Universal Screening for Substance Use Risk: SBIRT

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Maine Substance Use Disorders Learning Community

Co-Occurring Collaborative Serving Maine

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ME SUD Learning Community

Together increasing access to OUD/SUD services

www.mesudlearningcommunity.org

Maine Substance Use Disorders Learning Community

Together increasing access to OUD/SUD Care

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Funded by Maine Department of Health and Human Services; Offered by the Co-Occurring Collaborative Serving Maine in partnership with Maine Department of Health and Human Services and the Catherine Cutler Institute at the University of Southern Maine.

About

The Statewide SUD Learning Community offers an array of education and supports to prescribers and their entire practice teams.

Learning Opportunities

Webinars, eLearning, Project ECHOs

Coaching and Mentoring

Assistance and support to develop programs for OUD/SUD care

Resources

Practice tools of relevant national and state resources

Disclosures

The Presenter and Planners have no disclosures to make

Engaging Patients in the Conversation about Substance Use and Matching their needs to Treatment

Learning Objectives

- Learn effective talking points to address substance use screening and treatment
- Identify strategies to engage individuals in care discussions
- Learn tips to empower individuals in their own care planning and management

Reflection

WHAT COMES TO MIND WHEN YOU HEAR THE STORY THAT ..

JOHN, A STRAGGLY DRESSED, THIN YOUNG MALE GRABBED YOUR NEIGHBOR'S BAG AS SHE GOT OUT HER CAR AND RAN OFF.

WHAT AMERICANS BELIEVE

66 percent believe treatment and support can help people with mental illness lead normal lives

20 percent feel persons with mental illness are dangerous to others

Two-thirds believe addiction can be prevented

75 percent believe recovery from addiction is possible

20 percent would think less of a friend/relative if they discovered that person is in recovery from an addiction

30 percent would think less of a person with a current addiction

So How Do We Start?

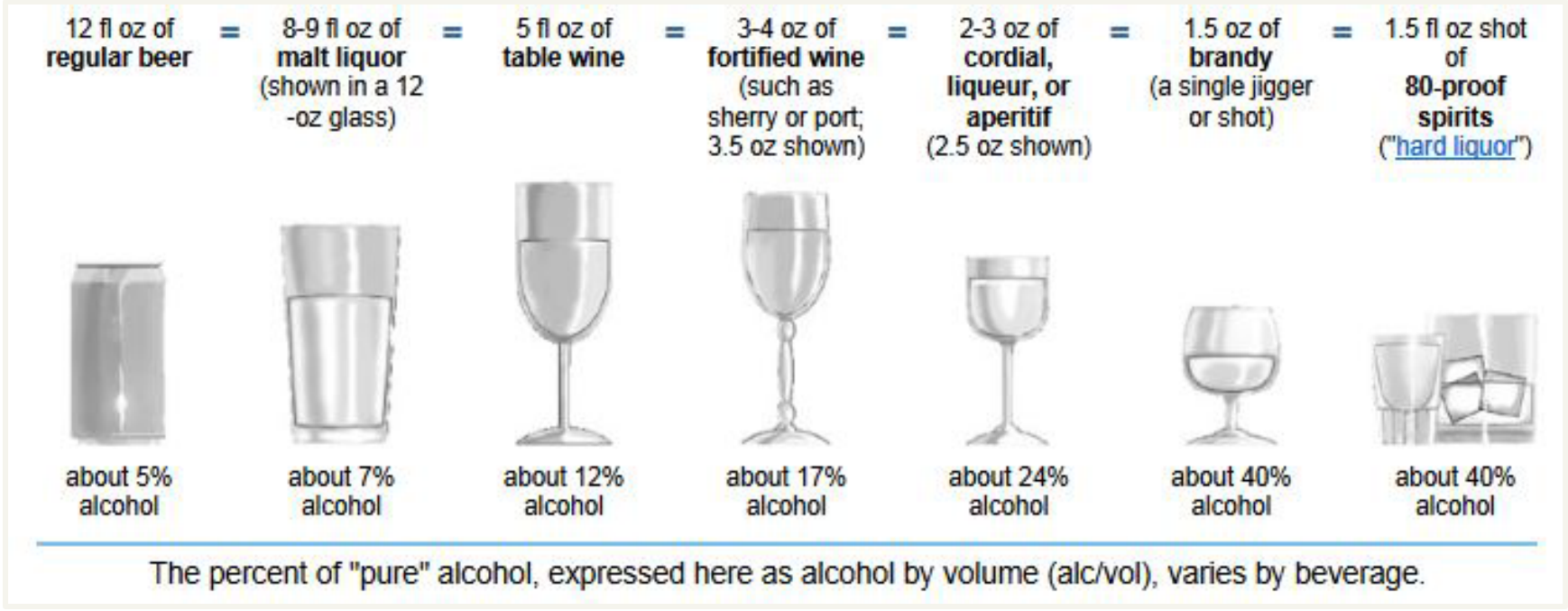
- Universal Screening
  - Increases clinicians' awareness of substance use issues
  - Offers clinicians more systematic approach to addressing substance use (less of a "judgment call")

