Screening, Brief Intervention and Referral to Treatment – How OHNs can identify those at risk with substance use disorders

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AAOHN National Conference
Reno, NV
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• This is the final slide set. Just need to ensure we have the 2 YouTube videos fully embedded into PowerPoint so they will not need any wifi during the presentation.
Objectives

• Define SBIRT and discuss the process of a screening, brief interview and referral to treatment for a client at risk or currently experiencing a substance abuse disorder

• Describe how the SBIRT program is being implemented into all disciplines within the School of Health sciences within one University

• Discuss key comments from students about how SBIRT has helped them in their practice
• There are no conflicts.
Community Partnership

• The SBIRT program is a community partnership with:
  • University of Pittsburgh, School of Pharmacy, Program Evaluation and Research Unit (PERU),
    • PI: Jan Pringle, PhD.
  • Allegheny Health Network (AHN), Forbes Family Medicine Residency Program
  • As part of a SAMSHA Grant
  • We thank all these parties for their contribution and assistance.
What is SBIRT?

• SBIRT is a comprehensive and integrated public health approach to the delivery of early intervention and treatment services through universal screening for persons with substance use disorders (SUD) and those at risk of developing these disorders.
Elements of SBIRT

• Universal Screening
• Brief Intervention
• Brief Therapy
• Referral to Treatment
Universal Screening

• The use of validated procedures to quickly assess patient substance use risk and select appropriate care
Brief Intervention

• A 5-15 minute discussion that aims to increase patient understanding of the risks and build toward behavior change
Referral to Treatment

• A linking of appropriate patients to applicable substance use disorder treatment (specialty care)
Healthcare Settings Where SBIRT is Implemented

- Emergency Departments
- Hospitals
- Primary Care Settings
- Specialty Medical Practices
- Pharmacies
- Workplace Wellness Programs

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Why SBIRT Matters

Healthcare professionals will encounter patients who use alcohol, tobacco, and other drugs in a variety of settings. The chart below shows the prevalence of substance use in the U.S., based on a survey conducted with 274.7 million people ages 12 and older.

- **Alcohol**: 138,300,000 (50.3%)
- **Tobacco Products**: 63,900,000 (23.3%)
- **Marijuana**: 22,200,000 (8.1%)
- **Cocaine**: 1,800,000 (0.65%)
- **Heroin**: 320,000 (0.12%)
- **Hallucinogens**: 1,200,000 (0.44%)
- **Methamphetamine**: 890,000 (0.32%)
- **Prescription Drug Misuse**: 6,300,000 (2.3%)

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In the United States:

- Over 480,000 people die each year due to tobacco products.
- Over 88,000 people suffer alcohol-related deaths each year.
- Over 50,000 people overdose on illicit and prescription drugs each year.
- Over $740 billion are spent annually covering substance misuse costs in healthcare, crime, and lost earnings.

Did you know?

Only **one in ten** people in need of SUD treatment services receive them.
Substance use can be associated with physical, mental, and social consequences.

**Physical Effects**
- Cancer
- Hepatic disorders
- Infectious diseases
- Cardiovascular diseases
- Gastrointestinal disorders
- Lung disease

**Mental Effects**
- Memory loss
- Depression
- Anxiety
- Irritability
- Mood swings

**Social Effects**
- Trouble maintaining healthy relationships
- Unemployment
- Criminal offenses
- Financial difficulties
The Aim of SBIRT

SBIRT aims to identify patients whose substance use puts them at hazardous or harmful risk levels, even if diagnostic criteria of an SUD is not met.

Depending on clinical setting, approximately 15-40% of people will meet the criteria for harmful or hazardous substance use.

A large majority of the population (55-80%) abstains completely or falls into the low risk category. An individual’s risk level may change at any time.
Some Thoughts on Alcohol Usage

Examples:
- The hazardous drinker is someone who exceeds the recommended limit but by “dumb luck” has not come to any harm.
- Woman who drinks 2 drinks every day
- Man who drinks a 6 pack 3 nights a week
- Binge drinking (5 drinks within 2 hours) falls into this category

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SBIRT Has Been Associated With:

~ 70% decrease in harmful alcohol and drug use.

