

Peer Webinar: SBIRT for Substance Use

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Objectives

- ▶ SBIRT
- ▶ What is it & why is it important
- ▶ Practical skills: **Brief Negotiated Interview**
 - Screening
 - Brief Interventions
 - Making Referrals



What is SBIRT?

<u>S</u>creening	<ul style="list-style-type: none">• Quick, simple way to identify veterans who need further assessment for substance use disorders• Brief, non-diagnostic evaluation of potential problem
<u>B</u>rief <u>I</u>ntervention	<ul style="list-style-type: none">• Single or multiple sessions• Motivational discussions to increase insight & awareness of problem and engage in a plan for behavior change
<u>R</u>eferral to <u>T</u>reatment	<ul style="list-style-type: none">• Assessment, treatment services, specialty care• Proactive & collaborative effort to ensure access to appropriate level of care

Why is SBIRT Important?

- ▶ Supports changes to improve overall health
- ▶ Comprehensive, integrated, public health approach to early intervention and treatment
- ▶ Can be used in a variety of settings
- ▶ Opportunity to intervene **BEFORE** more severe consequences of substance misuse occur
- ▶ It's effective!

*Meeting the veteran **where they are** & **collaborating** with them on health goals is key!*

Things to Think About...

1. How do you currently screen and refer for substance use needs?
2. What are some similarities & differences between SBIRT & your current standards of practice?
3. In what ways can you see SBIRT helping to improve veteran care in your department/program?

Think of an example of when you used or could have used this approach with a veteran



Brief Negotiated Interview (BNI)



Step 1

• Raise the Subject

- ▶ Build Rapport
- ▶ Ask permission to discuss screening topic (e.g., substance use)
 - Acknowledge that substance use may be difficult to discuss
- ▶ Screening

Step 1

• Raise the Subject

Building Rapport:

- ▶ Collaborative approach
- ▶ Respect autonomy & worth
- ▶ Be empathic & understanding
- ▶ Non-judgmental attitude
 - Talking about substance use can be difficult
 - What are your own attitudes about substance abuse?
 - Avoid using labels like “alcoholic” or “addict”

Step 1

• Raise the Subject

Screening Tips:

- ▶ Assure veteran that you are asking questions because of concern for his/her health
- ▶ Ask open-ended questions first & then move to more directed questions as needed
- ▶ Ask about both current & past use
- ▶ Pay attention to how veteran responds

Step 1

• Raise the Subject

When to Screen:

- ▶ **Early & repeatedly!**
- ▶ Early screening → successful intervention
- ▶ Symptoms & readiness to seek care change over time
- ▶ Screening can be viewed as a “**teachable moment**”

Step 1

• Raise the Subject

Informal Screening

- ▶ “Primary Screening”
- ▶ Current experience & history of substance use
- ▶ Prior treatment
- ▶ Examples:
 - Open ended: “*Tell me about your...*”
 - Quantity & Frequency

Formal Screening

- ▶ Use of questionnaire
 - Quantity/Frequency
 - Consequences of Use
 - History
 - General Functioning
 - Detect level of risk or likelihood of problem
- ▶ Completed as self-report or by interview

Step 1

• Raise the Subject

Substance Use Screening Tools

- ▶ The Alcohol, Smoking and Substance Involvement Screening Test ([ASSIST](#))
- ▶ Alcohol Use Disorder Identification Test ([AUDIT](#); [AUDIT-C](#))
- ▶ [CAGE & CAGE-AID](#)
- ▶ Drug Abuse Screening Test ([DAST](#))
- ▶ Michigan Alcoholism Screening Test ([MAST](#))

<http://www.integration.samhsa.gov/clinical-practice/screening-tools>

Screening: AUDIT

1. How often do you have a drink containing alcohol?

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

3. How often do you have six or more drinks on one occasion?

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

Screening: CAGE-AID

Questions:	YES	NO
1. Have you ever felt that you ought to cut down on your drinking or drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have people annoyed you by criticizing your drinking or drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt bad or guilty about your drinking or drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? (eye-opener)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

