



Office of Clinical and Preventive Services
Division of Clinical and Community Services



2019

**NATIONAL
&
COMMUNITY-BASED
SERVICES**

CONFERENCE



SBIRT

(screening, brief intervention
and referral to treatment)

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Disclosures

- Presenter has no financial or conflict of interest disclosures

Objectives

- Describe SBIRT, screening, brief interventions and referrals to treatment
- Understand how universal screening is used in brief intervention
- Apply specific motivational interviewing skills to brief negotiated interviews

Pre-Assessment

- How confident are you in asking patients about their substance use?
- How confident are you in asking patients about the quantity and frequency of their substance use?
- How confident are you in advising patients about their substance use?
- How important is it to ask patients about the quantity and frequency of their substance use?
- How important is it to advise patients about their substance use?

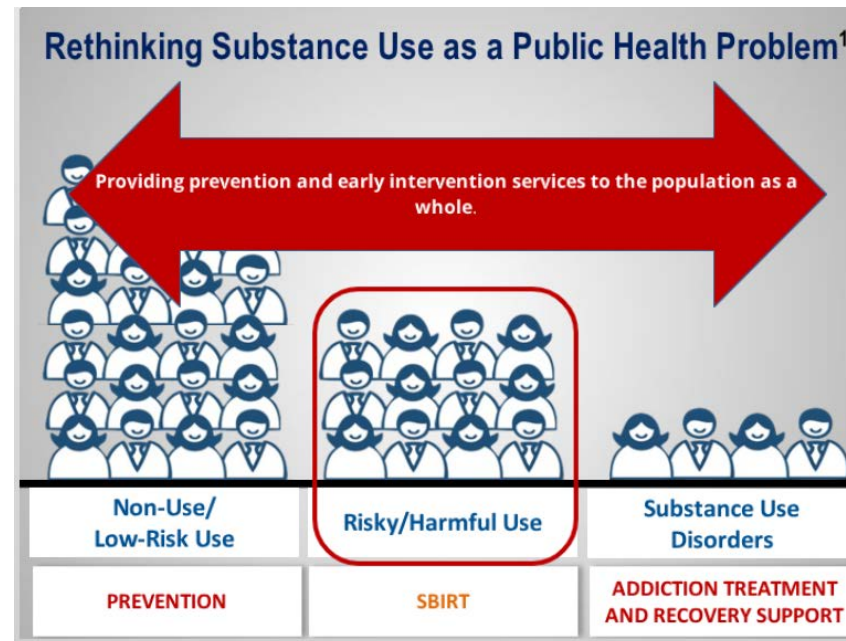
SBIRT

Screening, **B**rief **I**ntervention, and **R**eferral to **T**reatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services.

- It is used for
 - Persons with substance use disorders
 - Those whose use is at higher levels of risk

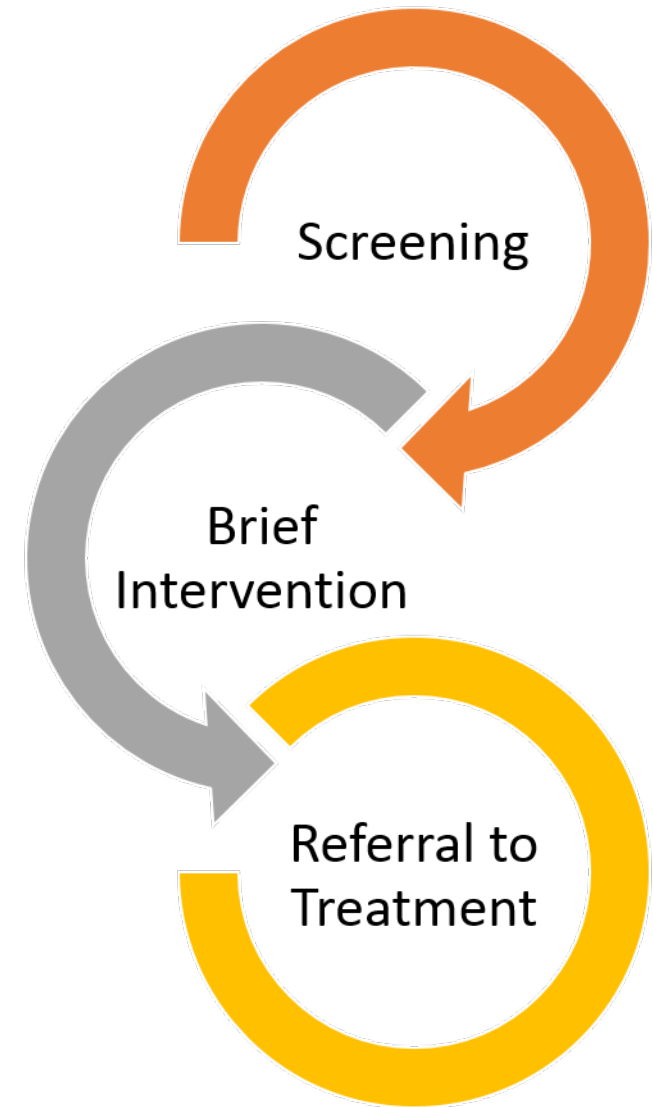
SBIRT

- Decreases severity of drug and alcohol use
- Intervene early in prevention and early intervention to the population as a whole – instead of waiting