~ 48% decrease in injuries requiring hospitalization over the span of 3 years.

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Why SBIRT Matters To OHNs

• Nurses:
  • Treat patients in a variety of healthcare settings
  • Practice style tends to be one of negotiating with the patient, guiding rather than directing, that fits in well with SBIRT
  • Nurses are the “most trusted” of the professions
    • Gallup, January 3, 2017
    • [https://www.advisory.com/daily-briefing/2017/01/03/nurse-trusted-profession](https://www.advisory.com/daily-briefing/2017/01/03/nurse-trusted-profession)
Universal Screening

Principles of Screening
Screening is universal, brief, and indicative of next steps.

- Screening can be used on all patients.
- Screening only takes a few minutes.
- Screening determines an appropriate intervention based on patient risk level.

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Importance of Substance Use Screening

• Screening seeks to identify *patterns* and *prevalence* related to substance use in a variety of clinical settings.
Harmful Alcohol Usage

The hazardous user misses work, fails an exam, falls down or breaks something while under the influence, gets into a fight or car crash.

Examples:
- Fails to fulfill major role obligations at work, school or home
- Recurrent use when driving a car or operating machinery
- Recurrent legal problems – disorderly conduct
- Recurrent social/interpersonal problems – physical fights, arguments with spouse.
- Reminder on quantity – lesser use may be harmful for persons with medical, psych or social consequences – combined with driving

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Remember – Not all glasses are created equal!

Size Matters!

Gender and Drinking Limits

- Research shows that women are at an increased risk when drinking above low-risk limits and develop other health problems at lower drinking levels than men because:
  - Alcohol disperses in body water and women have less water in their bodies than men do.
  - Women and men metabolize alcohol at different rates.
  - If a man and woman of the same weight drink the same amount of alcohol the woman’s blood alcohol concentration tends to be higher, putting her at greater risk for harm.
  - Alcohol may produce different end-organ damage in women than in men such as in breast tissue.
A Standard Drink = 14 Grams Alcohol

12 fl oz of regular beer = 8-9 fl oz of malt liquor (shown in a 12-oz glass) = 5 fl oz of table wine = 3-4 oz of fortified wine (such as sherry or port; 3.5 oz shown) = 2-3 oz of cordial, liqueur, or aperitif (2.5 oz shown) = 1.5 oz of brandy (a single jigger or shot) = 1.5 fl oz shot of 80-proof spirits ("hard liquor")

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

Note: a "fifth" is 750ml of spirits
Think About The Typical Size of the Drink!

• Beer – 12 oz, 16 oz, or 23 oz – or MORE!

• That glass of wine – 5 oz, or are you visiting that neighbor who fills the glass up to the brim?

• That “mixed” drink – Think about that long island iced tea – containing $\frac{1}{2}$ ounce each of vodka, gin, rum, tequila, and triple sec. Add ‘em up! It looks like at least 2.5 oz of alcohol. If at that holiday party, it might be double the size or even more!
Is this your patient’s standard drink?

This mug holds 90 oz. of liquid

That is the equivalent of 7.5 cans of beer, without foam!

If you drink wine, that is 18 5.0 oz glasses

Doing a bit more conversion, that is approx. 3.5 bottles of wine!
What is Your Patient’s Standard Drink?  ASK!