How do we define risk?

At-Risk Alcohol Use	Men	Women	Older Adults (65 +)
Per occasion	>4	>3	>1
Per week	>14	>7	>7

In the past year, have you used or experimented with an illegal drug or a prescription drug for nonmedical reasons?	If = Yes

How do we define risk?
What's a "drink"?



See reference

Elizabeth Vargas: 'I Am. I Am an Alcoholic,' Says ABC News Anchor

- "I started thinking 'Well, you know, I'll only drink, you know, on weekends," she said, laughing. "I'll only drink, you know, two glasses of wine a night. I won't drink on nights before I have to get up and do 'Good Morning America.' But those deals never work.“
- 'You Can't Tell Anyone What's Happening‘
- She called her drinking a "staggering burden" to carry.
- "You become so isolated with the secret and so lonely, because you can't tell anyone what's happening," she said.

Never Asked, Never Told

- Ninety percent of surveyed patients said they would give an honest answer if asked about their drinking.
- Over 90 percent of surveyed patients reported that their primary care physician should ask about their drinking and advise cutting down if it is affecting their health.
- Eighty-six percent of patients disagreed that they would be embarrassed if asked to discuss their drinking patterns.
- Seventy-eight percent of patients disagreed that they would be annoyed if asked about their drinking.

How to Set the Stage for the Questions

- Routinely at medical appointment
- Provide for confidentiality
- For youth, start by asking about peers and family use
- In a nonjudgmental manner
- Normalize the conversation
- Via effective screening tools
- Imbed questions about alcohol and drug use in general health questions (e.g., wearing seat belts, taking vitamins, smoking)
- Reinforce the message of health
- Show that you care about them

Consistent messaging over time!

For the Older Patient

✓ Address the patient by last name, using the title the patient prefers (Mr., Ms., Mrs., etc.).
✓ Begin the interview with a few friendly questions not directly related to health.
✓ Don't rush, and try not to interrupt; speak slowly, and give older patients a few extra minutes to talk about their concerns.
✓ Use active listening skills.
✓ Avoid jargon, use common language, and ask if clarification is needed, such as writing something down.
✓ Introduce sensitive topics with the "common concern" approach: *"As we age, many of us have more trouble with . . ."* or *"Some people taking this medication have trouble when they mix . . ."*
✓ Ask the patient to say what he or she understands about the problem and what needs to be done.

Pregnancy Patient

- Be aware of your own feelings
- Don't be judgmental: asking about substance use should convey the message "We care about you and your baby"
- Recognize that mother and fetus are one unit and our goal is to protect them as they move along the recovery continuum
- Complete abstinence from substance use during pregnancy is a goal which may or may not be attainable. Every step towards abstinence is a positive
- Accentuate positive steps or beliefs.. *Your* concern for your baby is helping you think about what you might want to do about your use.

