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Center for Clinical Systems Improvement

SBIRT Training Session #1

Monday, March 20, 8:30 to 11:30am Eastern Time

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SBIRT Training Session #1

Richard L. Brown, MD, MPH

Today's Presenter

Retired Full Professor with Tenure, Department of Family Medicine and Community Health, University of Wisconsin, Madison, Wisconsin

Retired Senior Medical Director for Population Health Management, ConcertoHealth, Kalamazoo, Michigan, and Seattle, Washington

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AGENDA

1	Introductions
2	Training overview
3	Substance use continuum
4	SBIRT process
5	Screening

OBJECTIVES

At the conclusion of this presentation, participants will be able to:

1. Given patients' histories, place patients on the substance use continuum
2. Delineate the process of SBIRT
3. Explain the purpose of alcohol and drug screening
4. Administer and score Trinity's alcohol and drug screening questionnaire
5. Explain the results of alcohol and drug screens to patients

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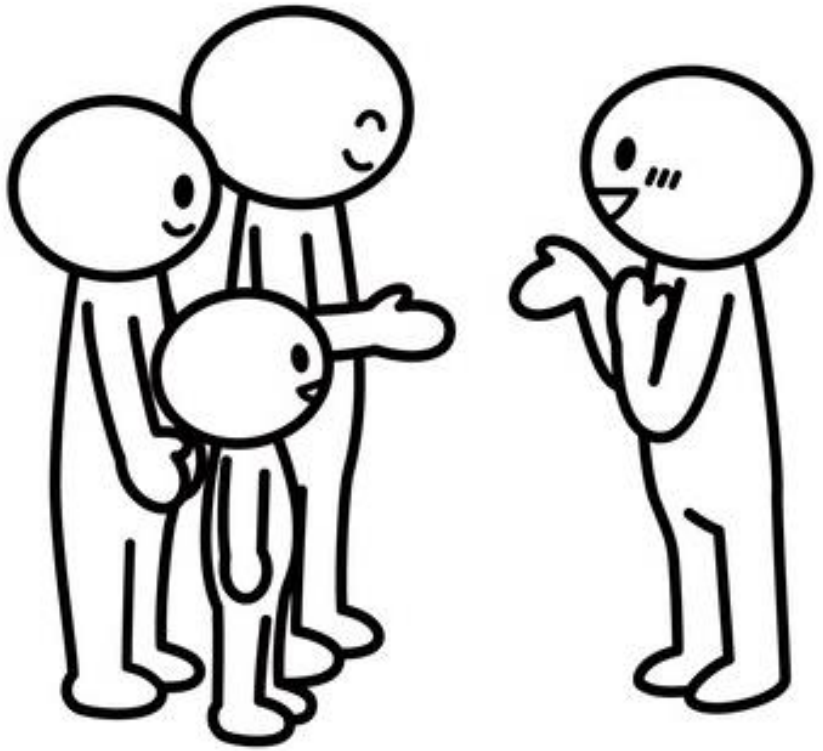
Introductions

- Full name and name you prefer to be called
- Where you're from
- Degrees and where you went to school
- Positions before now
- Prior clinical experience with alcohol and drugs
- Clinic
- What you like most and least about your current position
- What you look forward to most and least about doing SBIRT



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Proposed Ground Rules

- Please keep cameras on at all times.
- Please turn off phones and email and avoid multi-tasking.
- Feel free to eat and drink.
- There will be one 15-minute break approximately half-way through the session.
- Please treat all trainees with respect.
- Instructors will ask questions of trainees in alphabetical order, and trainees may pass.
- Others?

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AGENDA

1	Introductions
2	Training overview
3	Substance use continuum
4	SBIRT process
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Training Schedule - Mondays, 8:30am to 11:30am ET

#	Date	Content	Format
1	March 20	Substance use continuum, SBIRT procedure, Screening (introduction, administration, interpretation, and feedback)	Large group
2	March 27	Assessment (introduction, administration, interpretation, and feedback), pharmacotherapy, treatment, local resources	Large group
3	April 10	MI principles, Intervention for abstinence –adults, Intervention for abstinent adolescents, Reinforcement for adults in the low-risk use category	Large group
4	April 17	Brief intervention –FERNSS steps – demonstration, practice, feedback	2 small groups
5	April 24	Referral to treatment – FERNS steps – demonstration, practice, feedback (including recommendations on specialized treatment, and primary care-based management)	2 small groups
6	May 1	Putting it all together – initial session practice and feedback	2 small groups
7	May 8	Putting it all together – initial session practice and feedback	2 small groups
8	May 15	Follow-up sessions – practice and feedback	2 small groups
9	Week of May 22	Standardized patient experience – each trainee conducts an SBIRT session with a standardized patient via Zoom, reviews their videotape, assesses their performance, and discusses their performance with an instructor later in the week	No class
10	Week of June 3	Standardized patient experience - as in Session #9	No class

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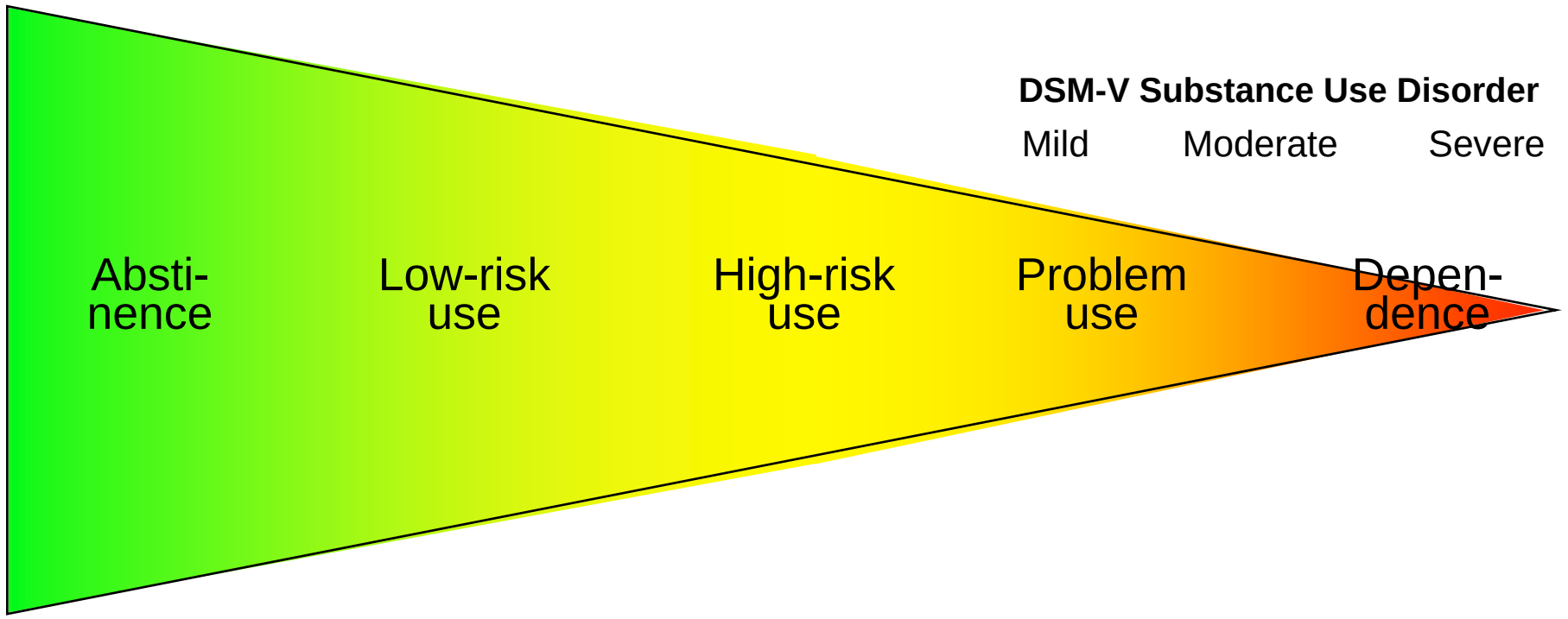
3	**Substance use continuum**
4	SBIRT process
5	Screening