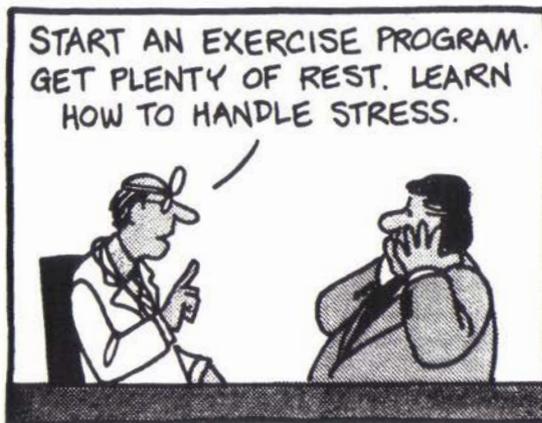
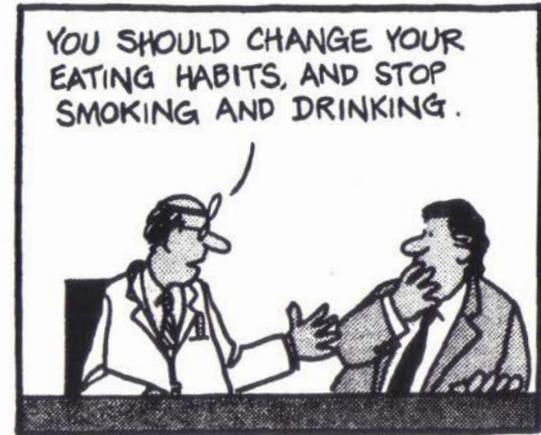
Step 2

• Provide Feedback

- ▶ Provide screening results
- ▶ Connect problem to veteran's concerns
- ▶ Provide guidelines, norms, handouts with relevant information

Step 2

• Provide Feedback



Step 2

• Provide Feedback

BI Inconsistent: Common Traps

- ▶ *“I am the expert on how and why veterans should change”*
- ▶ *“I collect information about problems”*
- ▶ *“I teach you what you need to know”*
- ▶ Thinking you can scare veteran into change
- ▶ Thinking clear directions will get veteran to change



Avoid closed questions & imposing your own focus

Step 2

• Provide Feedback

MI Consistent: Good Practice

- ▶ *“I have some expertise, but you are the expert on yourself”*
- ▶ *“I match information to your needs and strengths”*
- ▶ *“You can tell me what kind of information would be helpful”*
- ▶ Provide advice that respects veteran needs & autonomy is most helpful

Step 2

- Provide Feedback

“Now that we finished the screener, I wanted to take some time to talk about your responses. Would that be OK with you?”

“From what we just discussed, you’re drinking a 6-pack a few times a week and your drinking has led to some problems with your family and job...”

Step 2

• Provide Feedback

- ▶ **Elicit** permission to clarify information gaps and needs
- ▶ **Provide** clear important information
- ▶ **Elicit** veteran interpretation, understanding, response

Step 2

- Provide Feedback

Elicit: *Can I share some information with you about safe levels of alcohol use?*

Provide: *For men, healthy drinking levels are no more than 14 drinks per week or 5 drinks at a time. Regularly drinking more than this can lead to serious consequences...*

Elicit: *What do you make of this information?*

Step 3

• Enhance Motivation

- ▶ Core feature of Brief Interventions
- ▶ Expect ambivalence
- ▶ Use motivational enhancement strategies to enhance “change talk”
- ▶ Discuss pros & cons
- ▶ Assess readiness & support self-efficacy

Step 3

• Enhance Motivation

Brief Interventions

- ▶ 10–15 minutes on average
- ▶ Can take place over one or multiple encounters
- ▶ Take advantage of “teachable moments”
- ▶ Many different providers can learn how to do brief interventions!