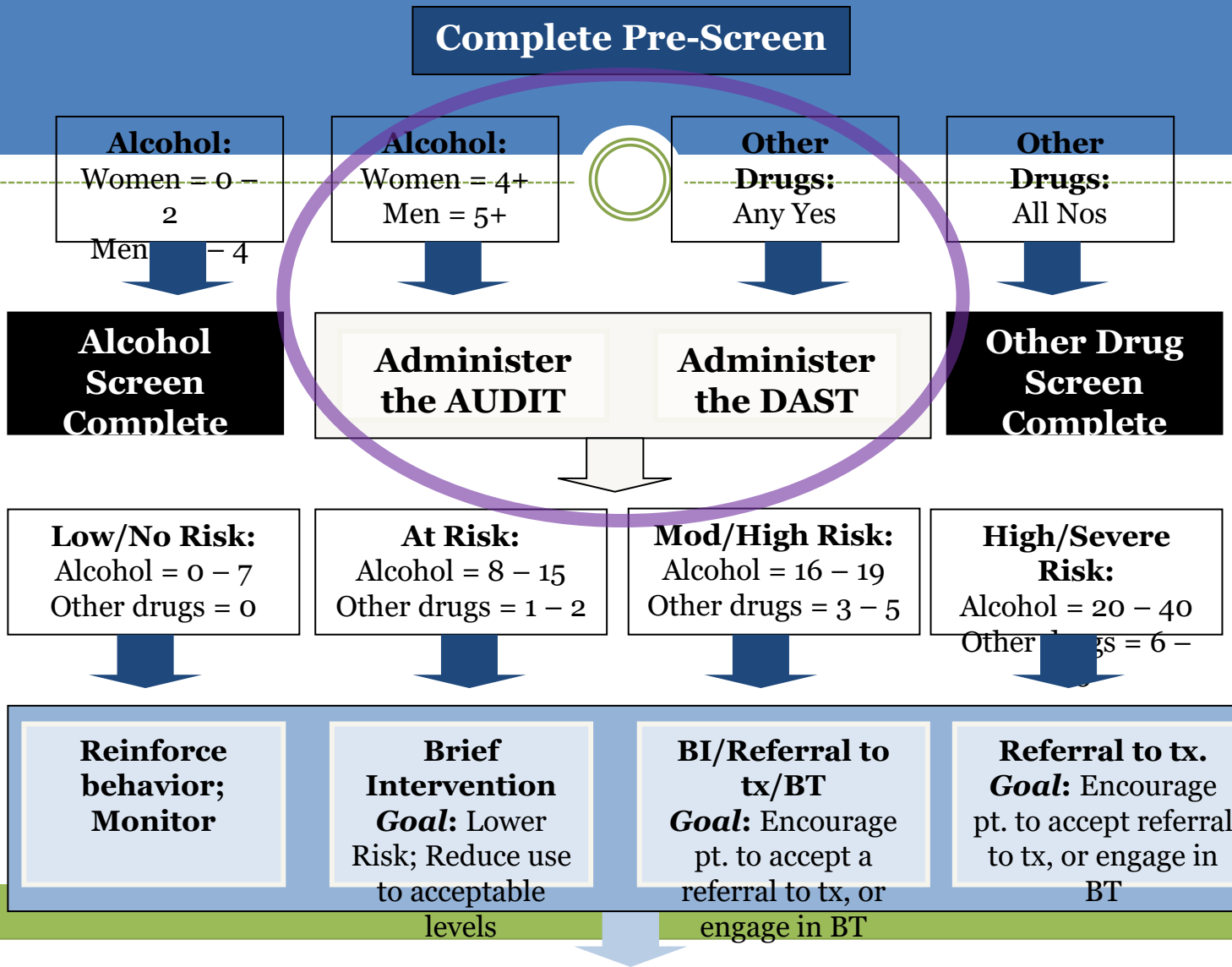
SBIRT

SCREENING: VERY BRIEF SET OF QUESTIONS THAT IDENTIFIES RISK OF SUBSTANCE USE RELATED PROBLEMS.