- HOW MUCH do you drink?
- HOW OFTEN do drinking days occur?
- WHAT SIZE is your drink?
- WHAT do you drink?
Screening Instruments

• Single question:
  • National Institute on Alcohol Abuse and Alcoholism (NIAAA)
    • How many times in the past year have you had more than (4 for men, 3 for women) drinks in a day?
    • A response of 1 or greater is considered a positive screen that indicates further screening is needed
  • National Institute on Drug Abuse (NIDA)
    • How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?
    • A response of 1 or greater is considered a positive screen that indicates further screening is needed
### Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

In your life, which of the following substances have you ever used? (Non-medical use only)

<table>
<thead>
<tr>
<th>Substance</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>b. Alcoholic beverages (beer, wine, spirits, etc.)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>c. Cannabis (marijuana, pot, gross, hash, etc.)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>d. Cocaine (coke, crack, etc.)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>i. Opioids (heroin, morphine, methadone, codeine, etc.)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>j. Other – specify:</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

Copyright 2017, University of Pittsburgh. All Rights Reserved
<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Once/Twice</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily/Almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you used (substance)?</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Have you had the strong desire or urge to use (substance)?</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Has your use of (substance) led to health, social, legal, or financial</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you failed to do what was normally expected of you because of your</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>use of (substance)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**ASSIST**

Ask the following questions for each substance to assess risk:

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Yes, in the past 3 months</th>
<th>Yes, but not in the past 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a friend or relative or anyone else <em><strong>ever</strong></em> expressed concern about your use of (substance)?</td>
<td>0</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Have you <em><strong>ever</strong></em> tried and failed to control, cut down on, or stop using (substance)?</td>
<td>0</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

The following question is only asked once:

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you <em><strong>ever</strong></em> used any drug by injection? (non-medical use only)?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scoring the ASSIST

Scores can range from 0-41. A higher score is associated with a higher risk of substance use-related problems.

- **Low Risk**
  - Alcohol: 0-10
  - Drugs: 0-3
  - Positive Reinforcement

- **Moderate Risk**
  - Alcohol: 11-26
  - Drugs: 4-26
  - Brief Intervention

- **High Risk**
  - Alcohol: 27+
  - Drugs: 27+
  - Intensive Treatment
Audit – The Alcohol Use Disorders Identification Test

• WHO Tool, screens for alcohol only
• How often do you have a drink?
• How many drinks on a typical day?
• How often do you have 5 or more (or 4 for women and men over 65)?
• How often were you not able to stop drinking in past year?
• How often have you failed to do what was expected of you?
• How often have you needed a first drink in morning to get going?
• How often had a feeling of guilt or remorse after drinking?
• How often been unable to remember what happened?
• Have you or someone else been injured due to drinking?
• Has anyone been concerned and suggested you cut down?
Scoring the AUDIT

To score the AUDIT, total the numbers for questions 1-10. Scores can range from 0-40.

Zone I
- 0-6 Women and Men > 65
- 0-7 Men ≤ 65
- Feedback

Zone II
- 7-15 Women and Men > 65
- 8-15 Men ≤ 65
- Feedback/Brief Intervention

Zone III
- 16-19
- Feedback/Brief Outpatient Treatment

Zone IV
- 20+
- Brief Intervention/Medical Intervention and Referral To Treatment

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AUDIT-C
The Alcohol Use Disorders Identification Test - Consumption

How often do you have a drink containing alcohol?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Less than Monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>2-3 times a week</td>
<td>4-6 times a week</td>
<td>Daily</td>
</tr>
</tbody>
</table>

How many drinks containing alcohol do you have on a typical day when you are drinking?

| 1 drink | 2 drinks | 3 drinks | 4 drinks | 5-6 drinks | 7-8 drinks | 10 or more drinks |

How often do you have ___ or more drinks on one occasion?

(5 for men ≤ 65; 4 for women and men > 65)

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
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<td>Monthly</td>
<td>Weekly</td>
<td>2-3 times a week</td>
<td>4-6 times a week</td>
<td>Daily</td>
</tr>
</tbody>
</table>
Scoring the AUDIT-C

Scores can range from 0–12. A cut-off score of 7 or 8 identifies excessive alcohol use and the need to complete the full AUDIT.

