



Peer Assistance Services

Start believing.

# Screening, Brief Intervention, and Referral to Treatment (SBIRT)

## *Training for Colorado Medicaid Providers*

Peer Assistance Services, Inc.

March 2016

# Peer Assistance Services, Inc.

*Dedicated to quality, accessible prevention and intervention services in workplaces and communities, focusing on substance use and related issues.*

Incorporated in 1984

# Acknowledgements

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SBIRT Colorado is an initiative of the Governor, funded by the Substance Abuse and Mental Health Services Administration, administered by the Colorado Department of Human Services, Office of Behavioral Health and managed by Peer Assistance Services, Inc.



# CNE Offering\*

**2.0 contact hours of CNE available for nurses who:**

- Attend the full 2-hour training.
- Complete and submit the post-training evaluation form.

*\*This educational activity does not include any content related to the products and/or services of a commercial interest entity.*

*This continuing nursing education activity was approved by the Western Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Arizona, Colorado, Idaho, and Utah Nurses Associations are members of the Western Multi-State Division.*

# CME Offering\*

**2.0 CME credits is available for free to physicians when the following criteria is met:**

- Attended the full 2-hour training.
- Completed and submitted the entire post-training evaluation form.

*\*This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Colorado Medical Society and Peer Assistance Services, Inc. The Colorado Medical Society is accredited by the ACCME to provide continuing medical education for physicians.*

*The Colorado Medical Society designates this live activity for a maximum of 2.00 AMA PRA Category 1 Credit(s)<sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

## **Instructions for Receiving Credit**

If you wish to receive CME credit you must sign in and complete an evaluation. You will receive electronically your CME certificate to the email provided at registration.

## **Disclosure Statement**

The speakers and all others in control of the content of this CME activity have reported no relevant financial relationships with commercial interests as defined by the ACCME.

# Objectives

1. Explore alcohol and health.
2. Explore other drugs and health.
3. Describe prevention using screening, brief intervention, and referral to treatment (SBIRT).
4. Practice SBIRT skills.

# A Rethink of the Way We Drink

<https://www.youtube.com/watch?v=tbKbq2IytC4>

Excessive alcohol consumption is the

4<sup>th</sup>

leading cause of preventable death in the U.S.

Nearly

38

Million adults in the U.S. drink too much.

