Wisconsin Public Psychiatry Network Teleconference

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Reminders

• Call 877-820-7831 before 11:00 a.m.
• Enter passcode 107633#, when prompted.
• Questions may be asked, if time allows.
• To ask a question, press *6 on your phone to un-mute yourself. *6 to remote.
Introduction to Screening, Brief Intervention, Referral to Treatment (SBIRT)

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Presentation Outline

- SBIRT overview
- SBIRT applications
- SBIRT key concepts
- SBIRT core skills
- SBIRT delivery
- SBIRT fidelity
- SBIRT resources
- SBIRT summary
SBIRT Overview

- Evidence-based, public health approach to addressing substance use
- Developed in the 1980s for delivery by non-specialists in health care settings
- Comprises three components:
  - Screening
  - Brief Intervention (BI)
  - Referral to Treatment (RT)
- Endorsed by prominent national and state organizations
SBIRT Applications

• Primary health care*
• Community health centers*
• Emergency departments*
• Pre-natal care coordination*
• Crisis intervention*
• Mental health services
• Schools

*SBIRT may be reimbursable
SBIRT Key Concepts

• Substance use reflects a continuum of severity:
  o Low Risk use. (see drinking limits)
  o Risky use.
  o Problem use.
  o Likely Dependent use.
• Motivation is a key to change.
• Harm reduction is an acceptable outcome.
Low-Risk Drinking Limits

Source: National Institute on Alcohol Abuse and Alcoholism.
SBIRT Core Skills

• Asking
  o Closed questions (Screening)
  o Open questions that explore motivation (BI)

• Listening
  o Reflective listening statements (Simple, Complex)

• Informing
  o Elicit permission
  o Provide information
  o Elicit response
SBIRT Delivery

1. Raise the topic of substance use
2. Rapid engagement
Demonstration – Part I
SBIRT Delivery

1. Raise the topic of substance use
2. Rapid engagement
3. Screening (administer, score, interpret)
Many standardized screening instruments exist:

- Alcohol Use Disorder Identification Test (AUDIT).
- Drug Abuse Screening Test (DAST).
- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST).
- Tobacco, Alcohol, Prescription medication, and other Substance Use Tool (TAPS).
- Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD).
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT; for adolescents).

Source: National Institute on Drug Abuse.
Screening Instrument Example

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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**AUDIT** Items

**DAST-10** Items
SBIRT Delivery

1. Raise the topic of substance use
2. Rapid engagement
3. Screening (administer, score, interpret)
4. Feedback
Demonstration – Part II
SBIRT Delivery

1. Raise the topic of substance use
2. Rapid engagement
3. Screening (administer, score, interpret)
4. Feedback
5. BI (initial session)
   - Importance to change ruler
   - Pros and cons of continued use
   - Evoke and explore motivation for change
   - Develop change goal and supporting plan
## Brief Negotiated Interview (BNI) Steps

1. **Raise subject**
   - **Hello,** I am ________. Would you mind taking a few minutes to talk with me about your alcohol use? <<PAUSE>>

2. **Provide feedback**
   - **Review screen**
     - From what I understand you are drinking [insert screening data].... We know that drinking above certain levels can cause problems, such as [insert facts]... I am concerned about your drinking.
   - **Make connection**
     - What connection (if any) do you see between your drinking and this ED visit?
     - If patient sees connection:
       - reiterate what patient has said
     - If patient does not see connection:
       - make one using facts
   - **Show NIAAA Guidelines & norms**
     - These are what we consider the upper limits of low risk drinking for your age and sex. By low risk we mean that you would be less likely to experience illness or injury if you stayed within these guidelines.

3. **Enhance motivation**
   - **Readiness to change**
     - [Show readiness ruler] On a scale from 1-10, how ready are you to change any aspect of your drinking?
     - If patient says:
       - ≥2 ask Why did you choose that number and not a lower one?
       - ≤1 or unwilling, ask What would make this a problem for you?... How important would it be for you to prevent that from happening?... Have you ever done anything you wish you hadn’t while drinking? Discuss pros & cons.
   - **Develop discrepancy**
   - **Discuss pros and cons**

4. **Negotiate & advise**
   - **Negotiate goal**
     - Reiterate what patient says in Step 3 and say, What’s the next step?
     - If you can stay within these limits you will be less likely to experience [further] illness or injury related to alcohol use.
   - **Give advice**
     - This is what I’ve heard you say. Here is a drinking agreement I would like you to fill out, reinforcing your new drinking goals. This is really an agreement between you and yourself.
   - **Summarize**
     - Provide:
       - Drinking agreement [patient keeps 1 copy]
       - Project ED Health Information Sheet
     - Suggest PC follow up to discuss drinking level/pattern
     - Thank patient for his/her time

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**Source:** D'Onofrio, Pantalon, Degutis, Fiellin, and O’connor (2005).
Demonstration – Part III
SBIRT Delivery

1. Raise the topic of substance use
2. Rapid engagement
3. Screening (administer, score, interpret)
4. Feedback
5. BI (initial session)
6. Follow-up BI (1-3 sessions)
7. RT? (warm handoff)
SBIRT Fidelity

Agency-level implementation:
• Screen ≥ 80% of all eligible people
• BI ≥ 80% of all who show risky or problem results
• RT ≥ 80% of all who show likely dependent results
SBIRT Fidelity

Practitioner-level implementation:
- Adherence to BI protocol
- Asking: $\geq 70\%$ open questions
- Listening: $\geq 50\%$ complex reflection
- Listening to asking ratio 1:1
- Information provided only with permission
SBIRT Resources

• Wisconsin Department of Health Services
  https://www.dhs.wisconsin.gov/aoda/sbirt/index.htm

• Substance Abuse and Mental Health Services Administration
  https://www.samhsa.gov/sbirt

• National SBIRT Center
  https://my.ireta.org/ATTC

• Agency-level implementation

• Practitioner-level implementation
SBIRT Summary

Advantages
• Established, evidence-based practice
• Delivery by non-specialists
• Application across multiple service settings and systems
• Many resources exist
• Reimbursable for indicated settings

Disadvantages
• Limited research
• Harm reduction may not be a good fit
• Requires agency leadership, effort, dedication, and staff time for delivery with fidelity