The Substance Use Continuum



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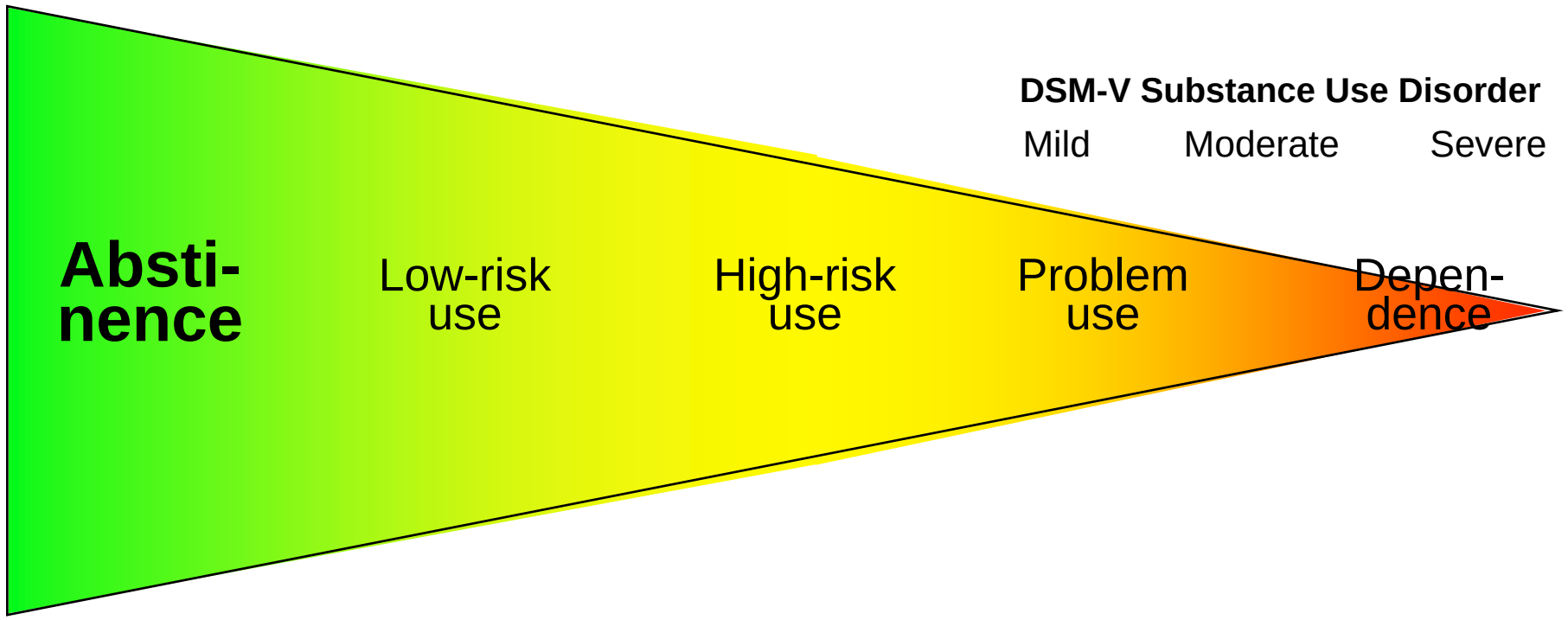
The Substance Use Continuum



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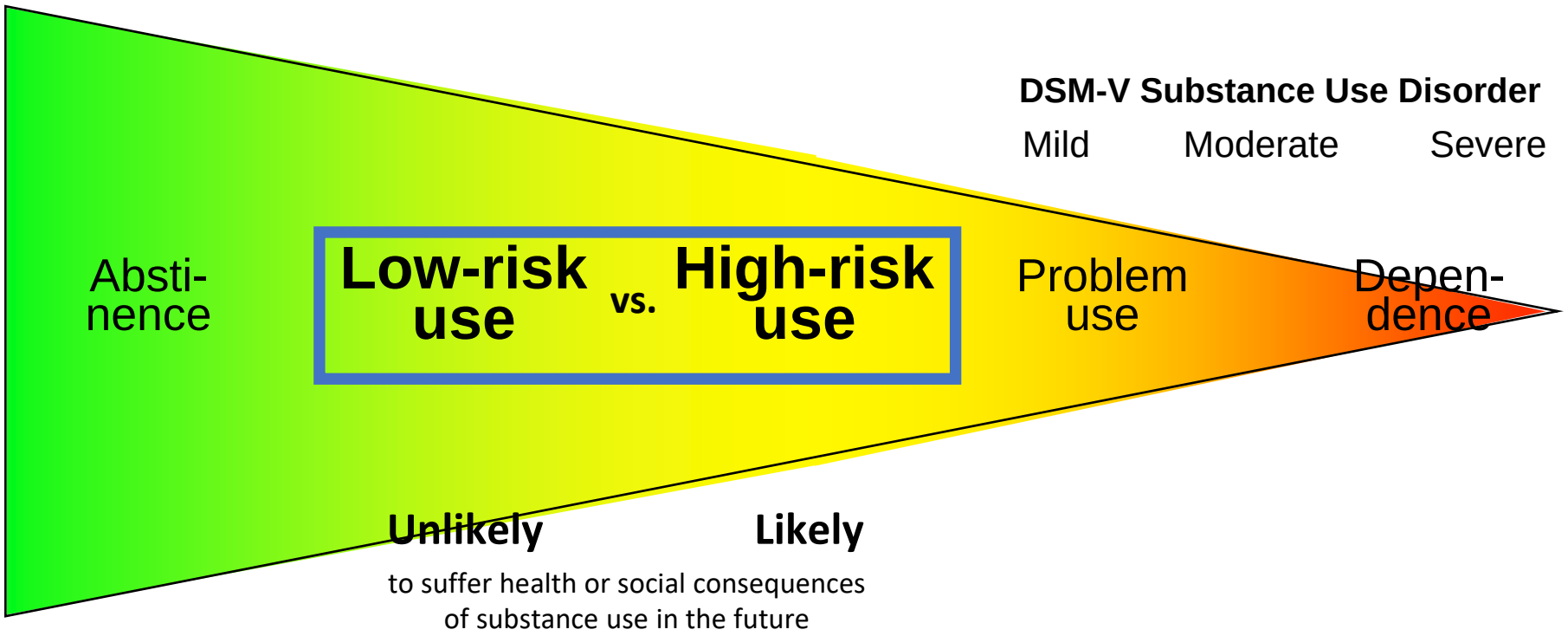
The Substance Use Continuum