SBIRT

- **Screening:** universal screening for quickly assessing use and severity of alcohol, illicit drugs and prescription drug use, misuse and abuse
- **Brief Intervention:** Brief motivational and awareness-raising intervention given to risky or problematic substance users
- **Referral to Treatment:** Referrals to specialty care for patients with substance use disorders



SCREENING

- Standard/Universal Screenings
- Non-judgmental
- Early detection of risky or problematic use
- Positive screening doesn't indicate substance use disorder (SUD) diagnosis but should include further evaluation

Screening

- Screen everyone
- Screen both alcohol and drug use including prescription drug abuse and tobacco
- Use a validated tools
- Prescreening is usually part of another health and wellness survey
- Explore each substance; many patients have more than one

Screening

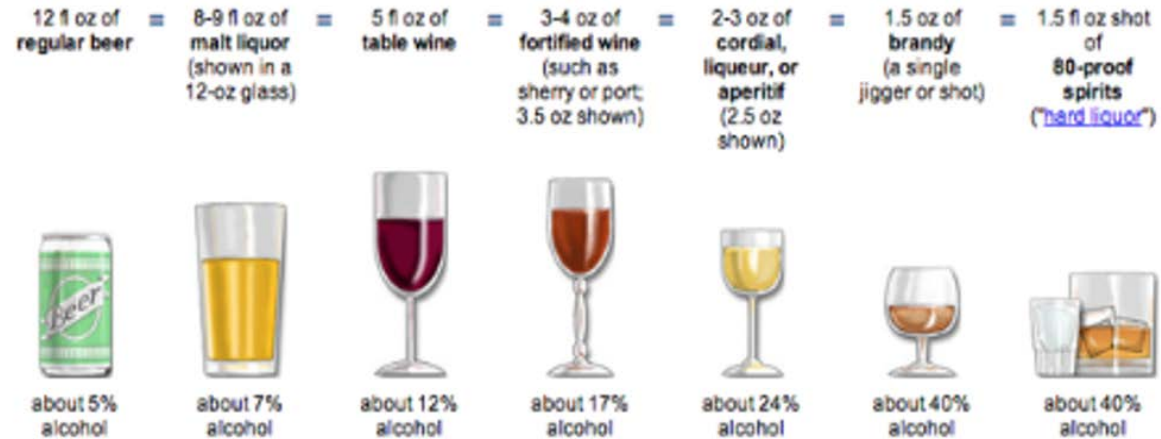
- 3 Question

- Do you smoke cigarettes or use other tobacco products?
 - AAR (Ask, Advise, Refer)
- When was the last time you had more than 4 (women)/5 (men) drinks in one day?
 - AUDIT-C (Alcohol Use Disorder Identification Test), CAGE (Cut-down, Annoyed, Guilt, Eye-opener)
- How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?
 - DAST (Drug Abuse Screening Test), CAGE-AID, 4Ps
- Other Tools
 - NIDA Modified ASSIST, CRAFFT

Alcohol

What's a "standard" drink?

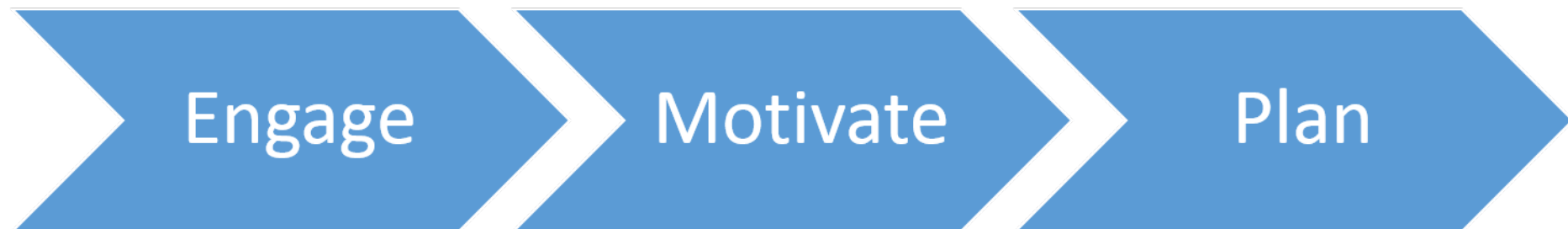
Many people are surprised to learn what counts as a drink. In the United States, a "standard" drink is any drink that contains about 0.6 fluid ounces or 14 grams of "pure" alcohol. Although the drinks below are different sizes, each contains approximately the same amount of alcohol and counts as a single standard drink.