Step 3

• Enhance Motivation

Brief Interventions:

- Three things to Note:
 1. Positive screens can sometimes come as a surprise
 2. Veterans can be at different **Stages of Change** for identified issues
 3. BI approach should match veteran's level of readiness

Step 3

• Enhance Motivation

Stages of Change

Not thinking about quitting
Don't see use as a problem
Feel unable to stop

Precontemplation

Thinking about making changes
Weighing pros & cons of quitting
or cutting back

Contemplation

Thinking of ways to quit/cut down
Start to develop change plan

Preparation

Put change plan into action
(abstinence, harm reduction)

Action

Desired change part of routine

Maintenance

Lapse or
Relapse



Step 3

• Enhance Motivation

▶ Expect ambivalence!

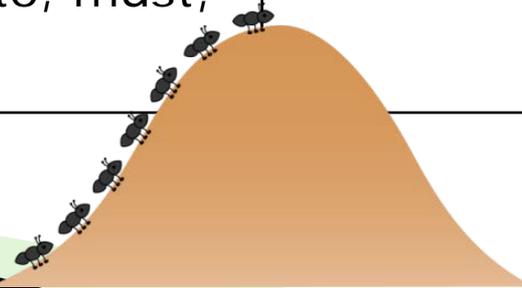
- Ambivalence = having important motivational considerations for either side of issue
- It is a **normal part of behavior change** — it is not defensive or pathological!
- Reflect both sides of ambivalence but emphasize and land on the “change talk”

Step 3

• Enhance Motivation

▶ What is “change talk”?

<u>PREPARATORY</u> DARN Language	<u>MOBILIZING</u> CATs Language
<ul style="list-style-type: none"> • Desire <ul style="list-style-type: none"> • Want, wish, hope • Ability <ul style="list-style-type: none"> • Can, able to, could do it • Reasons <ul style="list-style-type: none"> • Specific benefits, values • Needs <ul style="list-style-type: none"> • Urgency, have to, must, can't continue 	<ul style="list-style-type: none"> • Commitment <ul style="list-style-type: none"> • Going to, will, promise to • Activation <ul style="list-style-type: none"> • Prepared to, ready, starting to • Taking Steps <ul style="list-style-type: none"> • Initial Actions, Preparatory Actions



Step 3

• Enhance Motivation

- ▶ **Motivational strategies: OARS**
 - Open-Ended Questions
 - Affirmations
 - Reflective Listening
 - Summarize

OARS help to engage veteran in conversation
& move him/her toward change

Step 3

• Enhance Motivation

▶ Pros & Cons

- “Decisional Balance”
 - Argue against change:
What are the good things about drinking?
 - Invite counterarguments:
What would be good about changing your drinking?
- The “Good” and the “Not-So-Good”

Discussing pros & cons will only be helpful if veteran is beyond Precontemplation

Step 3

• Enhance Motivation

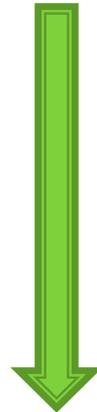
▶ Pros & Cons

◦ “Decisional Balance”

The goal is to tip the scale in favor of change

It is not about the number, but rather the importance of the reasons on each side!

Benefits of Change
(Cons of No Change)



Benefits of No Change
(Cons of Change)



Step 3

• Enhance Motivation

Pros of Change

-
-
-
-

What are the good things about stopping?

Cons of Change

-
-
-
-

What are the not-so-good things about stopping?

Cons of No Change

-
-
-
-

What are the not-so-good things drinking?

Pros of No Change

-
-
-
-

What are the good things about drinking?