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Adults: High-Risk Drinking

	Men	Women
Per week	> 14 standard drinks	> 7 standard drinks
In any occasion	> 4 standard drinks	> 3 standard drinks

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Adolescents: All Drinking is High-Risk

Common negative consequences of drinking suffered by teens:

- School problems: lower grades or absences
- Social problems: fighting, lack of participation in activities
- Disciplinary and legal problems
- Hangovers
- Unwanted, unplanned, and unprotected sexual activity
- Physical and sexual violence
- Increased risk of suicide and homicide
- Motor vehicle crashes and other injuries
- Overdoses

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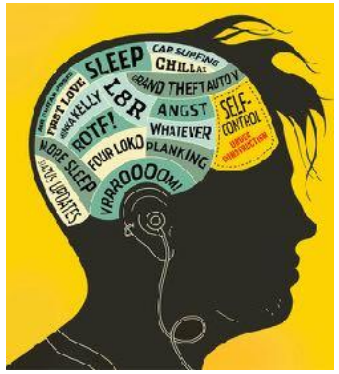
Adolescent Neurobiology



The part of the frontal lobe that inhibits risky behaviors, is not yet mature in teens

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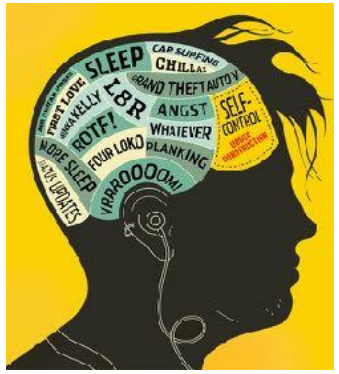
Adolescent Neurobiology



The part of the frontal lobe that inhibits risky behaviors, is not yet mature in teens


Age at Drinking Onset and Alcohol Dependence

Age at Onset, Duration, and Severity

Early initiation of drinking is associated with higher lifetime risk of severe alcohol use disorder

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High Risk Drinking

ADULTS	Men	Women
Per week	> 14 standard drinks	> 7 standard drinks
In any occasion	> 4 standard drinks	> 3 standard drinks

TEENS - Any drinking

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High Risk Drinking

ADULTS	Men	Women
Per week	> 14 standard drinks	> 7 standard drinks
In any occasion	> 4 standard drinks	> 3 standard drinks

TEENS - Any drinking

High Risk Drug Use

- Daily marijuana use
- Any use of other illegal drugs

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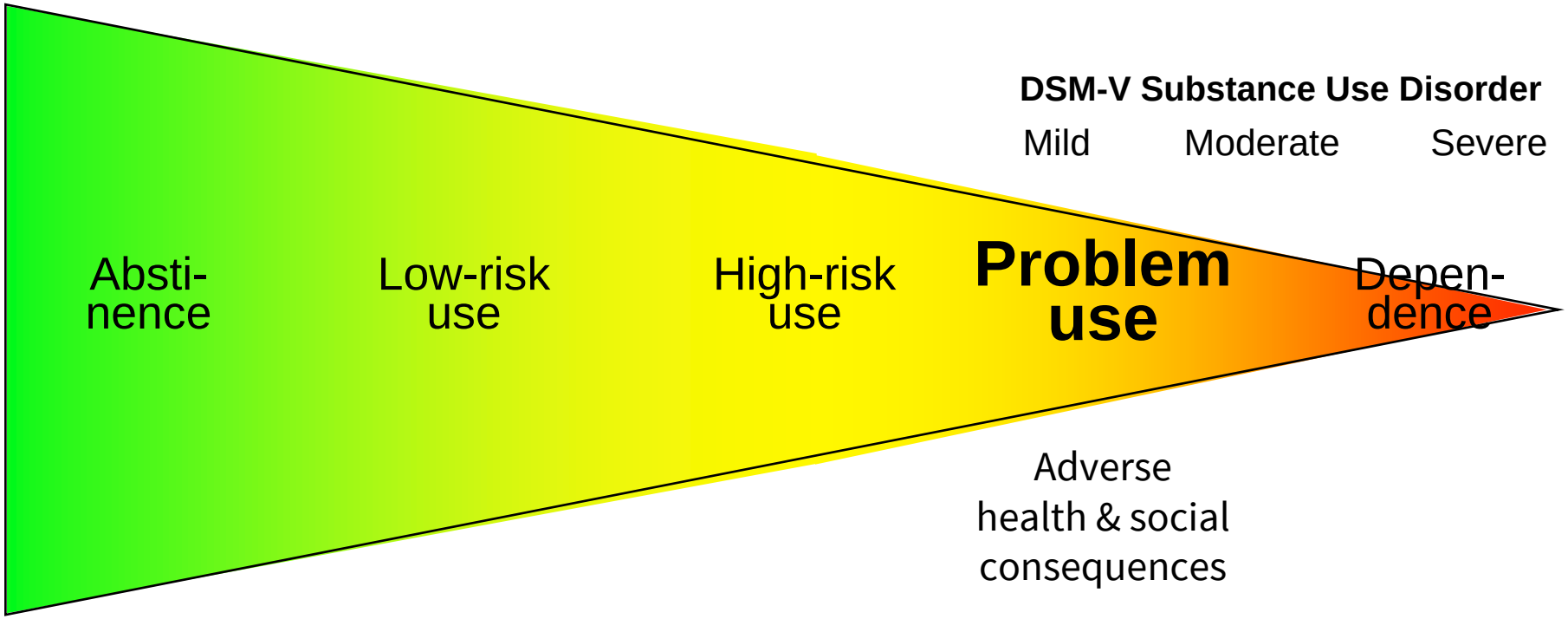
The Substance Use Continuum



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Adverse Health Consequences

Alcohol & Drug Cause …

- Injury & disability
- Viral hepatitis
- HIV/AIDS
- Other STIs
- Unplanned pregnancies
- Poor birth outcomes
- Psychiatric disorders

