

SBIRT Screening, Brief Intervention & Referral to Treatment





Goals

- Present the ideas and concepts for the Screening and Brief Intervention and Referral to Treatment (SBIRT model)
- Show examples of how this works
- Review screening tools to use with the SBIRT model
- Identify additional resources



SBIRT consists of 3 major components:

Screening — Assesses a person for risky substance use behaviors using standardized screening tools.

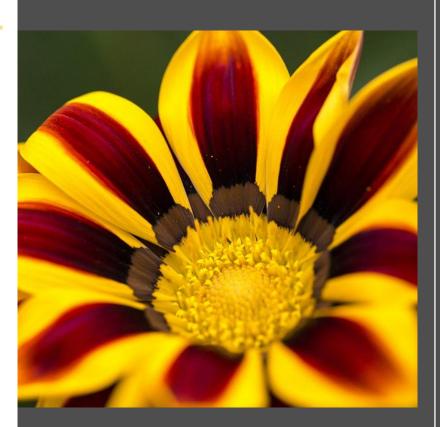
Brief Intervention — a trained helper talks with a person showing risky substance use behaviors in a brief conversation, providing feedback and recommendations.

Referral to Treatment — a trained helper provides a referral to culturally appropriate brief therapy and/or additional treatment whose screens indicate the need for additional services.



The SBIRT Concept

- SBIRT uses a <u>public health</u> approach to universal screening for substance use problems.
 - SBIRT provides:
 - Immediate rule out of non-problem users;
 - Identification of levels of risk;
 - Identification of patients who would <u>benefit</u> from brief advice;
 - Identification of patients who would <u>benefit</u> from further assessment, and;
 - Progressive <u>levels</u> of clinical interventions based on need and <u>motivation</u> for change.





Native American and Alaska Native: Issues and cultural well-being

The Substance Abuse and Mental Health Services Administration

- 13% of Native Americans need substance use treatment,
 but only 3.5% actually receive any treatment.⁶
- Many Native Americans have limited access to healthcare for mental health and substance abuse;



- transportation issues,
- lack of health insurance,
- poverty
- a shortage treatment options in their communities
- stigma
- trauma and hopelessness
- affects more than the person; but family, community, employment, and overall Wellness.



Disparities can be addressed through;

- ✓ Increased availability of culturally sensitive treatment programs.
- ✓ Local adaptations of treatment protocols are needed to address the significant diversity among Native Americans, as there are important differences in the language, culture, and customs of American Indian and Alaska Native tribes and communities
- ✓ Cultural identity and spirituality integrated in programs designed to help the people
- ✓ traditional healing approaches (such as powwows, drum circles, and sweat lodges) are incorporated into treatment programs.



Indigenous Knowledge

Local knowledge unique to a given culture or society; it has its own theory, philosophy, scientific and logical validity, used as a basis for decision-making for all of life's needs.

Research, Knowledge, Bias

- Cultural Sensitivity
 - Understanding of principals, morals, and standards of a specific culture.
- Cultural Competence
 - Qualifies one to speak of a culture in ways that are approved.
 - Utilizing universal preferred best practices.
- Cultural Humility
 - Life long process realizing that you may not know everything about this culture.
 - Being able to utilize subjective information on an individual basis, realizing that there are many individual/parts of a culture that are different from the rest.



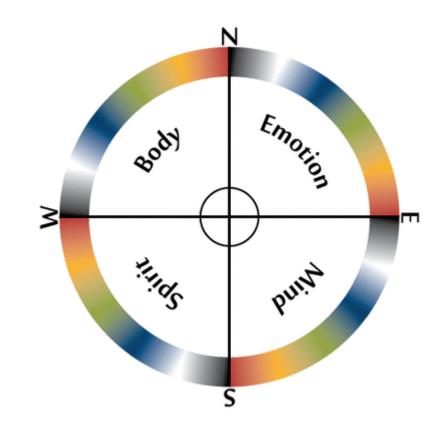
Medicine Wheel

Honor body:

