

Screening, Brief Interventions, Referrals to Treatment: Use of SBIRT in Practice

Jason M. Satterfield, PhD

Professor of Clinical Medicine

University of California, San Francisco

Disclosures

- No commercial disclosures or conflicts of interest.
- Dr. Satterfield directs the SAMHSA-funded “UCSF SBIRT Collaborative Education Project”
 - Grant #1U79TI020295

Learning Objectives

1. Describe “screening, brief interventions, and referrals to treatment” (SBIRT) and its value in primary care.
2. Recognize and critically evaluate an example of the 4 elements of a “brief intervention.”
3. Compare and contrast two strategies to enhance motivation to change in patients with hazardous substance use.
4. List key features of a successful “negotiated plan” and provide examples for both ways to reduce use and ways to reduce harm.

Module Roadmap

- SBIRT defined
- Clinical Significance and Evidence
- Screening strategies
- Brief intervention elements
- Making referral to treatment
- Summary recommendations
- References and resources
- Self-assessments

What is SBIRT?

- **Screening**: quickly assess use and severity of alcohol, illicit drugs, and prescription drug abuse.
- **Brief Intervention**: a 3-5 minute motivational and awareness-raising intervention given to risky or problematic substance users.
- **Referral to Treatment**: referrals to specialty care for pts with substance use disorders.

What is Screening?

- Structured set of questions and a brief follow-up discussion between a patient and a health care provider designed to assess potential substance use problems including prescription drug abuse.
- Most alcohol use disorders are not currently detected by physicians (68-98%)
- Physicians less likely to detect when:
 - Screening not employed universally
 - Patients belong to groups not expected to have problems: women, Caucasians, higher SES
 - Lab testing alone is not sensitive or specific enough; need to screen with standardized questions

What is a Brief Intervention?

- Brief interventions are short, 3-5 minute motivational interviews that encourage patients to create a plan of action – from harm reduction to reducing their drinking to seeking substance abuse treatment – based on their willingness to change their drinking behavior.
- Feedback and recommendations are given respectfully in the form of useful information.
- Ideally, brief interventions build progressively over the course of a longitudinal relationship until the patient is able to change his/her behavior.

What is a Brief Intervention?

- Brief interventions are NOT intended to treat those who may have a substance use disorder diagnosis (abuse/dependence), but for those with problematic or at-risk use.
- Does not take the place of specialized addiction treatment but can be used to encourage those with more serious substance problems to accept more intensive treatment or intervention.

Referrals to Treatment

- Patients with substance use disorders and/or those who need additional assistance with problematic use often require referrals to specialty care.
- SBIRT training helps primary care providers determine the appropriate level of care required and how to access it. Examples of care include:
 - Inpt or outpt detox
 - Residential rehab
 - Methadone maintenance
 - 12 step programs
 - Outpatient addiction counseling or psychotherapy

