

Screening, Brief Intervention, Referral, and Treatment (SBIRT) in Psychiatry

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The SBIRT Training in Yale Residency Programs

(SAMHSA 1U79Ti020253-01; PI: Gail D'Onofrio, M.D.)

At Issue

- Substance abuse is a major preventable and treatable public health problem
- Of the 23.6 million people over age 12 in the U.S. who need substance abuse treatment, only 2.5 million (11%) receive it
- Connecticut ranks in the top 20% for past year alcohol abuse/dependence for adolescents and drug dependence in all age groups across the country
- Healthcare settings, secondary to alcohol/drug-related accidents, injuries, and illnesses, provide opportunities to screen patients for substance use. Physicians and other healthcare professionals often don't detect patients with alcohol or drug problems, provide brief interventions, or initiate referral to treatment
- Need to better prepare physicians to:
 - Screen patients for alcohol or drug problems
 - Deliver brief interventions and refer patients to treatment

Evidence for SBIRT Interventions

- A review of 36 RCTs of SBIRTs revealed that they reduce hazardous drinking for 12 months or longer.
- SBIRTs have been found to be helpful in primary care, pediatric ED, adult emergency departments, and inpatient trauma settings, as well as with pregnant women.
- Initial studies also demonstrate the cost-effectiveness of SBIRTs relative to other more extensive interventions.
- Few studies have investigated SBIRTs for patients with drug use problems, though early quasi-experimental pre-post-follow-up studies suggest they may be efficacious.

Yale Initiative

- Yale-SBIRT resident training curriculum aims to:
 - Teach residents in SBIRT in 5 Departments (Internal Medicine, Pediatrics, Obstetric and Gynecology, Surgery-Emergency Medicine, and Psychiatry) using experiential training methods
 - Develop additional instructional strategies such as a virtual coach (individualized SBIRT computer-based practice, feedback, reinforcement) and web-based self-learning modules (substance-induced medical problems, treatment of addiction, pharmacological treatment of dependence, pain management and addiction, prescribing of controlled substances, psychological complications of substance use/co-morbid conditions)

Brief Negotiated Interview

- Developed by Drs. D'Onofrio, Pantalon, Degutis, Fiellin, and O'Connor at Yale School of Medicine (based on original work by Drs. D'Onofrio, Bernstein, Bernstein, and Rollnick)
- SBRIIT intervention designed to be acceptable and feasible for physicians to use in busy practice settings
- Incorporates alcohol/drug screening, feedback, advice, and motivational interviewing techniques to assist patients in changing their alcohol and drug consumption to non-hazardous/harmful levels
- Manual-guided, patient-centered approach that attends to the patients' readiness to change either alcohol or drug use
- Conducted in 10 minutes

A photograph of a theater interior. The stage is at the far end, with a large white screen displaying text. The screen is framed by a red scalloped valance. The theater floor is covered in a red carpet, and the walls are lined with red curtains. The seats are black with red upholstery. There are several speakers mounted on the walls. The text on the screen is in a serif font, with the first line in bold and the following lines in italics.

D'Onofrio, Pantaloni, & Degutis .
*The Emergency Practitioner &
the Unhealthy Drinker:
Motivating Patients for Change.*

Brief Negotiated Interview

- Four major components
 1. Raise the subject of alcohol or drug consumption
 2. Provide feedback on the patient's drinking/drug levels and effects
 3. Enhance motivation to reduce drinking/drugging
 4. Negotiate and advise a plan of action

Raise the Subject

- Be respectful and avoid argumentation
- Ask for the patient's permission to talk with you about his or her substance use
 - *Hello, I am _____. Would you mind taking a few minutes to talk with me about your alcohol/drug use?*
 - *I realize you have talked to many people about the reasons for your hospitalization. If it is okay with you, would you be willing to talk with me for a few minutes about your alcohol and drug use?*
- Conduct brief screen for alcohol/drug use

Screening - Alcohol

■ NIAAA Guidelines

- On average, how many days per week do you drink alcohol
- On a typical day when you drink, how many drinks do you have?
- What's the maximum number of drinks you had on a given occasion in the last month?