- Exercise
- Eat right: go back to using traditional, healthier foods

Honor spirit:

- Prayer
- Exploring your own faith
- Feeding your spirit



Honor feelings:

- Pay attention to feelings and emotions leads to healing
- Don't harbor unhealthy feelings - can make you sick

Honor mind:

- Positive thinking
- Letting things go







WHY CONSIDER SBIRT



- Routine and universal screening, regardless of medical complaint
- > Validated screening tools
- > Substance use defined as a continuum
- > Interventions: evidence-based, patient-driven
- > Recognizes patient is more than their substance use



SCREENING

Screening

Designed as a quick assessment of the use and severity of a Patient/Client

Does not mean that there will be a Referral to
Treatment. This is a tool to assess whether a referral for either brief/more specialized treatment may be warranted.

Screening does not mean treatment.
Screening is to assess whether someone needs a further assessment.

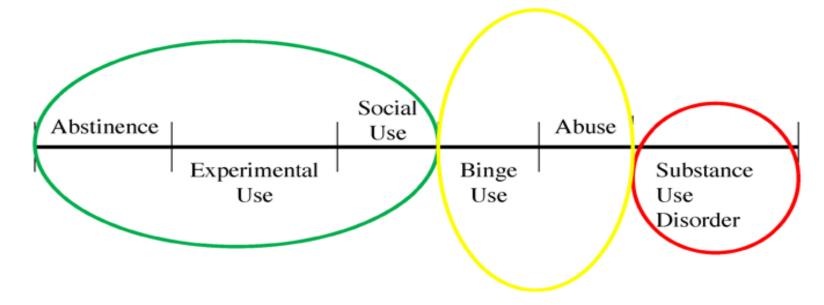


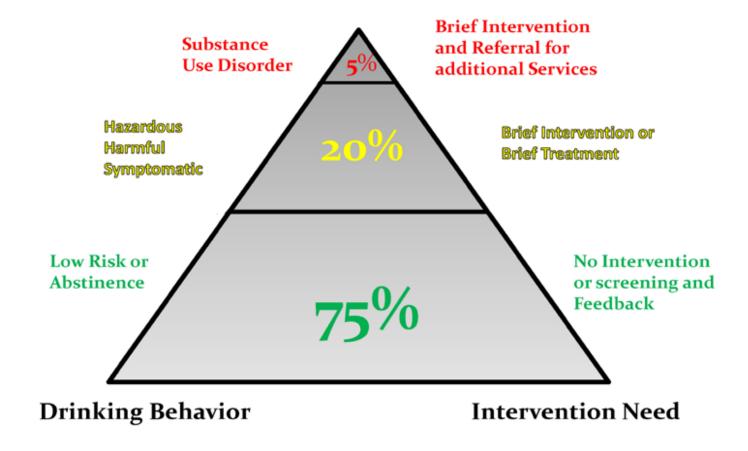
Screening Does Provide

- Immediate rule-out of low/no risk users.
- •Immediate identification of level of risk.
- A context for a discussion of substance use.
- •Information on the level of involvement in substance use.
- Insight into areas where substance use may be problematic.
- Identification of patients who are most likely to <u>benefit</u> from brief intervention.
- Identification of patients who are most likely in need of <u>referral</u> for further assessment.



The SBIRT Model A Continuum of Substance Use







Validated Screening Tools

- AUDIT: Alcohol Use Disorder Identification Test.
- DAST: Drug Abuse Screening Test.
- POSIT: Problem Oriented Screening Instrument for Teenagers.
- <u>CRAFFT</u>: Car, Relax, Alone, Forget, Family or Friends, Trouble (for adolescents).
- ASSIST: Alcohol, Smoking, and Substance Abuse Involvement Screening Test.
- GAIN or GAIN-SS: Global Appraisal of Individual Needs.