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Adverse Health Consequences

Alcohol & Drug Cause …	Alcohol Cause …
• Injury & disability • Viral hepatitis • HIV/AIDS • Other STIs • Unplanned pregnancies • Poor birth outcomes • Psychiatric disorders	• Hypertension • Heart disease • Neuropathy • Cancers - Oropharynx - Esophagus - Breast - Liver - Colon • Hepatitis • Dyslipidemia • Stroke • Dementia • Pancreatitis

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Adverse Health Consequences

Alcohol & Drug Cause …	Alcohol Cause …	Alcohol Impedes Tx for …
• Injury & disability • Viral hepatitis • HIV/AIDS • Other STIs • Unplanned pregnancies • Poor birth outcomes • Psychiatric disorders	• Hypertension • Heart disease • Neuropathy • Cancers - Oropharynx - Esophagus - Breast - Liver - Colon • Hepatitis • Dyslipidemia • Stroke • Dementia • Pancreatitis	• Hypertension • Dyslipidemia • Diabetes • GERD & other GI disorders • Sleep problems • Mental health disorders • All chronic diseases

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Adverse Mental Health Consequences

- Dysphoria, depressed mood, anxious mood
- Full-fledged depressive and anxiety disorders
- Irritability, mood swings, hostility
- Paranoia, psychosis
- Any psychiatric symptom can stem from intoxication, overdose or withdrawal

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Adverse Family Consequences

- Marital and family dysfunction
- Behavioral and school problems among children
- Mental health problems and somatic symptoms among family members

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Adverse Social Consequences

- Alienation from or loss of old friends
- Gravitation toward others with similar substance use

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Adverse Work & School Consequences

- Lateness and absences
- Requests for excuses
- Declines in performance
- Frequent job changes
- Flat career trajectory

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Adverse Legal Consequences

- DWI
- Disturbing the peace
- Domestic and other violence
- Drug possession and dealing
- Burglary and robbery

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Adverse Financial Consequences

- Spending more than one can afford on substances and related activities
- Financial strain
- Indebtedness
- Selling possessions

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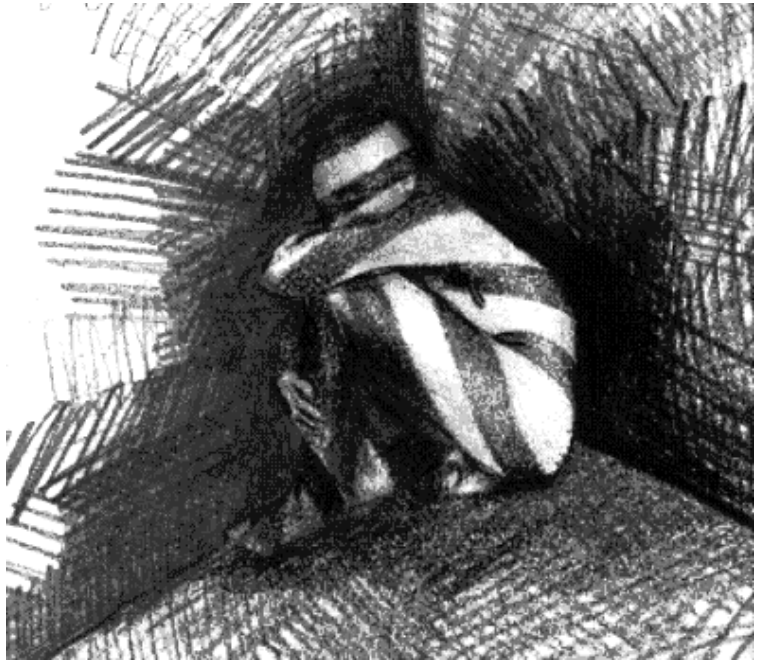
Adverse Religious and Spiritual Consequences

- Disconnection
- Alienation
- Shame
- Disgrace



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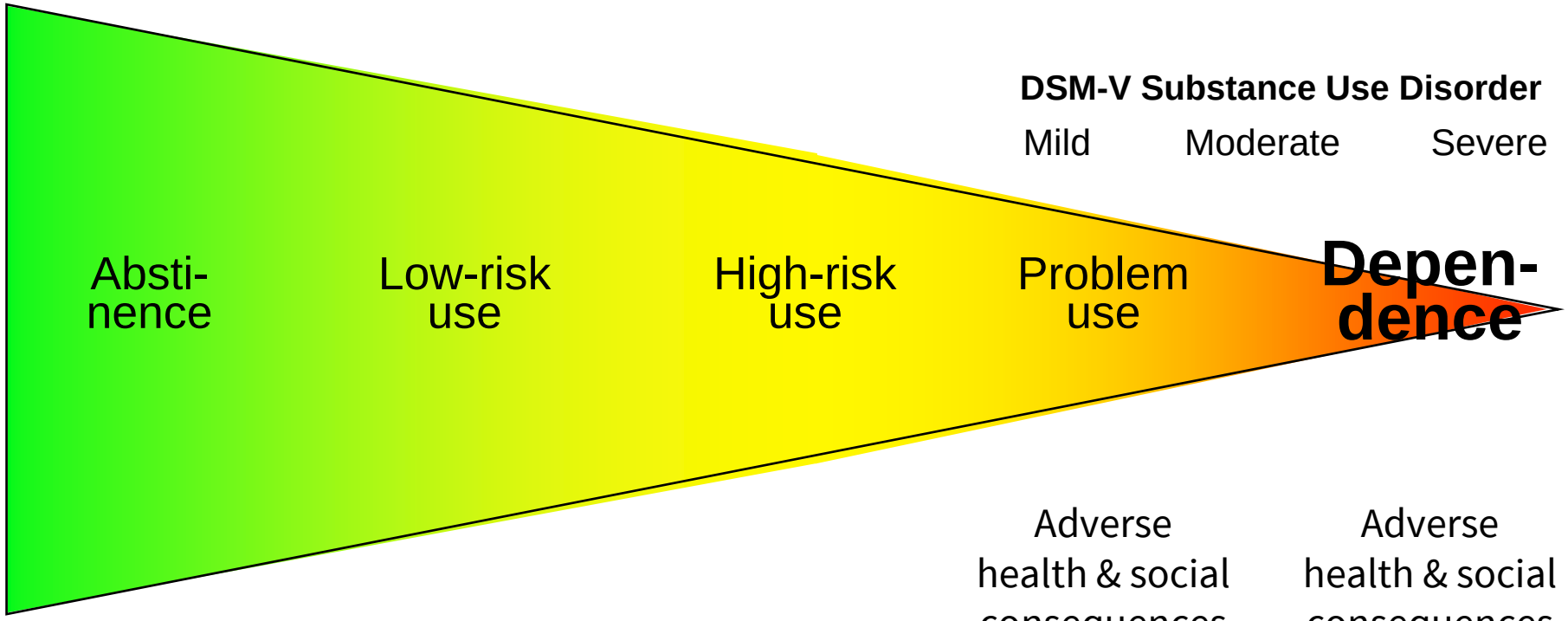
The Substance Use Continuum