Less than

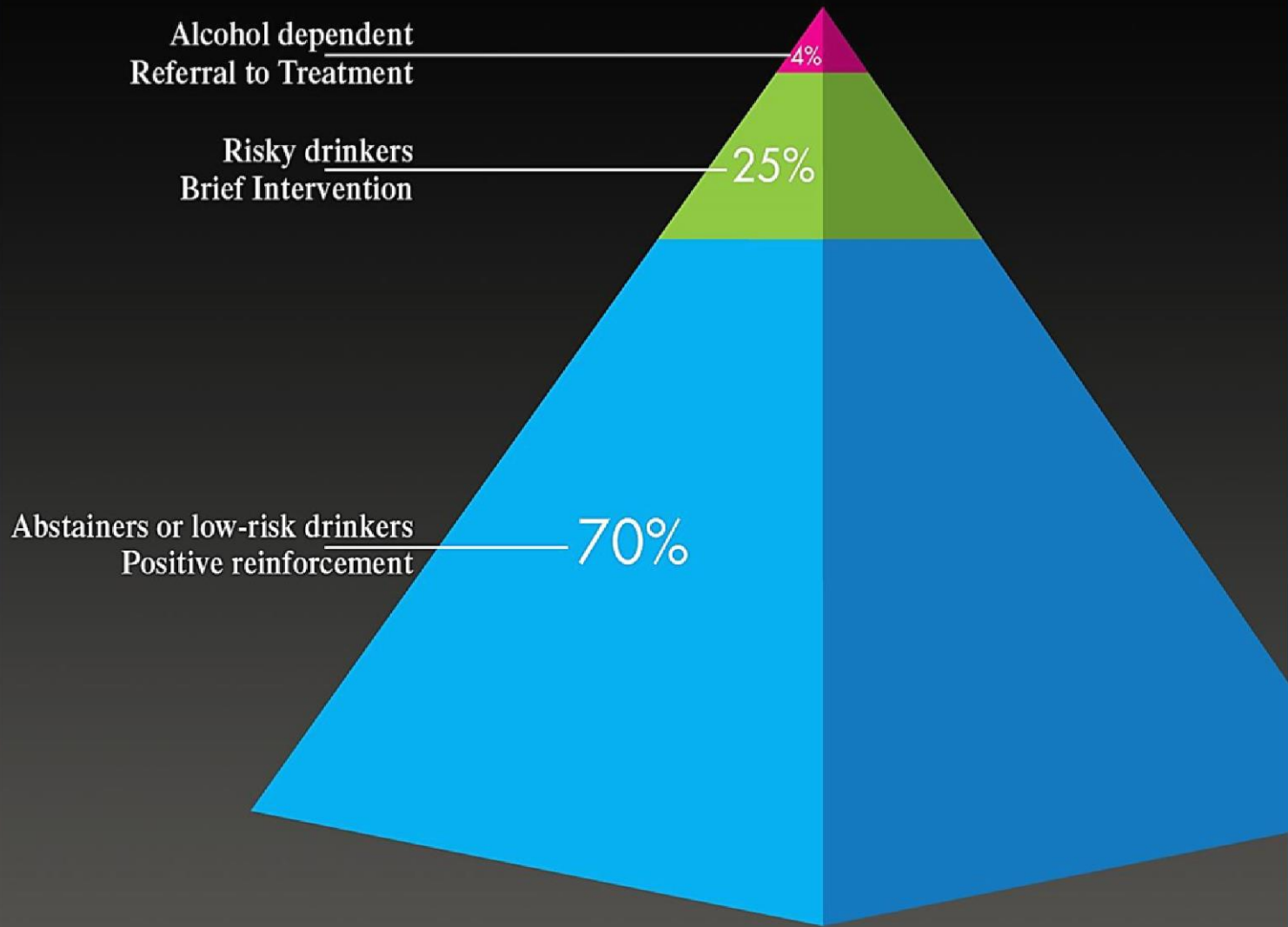
5%

have an alcohol use disorder.

Only

1 in 6

adults ever talk with a doctor or other health professional about their drinking.



## Alcohol Use in Adults in the United States

# Unhealthy (Risky) Alcohol Use

- Binge drinking
- High weekly use
- Any alcohol during pregnancy
- Any alcohol under age 21

# Standard Drink Sizes



**12 OZ. BEER**



**5 OZ. WINE**



**1.5 OZ. LIQUOR**

## LOWER RISK DRINK LIMITS\*

	OCCASION	WEEKLY
WOMEN	3	7
MEN	4	14
OVER 65	3	7
	LESS IS BETTER	

### IT'S SAFEST TO AVOID ALCOHOL IF YOU ARE

- taking medications that interact with alcohol
- have a health condition made worse by drinking
- underage
- planning to drive a vehicle or operate machinery
- pregnant or trying to become pregnant

Substance use disorders  
are preventable.

Earlier intervention  
improves outcomes.

# Prevention Begins Early

“A child who reaches his or her 21st birthday without using drugs, tobacco or alcohol is ‘virtually certain’ never to slip into those habits.”

-Joseph A. Califano Jr.  
How to Raise a Drug-Free Kid

# Drinking Too Much: Acute and Chronic Health Effects

Drinking too much in a single day  Intoxication

Acute effects result from:

- Decreased coordination
- Decreased cognitive functioning
- Increased risk taking