Standard Screening Tools



Adults Brief **AUDIT DAST** Screen

Teens

Pregnancy

CRAFFT

5Ps



Thoughts, Comments, Questions So Far

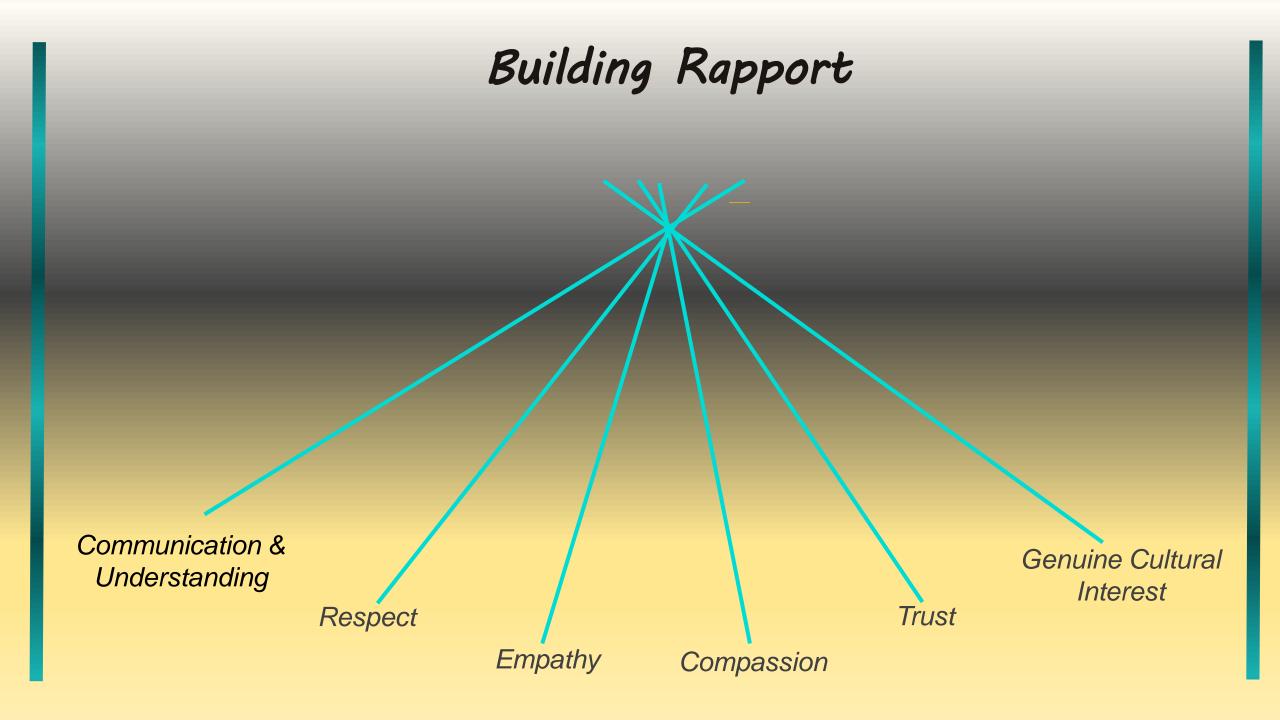




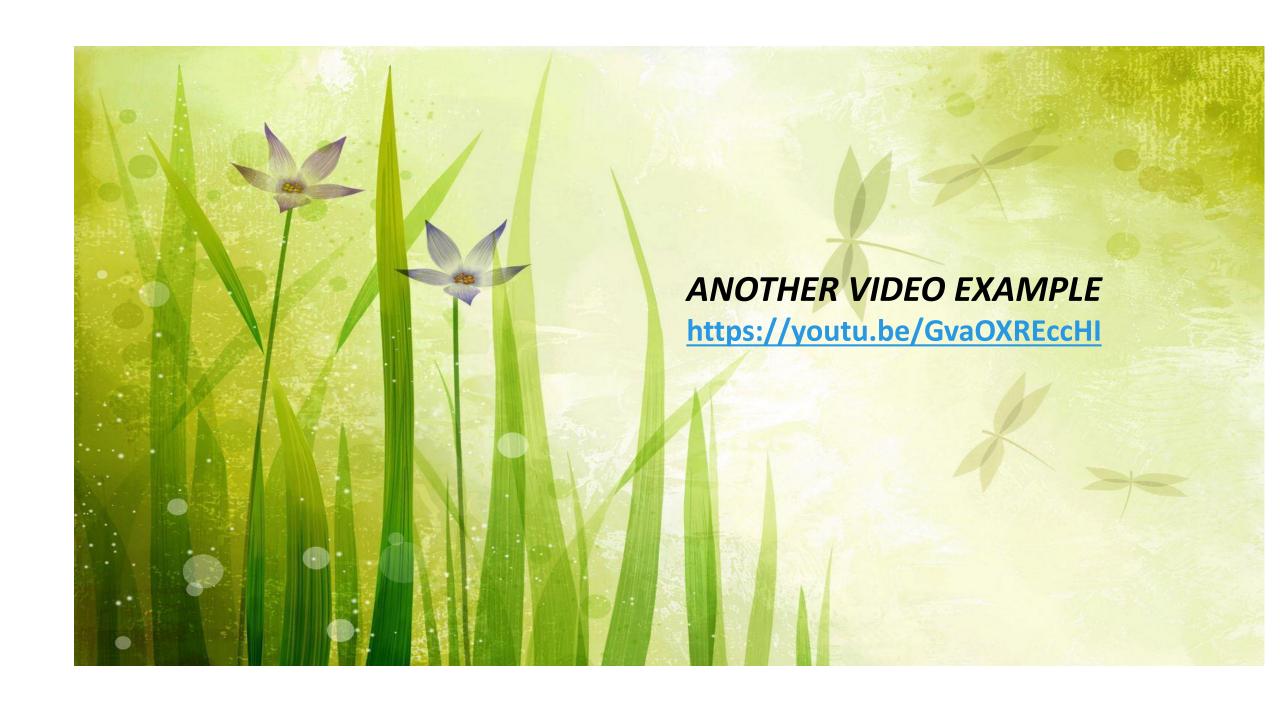
What is Brief Intervention (BI)?

A Brief Intervention is a <u>time</u> limited, <u>individual</u> counseling session.









Brief Intervention

Is utilized to educate and raise awareness to those whom are at-risk of developing/ have already developed a substance use problem.

Uses concepts and practices of Motivational Interviewing.





What are the Goals of BI?

- The general goal of a Bl is to:
 - Educate the patient on safe levels of substance use.
 - Increase the patients <u>awareness</u> of the consequences of substance use.
 - Motivate the patient towards changing substance use behavior.
 - Assist the patient in making <u>choices</u> that reduce their risk of substance use problems.
- The goals of a BI are <u>fluid</u> and are dependent on a variety of factors including:
 - The patients screening <u>score</u>.
 - The patients <u>readiness</u> to change.
 - The patients specific <u>needs</u>.



What is Your Role?

- Provide feedback about the screening results.
- Offer information on low-risk substance use, the link between substance use and other lifestyle or healthcare related problems.
- <u>Understand</u> the client's viewpoint regarding their substance use.
- Explore a menu of options for change.
- Assist the patient in making new decisions regarding their substance use.
- Support the patient in making changes in their substance use behavior.
- Give advice if requested.



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.