Substance Use Issues are Highly Prevalent Among Americans

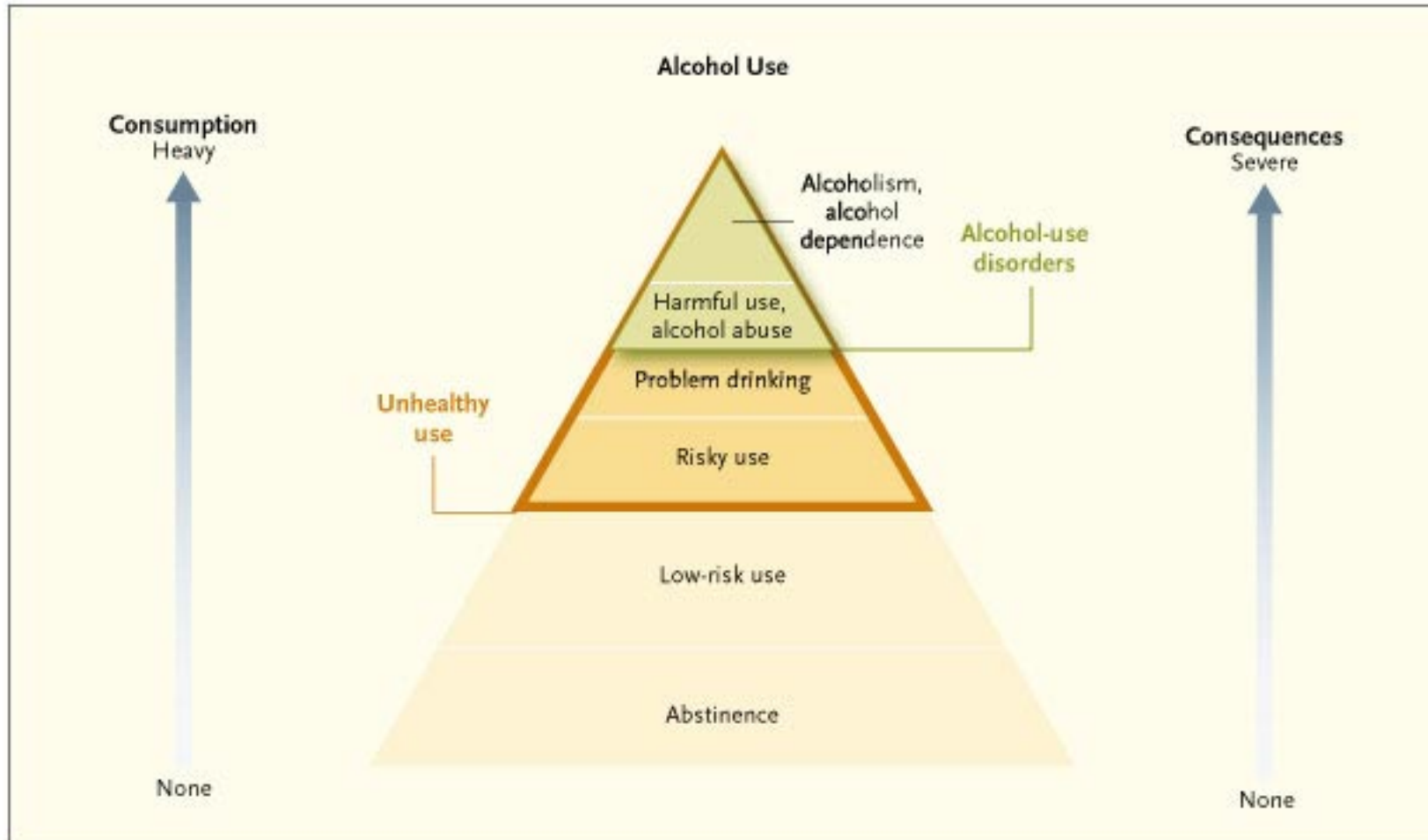
Risky Drinking*	23%
Illicit Drug Use	8%
Substance Abuse or Dependence	9%
Alcohol	7%
Illicit Drugs	3%

*5 or more drinks in a day (men); 4 or more (women or 65+yo); OR averaging more than 2 day (14 in a week; men); 1/day (7 in a week; women)

Why is SBIRT Important?

- Substance use disorders are very common.
- Associated morbidity, mortality, and financial burden are substantial.
- Early detection and prevention of substance use disorders offer the best case scenario – lowest cost with highest effectiveness.

The Spectrum of Alcohol Use



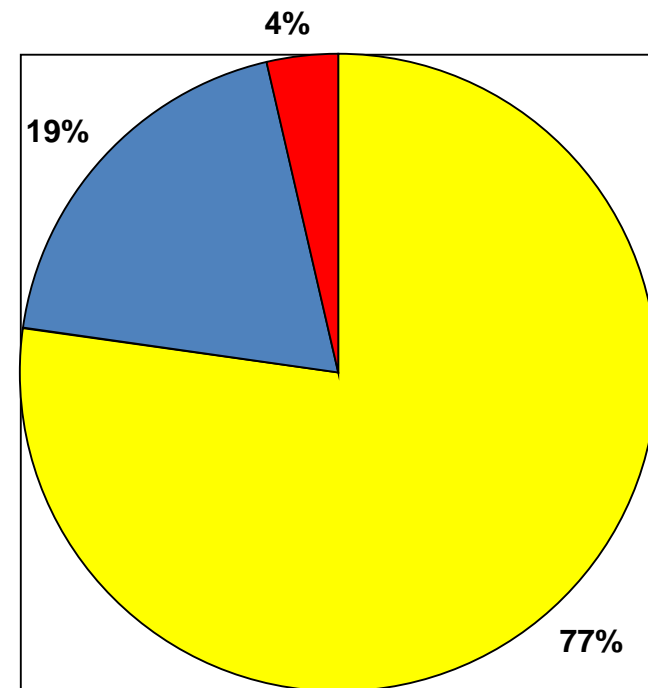
Saitz R. *New England Journal of Medicine*, 2005

