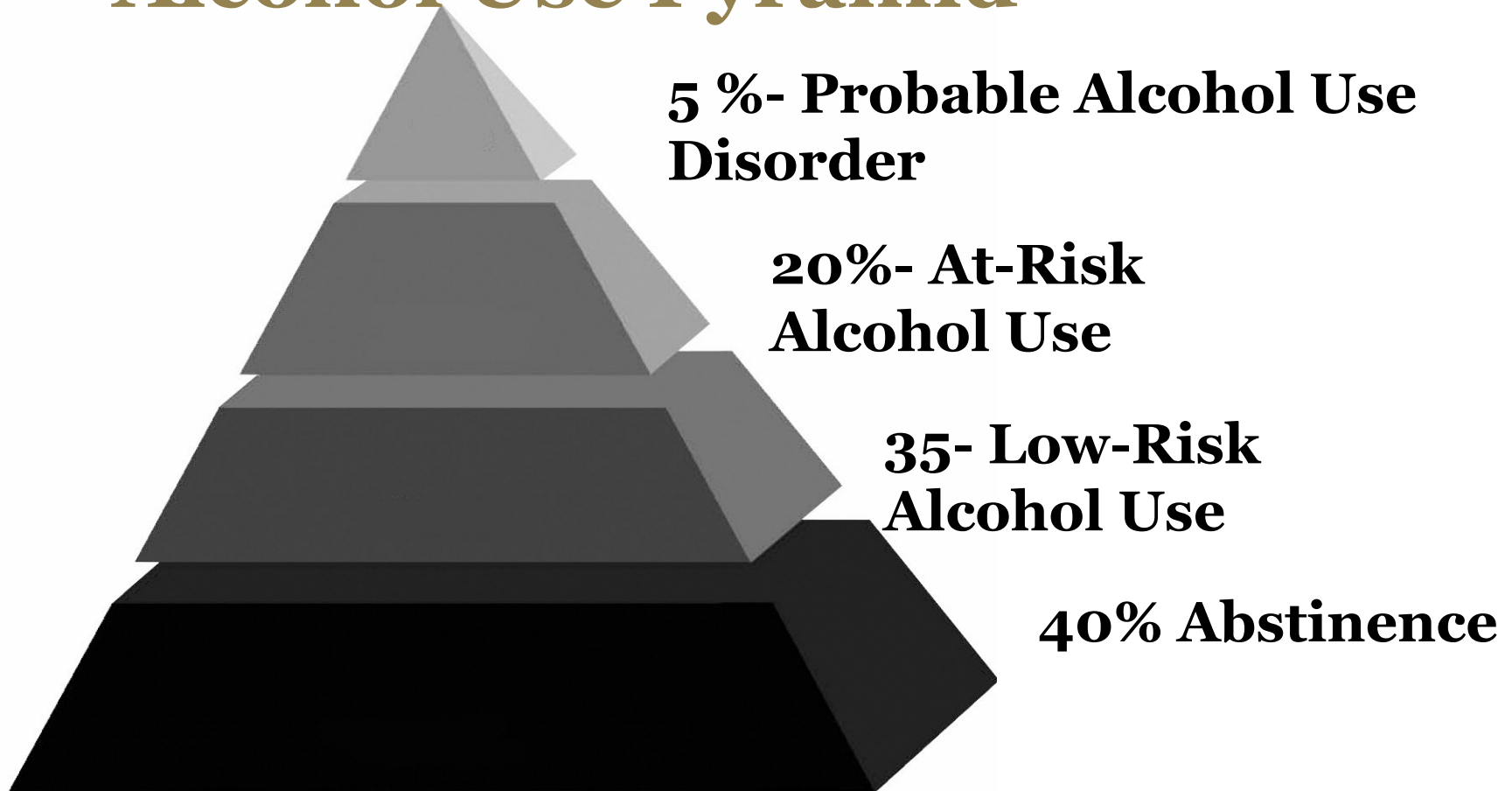
U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).



Alcohol Use Pyramid Activity



Alcohol Use Pyramid



World Health Organization. (2002). *A guide to low risk drinking*. Retrieved from http://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/dev_013199.pdf

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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

National Institute on Alcohol Abuse and Alcoholism. (2005). *Social work education for the prevention and treatment of alcohol use disorders. Module 1: Epidemiology of alcohol problems in the United States*. Retrieved from <http://pubs.niaaa.nih.gov/publications/Social/Module1Epidemiology/Module1.html>



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 of 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.

