

# SBIRT Implementation in Medical Settings

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# Closer Look at Screens and Brief Interventions

Week #2





*Agenda*

## Welcome

- Review Learning Activity-Discuss Video and review patient scenarios

## Presentation

- Overview of Screens
- Motivating People to Change
- Using Brief Intervention Skills
- Brief Negotiated Interview

## Summary

- Preview of next week
- Assign Learning Activity- Videos and Special populations
- Questions

## ***Let's Talk about your Learning Activity!***

**You Watched the Video...**

**What did you think?**

**What about the patient  
scenarios?**





## Screening

- Standardized tools to quickly assess risk level
- Pre-screen - universal
- Full Screen - targeted

## Brief Intervention

- Help patients understand their substance use and health impact; motivate behavior change.

## Referral to Treatment

- Help patients showing signs of a substance use disorder to access specialty care.

# Screening



SBIRT Oregon has a good list of screens:  
<https://www.sbirtoregon.org/screening-forms/>

## What screening DOES provide

- Identify level of risk
- Provide context for discussing substance use or mental health
- Suggest areas where substance use or psychiatric symptoms may be problematic
- Identify patients most likely to benefit from brief intervention
- Identify patients most likely in need of referral



# Considerations for screening

Protocols

Scheduling

Staffing

Training

Implementation  
Support

Policies

Reporting with Special  
Populations  
(pregnant/adolescent)

Legal Implications

SAMHSA 2013



# Pre-Screening: Universal/Everyone gets screened



## Alcohol – NIAAA

<https://pubs.niaaa.nih.gov/publications/aa65/aa65.htm>

## Drugs - NIDA

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	<input type="radio"/>	<input type="radio"/>

# Full Screening Tools- Targeted for those positive on Brief Screen

AUDIT: Alcohol Use Disorder Identification Test

DAST: Drug Abuse Screening Test

ASSIST: Alcohol, Smoking, and Substance Abuse Involvement Screening Test

GAIN or GAIN-SS: Global Appraisal of Individual Needs

5Ps Plus: For pregnant and post-partum women




CRAFFT: Car, Relax, Alone, Forget, Family or Friends, Trouble (adolescents)

AUDIT:  
Alcohol

Patient name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

**Alcohol screening questionnaire (AUDIT)**

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)


1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year

Have you ever been in treatment for an alcohol problem?  0 Never  1 Currently  2 In the past  3  4

I II III IV  
0-3 4-9 10-13 14+

## AUDIT Scores and Zones

Score	Risk Level	Intervention
<b>0-7</b>	Zone 1: Low Risk Use	Alcohol education to support low-risk use – provide brief advice
<b>8-15</b>	Zone 2: At Risk Use	Brief Intervention (BI), provide advice focused on reducing hazardous drinking
<b>16-19</b>	Zone 3: High Risk Use	<b>BI/EBI</b> – Brief Intervention and/or Extended Brief Intervention with possible referral to treatment
<b>20-40</b>	Zone 4: Very High Risk, Probable Substance Use Disorder	Refer to specialist for diagnostic evaluation and treatment

This is different as of new CDC  recommendations

This is more indicative of binge drinking



### Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Which recreational drugs have you used in the past year? (Check all that apply)

- methamphetamines (speed, crystal)     cocaine  
 cannabis (marijuana, pot)     narcotics (heroin, oxycodone, methadone, etc.)  
 inhalants (paint thinner, aerosol, glue)     hallucinogens (LSD, mushrooms)  
 tranquilizers (valium)     other \_\_\_\_\_

How often have you used these drugs?     Monthly or less     Weekly     Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse (use) more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0                      1

Do you inject drugs?    No     Yes

Have you ever been in treatment for a drug problem?    No     Yes

I    II    III    IV  
0    1-2    3-5    6

CRAFFT 2.1:  
Adolescents  
12-18





# SBIRT in Schools: An Example in Massachusetts

<https://www.masbirt.org/schools>

POLLING  
QUESTION

1. Are you screening for substance use?
2. Of those that are using screens, how many are using validated screens?





**SBIRT:  
Brief  
Intervention**

**Screening**

- Standardized tools to quickly assess risk level
- Pre-screen - universal
- Full Screen - targeted

**Brief  
Intervention**

- Help patients understand their substance use and health impact; motivate behavior change.