Evidence for SBIRT

- Research has shown brief interventions can reduce alcohol use for at least 12 months in patients who are not alcohol dependent.
- 10-30 % of patients can be expected to change their drinking behaviors as a result of a brief intervention.
- A recent meta-analysis suggests an overall reduction of 56% in number of drinks.
 - The effect size for a brief motivational intervention of all types ranged from 0.25 to 0.57, with participants followed from 3 to 24 months

SBIRT Prospective Cohort Study

- 6 clinical sites
- 459,599 pts screened
- At 6-month follow up
 - Drug use 67.7% ↓
 - Alcohol use 38.6% ↓
 - Self reported improvement in general health, mental health, employment, housing and criminal behavior



■ Negative Screen ■ Brief Intervention ■ Specialty Treatment

SBIRT “How-To” Guide

- Screening
 - Alcohol
 - Illicit and prescription drugs
 - Assessment/Diagnosis
- Brief Interventions
 - Raise the subject
 - Provide Feedback
 - Enhance motivation
 - Negotiate a plan
- Referral to Treatment
 - Picking the appropriate level/modality
 - Improve patient adherence

NIAAA Alcohol Screener

“How many times in the past year have you had X or more drinks in a day?”

X = 5 (for men); 4 (for women or pts >65 y.o.)

“NONE”

Not an “at risk” binge drinker *but may exceed recommended limits.*

Continue to assess

1 or more times

**At-risk binge drinker,
inquire further**

Sensitivity/ specificity: 82%/ 79%

Smith et al. *Journal of General Internal Medicine*, 2009.

Alcohol Screen (cont' d)

- Determine the average drinks per day and average drinks per week, ask:
 - On average, how many days a week do you have an alcoholic drink?
 - On a typical drinking day, how many drinks do you have? (**Daily average**)
 - **Weekly average** = days X drinks

Recommended Limits

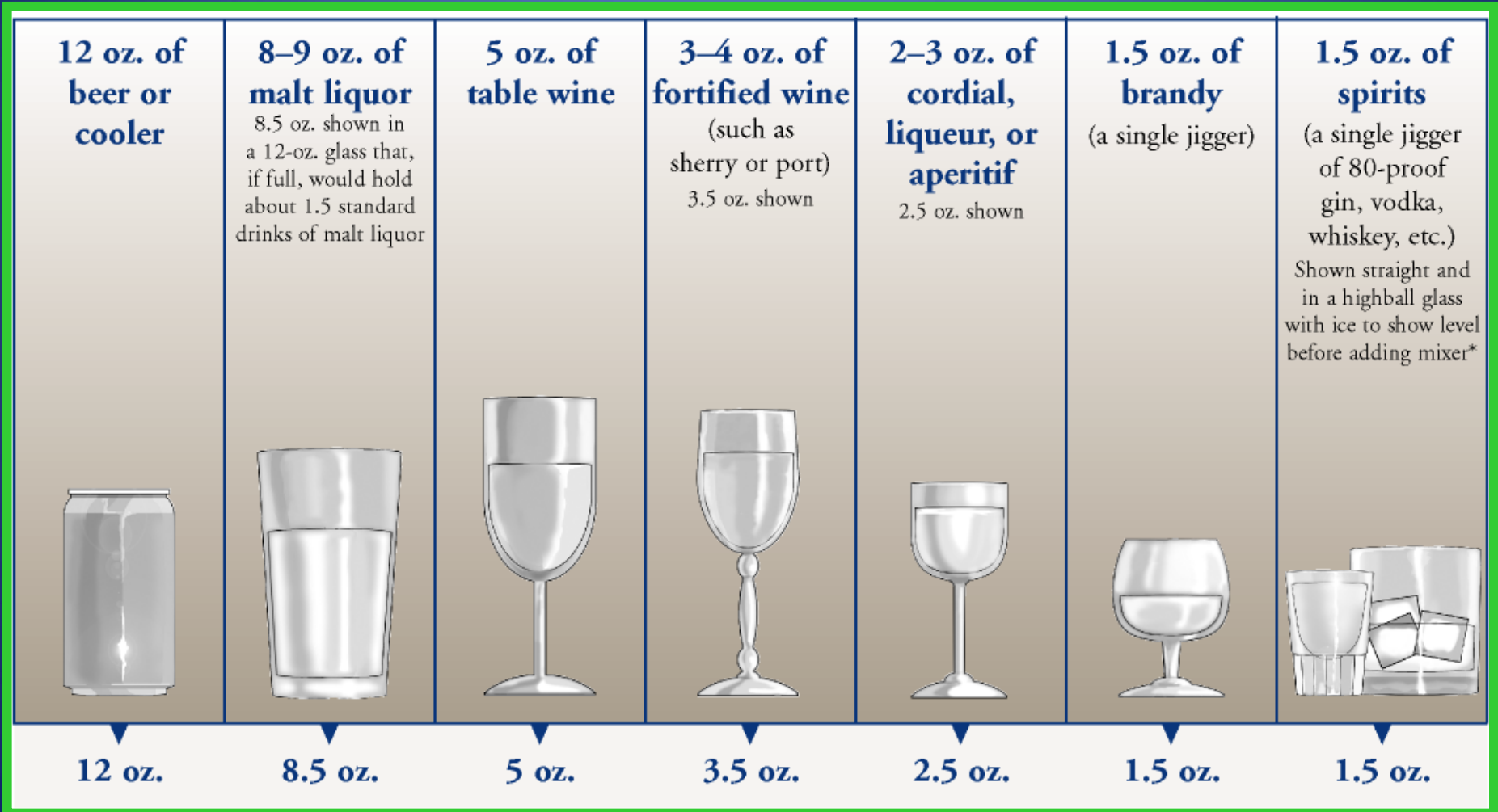
Men (under 65 yo): 2 per day/ 14 per week