0-6 Women and Men > 65
0-7 Men ≤ 65
Positive Feedback

7+ Women and Men > 65
8+ Men ≤ 65
Provide Feedback and Complete Full Audit

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DAST-10, The Drug Abuse Screening Test 10

• Have you used drugs other than those for medical reasons?
• Do you abuse more than one drug at a time?
• Are you always able to stop using drugs when you want to?
• Have you ever had blackouts or flashbacks?
• Do you ever feel bad or guilty about your drug use?
• Does your spouse or parents ever complains about your drug use?
• Have you ever neglected family because of drug use?
• Have you ever engaged in illegal activities to obtain drugs?
• Have you ever experienced withdrawal symptoms?
• Have you ever had medical problems as a result of your drug use?
Screening in the Clinical Workflow

The graph below shows how screening is integrated into the clinical workflow.

Universal Initial Screens are given to all patients.

Full Screens are administered to patients who scored positive on the initial screen.

Interventions are determined based on the patients’ risk status.
Important Points to Remember

- Screening instruments only help to *reveal* the risk.
- Assessment of the patient is necessary to determine actual behavior.
- Important to use your clinical judgement throughout the screening and assessment process.
- Sensitivity and Specificity of the various screening tools will vary.
- The literature has many other tests that might be applicable to your practice.

**Remember:** There are limitations to making risk assessments based only on a screening instrument as there are many factors which modify the risk or health consequences of substance use including family history of substance use problems, age, gender, psychiatric comorbidities, poly-substance use, etc.
Why SBIRT Matters

• Use of tobacco and alcohol and illicit drugs and the misuse of prescribed opioid medications all have a direct impact on patient health.

• Harms associated with substance use affect millions of Americans and contribute heavily to the burden of disease.

• SBIRT can easily be applied within a variety of healthcare settings and enables healthcare professionals to systematically screen and assist patients whose drinking or drug use may threaten or complicate their ability to successfully manage health, work, and social responsibilities.
SBIRT Goals

• Healthier patients at lower risk for Substance Use Disorders (SUD).

• Prompt connection of substance use and clinical findings.

• Prevention of early substance use prior to severe and permanent harm.

• Identification of substance use dependence with appropriate referral to specialized treatment when patients are medically stable.
Beneficial Outcomes of SBIRT

• Small to moderate reductions in alcohol consumption that are sustained over 6 to 12 month periods and longer.
• Alcohol consumption reduced in non-dependent patients by about 24% for at least one year.
• Risky behavior change in 50% of patients who receive brief intervention.
• Brief intervention at the time of injury reduces injury recidivism by 47%.
• Reduced hospital admissions, traumas and injuries up to 3 years post intervention.
• These changes may seem small, but... **what might be the effect** on worker productivity? Absenteeism? Worker’s Comp cases? Hospital/Ed costs?
• Think about how reducing the affects of drug/alcohol abuse might have on your company’s **BOTTOM LINE**!
A Natural Fit for SBIRT

• Many practices are incorporating preventative care protocols involving routine screening, allowing for easy implementation of SBIRT.

• Effective SBIRT implementation in healthcare settings require teamwork – and nurses are a critical part of this team!

• Nurses have a vital role in screening, brief intervention and referral to treatment for substance use disorders.

“When nurses are involved in SBIRT, patients get the same message across all providers no matter where they enter the health care system.”

- Deborah Finnell, DNS, PMHNP-BC, CARN-AP, Associate Professor in the School of Nursing at the State University of New York, University at Buffalo and Research Scientist at the VA Center for Integrated Healthcare.
Brief Intervention

• A brief dialogue with a patient to explore the consequences of substance use with the intent to strengthen the patient’s own motivation and commitment to positive behavior change.

• A successful brief interview consists of:

  - **Feedback on the risks associated with substance use;**
  - **Exploration of behaviors related to substance use; and**
  - **Strategy with set goals and specific action steps.**
The F-L-O Process
Feedback – Listening - Options

• Feedback:

1. **Ask** for permission to enter into discussion.

2. **Pause** for reaction.

3. **Provide** a simple, factual statement about the individual's risk for harm.