**Referral to  
Treatment**

- Help patients showing signs of a substance use disorder to access specialty care.

# Break Out Room

- What things will need to be addressed at your agency before you start initiating universal screening?
- What types of training or resources do you need to ensure that staff are ready to have these conversations?



**Helping someone to find  
Motivation to make a  
Change that is really, really, hard**

**The Spirit of  
Motivational  
Interviewing**



# What Makes Brief Intervention Different?

## Communication Styles

Directive Communication	Guiding Communication
<ul style="list-style-type: none"><li>• Explain why</li></ul>	<ul style="list-style-type: none"><li>• Respect for autonomy, goals, values</li></ul>
<ul style="list-style-type: none"><li>• Tell how</li></ul>	<ul style="list-style-type: none"><li>• Readiness to change</li></ul>
<ul style="list-style-type: none"><li>• Emphasize importance</li></ul>	<ul style="list-style-type: none"><li>• Ambivalence</li></ul>
<ul style="list-style-type: none"><li>• Persuading</li></ul>	<ul style="list-style-type: none"><li>• Empathy, non-judgment, respect</li></ul>
<ul style="list-style-type: none"><li>• Clinician is the expert</li></ul>	<ul style="list-style-type: none"><li>• Patient is the expert</li></ul>

# MI Spirit = Essential for effective BI



# TIP #35 SAMHSA

**Motivational interviewing is a counseling style based on the following assumptions:**

- **Ambivalence about continued substance use and change is normal.**
- Ambivalence can be resolved by working with your patient's intrinsic motivations and values.
- The alliance between you and your patient is a collaborative partnership to which you each bring important expertise.



# Exploring Ambivalence: What is it?

Ambivalence

Change



Sustain  
Talk

Think about  
a change you  
are trying to  
make...





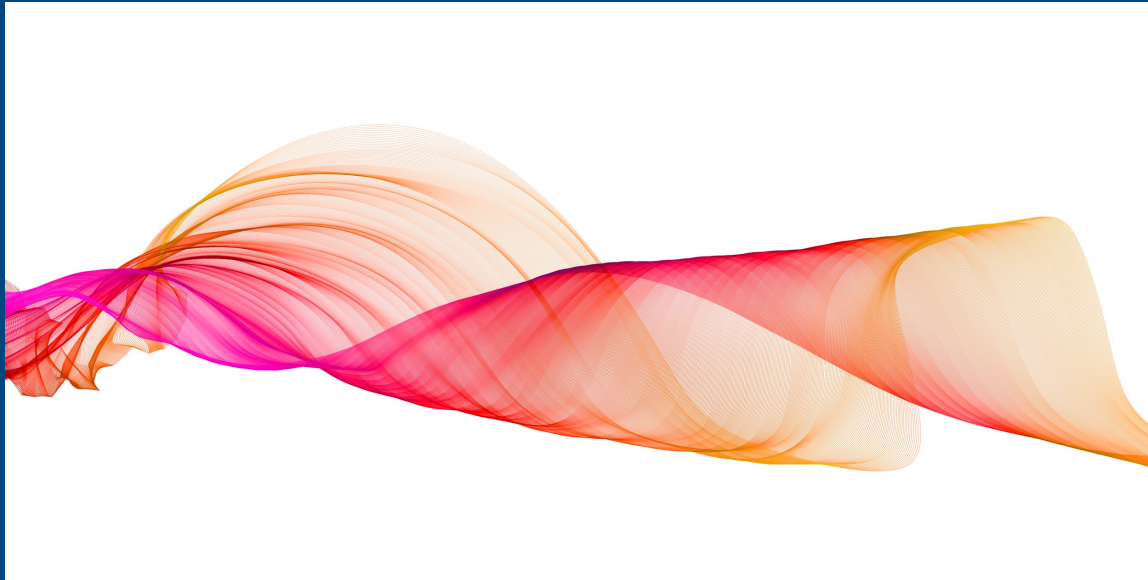
# Dyad Practice



- A few good reasons to make the change
- How they could change
- How important it is to change
- Persuade
- If you meet resistance, REPEAT!