Drinking too much in a week  Repeated exposure

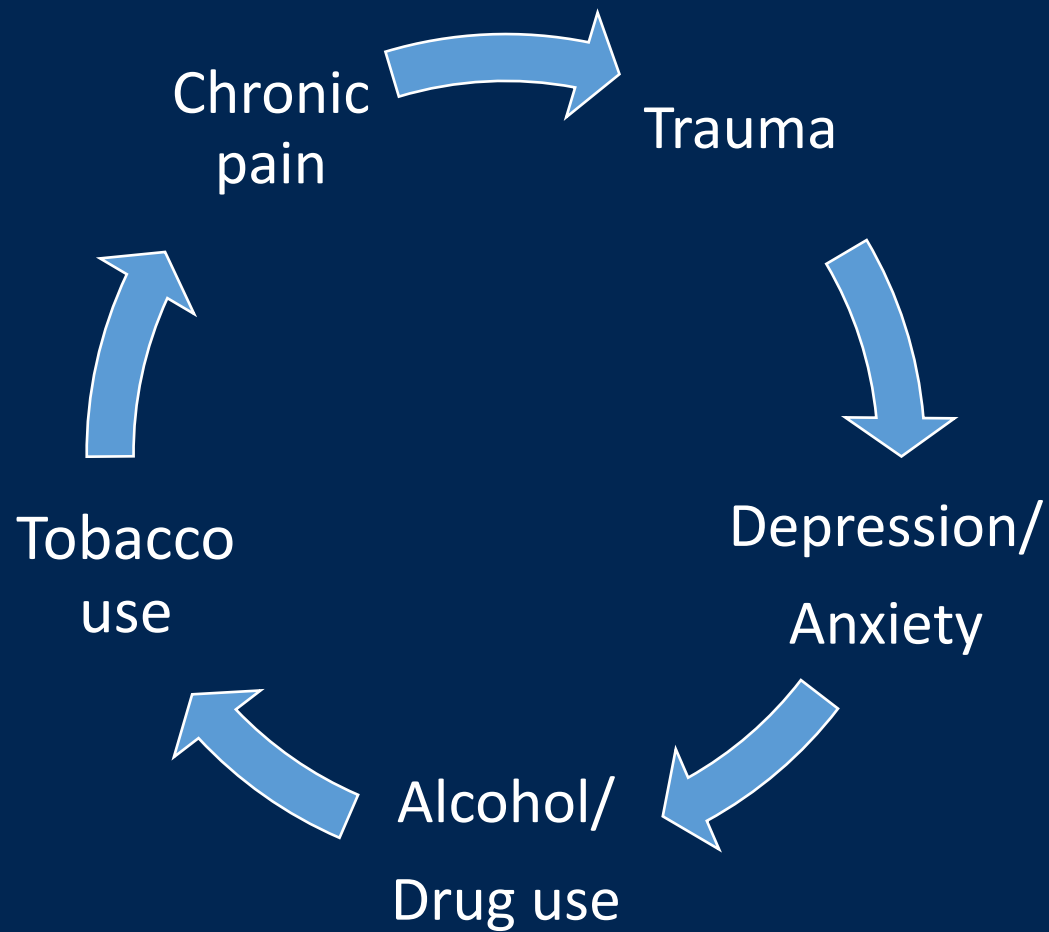
Chronic effects result from:

- Cell and tissue damage

*Some people experience both acute and chronic effects*

# Marijuana and Health





# Stigma

- Health professionals may be uncomfortable...
- If the healthcare team introduces the topic, the patient doesn't have to!
- Normalize that alcohol and other drug use are related to overall health and wellness

# Screening Brief Intervention and Referral to Treatment

Screen: use validated questions.

Brief Intervention: engage the patient in a short conversation to provide feedback and enhance motivation to change.

Referral to Treatment: arrange services for substance use treatment when indicated.

# Screening (S)

- Use validated questions
- Self-administered *or* administered by the health professional
- Self-administered is preferred: patients are more comfortable and provide more accurate responses
- 2-step process:
  - Brief screening
  - Further screening when brief screen positive

# Screening adults

Who and how often?

- All adults (age 18+)
- Routinely (at least once per year)

# Alcohol brief screening

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

(X=5 for men; X=4 for women)

Positive score = 1 or more times

Any alcohol use by pregnant women or under age 21 is a positive screen.