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Physical Dependence

- Propensity to withdrawal after sudden cessation of or reduction in substance use
- Most dangerous: alcohol & other sedatives
- Occurs in a different part of the brain than where true addiction occurs

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Physical Dependence

- May occur without other symptoms of addiction, as in sudden discontinuation of potentially addictive medications
- NOT the key symptom of dependence

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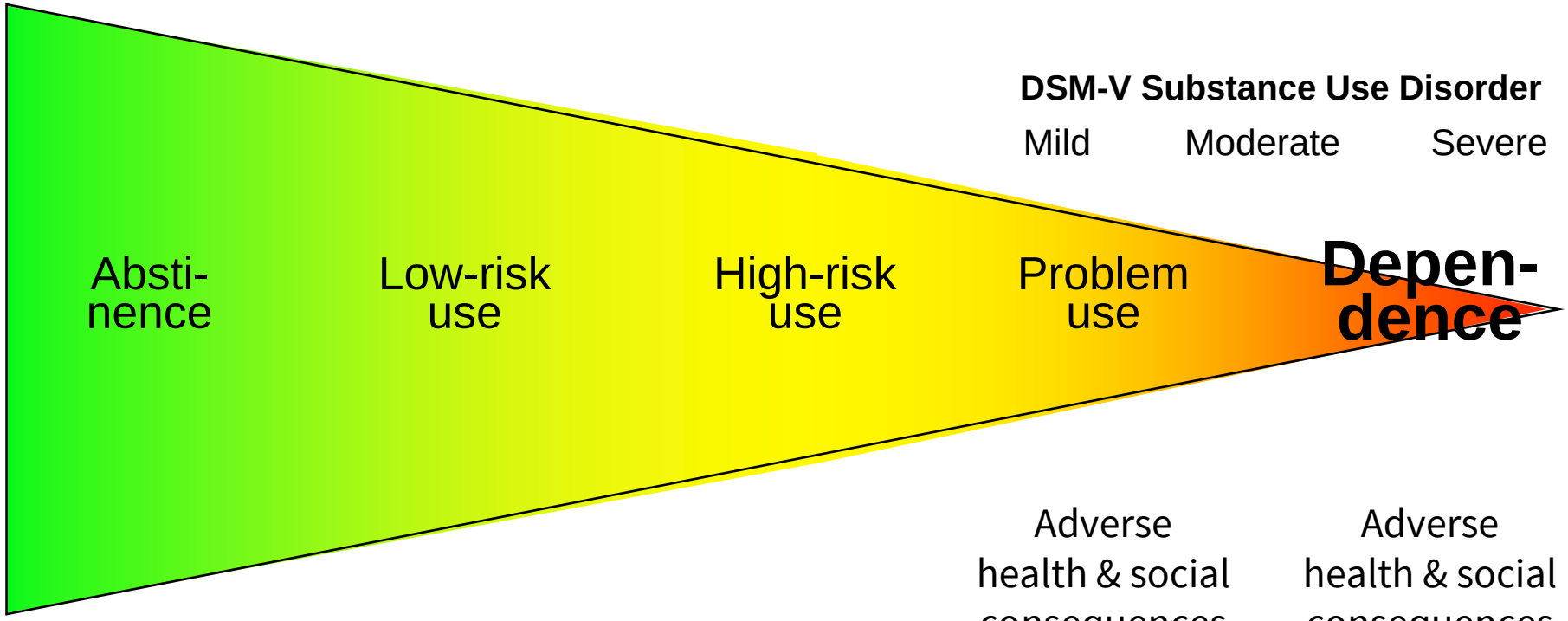
The Substance Use Continuum



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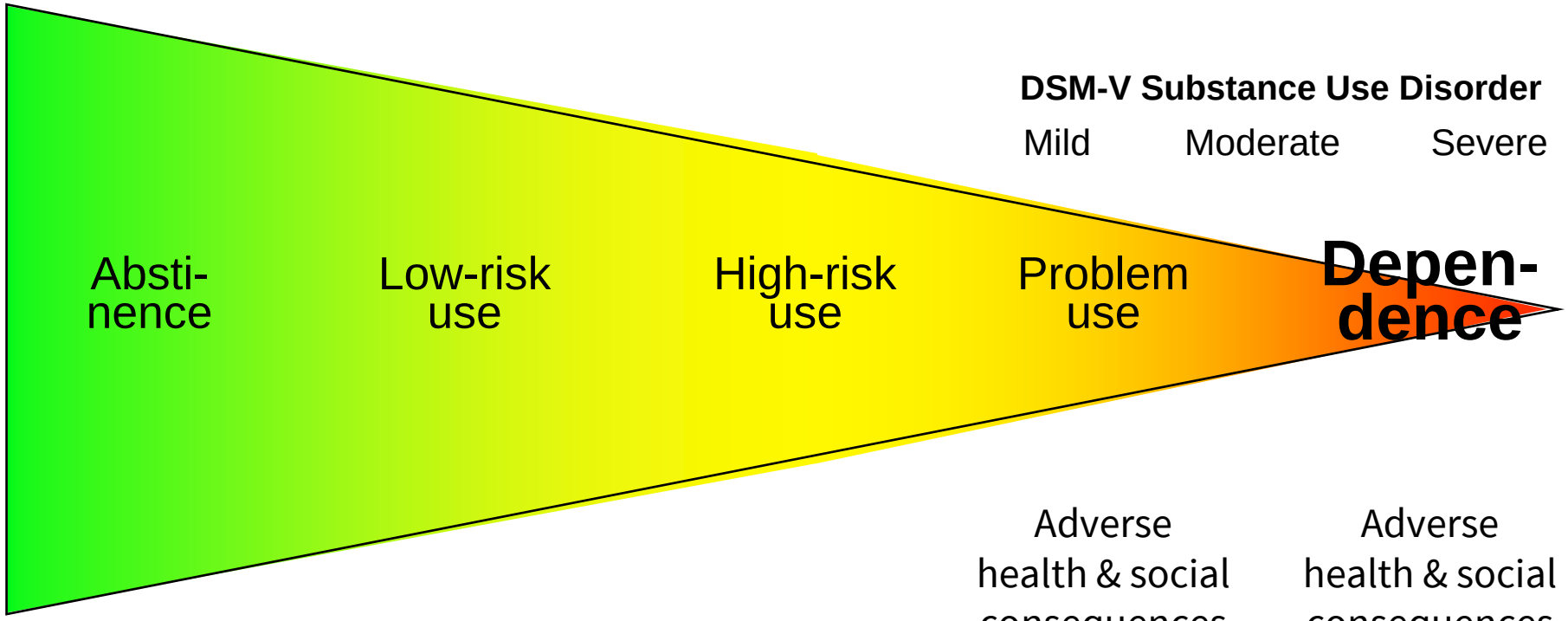
The Substance Use Continuum



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Loss of Control Over Substance Use