BRIEF INTERVENTION: BRIEF COUNSELING THAT RAISES AWARENESS OF RISKS AND MOTIVATES CLIENT TOWARD ACKNOWLEDGEMENT OF PROBLEM.

REFERRAL: PROCEDURES TO HELP PATIENTS ACCESS SPECIALIZED CARE.

SBI Decision Tree



Benefits of SBIRT for Practice

"I had a vague idea on how to assess substance use, but now I think I have a lot more knowledge in these other areas. I know what to look for and it is a way to give me a gauge to see if the person is at risk and how to approach them [about that risk]."

Mental health clinician, UCLA Counseling and Psychological Services

Practice

- I AM GOING TO ASK YOU SOME *PERSONAL QUESTIONS* ABOUT ALCOHOL (AND OTHER DRUGS) THAT I ASK ALL MY PATIENTS.
- YOUR RESPONSES WILL BE *CONFIDENTIAL*.
- THESE QUESTIONS HELP ME TO PROVIDE THE *BEST POSSIBLE CARE*.
- YOU *DO NOT HAVE TO ANSWER* THEM IF YOU ARE UNCOMFORTABLE.

What Are Brief Interventions?

"BRIEF OPPORTUNISTIC INTERVENTIONS ARE SHORT, FACE-TO-FACE CONVERSATIONS REGARDING DRINKING, MOTIVATION TO CHANGE, AND OPTIONS FOR CHANGE WHICH ARE PROVIDED DURING A WINDOW OF OPPORTUNITY OR POTENTIALLY TEACHABLE MOMENT OCCASIONED BY A MEDICAL EVENT."