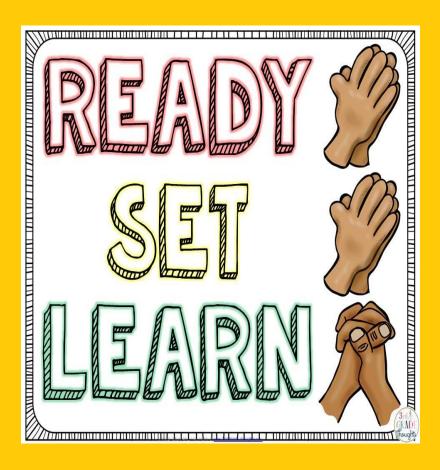


Enhancing Motivation

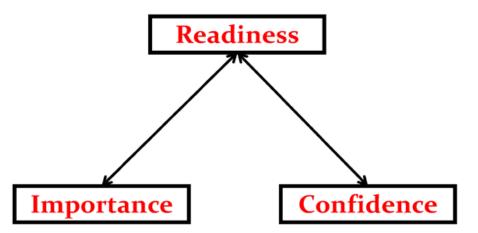


Ambivalence is Normal

Source: Pacific Southwest ATTC (2011). SBIRT Curriculum, retrieved September 24, 2013 from http://www.attcnetwork.org/regcenters/productdetails.asp?prodiD=7848rciD=11



The Keys to Readiness



Rosengren, David. "Building Practitioner Skills" Guilford press 2009, page 255



Importance Ruler

- On a scale of 1-10 how <u>important</u> is it for you to change your drinking, drug use, substance use?
- Why not a lower number?
- What would it take to move to a <u>higher</u> number?





Confidence Ruler

- On a scale of 1-10 how <u>confident</u> are you that you could change your drinking, drug use, substance use?
- Why not a <u>lower</u> number?
- Why would it take to move it to a <u>higher</u> number?





Readiness Ruler

- On a scale of 1-10 how <u>ready</u> are you to make a change in your drinking, drug use, substance use?
- Why not a <u>lower</u> number?
- Why would it take to move it to a higher number?