Preoccupation
- using
- obtaining

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Loss of Control Over Substance Use

Preoccupation
- using
- obtaining

Urges and cravings

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Loss of Control Over Substance Use

Preoccupation
- using
- obtaining

Urges and cravings

Compulsive use

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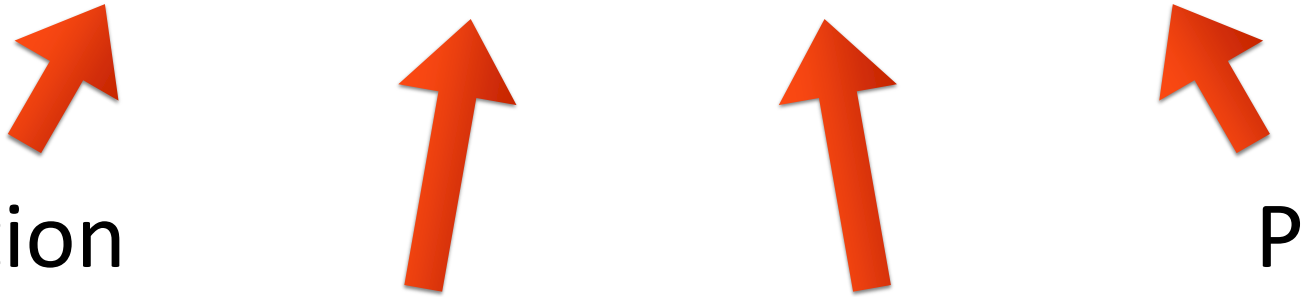
Loss of Control Over Substance Use



Preoccupation
- using
- obtaining

Urges and cravings

Compulsive use

Physical dependence

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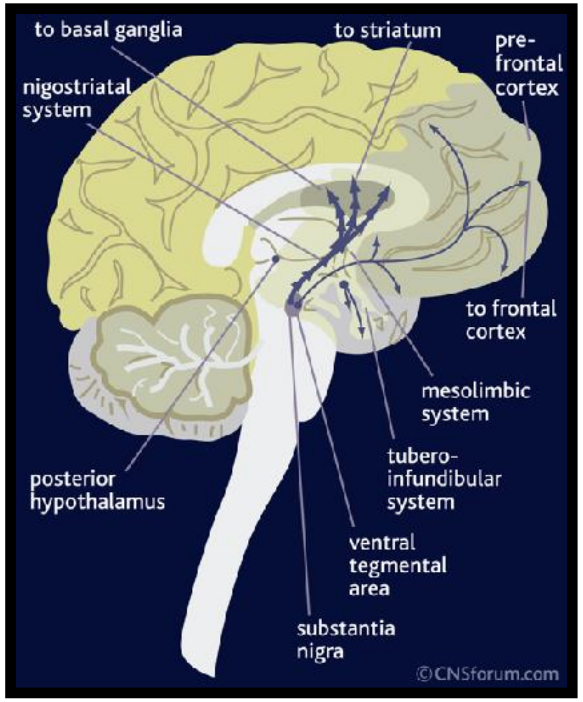
Loss of Control Over Substance Use



Hijacking of the pleasure-reward system

System's function is to drive survival and procreation

Addiction: the system drives substance use

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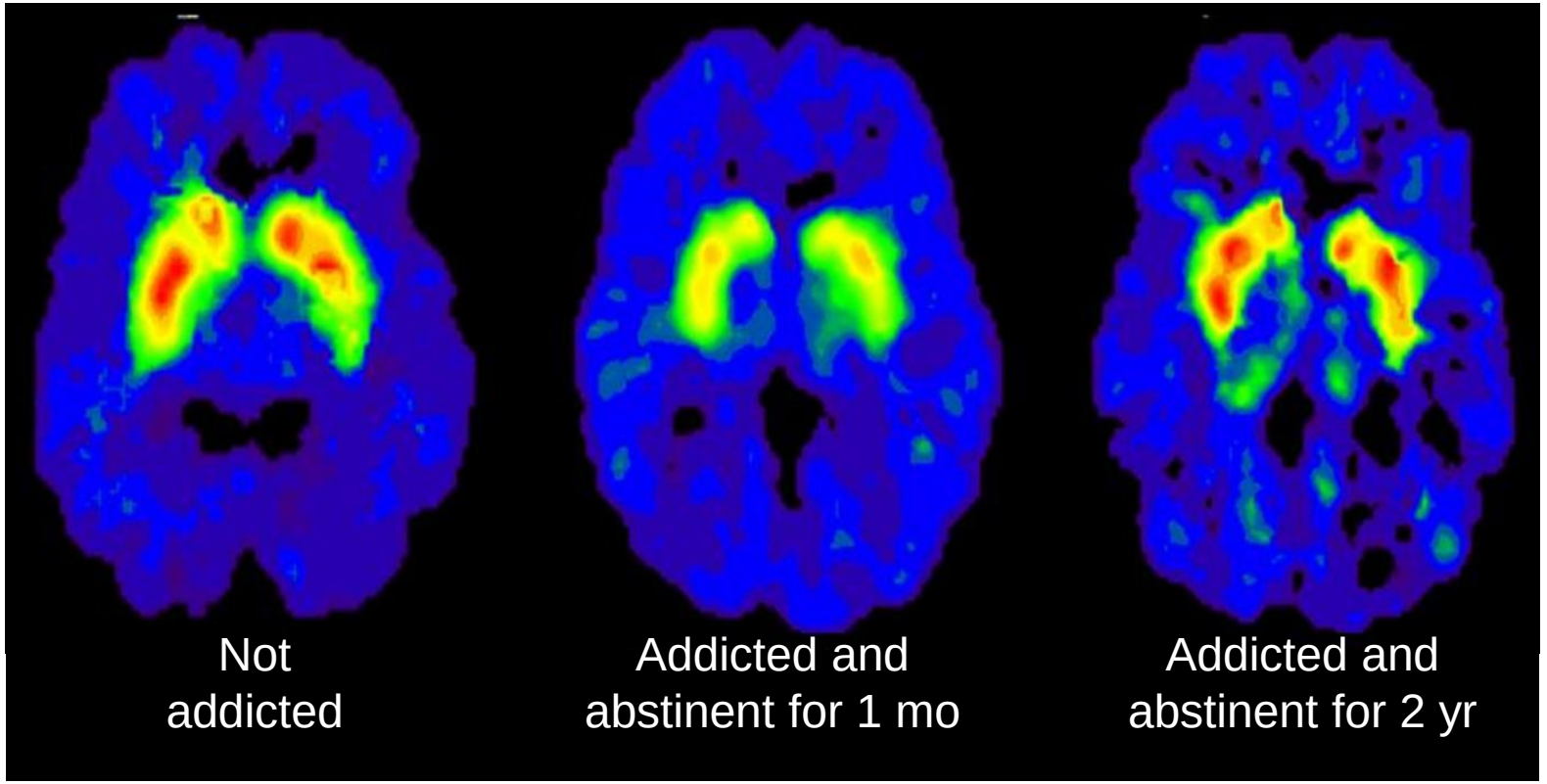
Loss of Control Over Substance Use