The Key to Successful Interventions

BRIEF INTERVENTIONS ARE SUCCESSFUL WHEN CLINICIANS RELATE PATIENTS' RISKY SUBSTANCE USE TO WHAT THEY SEE AS THE ISSUES

A SHIFT IN OUR THINKING

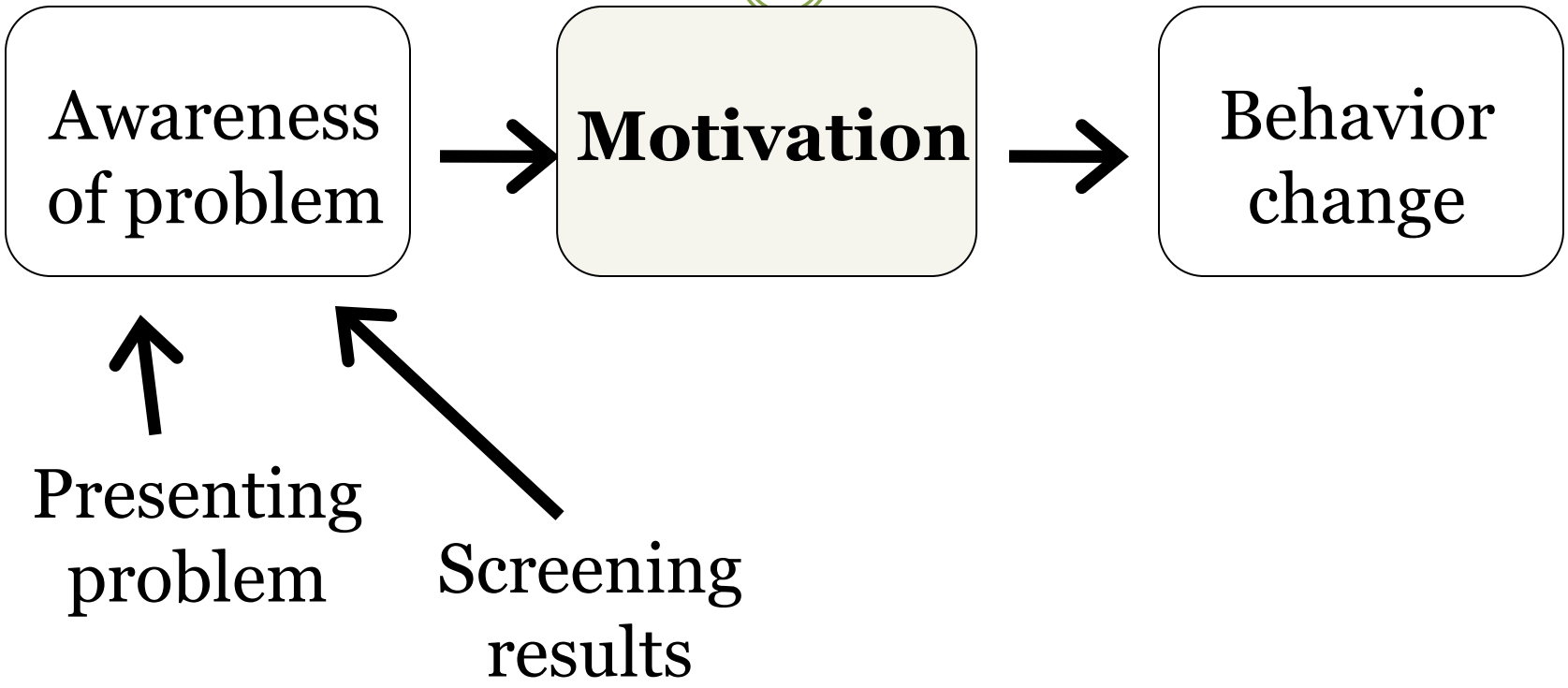
FROM

"Why isn't this person motivated?"

TO

"For what are they motivated?"

Goal of Brief Interventions



Brief Interventions for Patients at Risk for Substance Use Problems

Common Elements FRAMES

Personalized **F**eedback

Responsibility

Advice

Menu of options

Empathy

Self-efficacy

Brief Intervention Effect

- BRIEF INTERVENTIONS TRIGGER CHANGE.
- A LITTLE COUNSELING CAN LEAD TO SIGNIFICANT CHANGE, E.G., 5 MIN. HAS SAME IMPACT AS 20 MIN.
- RESEARCH IS LESS EXTENSIVE FOR ILLICIT DRUGS, BUT PROMISING.

Meeting People Where They Are At

Where Do I Start?

WHAT YOU DO DEPENDS ON WHERE THE PATIENT IS IN THE PROCESS OF CHANGING.

THE FIRST STEP IS TO BE ABLE TO IDENTIFY WHERE THE PATIENT IS COMING FROM.

“People are better persuaded by the reasons they themselves discovered than those that come into the minds of others”

Blaise Pascal

Ambivalence

All change contains an element of ambivalence.

We "want to change and don't want to change"

PATIENTS' AMBIVALENCE ABOUT CHANGE IS THE "MEAT" OF THE BRIEF INTERVENTION.

Reflective Listening

- **LISTEN TO BOTH WHAT THE PATIENT SAYS AND TO WHAT THE PERSON MEANS**
- **SHOW EMPATHY AND DON'T JUDGE WHAT PATIENT SAYS**
  - You do not have to agree
    - **BE AWARE OF INTONATION**
  - Reflect what patient says with statement not a question, e.g., "You couldn't get up for work in the morning."