Women / any 65+: 1 per day or 7 drinks per week

> regular limits = At Risk Drinker

What's a Standard Drink?

In the U.S., a standard drink is any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons).



Interview Alternative: AUDIT

- AUDIT (Alcohol Use Disorders Identification Test)
- 10 self-administered questions - multiple choice, clinician scored
- Addresses alcohol only
- Accurate across many cultures/nations
- Sens: 51% - 97% Spec: 78% - 96%

Skinner, 1982

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

*—4 in women (National Institute on Alcohol Abuse and Alcoholism. National Alcohol Screening Day).

Procedure for scoring:

Questions 1-8 are scored 0, 1, 2, 3, or 4. Questions 9 and 10 are scored 0, 2, or 4. The maximum possible score is 40. A score of 8 or more is suggestive of problem drinking. For women, the cutoff point should be 4 or more.

NIDA Single Q Screening for Drugs

“How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?”

(...for instance because of the feeling it caused or experiences you have...)

“NONE”

Screening is
complete

**any number or
suspicious clues**

Inquire further

Sensitivity/ specificity: 100%/ 74%

A Positive Drug Screen

- Ask which drugs the patient has been using, such as:
 - Pot, Cocaine, meth, heroin, ecstasy, vicodin, valium, etc.
- Determine frequency and quantity.
- Ask about negative impacts.

Any positive on the drug screen question puts the pt in an “at risk” category. The follow-up questions are to assess impact and whether or not use is serious enough to warrant a substance use disorder diagnosis.

Drug Screening Instrument (DAST)

- DAST (Drug Abuse Screening Test)
- 28 item and 10 item versions
 - Yes/no questions, self-administered
- Addresses drugs only
- Validated for screening adults
- Sens: 82-96% Spec: 81-91%

For “At Risk” Patients:

- For patients identified as “at risk,” the interviewer should continue with the assessment to see if the patient meets criteria for a full blown substance use disorder (SUD) using DSM criteria.
- Those having an SUD may need to be referred to specialty treatment.
- All at risk or SUD patients should receive a brief intervention.

The Brief Intervention (BI)

- 4 Key elements

Raise the
subject

Provide
feedback

Enhance
motivation

Negotiate plan

Any “at risk” individual should receive a brief intervention regardless of stage of readiness or original reason for the medical visit.