U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).

- **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.

U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).



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

World Health Organization. (2013). *Screening and brief intervention for alcohol problems in primary health care*. Retrieved from http://www.who.int/substance_abuse/activities/sbi/en/



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

Drinking definitions	A pattern of substance use carrying with it a risk of harmful consequences to the user ICD-10
At-Risk Use	A pattern of substance use that has already caused damage to health ICD-10
Alcohol Use Disorder	A cluster of cognitive, behavioral and physiological symptoms that may develop after repeated alcohol use- DSM-IV

World Health Organization. (2001). *The alcohol use disorders identification test: Guidelines for use in primary care*. Retrieved from http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf



Domains and Item Content of AUDIT

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries

World Health Organization. (2001). *The alcohol use disorders identification test: Guidelines for use in primary care*. Retrieved from http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf



Interpretation of AUDIT

0-7	No problems at this time
8-15	At-risk alcohol use
16-19	High level of at-risk use and possible use disorder
20-40	Possible alcohol use disorder

World Health Organization. (2001). *The alcohol use disorders identification test: Guidelines for use in primary care*. Retrieved from http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf



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.”

World Health Organization. (2001). *The alcohol use disorders identification test: Guidelines for use in primary care*. Retrieved from http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf



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

World Health Organization. (2001). *The alcohol use disorders identification test: Guidelines for use in primary care*. Retrieved from http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf



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)

Gavin D.R., Ross H.E., Skinner H.A. (1989). Diagnostic validity of the drug abuse screening test in the assessment of dsm-iii drug disorders. *British Journal of Addiction*. 84 (3), 301-307.



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 is 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 is 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.



Substance Use Education for Nurses

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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

Substance Abuse and Mental Health Services Administration. (2007). *Providing training in screening and brief intervention for trauma care providers: Lessons learned*. Retrieved from http://www.inebria.net/Du14/pdf/nov20_hungerford.pdf



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.

Anti-SBIRT (Doctor A). (2011). United States: Boston University School of Public Health BNI Art Institute. Retrieved from <http://www.youtube.com/watch?v=ZGETDcFcAbI>



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.

Using SBIRT Effectively (Doctor B). (2011). United States: Boston University School of Public Health BNI Art Institute. Retrieved from <http://www.youtube.com/watch?v=uL8QyJF2wVw>



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).

SBIRT for alcohol use: college student. (2011). United States: Boston University School of Public Health BNI Art Institute. Retrieved from http://www.youtube.com/watch?v=SvqjTONp_SM



Components of Brief Interventions: The FRAMES Model

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

Rollnick S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioral and Cognitive Psychotherapy*, 23, 325-334.



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)

Substance Abuse and Mental Health Services Administration. (2007). *Providing training in screening and brief intervention for trauma care providers: Lessons learned*. Retrieved from http://www.inebria.net/Du14/pdf/nov20_hungerford.pdf



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.



Substance Use Education for Nurses

Screening, Brief Intervention and Referral to Treatment (SBIRT)

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

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19 (3), 276-287.



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

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19 (3), 276-287.



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

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19 (3), 276-287.



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

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. (*Psychotherapy: Theory, Research and Practice*, 19 (3), 276-287.



Readiness Ruler

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Rollnick, S., Heather, N., Gold, R. and Hall, W. (1992), Development of a short 'readiness to change' questionnaire for use in brief, opportunistic interventions among excessive drinkers. *British Journal of Addiction*, 87: 743–754.