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Prompt the patient to verbalize their:

- Understanding of risk level;
- Responsibility for personal choices;
- Ability to choose different behaviors;
- Relative importance of new behaviors; and
- Level of confidence in achieving specific behaviors.
Options

**Encourage** the patient to:

- Explore different/safer choices regarding substance use; and

- Commit to the most important and realistic options for behavior change.
Motivational Interviewing

• Is a collaborative conversation style for strengthening a person’s own *motivation* and *commitment* to change.

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**Core Strategies of MI**

**Practice Empathy**
See the world as the patient sees it and understand the rationale behind their actions.

**Develop Discrepancy**
Help a patient figure out where they currently are and where they wish to be. This involves creating a disconnect between their current behavior and future goals.

**Support Self-Efficacy**
Use positive reinforcement to affirm past successes. This will encourage the patient to make future attempts to change.

**Reduce Discord**
Build rapport and establish trust to ensure a collaborative working relationship.
How Does MI Work?

Reasons for and against change reside in all of us.

MI works by addressing the patient’s ambivalence and connecting change to something the patient values. MI aims to decrease sustain talk and increase change talk.

**Sustain talk** refers to an individual’s personal statements that argue against change and support maintenance of the status quo.

**Change talk** refers to an individual’s personal statements that support change.

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Signs of Discord

• Look, I don’t have a drinking problem.
• I can quit anytime I want to.
• My dad was an alcoholic. I’m not like him.
• I’m sick. Can we finish this up so I can get out of here?

• It may feel like the patient is resisting you, but you are just on different pages.
Strategies for Discord

Additional strategies for managing sustain talk and discord are:

Reflect
I can see why you feel that way.

Apologize
I’m sorry if I offended you. I’m not trying to push you to change anything you don’t want to change.

Affirm
I appreciate you coming in today. It must have been difficult for you.

Shift focus
I’d really like to hear your thoughts about...
Skills in Motivational Interviewing

• Open-ended questions
• Affirmative statements
• Reflective statements
• Summarizations
Open-ended Questions

Explore substance use with patients using open-ended questions that:

- **Evoke** feelings about a situation;
- **Solicit** additional information; and
- **Encourage** patients to elaborate.

<table>
<thead>
<tr>
<th>What makes you...</th>
<th>How do you...</th>
<th>When do you...</th>
</tr>
</thead>
</table>

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Affirmative Statements

*Increase confidence through affirming statements that:*

- **Emphasize** the patient’s strengths;
- **Promote** areas under the patient’s control; and
- **Respect** the patient’s concerns.

That’s a good suggestion.  
That must be very difficult.  
I appreciate…
Reflective Listening

Reflecting the patient’s words and feelings back to them serves as an “auditory mirror” that:

• Requires continual awareness of the patient’s words and actions; and

• Assures the patient that you are listening.

You wonder if...

I can see why...

You are pretty sure...

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Summarizations

Keep conversations on track by using summaries to:

- Confirm you understand the patient’s narrative;
- Clarify conflict;
- Focus on modifiable risks;
- Reinforce positive beliefs; and
- Move the BI forward.

We have agreed to...

Let me summarize what we've just discussed...

Here are the steps that you said you would do...

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Keys to successful behavior change depend on the patient feeling:

Confident that they can make progress towards change, and that

A change is important to their optimal health and well-being.

Strengthening motivation and commitment to change will come from emphasizing the importance of change to the patient or building their confidence.
Examples of Confidence and Importance

*Patient confidence is dependent on a desire and ability to change.*

I did it once before. I can do it again.

Little changes are better than big changes. I can do that.

I'm ready to start.

I want to change for my sister.

I want to feel better.
Confidence and Importance Ruler

Uncover patient confidence and importance with the help of a 10-point scale by asking the following questions:

How **important** is it for you to change your substance use?  
How **confident** are you that you can change your substance use?

<table>
<thead>
<tr>
<th>READINESS RULER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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<td>4</td>
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<td>6</td>
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<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

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Confidence and Importance Ruler Discovery

*The patient selected a “3.”*

Follow up with a question that elicits the patient’s motivation for change.

