SBIRT: The Nuts and Bolts

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Objectives

- Orient to the SBIRT intervention
- Primer in motivational interviewing
- Review use of standardized screening tools
- Introduce a model of brief intervention
- Practice SBIRT skills

So What Is the SBIRT Intervention?

An intervention based on "motivational interviewing" strategies

1. **Screening**: *Universal screening* for quickly assessing use and severity of potential alcohol, illicit drugs, and prescription drug abuse.
2. **Brief Intervention**: Brief motivational and awareness-raising intervention given to risky or problematic substance users.
3. **Referral** to **Treatment**: Referrals to specialty care for patients with substance use disorders. Treatment can be brief treatment or specialty AOD treatment.

Goal of SBIRT

The primary goal of SBIRT is to identify and effectively intervene with those who are at moderate or high risk for psycho-social or health care problems related to their substance use.

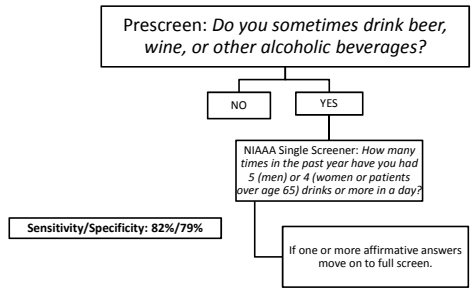
Substance Use Continuum

Ranging from:

- Abstinence
- Moderate use (lower risk use)
- "At risk" use (higher risk use)
- Abuse
- Dependence

Substance Use Disorders (SUD)

Prescreening



Source: 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*

Screening Strategy

Use brief yet valid screening questions:

- The NIAAA Single Question Screener
- The Single Question Drug Screener

Negative
- Based on previous experiences with SBIRT, screening will yield 75% **negative** responses.

Positive
- If you get a positive screen, you may ask further assessment questions.

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Drinking Limits

Recommended Limits

Men = 2 per day/14 per week
Women/anyone 65+ = 1 per day or 7 drinks per week

> Regular Limits = At Risk Drinker

Determine the average drinks per day and average drinks per week, and 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

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A Positive Alcohol Screen = At Risk Drinker

Binge drink
(≥5 for men or ≥4 for women/anyone 65+)
Does patient exceeds regular limits?
(Men: 2/per or 14/week
Women/anyone 65+: 1/day or 7/week)

NO
Patient is at low risk. Move to drug screen.

YES
Patient is at risk. Screen for maladaptive pattern of use and clinically significant alcohol impairment using AUDIT.

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It's Useful to Clarify What is One Drink!

How Much Is "One Drink"?

5-oz glass of wine
(5 glasses in one bottle)

12-oz glass of beer (one can)

1.5-oz spirits
80-proof
1 jigger

Equivalent to 14 grams pure alcohol

AUDIT
Alcohol Use Disorders Identification Test

What is it?

- Ten questions, self-administered or through an interview, addresses recent alcohol use, alcohol dependence symptoms, and alcohol related problems
- Developed by World Health Organization (WHO)

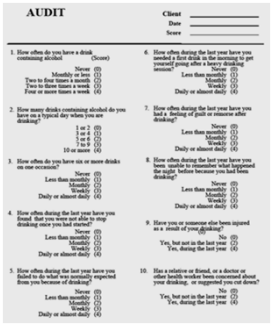
What are the strengths?

- Public domain—test and manual are free
- Validated in multiple settings including primary care
- Brief, flexible
- Focuses on recent alcohol use
- Consistent with ICD-10 and DSM IV definitions of alcohol dependence, abuse, and harmful alcohol use

Limitations?