Open Ended Inquiry

- Requests a story ***"tell me about"***
- Searches for meaning ***"help me to understand"***
- Asks *what* and *how* questions ***"what would it be like if"***

- Not why questions ***"why do you continue to"***
- Not questions that can be answered in one word

Feedback- Listening/Understanding -Options:

The 3 tasks of a BI

F Feedback

L Listen & Understand

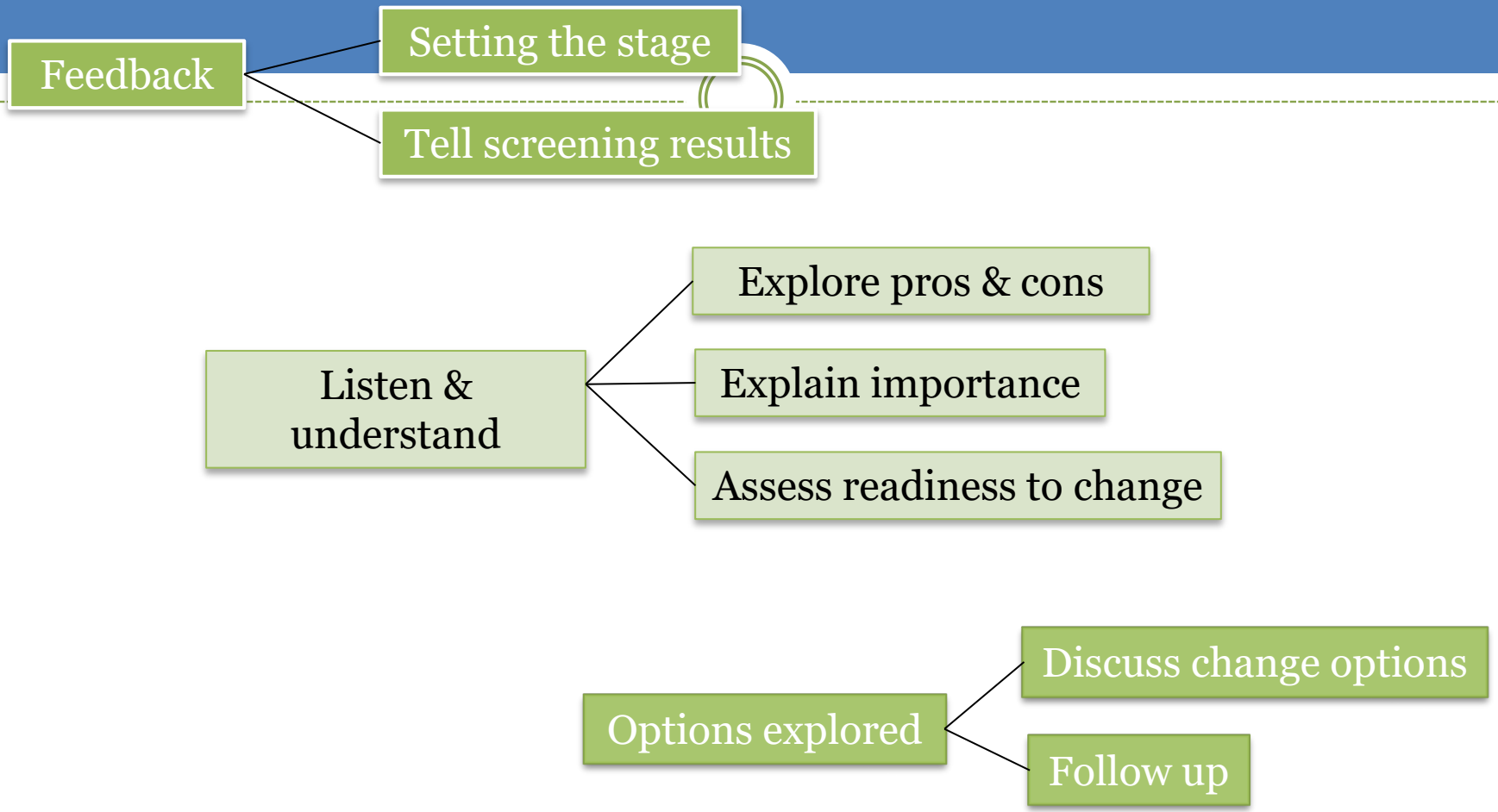
O Options Explored

W Warn

AVOID WARNINGS!