■ At-Risk Drinking

- Men > 14 drinks per week; > 4 drinks per occasion
- Women > 7 drinks per week; > 3 drinks per occasion

Screening – Alcohol (cont.)

■ CAGE Questionnaire

- Have you ever felt you should Cut down on your drinking?
- Have people Annoyed you by criticizing your drinking?
- Have you ever felt bad or Guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (Eye opener)

- CAGE is a screen for alcohol abuse and dependence, not for earlier stage problem drinking. Quantity and frequency of alcohol intake (NIAAA guidelines) alone are not used for making alcohol use disorder diagnoses. The CAGE has been found to be reliable and valid.

Screening – Drugs

- CAGE Questionnaire adapted to include drugs
 - Have you ever felt you should Cut down on your drinking or drug use?
 - Have people Annoyed you by criticizing your drinking or drug use?
 - Have you ever felt bad or Guilty about your drinking or drug use?
 - Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover? (Eye opener)
- Reliability and validity of CAGE that includes drug use screening has not been established.
- A word about the CRAFFT and ASSIST

CRAFFT

- Have you ever ridden in a Car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- Have you ever used alcohol or drugs to Relax, feel better about yourself, or fit in?
- Do you ever use alcohol or drugs while you are by yourself (Alone)?
- Do your family or Friends ever tell you that you should cut down on your drinking or drug use?
- Do you ever Forget things you did while using alcohol or drugs?
- Have you gotten in Trouble while you were using alcohol or drugs?

ASSIST

- Alcohol, Smoking and Substance Involvement Screening Test
- Designed by the WHO to screen for substance use
- Asks about lifetime and past 3-month use of tobacco products, alcohol, cannabis, cocaine, prescribed amphetamines, methamphetamine, inhalants, sedatives, hallucinogens, street and prescribed opioids, and other substances
- For each substance, if any use in past 3 months, inquire about symptoms of problematic use
- Derive a substance involvement score that then suggests type/level of intervention (none, brief, intensive)

Provide Feedback (not a lecture)

- Review current alcohol/drug use and patterns
- For alcohol, discuss NIAAA guidelines
- For alcohol and drugs, discuss role of substances in relationship to areas of life functioning, especially those that may have already been noted by patient (financial, family, employment, health including issues related to physical dependence, legal) and express concern about these patterns
- Make connection between substance use and reason for hospitalization/psychiatric problems (teachable moment)

Enhance Motivation

- Use reflective listening to demonstrate understanding
- Listen for change talk
- Assess readiness to change using Ruler Technique
- Other motivational enhancement strategies to boost motivation to change

What does the client mean?

Well I know I have to stop drinking.

Tell me what you think about what I have said.



Levels of Reflection

Client: I guess I've been drinking more because I've been so depressed. *I'm in such a rut and it seems like I'm only digging myself deeper and deeper into it. At the time, I didn't see any way out, so I tried to kill myself.*