(CHANGE talk) ↑

↑ (SUSTAIN talk)

Step 3

• Enhance Motivation

Pros of Change

- Hold down a job
- Less fighting with family
- Feel better
- Save money

Cons of Change

- How else will I cope?
- I could lose friends
- Main way I socialize
- _____

Cons of No Change

- Health problems
- Risk losing my job again
- Keep getting injured or into fights
- _____

Pros of No Change

- Helps with my mood
- Helps with my anxiety
- I enjoy it
- Hang out with friends

(CHANGE talk) ↑

↑ (SUSTAIN talk)

Step 3

• Enhance Motivation

Pros of Change

- Hold down a job _____
- Less fighting with family _____
- Feel better _____
- Save money _____

Cons of Change

- How else will I cope? _____
- I could lose friends _____
- Main way I socialize _____

On the one hand, drinking helps you cope with depression and anxiety, AND ON THE OTHER HAND, drinking has led to major issues with your family & job stability...

- Health problems _____
- Risk losing my job again _____
- Keep getting injured or into fights _____
- _____

- Helps with my mood _____
- Helps with my anxiety _____
- I enjoy it _____
- Hang out with friends _____

(CHANGE talk) ↑

↑ (SUSTAIN talk)

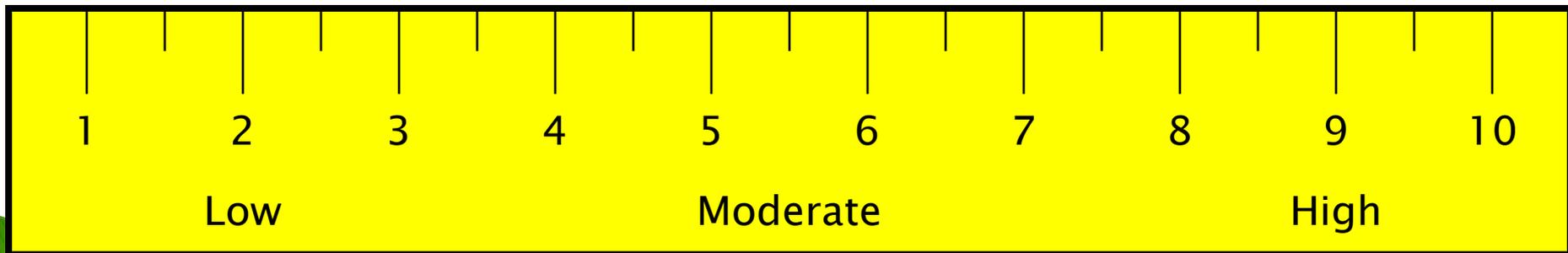
Step 3

• Enhance Motivation

▶ Assessing Readiness

- Identify current readiness for change
- Tailor your approach to promote increased motivation for change

You can use a “**Readiness Ruler**” to assess and begin a conversation:



Precontempl.

Contemplation

Preparation

Action

Step 3

• Enhance Motivation

On a scale from 1–10...

The “Why”
of change

▶ *...how important is it for you to cut back on drinking right now?*

The “How”
of change

▶ *...how confident are you in your ability to cut back on drinking?*

The “When”
of change

▶ *...how ready are you to make a change with your drinking right now?*



Tailoring Brief Interventions to Client Readiness

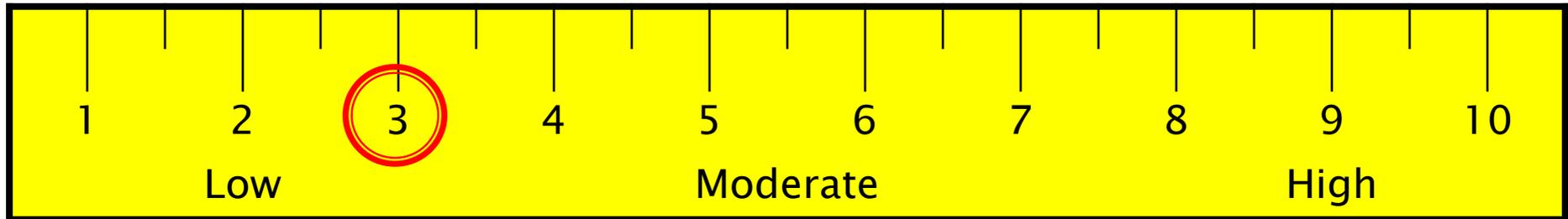
- ▶ Veterans will be at different levels of readiness:
 - At different points in treatment
 - For different health concerns