(that's it)

How Does It All Fit Together?



The 3 Tasks of a BI

F Feedback

L Listen & Understand

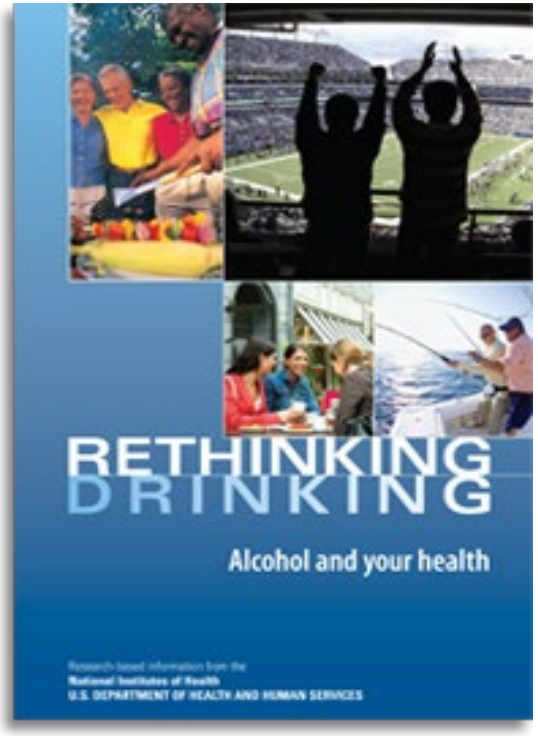
O Options Explored

The 1st Task: Feedback

What do you say?

1. **Range of score** and **context** - Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8.
2. **Results** - Your score was 18 on the alcohol screen.
3. **Interpretation of results** - 18 puts you in the moderate-to-high risk range. At this level, your use is putting you at risk for a variety of health issues.
4. **Norms** - A score of 18 means that your drinking is higher than 75% of the U.S. adult population.
5. **Patient reaction/feedback** - What do you make of this?

Informational Brochures



http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/OrderPage.htm

The 1st Task: Feedback

HANDLING RESISTANCE

- LOOK, I DON'T HAVE A DRUG PROBLEM.
- MY DAD WAS AN ALCOHOLIC; I'M NOT LIKE HIM.
- I CAN QUIT USING ANYTIME I WANT TO.
- I JUST LIKE THE TASTE.
- EVERYBODY DRINKS IN COLLEGE.

WHAT WOULD YOU SAY?

The 1st Task: Feedback

EASY WAYS TO LET GO

- I'M NOT GOING TO PUSH YOU TO CHANGE ANYTHING YOU DON'T WANT TO CHANGE.
- I'D JUST LIKE TO GIVE YOU SOME INFORMATION.
- WHAT YOU DO IS UP TO YOU.

The 3 Tasks of a BI

O Options Explored

L Listen & Understand

F Feedback

The 2nd Task: Listen & Understand

Ambivalence is
Normal

The 2nd Task: Listen & Understand

Tools for Change Talk

- Pros and Cons
- Importance/Readiness Ruler

The 2nd Task: Listen & Understand

Strategies for Weighing the Pros and Cons

- What do you like about drinking?
- What do you see as the downside of drinking?
- What else?

Summarize Both Pros and Cons

"On the one hand you said..,

and on the other you said…."

The 2nd Task: Listen & Understand

Listen for the Change Talk

- Maybe drinking did play a role in what happened.
- If I wasn't drinking this would never have happened.
- Using is not really much fun anymore.
- I can't afford to be in this mess again.
- The last thing I want to do is hurt someone else.
- I know I can quit because I've stopped before.

Summarize, so they hear it twice!

The 2nd Task: Listen & Understand

Importance/Confidence/Readiness

On a scale of 1–10…

- How important is it for you to change your drinking?
- How confident are you that you can change your drinking?
- How ready are you to change your drinking?