- Does not screen for drug use or abuse, only alcohol

AUDIT Questionnaire



AUDIT

Client _____
Date _____
Score _____

1. How often do you have a drink containing alcohol (Score)
Never (0)
Monthly or less (1)
Two to four times a month (2)
Two to three times a week (3)
Four or more times a week (4)

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
1 or 2 (0)
3 or 4 (1)
5 or 6 (2)
7 to 9 (3)
10 or more (4)

3. How often do you have six or more drinks on one occasion?
Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

4. How often during the last year have you found that you were not able to stop drinking once you had started?
Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

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 (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

9. Have you or someone else been injured as a result of your drinking?
No (0)
Yes, but not in the last year (2)
Yes, during the last year (4)

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking, or suggested you cut down?
No (0)
Yes, but not in the last year (2)
Yes, during the last year (4)

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AUDIT Domain

Domains and Item Content of the AUDIT

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

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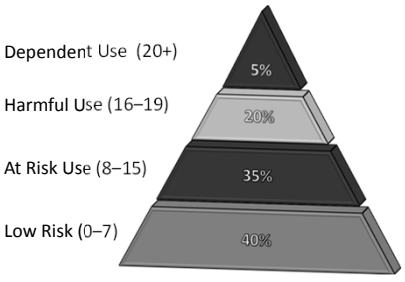
Scoring the AUDIT



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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…)

- If response is "None," screening is complete.
- If response contains suspicious clues, inquire further.

Sensitivity / Specificity: 100%/74%

Source: Smith P.C., Schmidt S.M., Allensworth-Davies D, Saitz R. A single-question screening test for drug use in primary care. *Arch Intern Med 2010; 170(13):1155-60.*

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A Positive Drug Screen

ANY positive on the drug screen question puts the patient in an "at risk" category. The followup questions are to assess impact and whether or not use is serious enough to warrant a substance use disorder diagnosis.

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

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DAST (10)

What is it?

- Shortened version of DAST 28, containing 10 items, completed as self-report or via interview. DAST(10) consists of screening questions for at risk drug use that parallel the MAST (an alcohol screening instrument).
- Developed by Addiction Research Foundation, now the Center for Addiction and Mental Health.
- Yields a quantitative index of problems related to drug misuse.

What are the strengths?

- Sensitive screening tool for at risk drug use.

What are the weaknesses?

- Does not include alcohol use.

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DAST(10) Questionnaire

These Questions Refer to the Past 12 Months			
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop using drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Source: Yudko et al., 2007

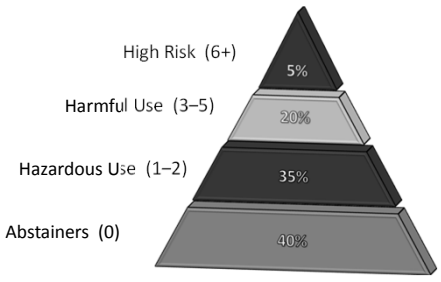
DAST(10) Interpretation

Interpretation (Each "Yes" response = 1)

Score	*Degree of Problems Related to Drug Abuse*	*Suggested Action*
0	No Problems Reported	None At This Time
1-2	Low Level	Monitor, Reassess At A Later Date
3-5	Moderate Level	Further Investigation
6-8	Substantial Level	Intensive Assessment

Yudko et al., 2007

Scoring the DAST(10)



ASSIST

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) (WHO)

(Q1) asks about which substances have ever been used in the client's lifetime.
(Q2) asks about the frequency of substance use in the past three months, which gives an indication of the substances which are most relevant to current health status.
(Q3) asks about the frequency of experiencing a strong desire or urge to use each substance in the last three months.
(Q4) asks about the frequency of health, social, legal or financial problems related to substance use in the last three months.
(Q5) asks about the frequency with which use of each substance has interfered with role responsibilities in the past three months.
(Q6) asks if anyone else has ever expressed concern about the client's use of each substance and how recently that occurred.
(Q7) asks whether the client has ever tried to cut down or stop use of a substance, and failed in that attempt, and how recently that occurred.
(Q8) asks whether the client has ever injected any substance and how recently that occurred.