# Further screening for alcohol: AUDIT

- Alcohol Use Disorders Identification Test
- Developed for primary care
- Identifies low-risk, hazardous or harmful use and possible alcohol use disorder
- Self-administer whenever possible

# Drug brief screening

*“In the past year, have you used or experimented with an illegal drug or a prescription drug for nonmedical reasons?”*

Positive = Yes

*“How many times have you used marijuana in the past year?”*

Positive = 1 or more times

# Further screening for drugs: DAST and CUDIT-R

- DAST: Drug Abuse Screening Test
  - Assesses psychoactive drugs (other than alcohol or tobacco) including Rx drugs
  - Identifies problems associated with drug use
- CUDIT-R: Cannabis Use Disorders Test
  - Assesses for cannabis use disorder
  - 8-items
  - Validated for adults and adolescents

# Screening Adolescents

- Who?
  - All adolescents
  - Starting at least by age 12
  - Younger is appropriate (about age 9)
  - Ages 9-12 –start by asking if friends use tobacco, alcohol, or drugs.
- How?
  - CRAFFT: asks about alcohol and drug use
  - 6-item questionnaire
  - Validated for under age 21

# Brief Intervention (BI)

*a brief conversation*

# Activity: Listen and Summarize

**Speaker:** Pick a real-life change issue.

**Listener:**

- Listen and try to understand but give no advice.
- Use these 4 questions:
  1. *“Why would you want to make a change in \_\_\_\_\_?”*
  2. *“How might you go about changing?”*
  3. *“What are the best reasons to change \_\_\_\_\_?”*
  4. *“How will your life be better if you change \_\_\_\_\_?”*
- Reflect back and summarize what you heard.
- Then ask:  
*“So, what do you think you’ll do?”*

# Change Talk

Desire  
Ability  
Reasons  
Need



# Empathy

acceptance  $\neq$  approval

# Brief Negotiated Interview

1. Raise the subject
2. Provide feedback
3. Enhance motivation
4. Negotiate a plan and advise

# Step 1: Raise the Subject

“Would you mind taking a few minutes to talk with me about your screening results?”

*(ask permission to have the conversation)*

# Step 2: Provide Feedback

- Review reported alcohol/drug use; compare to lower risk limits.
- Connect alcohol/drugs to current or future health problems.
- Link alcohol/drugs to the reason for the visit.
- Express concern.
- Advise to quit or cut back.

*Don't give too much information!*  
*Always elicit the person's response!*

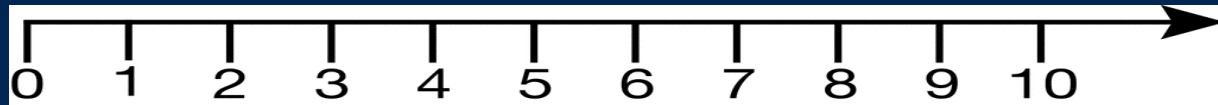
# Step 3: Enhancing Motivation

## Assess Importance or Readiness

*“On a scale of 0 -10 how important is it to you to cut back on how much alcohol you drink?”*

Then Respond:

*“What makes you a X and not a lower number?”*



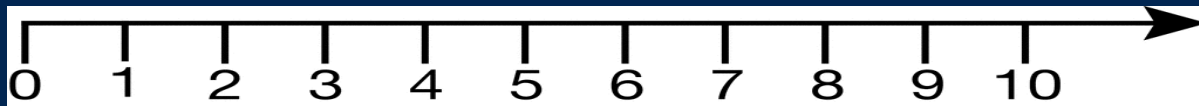
# Step 3: Enhancing Motivation

## Assess Confidence

*“On a scale of 0 -10, how confident are you that you could make a change if you decided to?”*

Then Respond:

*“What could help you feel more confident?”*



# Step 3: If readiness is low

## Explore the pros and cons

*“What do you like about your current level of drinking?”*

Followed by:

*“What are some of not so good things about your current level of drinking?”*

Then summarize both sides:

*“So, on the one hand \_\_\_\_\_, and on the other hand, \_\_\_\_\_.”*

# Step 3: A few more good questions

*“How does your current level of drinking fit with what matters most to you?”*

*“How would you know if alcohol was becoming a problem for you?”*

*“Let’s say you did decide to quit or cut back, how would you go about doing it?”*

# Step 4: Negotiate and Advise

Elicit response:

*“What are some of your thoughts about our discussion?”*

Negotiate a goal - offer input with permission:

*“What steps could you take to make a change?”*

Assist in developing a plan:

*“What will be challenging? “How will you approach this?”*

Summarize:

*“Your plan and next steps are...”*

Arrange follow-up.