For each ask:

- Why didn't you give it a lower number?
- What would it take to raise that number?

1 2 3 4 5 6 7 8 9 10

The 3 Tasks of a BI

O Options Explored

L Listen & Understand

F Feedback

The 3rd Task: Options for Change

What now?

- What do you think you will do?
- What changes are you thinking about making?
- What do you see as your options?
- Where do we go from here?
- What happens next?

The 3rd Task: Options for Change

Offer a Menu of Options

- Manage drinking/use (cut down to low-risk limits)
- Eliminate your drinking/drug use (quit)
- Never drink and drive (reduce harm)
- Utterly nothing (no change)
- Seek help (refer to treatment)

The 3rd Task: Options for Change

During MENUS you can also explore previous strengths, resources, and successes

- Have you stopped drinking/using drugs before?
- What personal strengths allowed you to do it?
- Who helped you and what did you do?
- Have you made other kinds of changes successfully in the past?
- How did you accomplish these things?

The 3rd Task: Options for Change

CLOSING THE CONVERSATION ("SEW")

- **S**ummarize patients views (especially the pro)
- **E**ncourage them to share their views
- **W**hat agreement was reached (repeat it)

Putting It All Together

Feedback

- Range

Listen and Understand

- Pros and Cons
- Importance/Confidence/Readiness Scales
- Summary

Options Explored

- Menu of Options

Encourage Follow-Up Visits

AT FOLLOW-UP VISIT:

- INQUIRE ABOUT USE
- REVIEW GOALS AND PROGRESS
- REINFORCE AND MOTIVATE
- REVIEW TIPS FOR PROGRESS

Videos

SBIRT Online for at risk marijuana abuse

http://www.youtube.com/watch?v=sRUHv6_cRpE&feature=youtu.be

SBIRT Online marijuana dependency

http://www.youtube.com/watch?v=o2CEsBC5UyU

SBIRT Online low risk alcohol brief intervention

http://www.youtube.com/watch?v=AcGCRJcfl4w

SBIRT Online high risk alcohol intervention

http://www.youtube.com/watch?v=BVsBq3lZUZk&feature=youtu.be

SBIRT pediatric brief intervention: https://www.youtube.com/watch?v=fX90j4jD9Sc

Referral to Treatment for Patients at Risk for Substance Dependence

Referral to Treatment

- APPROXIMATELY 5% OF PATIENTS SCREENED WILL REQUIRE REFERRAL TO SUBSTANCE USE EVALUATION AND TREATMENT.
- A PATIENT MAY BE APPROPRIATE FOR REFERRAL WHEN…

What ?

ASSESSMENT OF THE PATIENT'S RESPONSES TO THE SCREENING REVEALS SERIOUS MEDICAL, SOCIAL, LEGAL, OR INTERPERSONAL CONSEQUENCES ASSOCIATED WITH THEIR SUBSTANCE USE.

These high risk patients will receive a brief intervention followed by referral.

Who Goes Where ?

- WHAT THEY WANT
- WHAT THEY NEED
- WHAT IS AVAILABLE
- WHAT IS BALANCE/NEGOTIATION

"Warm hand-off" Approach to Referrals

- **DESCRIBE TREATMENT OPTIONS TO PATIENTS BASED ON AVAILABLE SERVICES AND WHAT THE PATIENT WANTS OR IS WILLING TO DO**
- **DEVELOP RELATIONSHIPS WITH SPECIALTY ADDICTION SERVICES AND WILL LOCAL RECOVERY COACHES**
- **FACILITATE HAND-OFF BY:**

✓ Calling to make appointment for patient/student

✓ Providing directions and clinic hours to patient/student

✓ Involving and linking to recovery supports and people

✓ Coordinating transportation when needed

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For Free TA and coaching, please submit a request
https://mesudlearningcommunity.org/coaching-and-technical-assistance/