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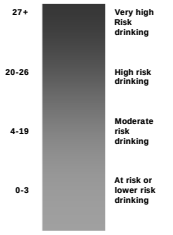
ASSIST scoring alcohol

Alcohol risk levels using ASSIST scores & single question prescreen



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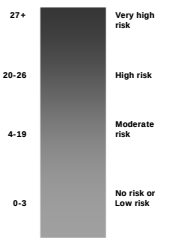
ASSIST scoring other substances

Risk levels for all other substances using ASSIST scores



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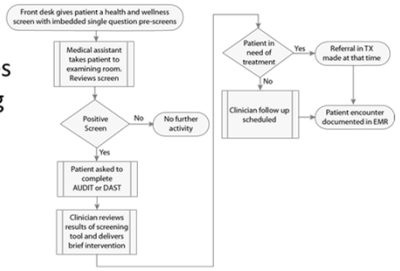
Screening in a Practice Setting

- Most practices use a teaming approach



Key Points for Screening

- Screen **everyone.**
- Screen **both** alcohol and drug use including Rx abuse and tobacco.
- Use a validated tool.
- Prescreening is usually part of another health and wellness survey.
- Explore **each** substance; many patients use more than one.
- **Follow up** positives or "red flags" by assessing details and consequences of use.
- Use your MI skills and show **nonjudgmental, empathic** verbal and non-verbal behaviors during screening.

Speed course on MI

Goal:

Know what you know!

MOTIVATIONAL INTERVIEWING
DEFINITION & SPIRIT

DEFINITION: Motivational interviewing is a client-centered, evidence-based, goal-oriented method for enhancing intrinsic motivation to change by exploring and resolving ambivalence with the individual.

SPIRIT: Collaboration; autonomy; respect; compassion

Motivational Interviewing - Definition

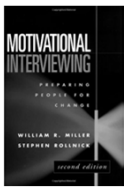
- Collaborative, goal-oriented
- Language of change
- Intended to
  - strengthen client's personal motivation to change
  - promote commitment to a change goal
- HCP elicits client's own arguments for change

Miller & Rollnick, 2010

MI literature

1991, 2002 Motivational Interviewing
Miller & Rollnick

2008 Motivational Interviewing in Health Care
Rollnick, Miller & Butler



Why Motivational Interviewing?

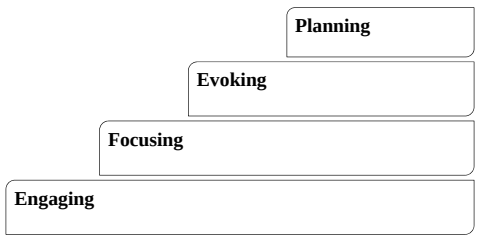
- Evidence-based >200 clinical trials
- Effective in reducing maladaptive behaviors (e.g., problem drinking, gambling, HIV risk behaviors, smoking)
- Effective in promoting adaptive health behavior change (e.g., exercise, diet, medication adherence)

Miller & Rose, 2009; Lai DTC, Cahill K, Qin Y, Tang J-L, 2010

Advantages to Motivational Interviewing

- Brief
- Specifiable
- With specifiable mechanisms of action
- Generalizable across problem areas
- Complementary to other treatment methods
- Verifiable – Is it being delivered properly?

Four Fundamental Processes



The processes are somewhat linear….

- Engaging necessarily comes first
- Focusing (identifying a change goal) is a prerequisite for Evoking
- Planning is logically a later step

Engage - Shall we walk together?
Focus - Where?
Evoke - Why?
Plan - How?

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…and yet also recursive

- Engaging skills (and re-engaging) continue throughout MI
- Focusing is not a one-time event. Re-focusing is needed, and focus may change
- Evoking can begin very early
- "Testing the water" on planning may indicate a need for more of the above
- The four processes are inter-woven

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Clinical style of MI includes these characteristics

- Collaboration
- Evocation
- Honors client autonomy

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Evocation of clients' own resources…

- Goals
- Aspirations
- Dreams
- Values
- Concerns

Unlock the genius within

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The art of MI connects:

Possible behavior changes ⇨ With what the client cares about

- Goals
- Aspirations
- Dreams
- Values
- Concerns

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In order to evoke clients' reasons for change, clinician can:

- Listen
- Understand clients' perspectives
- Elicit client reasons for change

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Motivational Interviewing

- **Assumes motivation is fluid and can be influenced**
- **Motivation influenced in the context of a relationship – developed in the context of a patient encounter**
- **Principle tasks – to work with ambivalence and resistance**
- **Goal – to influence change *in the direction of* health**

AMBIVALENCE

IS....