Thank the person:

*“Thank you for having this conversation with me.”*

# Round Robin Activity



# Role Play in Groups of 3



# Referral to Treatment (RT)

# Referral to Treatment

## Who?

- A pattern of binge drinking
- Serious consequences of alcohol or drug use
- Possible severe substance use disorder (DSM-5)

## What and How?

- Refer Medicaid members to their Behavioral Health Organization (BHO):  
<https://www.colorado.gov/pacific/hcpf/behavioral-health-organizations>
- Treatment integrated into primary care, for example:
  - Medication Assisted Therapy
  - Behavioral health professional on-site

# Reimbursement

<b>H0049</b>	<b>Negative screen without brief intervention</b>
<b>99408</b>	<b>Screening + brief intervention, 15-30 minutes</b>
<b>99409</b>	<b>Screening + brief intervention, 30+ minutes</b>

# Online simulations to practice!

Kognito online training simulations use virtual humans to practice motivational interviewing and SBIRT: <https://www.kognito.com/>

**To receive a certificate for this training  
you must complete one or more simulations!**



*For more information and resources:*

[www.improvinghealthcolorado.org](http://www.improvinghealthcolorado.org)

# Supplemental Adolescent SBIRT Slides

# Addiction is a pediatric disease\*

*The United States spends vastly more on substance abuse treatment, interdiction, law enforcement, and international drug control policy than on prevention*

\*John R Knight, MD

Center for Adolescent Substance Abuse Research (CeASAR),  
Boston Children's Hospital

# Risk Factors

Family substance use problems

Major transitions (physical, school, social)

Co-occurring mental health disorder

Chronic health conditions

Reasons for substance use vary in girls vs. boys

- Boys: more likely to relax and be popular
- Girls: more likely related to low self-esteem, body image, depression, anxiety

# Adolescent Substance Use\*

Typically begins in early adolescence

80% of high school seniors report alcohol use

62% report having gotten drunk

31% report heavy episodic use

\* Data from *Monitoring the Future*

# Risk Levels

- Never/No use
  - Praise and positive reinforcement
- Once or twice in past year = Low risk
  - Brief advice
- Monthly use = Moderate risk
  - Brief intervention
- Weekly or more = High risk
  - Brief intervention + possible referral

# Anticipated risk levels: 12-18 year olds\*

- ~57% abstinence
- ~19% non-problematic use
- ~14% problematic use (2+ serious in problems past year)
- ~7% abuse (DSM-IV)
- ~3% dependence (DSM-IV)

\*Source: Knight, J. R., S. K. Harris, et al. (2007). Prevalence of positive substance abuse screens among adolescent primary carepatients. Arch Pediatr Adolesc Med 161(11): 1035-1041.

# Confidentiality

Reassure adolescents the conversation is confidential unless you identify potential risk for harm to self or to another person, or that they may be a victim of abuse.

Minors of any age in Colorado can enter substance use treatment without parental consent and must sign for release of information.

# CRAFT

# Prescreen

During the past 12 months, did you:

1. Drink any alcohol (more than a few sips)?
2. Use any marijuana or hashish?
3. Use anything else to get high?

No to all: Ask question 1 on CRAFFT

Yes to any: Ask full CRAFFT

**C:** Have you ever ridden in a CAR driven by someone including yourself who was high or had been using alcohol or drugs?

**R:** Do you ever use alcohol or drugs to RELAX, feel better about yourself or fit in?

**A:** Do you ever use alcohol or drugs while you are by yourself or ALONE?

**F:** Do you ever FORGET things you did while using alcohol or drugs?

**F:** Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

**T:** Have you ever gotten into TROUBLE while you were using alcohol or drugs?

# CRAFFT scoring

0: Positive reinforcement

0-1: Brief intervention

2+: Brief intervention and possible referral

# Questions for further assessment

1. “Tell me about your alcohol/drug use. When did it begin? What is it like now?”
2. “Have you had any problems at school, home, or with the law?” If yes, “Were you drinking or using drugs just before that happened?”
3. “Have you ever tried to quit? Why? How did it go? For how long did you stop? Then what happened?”