Tailoring Brief Interventions to Client Readiness

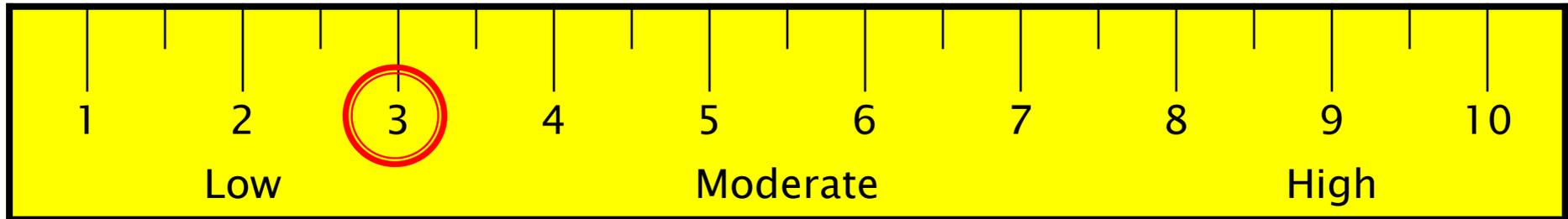
Level of Readiness	
Low to Moderate (1–5)	Moderate to High (6–10)
Goal of BI: <ul style="list-style-type: none"> • Enhance motivation • Plant seed for future change 	Goal of BI: <ul style="list-style-type: none"> • Discuss next steps • Make referrals
Strategies: <ul style="list-style-type: none"> • Discuss pros & cons of current situation and of change • Affirm efforts to change • Reflect client statements that point to change • Plan for follow-up 	Strategies: <ul style="list-style-type: none"> • Support self-efficacy • Address barriers to change to increase readiness • Affirm efforts to change • Plan for making referrals • Plan for follow-up

Brief Intervention: Low Readiness



- ▶ *That's great! What is it that puts you at a 3 and not 1 or 2?*
- ▶ *What changes might need to happen to move your score from 3 to 4 or 5?*
- ▶ *What changes have you considered making?*
- ▶ *Tell me about some of the good & not-so-good things about your drinking.*
- ▶ *I understand this isn't something you want to address today...*
 - *What would need to happen for this to become a concern for you?*
 - *Is it OK if I continue to check in on this at future visits?*

Brief Intervention: High Readiness



- ▶ *That's great! What would it take for you to move from a 7 to an 8 or 9?*
- ▶ *What changes have you considered making?*
- ▶ *What changes have you tried already?*
- ▶ *What are some of the concerns you currently have and would like to address?*

Step 4

• Negotiate & Advise

1. Summarize key points to BI in a way that points to change
2. Provide clear, tailored advice
3. Negotiate a goal for change; develop plan in collaboration with veteran
4. Plan for follow-up

Step 4

• Negotiate & Advise

Summarize:	<i>This is what I've heard you say today... You are starting to recognize how drinking helps you cope, and yet it's also taking a toll on your health, job, and family life. You feel that it might be hard to stop drinking, but you're thinking that it might be time to cut back."</i>
Clear Advice:	<i>Low-to-moderate drinking can reduce some of the social and physical consequences you're experiencing related to alcohol use. We can also thinking about possibilities of working toward stopping all together.</i>
Negotiate Goal:	<i>What do you think would be the best next step? There are several options...What do you think may be best for you in achieving your goal?</i>
Plan for Follow-up:	<i>So the plan is that you'll try cutting back on your drinking over the next few weeks, and we'll check in at your next appointment to see about other options for support & treatment. How does that sound to you?</i>