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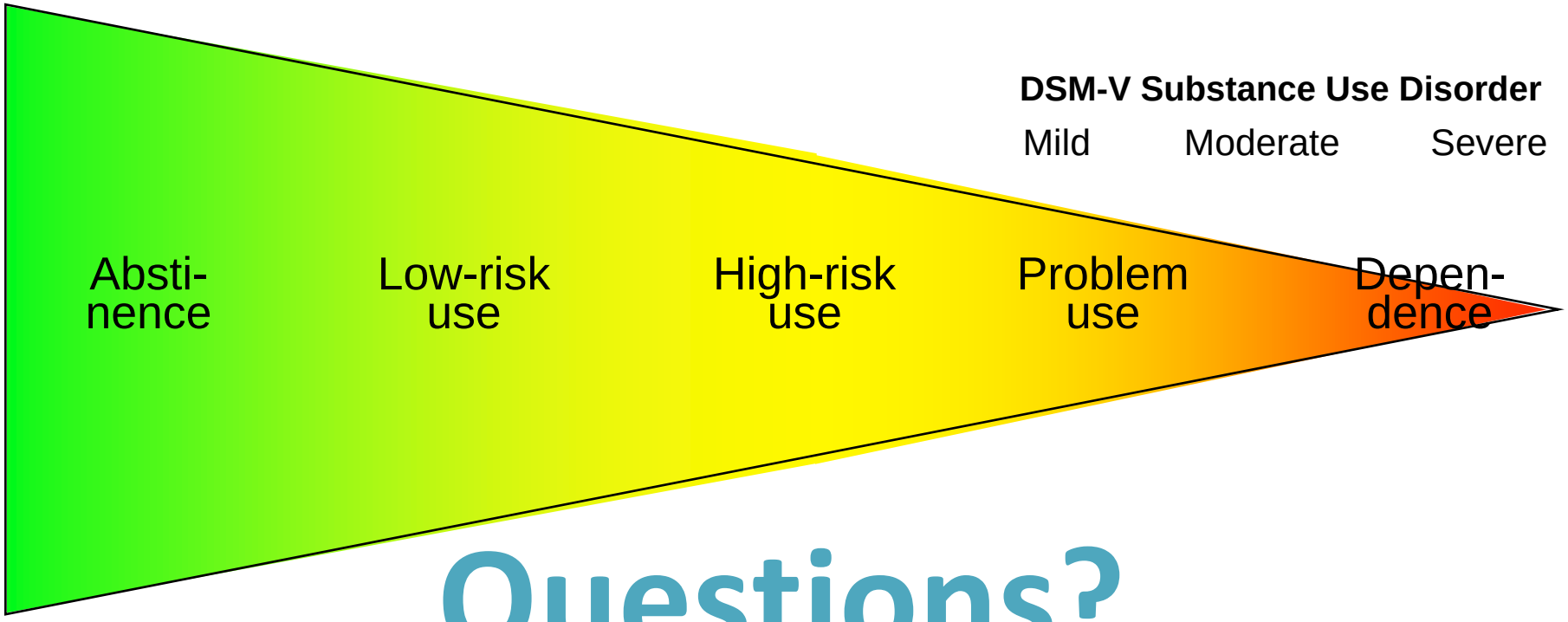
The Substance Use Continuum



Questions?

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Learning Activity #1

- Read descriptions of 8 adult patients
- For each patient:
  - Identify the category of use

  OR

  - Narrow down the possible categories of use and state what additional information you'd need to select a single category

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Worksheet

For each patient, record relevant information and note missing information on:

- Alcohol use
- Drug use
- Negative consequences
- Symptoms of dependence

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Learning Activity #2

- Read descriptions of 8 adolescent patients
- For each patient:
  - Identify the category of use

  OR

  - Narrow down the possible categories of use and state what additional information you'd need to identify a single category

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Worksheet

For each patient, record relevant information and note missing information on:

- Alcohol use
- Drug use
- Negative consequences
- Symptoms of dependence

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SBIRT

Screening,

Brief

I ntervention, and

Referral to

T reatment

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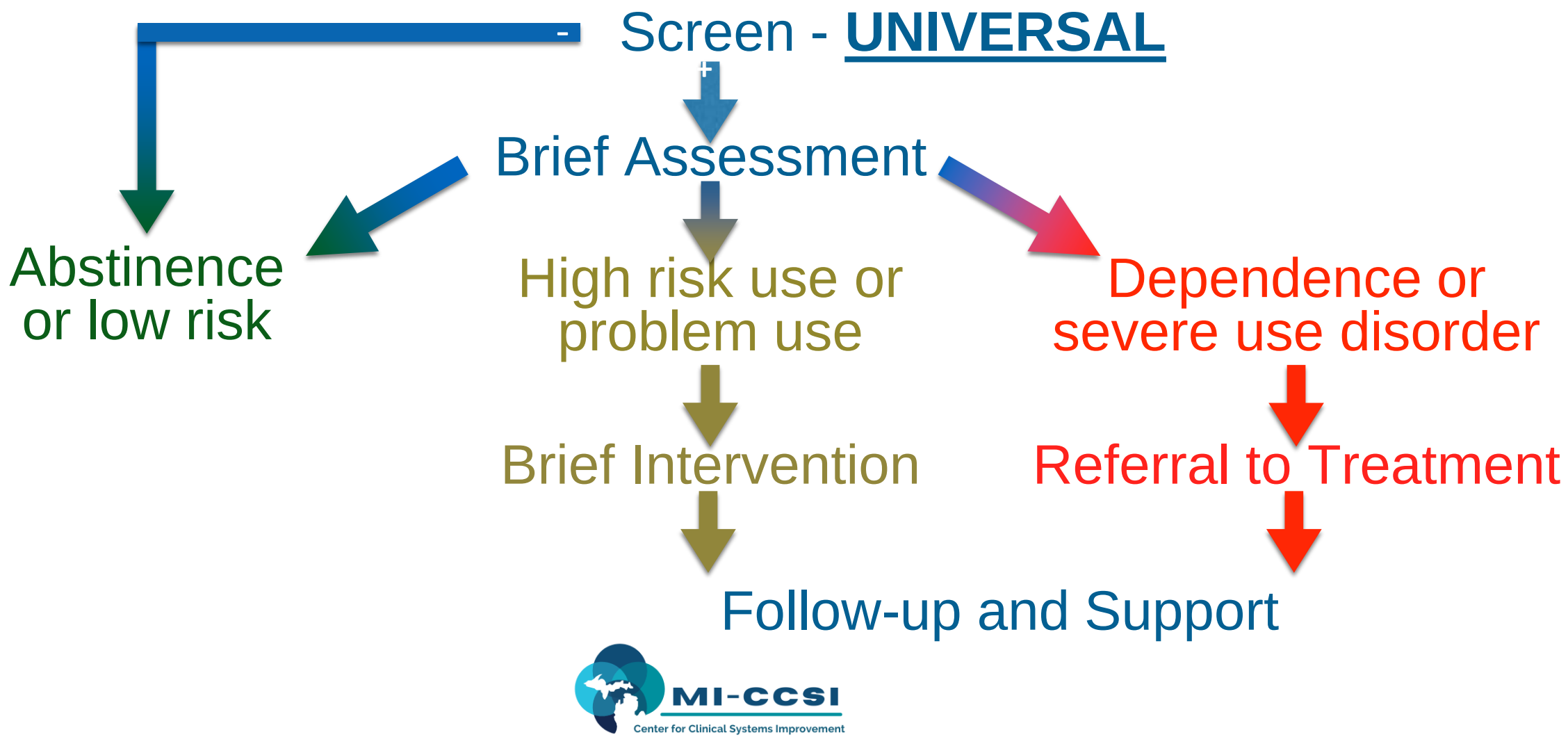
SBIRT