(This is NOT using the spirit of motivational interviewing)

# Dyad Practice - With a Twist



- How would you make this change?
- What are the 3 best reasons to do it?
- On a scale from 0 to 10, how important would you say it is for you to make this change?
- Why are you not a zero?
- Give a short summary
- So what do you think you'll do?  
... and just listen.

# 4 Core MI Skills Used in BIs

- Open-ended questions
- Affirmations
- Reflections
- Summaries



# Open-Ended Questions

- What are open-ended questions?
  - Gather broad descriptive information
  - 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...”
  - Usually go from general to specific



- Affirming the Client's Strengths
  - Can Include anything that is going right or any strengths that the patient has
    - Supports-Family, Friends, Co-workers
    - Employment
    - Attributes
    - Relationships
    - Hobbies
    - Pets
  - **The fact that the person is there, receiving services is a strength**
  - **The fact that the person is being honest about the change that you are discussing is a strength**

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## 2. Affirmations



# Reflections

- Statements. Not questions
- What you hear, what you observe
- Not problem solving or advice
- Selective & intentional
- Simple to complex

- Demonstrates you have heard and understood the patient
- Strengthens the empathic relationship



# Summarizing

- Collect, link, transition
- Validating
- Helps if conversation is stuck or unproductive
- Examples
  - “So, let me see if I’ve got this right...”
  - “So, let me summarize what we’ve talked about”
  - “Make sure I’m understanding exactly what you’ve been trying to tell me...”





## Why Summarize?

When people feel understood they are more likely to strengthen self-esteem, become intrinsically motivated, be more willing to trust and talk about making changes.

SAMHSA Tip #35, 2019





## **2 Things to keep in mind:**

1. You may not always know the exact right thing to say, that is OK!
2. The spirit of MI is the most important part

# What to do if someone is not at the stage of change



<https://www.youtube.com/watch?v=g2v2sfwfQ84>

## Cultural Implications...

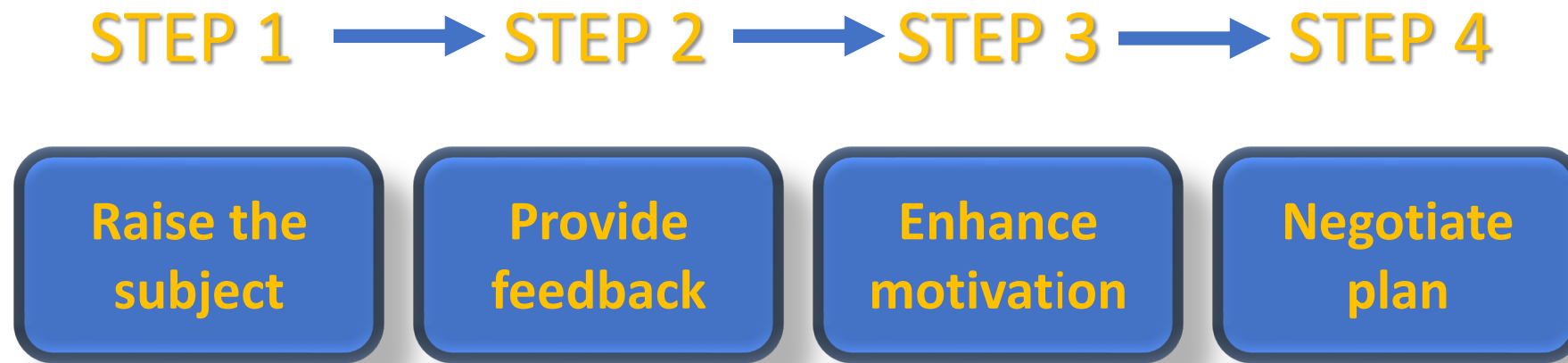
It is important to remember that a significant component of entrenched beliefs comes from cultural experience. Specific racial and ethnic groups hold beliefs that are rooted in their cultural experience and are completely valid in that context, although they may appear “dysfunctional” if one doesn’t understand the cultural context – **(SAMSHSA-TIP 48)**