Lower Readiness Rating

Step 4

• Negotiate & Advise

Summarize:	<i>This is what I've heard you say today... You are starting to recognize how drinking helps you cope, and yet it's also taking a toll on your health, job, and family life. You feel that it might be hard to stop drinking, but you're thinking that it might be time to cut back."</i>
Clear Advice:	<i>Low-to-moderate drinking can reduce some of the social and physical consequences you're experiencing related to alcohol use. We can also thinking about possibilities of working toward stopping all together.</i>
Negotiate Goal:	<i>What do you think would be the best next step? There are several options...What do you think may be best for you in achieving your goal?</i>
Plan for Follow-up:	<i>So it sounds like you're ready to talk to someone about cutting back on your drinking. We can call the substance use clinic now to schedule you for an appointment. How does that sound to you?</i>

Higher Readiness Rating

Step 4

• Negotiate & Advise

Making Referrals

- ▶ Determine referral need
- ▶ Collaboratively identify referral options
- ▶ Make an effective referral
- ▶ Documentation & follow-up

Step 4

• Negotiate & Advise

▶ 3 types of referrals:

1. **Self-Help, Mutual Help, Group Support**

Clients who are at lower risk & interested in making changes on their own

2. **Assessment & Treatment**

Refer to provider to assess, diagnose, and provide appropriate treatment

3. **Emergent Care**

Severe symptoms or high risk may warrant same-day referral for emergency care services, regardless of readiness

Step 4

• Negotiate & Advise

Making Referrals

- ▶ A referral should be...
 - **Effective**: well-matched, based on client's need
 - **Accessible**: cost/insurance; transportation; plan to address barriers
 - **Acceptable**: negotiate where client is willing to go based on referral recommendations and/or prior experiences
- ▶ Internal vs. External Referrals
 - Can the VA provide resources to meet client needs?
 - External Referral:
 - Take efforts to ensure client engagement
 - Should be timely, appropriate, and well-monitored

Step 4

• Negotiate & Advise

Making Referrals: Handoffs

- ▶ **Cold Handoff:** limited engagement between veteran and provider; veteran in complete control of follow-up (e.g., providing contact info)
- ▶ **Warm Handoff:** provide assistance with indirect notification to referral source (e.g., chart note, voicemail)
- ▶ **Hot Handoff:** “gold standard” involving aiding in direct contact (e.g., facilitate meet-and-greet or phone call involving all parties)

Warm & Hot Handoffs increase veteran and/or referral source engagement and follow-up

Step 4

• Negotiate & Advise

Document & Follow-up

- ▶ “Closing the loop” to make sure veteran doesn’t fall through the cracks
- ▶ **Contact referral source:** immediate & ongoing feedback, as appropriate
- ▶ **Contact veteran:** promote engagement, clarify change goals, consider other referral needs
- ▶ **Repeat SBIRT** at next visit

Step 4

• Negotiate & Advise

VistA CPRS in use by: Travaglini, Letitia (vista.baltimore.med.va.gov)

File Edit View Action Options Tools Help

Visit Not Selected
Current Provider Not Selected

Flag VistAWeb Remote Data Postinas

Last 100 Signed Notes (Total: 445)

Screening: During medical intake, veteran completed AUDIT and as initial screener: **AUDIT score = 10** (some harmful or hazardous drinking, possible alcohol use disorder). Inquired about other drug use, and veteran denied use of other drugs.

Brief Intervention: Provided veteran with feedback from screening and informed him that his current level of drinking puts him at risk for a number of alcohol related consequences. Discussed with patient the pros and cons of reducing use of alcohol and considering substance use treatment. Veteran stated that he feels ready to make changes in substance use (readiness ruler response 7/10), but is not very confident in his ability to do so (4/10).