The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

Screening → Brief Intervention

- 5-10 minutes
- Educate patient, nonjudgmental
- Use Motivational Interviewing (MI) skills
- Help patients increase awareness of their substance use and related health risks and motivate behavior change
- Provided to all patients scoring positive on screening



Brief Intervention



1. Begin with a general conversation.
2. Ask permission to talk about alcohol or drugs.
3. Screening forms can act as conversation starters

“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_____”

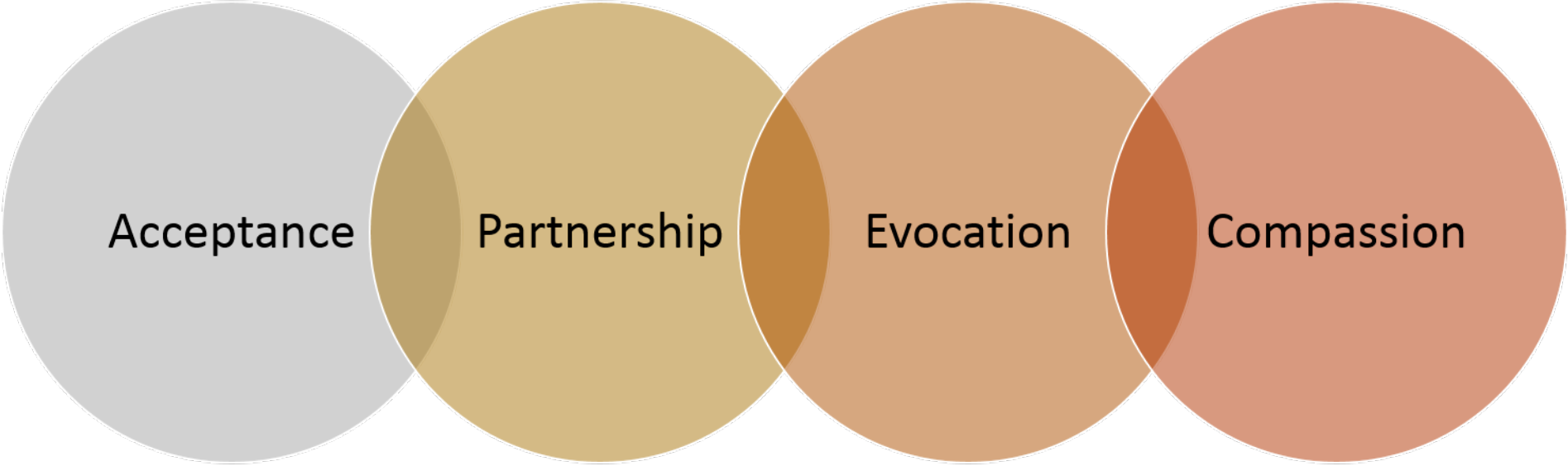
Linking Screening and Brief Intervention