Ambivalence is normal

AMBIVALENCE

All change contains an element of ambivalence.

We "want to change and don't want to change"

Patients' ambivalence about change is the core of the intervention.

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Goal of MI

- To create and amplify discrepancy between present behavior and broader goals.

How?

- Create cognitive dissonance between where one is and where one wants to be.

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Motivational Interviewing
UNDERLYING ASSUMPTIONS

- Acceptance
- Autonomy/Choice
- Less is better
- Elicit versus Impart
- Michelangelo Belief
- Ambivalence is normal
- Care-frontation
- Non-Judgmental
- Change talk
- Righting reflex

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Common Reactions to Righting Reflex

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate
- Afraid
- Helpless, overwhelmed
- Ashamed
- Trapped
- Disengaged
- Not come back – avoid
- Uncomfortable

Common Human Reactions to Being Listened to

- Understood
- Want to talk more
- Liking the worker
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

MI – Like Dancing

***Not* Wrestling**

OARS- MI Skills

- O – Open questions
- A – Affirmations
- R – Reflections
- S – Summaries

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Open questions

- Invite explanation
- Permit and encourage clients to explain their thoughts

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Examples

1. What is worrying you most today about your diagnosis?
2. What are some of the not-so-good things about your drinking?
3. What things have you tried in the past to cut back?

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Closed Versus Open-Ended Questions

- Do you feel you have a problem with alcohol?
- Is it important to you to complete this program successfully?
- Anything else?
- What problems has your alcohol use caused you?
- How important is it for you to complete this program successfully?
- What else?

Open or closed?

- If you were to quit, how would you do it?
- Don't you think it's time for a change?
- What do you already know about how to drink safely?
- Is this an open question?

Guidelines for asking questions when MI is the objective

- Ask less (reflect more)
- Ask more open questions than closed
- Do not ask three consecutive questions (reflect instead)
- Offer at least 2 reflections for each open question that you ask

Affirmations focus on the person

- Commenting positively on an attribute
- A statement of appreciation
- Catch the person doing something right
- A compliment
- An expression of hope, caring, or support

Reflective listening

- Requires the HCP to develop hypotheses
- When in doubt, listen and reflect

Miller & Rollnick, 1991

Reflective Listening - taking a guess and reflecting it back in a short statement

- Keeps the client thinking & talking about change
- Shows professional is attempting to understand
- Emphasizes the clients' positive statements about changing – hear twice
- Diffuses resistance

Crafting a reflective statement

Frame the content as statements rather than questions

Turning inflection down at end, not up

"You are interested in quitting smoking?"

"You are interested in quitting smoking."

Levels of reflection

- ☆ **REPEAT - restate**
- ☆ **REPHRASE – offer a synonym**
- ☆ **ADD NEW MEANING – demonstrate empathy, use double-sided reflections, reframe, reflect feelings**
- ☆ **SUMMARIZE – gather client utterances and reflect the underlying meaning**

Types of Empathic Reflections

- **Simple/Repeating - Reflect what is said**
- **Simple/Rephrasing – Slightly alter**
- **Amplified - Add intensity to idea/values**
- **Double Sided - Reflect ambivalence**
- **Metaphor - Create a picture**
- **Shifting Focus - Change the focus**
- **Reframing - Offer *new* meaning**
- **Emphasize personal choice**
- **Siding with the negative (paradoxical)**

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Simple reflection - Repeat

An element of what the client said is repeated; often used to diffuse resistance:

- *Client:* I don't want to quit smoking
- *HCP:* You don't want to quit smoking

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Simple reflection - Rephrase

The HCP repeats one element of what was said, changing the order of ideas):

- *Client:* I would like very much to stop smoking
- *HCP:* Stopping smoking is very important to you.