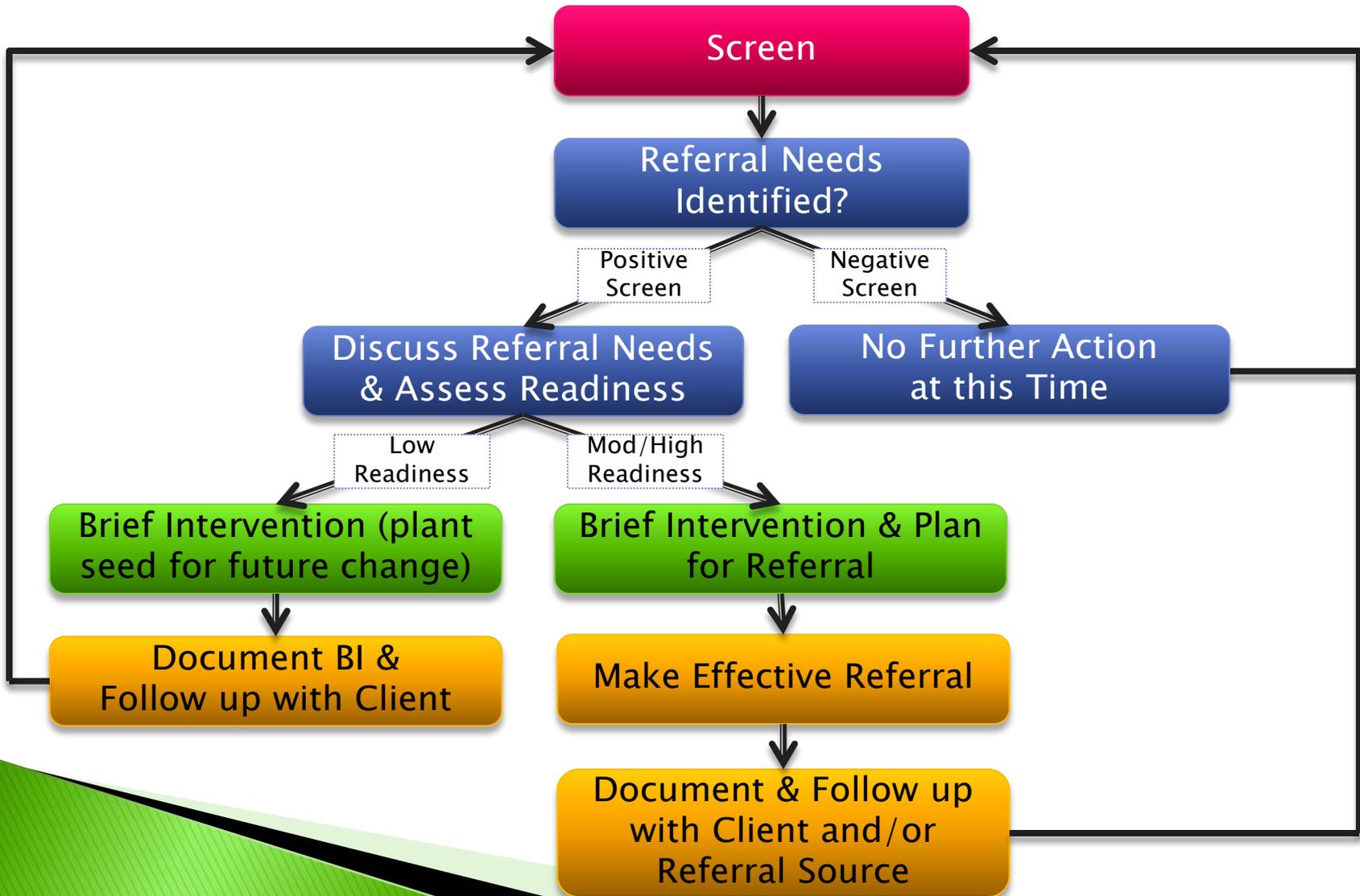
Referral to Treatment: Discussed with veteran options for referral, and veteran agreed to meet with an addictions provider. Walked with veteran to meet B. Smith, LCSW, in Substance Abuse Program who aided veteran with initial evaluation scheduling procedures. B. Smith has agreed to notify me of veteran appointment follow-up.