Patients Need Help

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

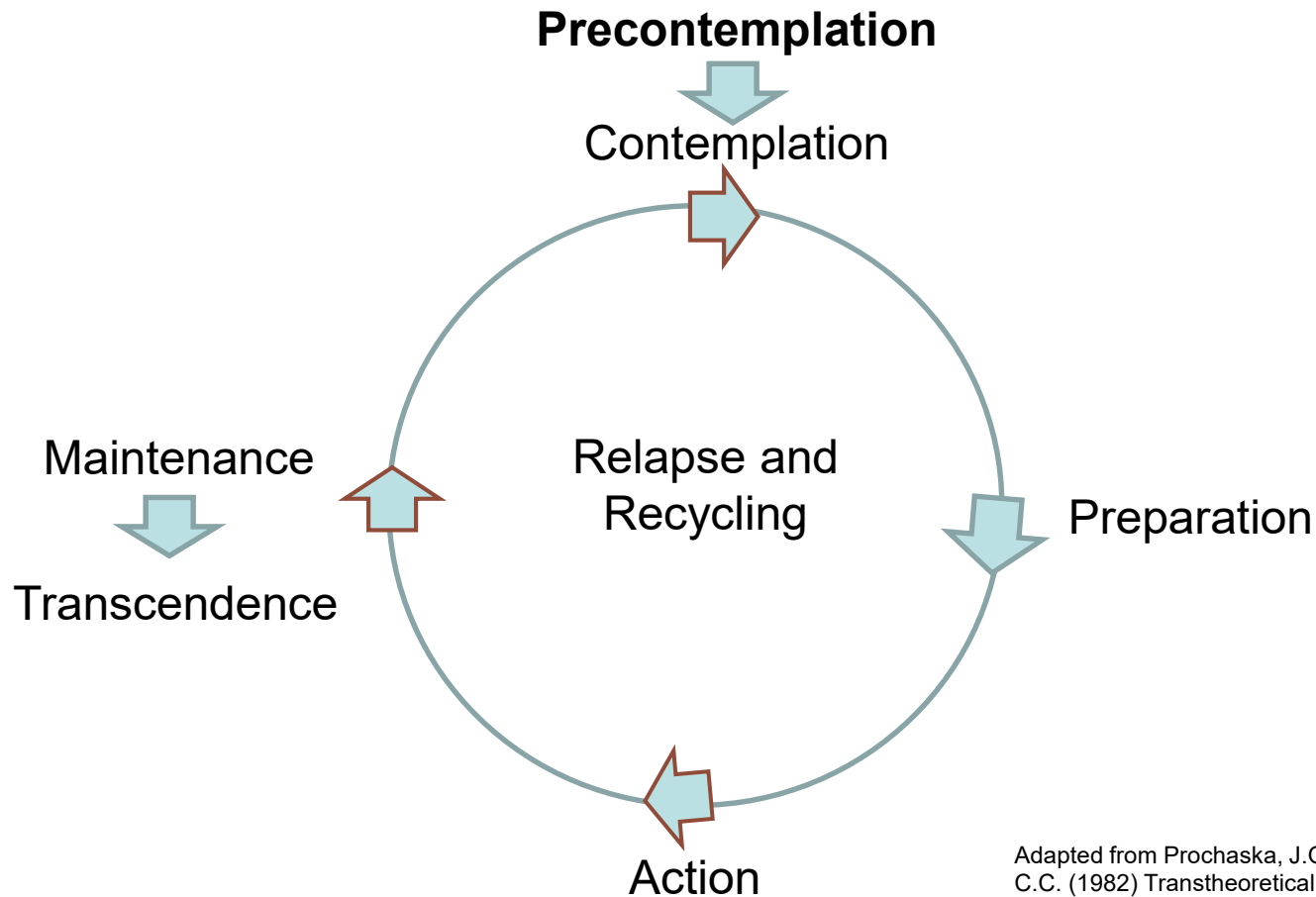


Patients Need Help

- 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



Adapted from Prochaska, J.O. and DiClemente, C.C. (1982) Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Research and Practice*, 19 (3), 276-287



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

Miller, W.R. & Rollnick, S. (2002). *Motivational interviewing: preparing people for change*. New York, NY: The Guilford Press.



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
 - ✓ encourage support
 - ✓ provide information
 - ✓ 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



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 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

PA Department of Health (1999). Commonwealth of Pennsylvania Department of Health Bureau of Drug and Alcohol Programs. Pennsylvania's Client Placement Criteria for Adults. PDF.