# Binge Drinking Adolescents

- Girls 9-17 yrs.: 3 or more drinks in a sitting
- Boys 9-13 yrs.: 3 or more drinks in a sitting
- Boys 14-15 yrs.: 4 or more drinks in a sitting
- Boys 16-17 yrs.: 5 or more drinks in a sitting

# High Risk Indicators

Extreme binge drinking (potentially fatal amounts)

Poly-pharmacy

Injection drug use

Weekly or more frequent use

Significant drop in school performance

Co-occurring mental health disorder

Illegal behaviors

Safety concerns (driving/biking/snowboarding under the influence, victim of violence)

# Next Step

Relatively minor problems: Negotiate behavior change (i.e., brief intervention)

More serious problems: Consider referral for further assessment and possible treatment

# Motivational Interviewing: Adolescents

Why it makes sense:

- Encourages insight and self-understanding
- Encourages confidence
- Non-confrontational
- Respect for autonomy can ‘keep the door open’

Good starter questions:

*“What do you know about \_\_\_\_\_?”*

*“What have you heard about \_\_\_\_\_?”*

*“What do you think about \_\_\_\_\_?”*

# Harm Reduction

GOAL: Keep the door open to ongoing open communication.

Start with a clear, strong message to abstain.

Then ask: “*What do you think about this?*”

# If unwilling to abstain...

If CAR question was “yes”: Use Contract for Life

Ask what they already know about risks:

*“What do you know about how alcohol can affect you?”*

Offer information about risks- ask permission first!

Then ask: *“What do you think about this information?”*

Ask how they could prevent harm to themselves and others:

*“What steps could you take to minimize the possibility that your drinking will harm you or another person?”*

Finally: Repeat the advice to abstain!

# CONTRACT FOR LIFE

## A Foundation for Trust and Caring

*This Contract is designed to facilitate communication between young people and their parents about potentially destructive decisions related to alcohol, drugs, peer pressure, and behavior. The issues facing young people today are often too difficult for them to address alone. SADD believes that effective parent-child communication is critically important in helping young adults to make healthy decisions.*

### YOUNG PERSON

I recognize that there are many potentially destructive decisions I face every day and commit to you that I will do everything in my power to avoid making decisions that will jeopardize my health, my safety and overall well-being, or your trust in me. I understand the dangers associated with the use of alcohol and drugs and the destructive behaviors often associated with impairment.

By signing below, I pledge my best effort to remain free from alcohol and drugs; I agree that I will never drive under the influence; I agree that I will never ride with an impaired driver; and I agree that I will always wear a seat belt.

Finally, I agree to call you if I am ever in a situation that threatens my safety and to communicate with you regularly about issues of importance to both of us.

---

YOUNG PERSON

### PARENT (or Caring Adult)

I am committed to you and to your health and safety. By signing below, I pledge to do everything in my power to understand and communicate with you about the many difficult and potentially destructive decisions you face.

Further, I agree to provide for you safe, sober transportation home if you are ever in a situation that threatens your safety and to defer discussions about that situation until a time when we can both have a discussion in a calm and caring manner.

I also pledge to you that I will not drive under the influence of alcohol or drugs, I will always seek safe, sober transportation home, and I will always wear a seat belt.

---

PARENT/CARING ADULT



#### Students Against Destructive Decisions

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[www.sadd.org](http://www.sadd.org)

# Involving parents and caregivers

Involve parents/caregivers whenever possible.

Recruit parents as allies to restrict access to alcohol and drugs.

Some adolescents may be looking for ways to disclose use to parents and seek their support.

Be on the side of the adolescent. Communicate this:

- *“I want what is best for you.”*
- *“I will continue to be there for you.”*
- *“I can help you talk with your parents. What do you think about involving them in this conversation?”*

# If adolescent discloses parental use

May be disclosed on the CAR question

Acknowledge it

Deserves further exploration:

- *“Are you concerned that one or more of the adults in your life uses alcohol or drugs in a harmful way?”*
- *“Tell me more about that.”*

Determine next steps based on responses.