Follow-up Plan: Pt agreed to receive follow-up phone call following his scheduled addictions initial evaluation.

Templates
Encounter
New Note

Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

Putting It All Together



Helpful Resources: Screening

- ▶ Alcohol & Drug Abuse Institute (ADAI) Library—University of Washington
 - Substance Abuse Screening and Assessment Instruments Database:
<http://lib.adai.washington.edu/instruments/>
- ▶ Substance Use Screening Tools:
 - www.hivguidelines.org/resource-materials/screening-tools/substance-use-screening-tools/
- ▶ Mental Health First Aid:
 - www.mentalhealthfirstaid.org/cs/
 - A public education program that helps trainees identify, understand, and respond to signs of mental illnesses and substance use disorders.
- ▶ National Institute on Alcohol Abuse and Alcoholism (NIAAA)
 - www.niaaa.nih.gov
 - Helping Patients Who Drink Too Much: A Clinician's Guide:
http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm
- ▶ National Institute on Drug Abuse (NIDA) www.nida.nih.gov
 - Alcohol Use among Older Adults: Pocket Screening Instruments for Health Care and Social Service Providers:
<http://store.samhsa.gov/product/Older-Adults-and-Alcohol-Use-Pocket-Screening-Tools/SMA02-3621>
- ▶ New York State Office of Mental Health (OMH)
 - Screening for Co-Occurring Disorders OMH and OASAS Guidance Document, July 31, 2008:
www.omh.ny.gov/omhweb/resources/providers/co_occurring/adult_services/screening.html
- ▶ Substance Abuse and Mental Health Services Administration www.samhsa.gov
 - Co-Occurring Center for Excellence (COCE) Screening Review:
<http://www.addictioncounselor.com/articles/101545/OP2-ScreeningandAssessment-8-13-07.pdf>

Helpful Resources: BI

- ▶ Clinical Tools, Inc.—SBIRT Training: Skills Training for Primary Care Providers:
 - www.sbirtraining.com/motivationalinterview
- ▶ Motivational Interviewing: www.motivationalinterview.org
 - Miller, W. R., & Rollnick, S. (2013). Motivational interviewing: Preparing people for change (3rd ed.). New York: Guilford Press.
 - Rollnick, S., Miller, W. R., & Butler, C. C. (2008). Motivational interviewing in health care: Helping patients change behavior. New York: Guilford Press.
 - Rosengren, D. B. (2009). Building Motivational Interviewing Skills: A Practitioner Workbook. New York: Guilford Press.
- ▶ Pennsylvania SBIRT Project: www.ireta.org/sbirt/
- ▶ Substance Abuse and Mental Health Services Administration
 - <http://www.integration.samhsa.gov/clinical-practice/sbirt>
 - <https://www.samhsa.gov/sbirt/resources>
- ▶ University of Maryland Medical Doctors Making a Difference (MD3) SBIRT Training:
 - www.sbirt.umaryland.edu
- ▶ University of Maryland, Baltimore County Center for Community Collaboration
 - <http://communitycollaboration.umbc.edu/additional-resources/>

Helpful Resources: Referrals

- ▶ Mental Health Awareness, Screening, and Prevention
 - American Foundation for Suicide Prevention: www.afsp.org
 - Mental Health America: www.mentalhealthamerica.net
 - National Council for Community Behavioral Healthcare: www.thenationalcouncil.org
 - National Institute of Mental Health: www.nimh.nih.gov/index.shtml
- ▶ SAMHSA Mental Health and Substance Abuse Treatment Locator
www.SAMHSA.gov/treatment/index.aspx
- ▶ Self-Help, Mutual Help, Support, and Advocacy
 - Alcoholics Anonymous: www.aa.org
 - National Alliance on Mental Illness: www.nami.org
 - Narcotics Anonymous: www.na.org
 - SMART Recovery: <http://www.smartrecovery.org/>

Thank You!

- ▶ Contact Information:

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