What a Brief Intervention Does...

- Assists the patient in realizing that his/her use is putting him/her at risk for negative health and social consequences by presenting factual information in a straightforward manner.
- Provides a personalized, non-judgmental method to give support and information to patients.
- Explores variables in the patient's life which reinforce the unhealthy behavior and identify variables which may promote positive change.
- Negotiates specific beneficial behavior changes acceptable to the patient.
- Acknowledges patient autonomy/responsibility in making positive changes.
- Supports the creation of a follow-up plan.

BI Element 1 of 4

Raise the subject

- Ask permission to raise the subject of alcohol/drug use
- 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 _____?”

BI Element 2 of 4

Provide feedback

- Give feedback on the patient's current level of use.
- Make connection to health issues (if relevant).
- Give clear recommendation about cutting down or quitting.

BI Element 3 of 4

**Enhance
motivation**

- Use motivational interviewing strategies to enhance readiness to change.

Motivational Strategy #1: Readiness Ruler.

“On a scale of 0 - 10 , how ready are you to cut down (or quit) drinking (drug use)?”

**Enhance
motivation**

- “Why did you choose that number and not a lower one?”
- What would it take for you to move to a higher number?

Motivational Strategy 2: Decisional Balance

- Construct a 2 X 2 table by asking the pt
 - What do you like about drinking? What are the pros/benefits of drinking?
 - What do you dislike about drinking? i.e. disadvantages?
 - What would you like about not drinking? What are the benefits of not drinking?
 - What would you dislike about not drinking – disadvantages?



Decisional Balance Sheet

Pros

Cons

*Continue
drinking?*

*Limit or quit
drinking?*

BI Element 4 of 4

Negotiate plan

- Negotiate a plan on how to reduce use, abstain or seek referral
- Provide clear advice and express your concerns
- Negotiate and secure an agreement regarding changes the patient is willing to make, including scheduling follow-up when needed

Elements of a Good Plan

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

IF Pt is willing to do something....

- Collaboratively set a goal
 - Learn more/education
 - Monitor use
 - Reduce use
 - Reduce harm
 - Explore treatment options
 - Abstain from use
 - Begin a treatment program

Contemplation



Action

The Brief Intervention (Review)

4 Key elements

Raise the
subject

Provide
feedback

Enhance
motivation

Negotiate plan

- Remember that any “at risk” individual should receive a brief intervention regardless of stage of readiness or original reason for the medical visit.

SBIRT: Referrals to Treatment

- Patients with substance use disorders and/or those who need additional assistance with problematic use often require referrals to specialty care.
- SBIRT training helps primary care providers determine the appropriate level of care required and how to access it.

Referral Elements

SUD Severity
and Hx

Co-morbid
Conditions

Pt Factors
and Context

Resources

Making Referrals

SUD Severity and Hx

- Does patient meet criteria for abuse or dependence?
 - Severity, chronicity of use
 - Signs of physiologic withdrawal
- Polysubstance abuse/dependence?
- What is past treatment history? What worked? What didn't and why?

Making Referrals

Pt Factors and Context

- Patient preferences, values, interest
- Language, culture, literacy
- Location/transportation
- Family support
- Housing situation
- Age, gender, sexuality
- Disabilities, special needs

Making Referrals

Co-morbid Conditions

- Determine if patient has other risk factors that would make them better candidates for inpatient treatment than outpatient treatment:
 - Co-occurring mental illness (may need a psych consult)
 - Serious medical illnesses that may be exacerbated when substance use changes (i.e.: when the patient stops abusing); e.g.: HIV/AIDS, active HCV, cirrhosis, other serious illnesses

Making Referrals

Resources

- Insurance coverage, ability to pay
 - Private: must check with insurer to determine what kind of treatment and what facilities they will pay for
 - Public: Medi-CAL/City/County: Refer to public treatment facilities in city or county where the patient resides
- Can the facility treat both substance use disorders and mental illness?
- Can the facility treat both substance use disorders and medical illness?
- Does the facility offer/support pharmacotherapy for maintenance of abstinence?
- Does the facility have a good record of keeping referring medical staff informed of patient progress and ongoing needs?