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Double-sided reflection

Acknowledge both sides of the client's ambivalence:

•*Client:* Smoking helps me reduce stress.

•*HCP:* On the one hand, smoking helps you to reduce stress. On the other hand, you said previously that it also causes you stress because you have a hacking cough, have to smoke outside, and spend money on cigarettes.

Metaphor: Painting a picture that can clarify the client's position

- *Client*: Everyone keeps telling me I have a drinking problem, and I don't feel it's that bad.
- *HCP:* It's kind of like everyone is pecking on you about your drinking, like a flock of crows pecking away at you.

Shifting focus: Provide understanding for the patient's situation.

Patient: What do you know about quitting? You probably never smoked.

HCP: It's hard to imagine how I could possibly understand.

Reframe

Much as a painting can look completely different depending upon the frame put around it, reframing helps clients think about their situation differently.

- *Client:* I've tried to quit and failed so many times.
- *HCP:* You are persistent, even in the face of discouragement. This change must be really important to you.

Feeling reflection

Includes the emotional undertones of the conversation and is the deepest form of reflection:

- *Client:* I've been considering quitting for some time now because I know it is bad for my health.
- *HCP:* You're very worried about your health and how it is affected by smoking.

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Effective summaries

- Facilitate and guide
- Are used to continue the conversation
- Are selective and concise
- Reflect ambivalence
- Accentuate “change talk”

How Motivational Interviewing is Directive

- Selective eliciting questions
- Selective reflection
- Selective elaboration
- Selective summarizing
- Selective affirming

Change talk is like gold!

- As clients speak about change, they begin to see the possibilities
- No pressure or persuasion is needed

Types of Change Talk:

- **Desire** I want to…. I'd really like to… I wish…
- **Ability** I would… I can…. I am able to… I could…
- **Reason** There are good reasons to…
  This is important….
- **Need** *I really need to…*
- **Commitment** *I intend to… I will… I plan to…*
- **Activation** I'm doing this today…
- **Taking Steps** I went to my first group…

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Examples of Sustain Talk –
The other side of ambivalence

- I really enjoy gambling (D)
- I don't think I can give it up (A)
- Gambling is how I have fun (R)
- I don't think I need to quit (N)
- I intend to keep on gambling and nobody can stop me (C)
- I'm not ready to quit (A)
- I went back to the casino today (T)

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Snatching Change Talk from the Jaws of Ambivalence

- Change talk often comes intertwined with sustain talk
- That's the nature of ambivalence

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Snatching Change Talk from the Jaws of Ambivalence

- I really don't want to stop smoking, but I know that I should. I've tried before and it's really hard.
  - 1. You really don't want to change
  - 2. It's pretty clear to you that you ought to quit.
  - 3. You don't think you can quit.

- See, the thing is, all my friends drink. Some of them probably drink way too much too, but if I quit drinking, I don't have any friends. I just stay home.
  - 1. That would be pretty lonely
  - 2. Quitting would cause a new problem for you.
  - 3. And at the same time you recognize that you and probably some of your friends are drinking way too much.

Evoking Change Talk: Desire, Ability, Reason, Need, Commitment

1. Why have you been thinking about changing your _____? (Reveals desire)
2. If you were to change your _____, how would you do it? (Evokes ability)
3. What are your three most important reasons for wanting to change? (Evokes reasons)
4. How would things be different (better) if you decided to change? (Reveals the need)
5. What is the next step? On a scale of 1-10 , how willing are you to change. (Encourages commitment)

LISTEN & UNDERSTAND

Importance/Confidence/Readiness

On a scale of 1–10…

- How important is it for you to change your drinking?
- How confident are you that you can change your drinking?
- How ready are you to change your drinking?

For each ask:

- Why didn't you give it a lower number?
- What would it take to raise that number?