*“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others.”*

—Blaise Pascal





*The Yale Brief Negotiated Interview Manual, D'Onofrio, et al. 2005*

# Brief Negotiated Interview Steps

# Resources



- **SAMHA SBIRT**
  - <https://www.samhsa.gov/sbirt>
- **IRETA Online Training and Toolkit and Webinars**
  - <https://ireta.org/resources/sbirt-101/>
  - <https://ireta.org/resources/sbirt-toolkit/>
  - [https://ireta.org/?sfid=243&sft\\_resource\\_type=webinar](https://ireta.org/?sfid=243&sft_resource_type=webinar)
- **On-line Training and other Resources-UMKC SBIRT**
  - <http://www.sbirt.care/>

# Getting Candid Toolkit

## National Council for Mental Wellbeing



**MOTIVATIONAL INTERVIEWING IS EVOCATIVE**

a provider is actively working to elicit a client's reasons and ideas for change

**BEFORE** providing information, ask clients what they already know about the topic.

What do you know about my role here?

What do you know about the ways people typically...?

What things are you already doing to...?

**ASK** clients about their most important reasons and ideas about change

What are your most important reasons for...?

If you look forward to a year from now, how would you want your life to be different?

What part would you like to tackle first?

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**MOTIVATIONAL INTERVIEWING IS COLLABORATIVE**

the client and provider are working as equal partners, both with expertise and valuable experience

**MAKE THE CLIENT THE EXPERT**

What have you already done about...?

What do you think you will need to do to...?

How does that sound to you?

**AVOID INTERRUPTING** offer assistance or information if the client asks:

Can I share some information with you?

With your permission, I'd like to...

Would it be okay if we...?

**INVITE THE CLIENT TO SHARE THEIR SUCCESSES, MOTIVATION, IDEAS, AND PLANS**

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**MOTIVATIONAL INTERVIEWING IS EMPATHIC**

empathy means showing a deep understanding of the client's perspective - reflections and open questions engage the client and build trust

**EMOTION WORDS ARE GREAT FOR REFLECTIONS**

**SAY THIS...**  
You're really excited about this!

**INSTEAD OF...**  
Are you excited about this?

Sounds like you're worried about how your drinking might be affecting your health.

You are drinking too much and should be worried about your health.

**USE OPEN QUESTIONS TO EXPLORE AMBIVALENCE, BUILD MOTIVATION, AND INVITE INPUT**

**SAY THIS...**  
What are your reasons for change?

**INSTEAD OF...**  
Do you have any reasons for change?

The best reflections capture the client's meaning rather than just repeating back their words.

**Conjunctions are great ways to start reflections:**

...and it's frustrating to be put in that situation.

...and that makes you really excited.

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**MOTIVATIONAL INTERVIEWING GIVES CLIENTS AUTONOMY**

a provider respects, honors, and emphasizes a client's control and choice over the outcome

**HIGHLIGHT THE CLIENT'S PERSONAL CHOICE OR COMPETENCE**

You should do what's right for you.

You've thought a lot about this. You've already done a lot to...

You've been very proactive with...

**ASK FOR PERMISSION BEFORE OFFERING A SUGGESTION, PREFACE WITH PERMISSION TO DISAGREE, AND OFFER A MENU OF OPTIONS TO REMIND THEM IT'S THEIR CHOICE ON NEXT STEPS**

Would it be okay if I shared some of the strategies other people have used?

There are a couple things that might work for you here...

**USE AFFIRMATIONS THAT ARE SPECIFIC TO THE CLIENT**

It's really smart of you to use your phone to remember to take your medications.

You've been really good keeping up with your treatment plan. I can really see your commitment to your health and your family.

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Resources that can be displayed to help staff!

<https://attcnetwork.org/centers/mountain-plains-attc/product/motivational-interviewing-prompt-and-reminder-posters>





# Making a Referral to Treatment and Warm Handoffs

***Sneak Peek at next week ....***



**Watch Videos and Consider  
Questions**



**Review Proficiency Checklist  
located in the Toolbox**

**Learning Activity for Week #2  
Will be reviewed in Week #3 Session**



# QUESTIONS?



**ENHANCED PROFESSIONAL  
LEARNING SERIES**



Mountain Plains ATTC (HHS Region 8)

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