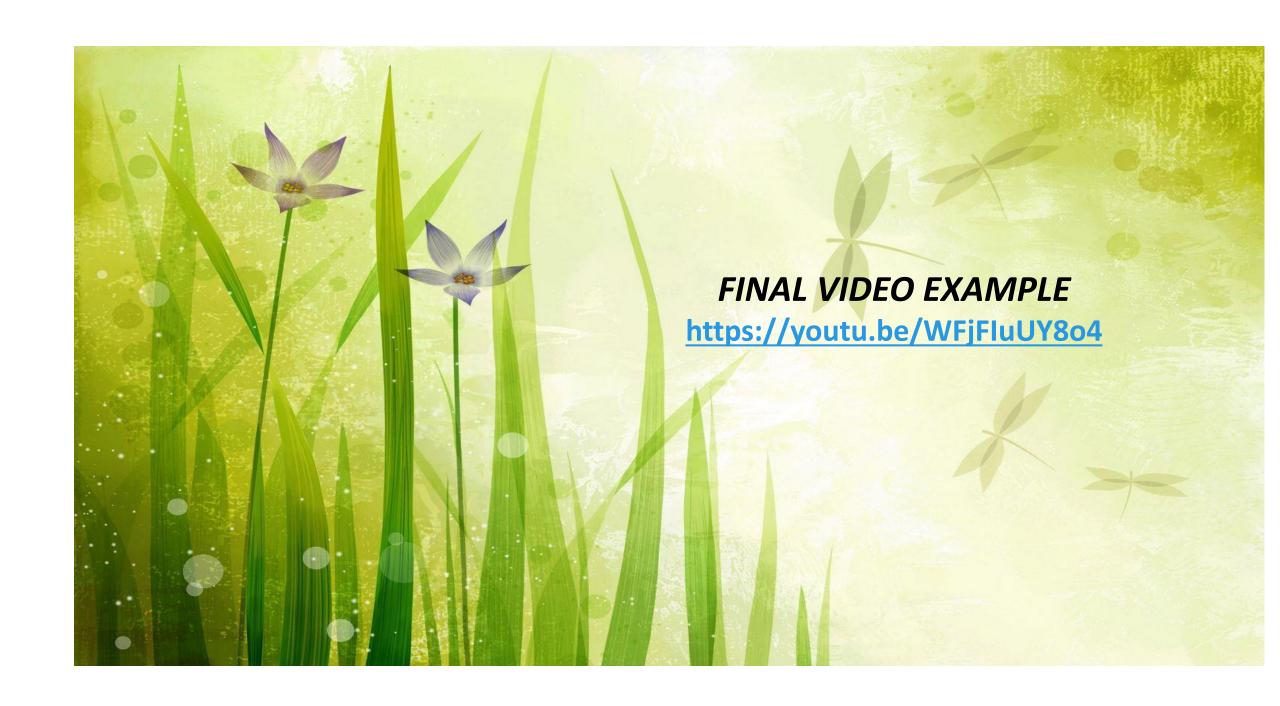


Negotiating the next steps

Examples of things to ask and consider-

- When you think about how to improver your overall health, how does your use of _____ factor in your thoughts and feelings?
- If you want to proceed, what are the next steps to take?
- What might get in your way?

- What information would help you decide how to proceed?
- May I offer you some information to help you make the best decision going forward?
- Who in your family and others in your community, can you ask for support?
- What are your reasons currently to move towards change?



Summarizing Key Points

SCREENING

- Designed as a quick assessment of the use and severity of a Patient/Client
- Does not mean that there will be a Referral to Treatment. This is a tool to assess whether a referral for either brief/more specialized treatment may be warranted.
- Screening does not mean treatment.
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BRIEF INTERVENTION

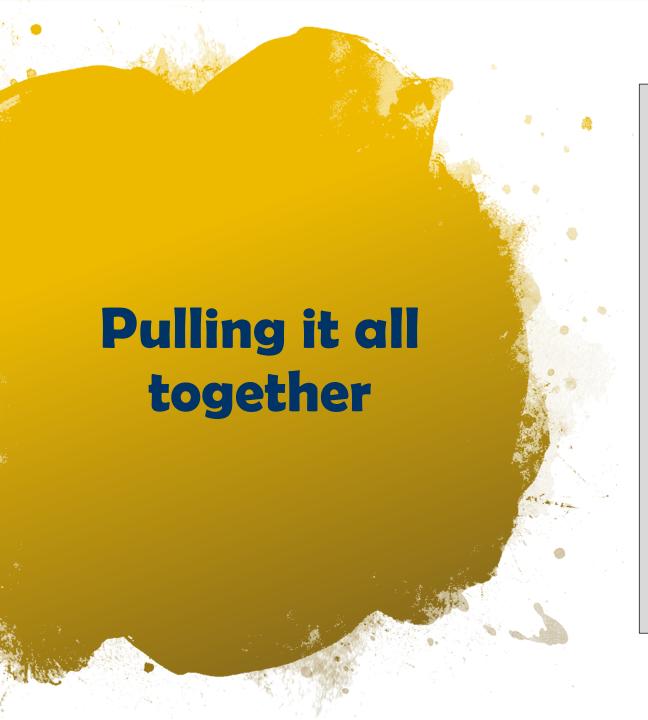
- Is utilized to educate and raise awareness to those who are at-risk of developing/ have already developed a substance use problem.
- Uses concepts and practices of Motivational Interviewing.



REFERRAL TO TREATMENT

- Making sure you get consent from your client
- Making sure that this is what your client is agreeing to
- Soft Hand-Offs
- Making an appointment/call together





Steps to consider:

- √1. bring up the subject
- ✓ 2. provide feedback from screening tool
- √ 3. enhance motivation and address any mixed feeling
- √4. negotiate and plan for next steps
- ✓ 5. remember to follow up as needed

Further Steps

- Getting Motivational Interviewing training and supervision consultation
- Reading the SBIRT websites of various states and organizations; such as OR, CO, and work to adapt to culturally according to local customs
- Look at reading more about the screening tools
- View you tube examples of effective SBIRT interventions
- Contact us at ATTC via your supervisor for private supervision and support.