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

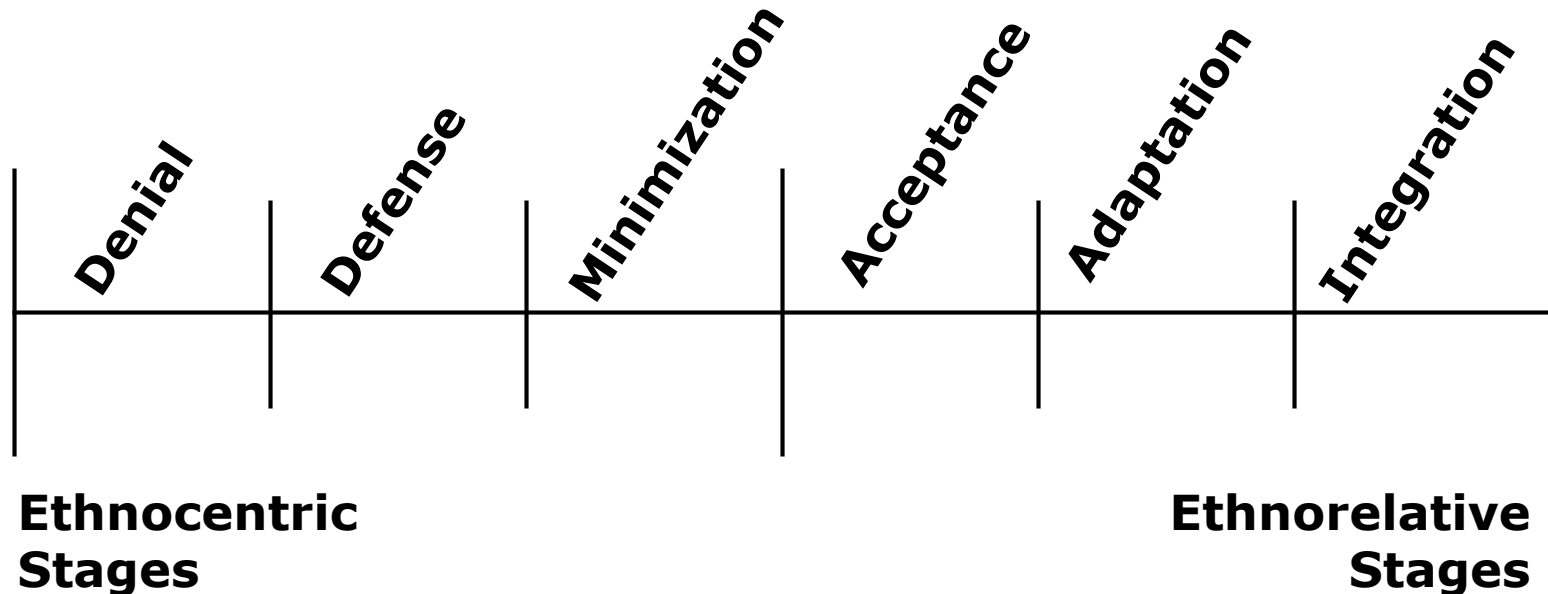
- Intercultural sensitivity
 - The ability to discriminate and experience relevant cultural differences
- Intercultural competence
 - The ability to think and act in interculturally appropriate ways

Hammer, M.R., Bennett, M.J., Wiseman, R. (2003). Measuring intercultural sensitivity: The intercultural development inventory. *International Journal of Intercultural Relations*, 27: 421–443.



A Developmental Model of Intercultural Sensitivity

Experience of Difference



Bennett, M. J. (1993). "Towards a Developmental Model of Intercultural Sensitivity" in R. Michael Paige, ed. Education for the Intercultural Experience. Yarmouth, ME: Intercultural Press.



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."

Bennett, M. J. (1993). "Towards a Developmental Model of Intercultural Sensitivity" in R. Michael Paige, ed. Education for the Intercultural Experience. Yarmouth, ME: Intercultural Press.

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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.”

Bennett, M. J. (1993). "Towards a Developmental Model of Intercultural Sensitivity" in R. Michael Paige, ed. Education for the Intercultural Experience. Yarmouth, ME: Intercultural Press.

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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

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Murray, P. & Begun, A. (2005). *Alcohol and Other Drug Abuse Training: Essentials for All Health Professionals*.



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- US Department of Health and Human Services, National Institute of Health, National Institute on Alcohol Abuse and Alcoholism. (2007). Helping patients who drink too much: A clinician's guide, updated 2005 version.
- White, W., & Kurtz, E. (2006). *Recovery, linking addiction treatment & communities of recovery: a primer for addiction counselors and recovery coaches*. Retrieved from <http://ireta.org/node/360>