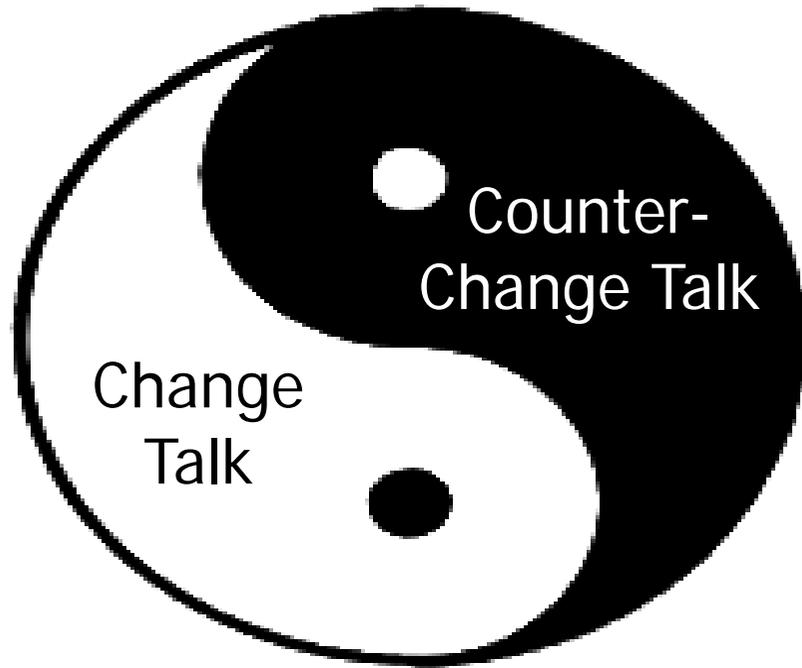
■ Simple Reflection

MD: *Your drinking and depression left you in a rut you couldn't get out of.*

■ Complex Reflection

MD: Now, you're wondering if something else might get you out of this rut other than drinking or trying to kill yourself again.

What the Patient Says and Level of Motivation



$CT < CCT = \text{low}$

$CT = CCT = \text{moderate}$

$CT > CCT = \text{high}$

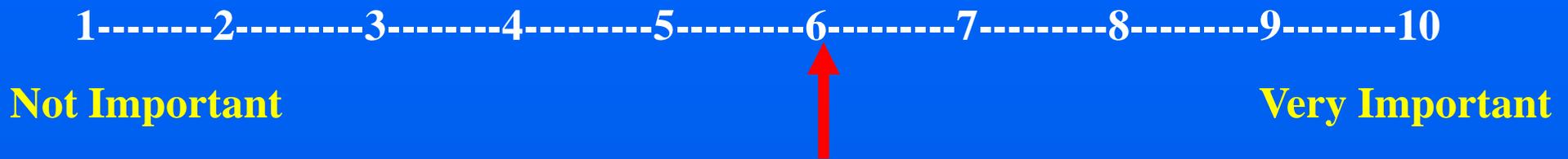
Readiness to Change Ruler

How ready are you to change any aspect of your drinking/drug use?



A Modified Ruler Technique

How Important Ruler



How Confident Ruler



Adapted from Miller & Rollnick (2002) MI textbook, p. 53.

Other Motivational Enhancement Strategies

- Ask motivation-building open-ended questions (some examples)
 - What concerns do you have about your drinking/drug use?
 - If you were to stop drinking/using drugs, what might be some benefits to you?
 - If you were/n't to stop drinking/using drugs, how might your life be a year from now?
 - What are your reasons for changing?
 - What ideas have you had about stopping your use?
 - How has substance abuse treatment been helpful to you in the past?
- Reflect ambivalence (ending on the side of change)
- Reflect change talk
- See p. 18 of the SBIRT Training manual

Negotiate and Advise

- Negotiate goal
 - *Given what we have discussed, what do you feel ready to do about your drinking?*
 - *What would you like to do about your cocaine use?*
- Give advice
 - Deliver sound medical advice (with permission)
 - Support harm reduction
 - Suggest follow-up referral and treatment
- Summarize
- Complete Drinking/Drug Use Agreement
- Thank patient

Handling Common Problems

- Refusal to talk with you about alcohol or drug use
- Refusal to self-identify along the readiness ruler
- Unwilling to associate hospitalization or related psychiatric problems with alcohol or drug use
- Not ready to change drinking patterns to stay within safe limits or to stop using illicit drugs or abusing prescription medications

Practice with Role Plays



BNI Interview

■ Raise Subject

- Introduce self and ask permission to talk about alc/drug use
- Conduct screen (NIAAA questions, CAGE)

■ Provide Feedback

- Review screen
- Discuss NIAAA guidelines (if applicable)
- Express concerns
- Make connection between SA, psych, and hospitalization

■ Enhance Motivation

- Use readiness ruler and/or other strategies to support change
- Reflect change talk
- Summarize and see what the patient thinks

■ Negotiate & Advice

- What does the patient want to do?
- Give advice about goals and follow-up care
- Summarize the plan
- Fill out the Agreement Card
- Thank patient for his/her time