Preparing the Pt for the Referral

- Ask the pt to “look ahead” and identify any potential obstacles or roadblocks. Do some advance problem-solving on how to address these issues.
- Ask the pt to share his/her worries or what they imagine treatment will be like. Provide corrective information.
- Use testimonials from other pts, use the weight of your professional opinion and your relationship with the pt.

Preparing the Pt for the Referral

- Remind pt that he/she has choice. If one program doesn't fit, try another. There are many options.
- Reassure pt you won't abandon them regardless of how tx turns out.
- Enlist the support of family members to help get the patient to treatment (obtain releases of information to be able to speak with family members the patient identifies as important in their lives).

Summary

- SBIRT is a brief, universally applied public health intervention to efficiently and effectively identify individuals with substance use problems and provide appropriate care.
- Although the full spectrum of use is identified and managed with SBIRT, the largest promise lies in the “at risk” population that hasn’t yet become substance dependent.

References

1. Edwards A, Unigwe S, Elwyn G, Hood K. Personalised risk communication for informed decision making about entering screening programs. *Cochrane Database Syst Rev*. 2003; 1:CD001865.
2. SAMHSA, National Survey on Drug Use and Health, 2008.
<http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm>
3. Saitz R. Unhealthy alcohol use. *New England Journal of Medicine*. 2005; 352(6):596-607.
4. Babor TF, Higgins-Biddle JC. Alcohol screening and brief intervention: Dissemination strategies for medical practice and public health. *Addiction*. 2000; 95(5):677-686.
5. Burke, B. L., Arkowitz, H. and Menchola, M. The efficacy of motivational interviewing: a meta-analysis of controlled clinical trials. *Journal of Consulting and Clinical Psychology*. 2003; 71: 843–861.
6. Fleming, M. and Manwell, L. B. Brief intervention in primary care settings. A primary treatment method for at-risk, problem, and dependent drinkers. *Alcohol Research and Health*. 1999; 23: 128–137.
7. Madras BK, Compton WM, Avula D, Stegbauer T, Stein JB, Clark HW. Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug Alcohol Depend*. 2009;99(1-3):280-295.
8. Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. Primary care validation of a single-question alcohol screening test. *J Gen Intern Med* 2009;24(7):783-8.
9. Skinner HA. The Drug Abuse Screening Test. *Addictive Behaviors*. 1982;7:363–71.
10. Miller, W., & Rollnick, S. *Motivational Interviewing* (2nd ed.). New York: Guilford; 2002.

TOOLS AND RESOURCES

NIAAA offers a condensed **Pocket Guide. It features the same step-by-step format and includes the medications chart and other supporting materials.**

Updated

**A POCKET GUIDE FOR
Alcohol Screening and
Brief Intervention**

Updated 2005 Edition




This pocket guide is condensed from the 34-page NIAAA guide, *Helping Patients Who Drink Too Much: A Clinician's Guide*.

Visit www.niaaa.nih.gov/guide for related professional support resources, including:

- patient education handouts
- preformatted progress notes
- animated slide show for training
- materials in Spanish

Or contact:

NIAAA Publications Distribution Center
P.O. Box 10686, Rockville, MD 20849-0686
(301) 443-3860
www.niaaa.nih.gov



For your copy, click on
www.niaaa.nih.gov

Resources For Brief Interventions and Motivational Interviewing

- *Brief Interventions and Brief Therapies for Substance Abuse, Treatment Improvement Protocol #34.* (1999). Substance Abuse and Mental Health Services Administration.
<http://www.treatment.org/Externals/tips.html>
- Miller, W., & Rollnick, S., *Motivational Interviewing* (2nd ed.). Guilford, 2002.
http://www.amazon.com/Motivational-Interviewing-Second-Preparing-People/dp/1572305630/ref=sr_1_1?ie=UTF8&s=books&qid=1262908905&sr=1-1
- Motivational Interviewing web site
<http://www.motivationalinterview.org/>
<http://www.bigshouldersdubs.com/clients/AMA/22-AMA-Motivating.htm>

Please Click the Link Below to Access the Post Test for the Online Module

Upon completion of the Post Test:

- You will receive an email detailing correct answers, explanations and references for each question.
- You will be directed to a module evaluation, upon completion of which you will be emailed your module Certificate of Completion.

<http://www.cvent.com/d/5cqr bw>