What made you pick 3 **versus** a lower number?

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Readiness Ruler

Discover potential options for change with the help of the same 10-point scale, by asking:

How ready are you to change your substance use?

<table>
<thead>
<tr>
<th>READINESS RULER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   2   3   4   5   6   7   8   9   10</td>
</tr>
</tbody>
</table>

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Readiness Ruler Discovery

The patient selected a “4.”

Follow up with the questions below to identify potential action steps.

What would it take to raise that number?

What would a 5 look like to you?

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Creating the Plan for Change

A BI ends with a specific, relevant, and realistic plan that leads to achievable goals.

<table>
<thead>
<tr>
<th>List Options</th>
<th>“Let’s come up with specific goals that are realistic for you.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer Guidance</td>
<td>“I could tell you what has worked for other people.”</td>
</tr>
<tr>
<td>Provide Affirmation</td>
<td>“You’ll be the best judge of what works for you.”</td>
</tr>
</tbody>
</table>
Ensure Accountability

A plan for follow-up will help keep patients motivated and committed to change.

I’d like to meet with you again in 2-3 weeks to talk and see how things are going.

If you find that in 4 weeks you are not able to make this change on your own, here is a number to call.
Patient’s C-A-P

Before the patient leaves, ask yourself the following questions:

• Does the patient have the capability to execute the plan?

• Does the patient have the autonomy or ownership of the plan?

• Is the patient prepared to accomplish the plan?
Brief Interviews must be practiced to be effective!

- Here is a checklist to address an effective application of Motivational Interviewing:

  - Asks permission to provide feedback about substance use
  - Uses reflection and/or open-ended questions
  - Provides feedback about risks associated with substance use behavior
  - Negotiates a goal with the patient based on steps willing to take
  - Summarize the patient’s stated reasons for change
  - Negotiates a treatment plan in a collaborative manner
  - Affirms the patients strengths, ideas, and/or successes
SBIRT For Nurses
Chatham University SBIRT Program

• Funding for the program was provided by SAMSHA (Substance Abuse & Mental Health Services Administration) and CSAT (Center for Substance Abuse Treatment)

• Housed within the School of Health Sciences
  • Counseling Psychology (PsyD)
  • Nursing (RN-BSN)
  • Occupational Therapy (MOT & OTD)
  • Physical Therapy (DPT)
  • Physician Assistant (MPAS)

• To date – over 300 students trained in 5 disciplines, 6 degree programs

• Focus on student and faculty training to address unhealthy substance use with patients

• Material is embedded within the courses (on-ground and on-line)
Community Partnership

- The SBIRT program is a community partnership with:
  - University of Pittsburgh, School of Pharmacy, Program Evaluation and Research Unit (PERU),
    - PI: Jan Pringle, PhD.
  - Allegheny Health Network (AHN), Forbes Family Medicine Residency Program
  - As part of a SAMSHA Grant
  - We thank all these parties for their contribution and assistance.
• I thought the SBIRT Curriculum was beneficial and allowed for a new area of learning that most nurses are short of knowledge on. I will try to incorporate this educational opportunity into my career on a more frequent basis, as I see patients that are involved with the types of behaviors mentioned in this curriculum. I would recommend this to future classes

• “I was surprised how easy it was to speak with this patient about his drinking habits. He stated that no one really seemed to ever take the time to hear him out, and instead have only berated him and argued with him over his problem. He was appreciative in the end for me simply listening to his story.”
I see patients struggling with substance abuse very frequently. Sometimes we know about it on admission and we are able to treat them, and sometimes it comes as a surprise to us when the patient is actively withdrawing. It was good to get some knowledge on assessing patients with dependence issues. I think that SBIRT is a bit more relevant in a community setting, but it could also be used in the ED, like in the video modules that we watched. Overall, I think it is good knowledge for us, as students and working nurses, to have.
References

• http://www.samhsa.gov/sbirt/resources
• https://www.drugabuse.gov/nmassist/
• http://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf
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