1	2	3	4	5	6	7	8	9	10

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Where is the nugget of change talk?

- I tried and tried to cut back, but it just hasn't happened.
- I don't like to control what I drink. I suppose I should, but I don't like to feel restricted.
- It is scary to think I might lose my job.
- I used to exercise regularly.

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Responding to change talk

- Encourage elaboration
- Affirm
- Reflect
- Summarize

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DECISIONAL BALANCE SHEET

1. **Good things**	2. **Not so good things**

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Decisional Balance Exercise

- What are some of the good things about your ___ (drinking, smoking, eating whatever you want)? What else?
- What are some of the not-so-good things about your ____? What else?

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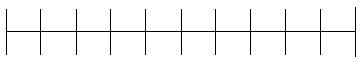
Importance/Confidence/Readiness Ruler

How important is it to you to change your smoking habit?

If 0 was "not important," and 10 was "very important," what number would you give yourself ?



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GIVING FEEDBACK

The Feedback/Advice Sandwich

Ask Permission

Give Feedback/Advice

Ask for Response

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Giving Information and Advice: *3 Kinds of Permission*

1. The person asks for advice
2. You ask permission to give advice
3. You qualify your advice to emphasize autonomy

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Giving Advice Without Telling Them What to Do

- Ask for permission.
  - *Would it be OK if I gave you some information about…*
- Preface with permission to disagree.
  - *This may or may not work for you, but…*
- Give a menu of options.
  - *Which of these would you like to try?*
- Emphasize personal responsibility.
  - *Ultimately, you're the one who has to decide…*

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Negotiate a plan of action

- Invite active participation by the patient
- Patient determines goals & priorities
- Patient weighs options
- Together, work out details of the plan

A SMART plan will allow evaluation of progress

Specific
Measurable
Achievable
Relevant
Time-limited

Finalizing the motivational interview

- Review the commitment
- Review the plan
- Set up a new time to meet if indicated
- Express encouragement

A taste of MI - Round 1

The Client: Role play a client presenting for treatment, where there is a clear behavior change goal. You are ambivalent and somewhat resistant to change.

The Counselor:
- Explain why the client *should* make this change.
- Give at least three specific *benefits* that would result from making the change.
- Tell the client *how* to change.
- Emphasize how *important* it is for the client to change, and
- Tell the client to do it.

A taste of MI - Round 2

The Client: Talk about something about yourself that you want to change / need to change / should change / have been thinking about changing etc., but haven't changed yet (i.e., something you're ambivalent about.)

A taste of MI - Round 2 cont'd

Counselor:
Listen carefully with a goal of understanding the dilemma. Give no advice. Ask these four questions:
1. Why would you want to make this change?
2. How might you go about it, in order to succeed?
3. What are the three best reasons to do it?
4. On a scale from 0 to 10, how important would you say it is for you to make this change? And why are you at ___ and not zero?

Give a short summary/reflection of the speaker's motivations for change.
Summarize what they said about Desire for change, Ability to change, Reasons for change, Need for change.
Then ask, "So what do you think you'll do?" and just listen with interest.

3 Tasks for BI

Feedback

Listen & Elicit

Options for Change

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F L O

Giving Feedback

BAC?

AUDIT?

Quantity - Frequency?

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F **L** O

Listen & Elicit

1. Good and not-so-good
2. Importance & Confidence Scales
3. Readiness Ruler

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F L **O**

Options for Change

Hypothetical Change

- Conditional Statement
  - If you wanted to…
  - If you decided to…
  - If the time were right…
- Plan of Action
  - How would you do it?
  - How would you go about it?
  - What would you do?

Avoid Warnings!

F L O W

Closing on Good Terms

SEW

S: Summarize patient's views
(especially the pro-change part of what they said).

E: Encouraging remarks

W: What agreement was reached is repeated.

The MI Shift

From feeling responsible for changing clients' behavior to *supporting them in thinking & talking about their own reasons and means for behavior change.*