Motivational Interviewing (MI) strategies facilitate—

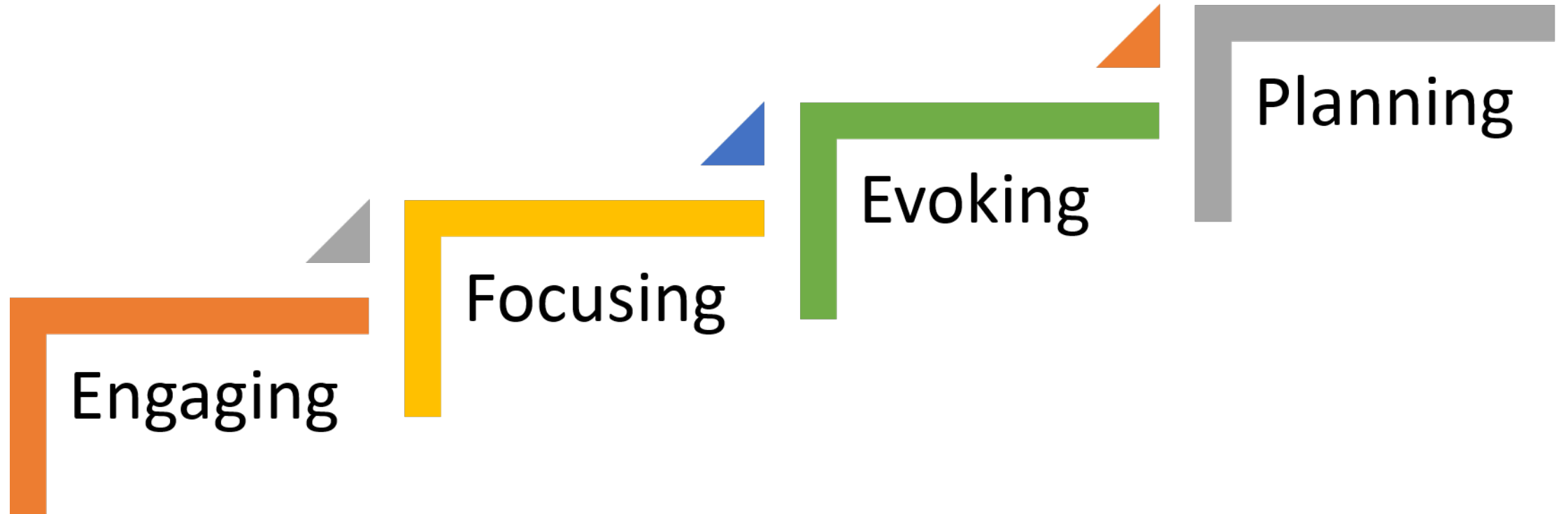
- Finding personal and compelling reasons to change
- Building readiness to change
- Making commitment to change



Spirit of mi



MI – 4 Processes



MI Tool – OARS

- **O** – **O**pen-ended questions
- **A** – **A**ffirmations
- **R** – **R**eflections
- **S** – **S**ummaries



OARS

Open-ended questions

What are open-ended questions?

- Require more of a response than a simple yes/no or fill in the blank
- Often start with words such as—
 - “How...”
 - “What...”
 - “Tell me about...”

Affirmations

What is an affirmation?

- Compliments or statements of appreciation and understanding
 - Praise positive behaviors
 - Support the person as they describe difficult situations

Reflections

- Involves listening and understanding the meaning of what the patient says
- Why listen reflectively?
 - Demonstrates that you have accurately heard and understood the patient
 - Strengthens the empathic relationship

Reflective listening

Simple Reflection—stays close

- Repeating
- Rephrasing (substitutes synonyms)

Example

- Patient: I hear what you are saying about my drinking, but I don't think it's such a big deal.
- Clinician: So, at this moment you are not too concerned about your drinking.

Summarizing – Motivation for Change

- Motivation is an intrinsic process
- Ambivalence is normal
- Motivation arises out of resolving discrepancy
- “Change talk” facilitates change

Brief Intervention



- Ask permission to give information
- Discuss screening findings
- Link substance use behaviors to any known consequences

Evoke a response:

- Positive reaction—move forward
- Negative reaction—revisit the pros and cons

Brief Intervention



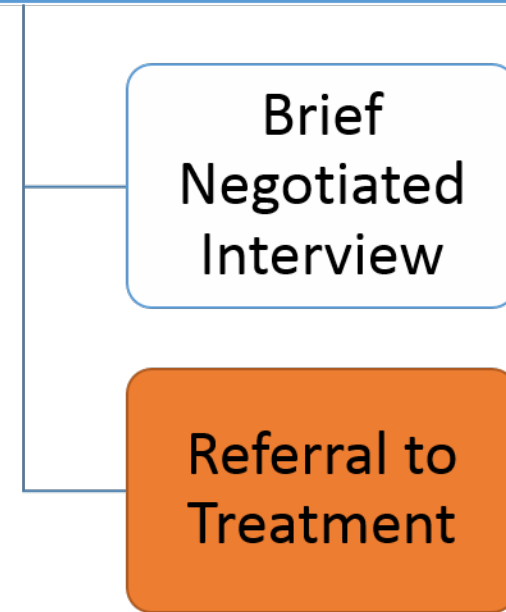
- It matches the patient's level of readiness to change
- It enhances motivation by keeping the issue alive the patient's mind
- It reduces harm and/or provides an important learning experience
- It is SMART (specific, measurable, achievable, realistic, time specific)
- Patient agrees to it and is able to repeat it back to you

Referral to treatment

At Risk Behavior



Diagnosed SUD



Collaboration

- Set Goal
 - Learn more/education
 - Monitor use
 - Reduce use
 - Reduce harm
 - Explore treatment options
 - Abstain form use
 - Begin a treatment program

summary

- Early identification for “at-risk” behavior or substance use can lead to early intervention and prevention of negative outcomes for patients
- All healthcare workers can use the skills of MI to help engage and evoke motivation to change and decrease “at risk” behavior
- Being non-judgmental, empathetic and compassionate are positive behaviors we can offer to our patients to promote change