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Brief Intervention

What is it?

- 5- to 15-minute discussion on substance use
- 1 to 3 brief follow-ups
- Goal
  - NOT: the patient will recognize a problem
  - the patient will commit to cutting down or quitting

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Brief Intervention

Method 1 – Motivational Interviewing

- Respectful, empathic, partnering approach to promoting healthier behaviors
- Avoids giving unwanted advice & information → defensiveness
- Guide patients in weighing the positives and negatives of change in light of their goals, values, resources, and constraints
- Help patients amplify the benefits of change
- Guide patients in constructing a change plan and refining it over time

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Brief Intervention

Method 2 – FERNSS

- Feedback - category of use, risks, consequences
- Education - category meaning, explanation of risks and consequences
- Recommendation - quit or cut down on substance use
- Negotiation - identify maximal change patient is willing to make
- Secure concrete agreement - confirm the change in concrete terms
- Set follow-up

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Brief Intervention

Motivational Interviewing

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Brief Intervention

Menu of Elements for Behavior Change Plans

- Limits/targets - substance use
- Triggers
- How to avoid/manage triggers
- Alternate behaviors
- Environmental change
- Social supports
- Medications
- Rewards
- Contingency plans
- Follow-up

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Referral to Treatment

Method

- FERNSS with MI principles
- Recommendation = obtain specialty-based treatment
- If patient declines, offer primary care-based assistance
  - Pharmacotherapy for alcohol or opioid-dependence
  - Behavior change planning
  - Mutual support program: AA/NA/CA/SMART Recovery
- If primary care-based assistance fails, re-attempt referral to treatment

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Follow-Up

- Conduct reassessment
- Assess progress
- Review patient's goals and elicit recommitment or modification
- If patient commitment to change is wavering, attempt to strengthen commitment
- Review each element of the change plan
  - Was it implemented?
  - If so, to what extent did it help the patient meet their goals?
  - Keep, delete, or modify the element?
- Review and ensure commitment to the new change plan
- Set next appointment

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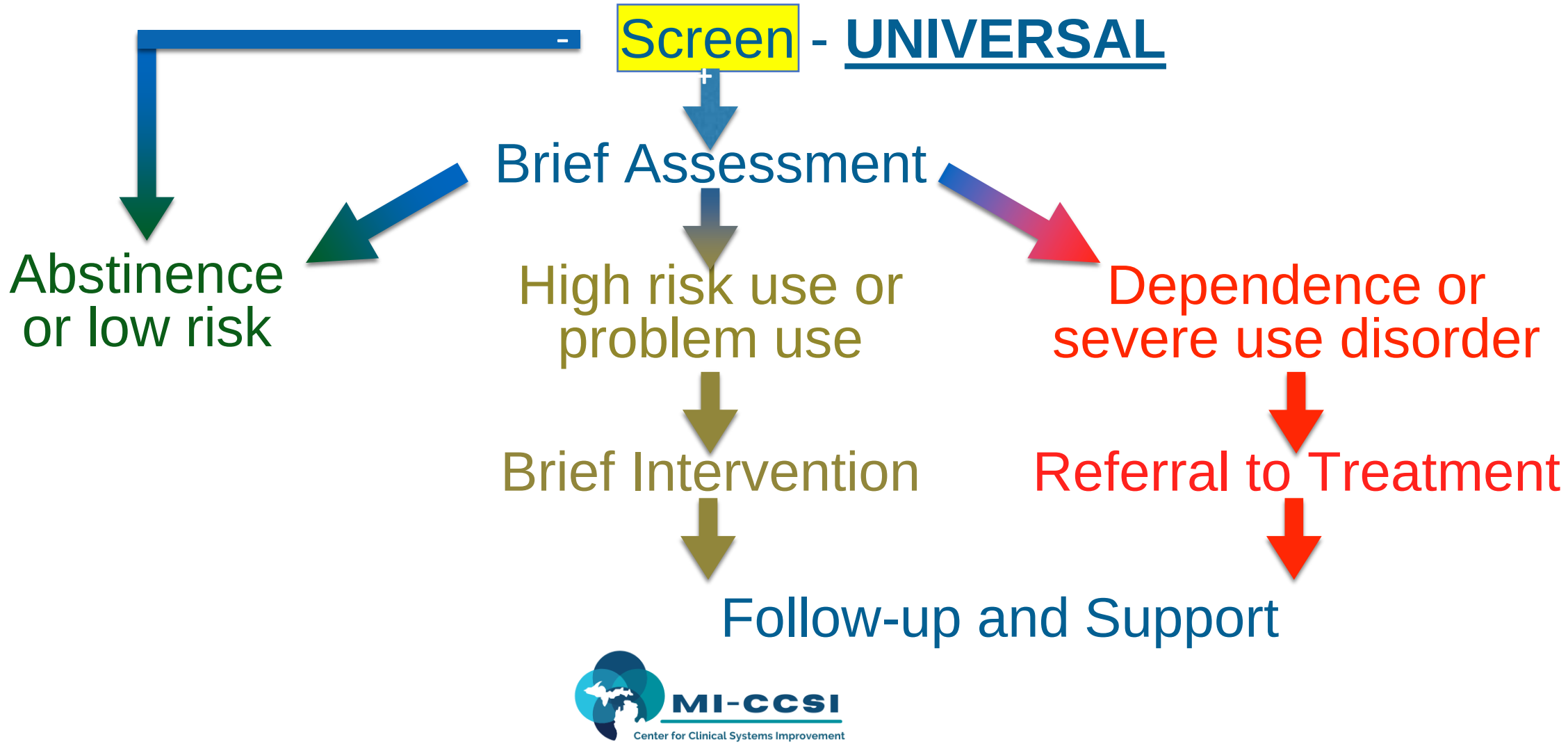
SBIRT



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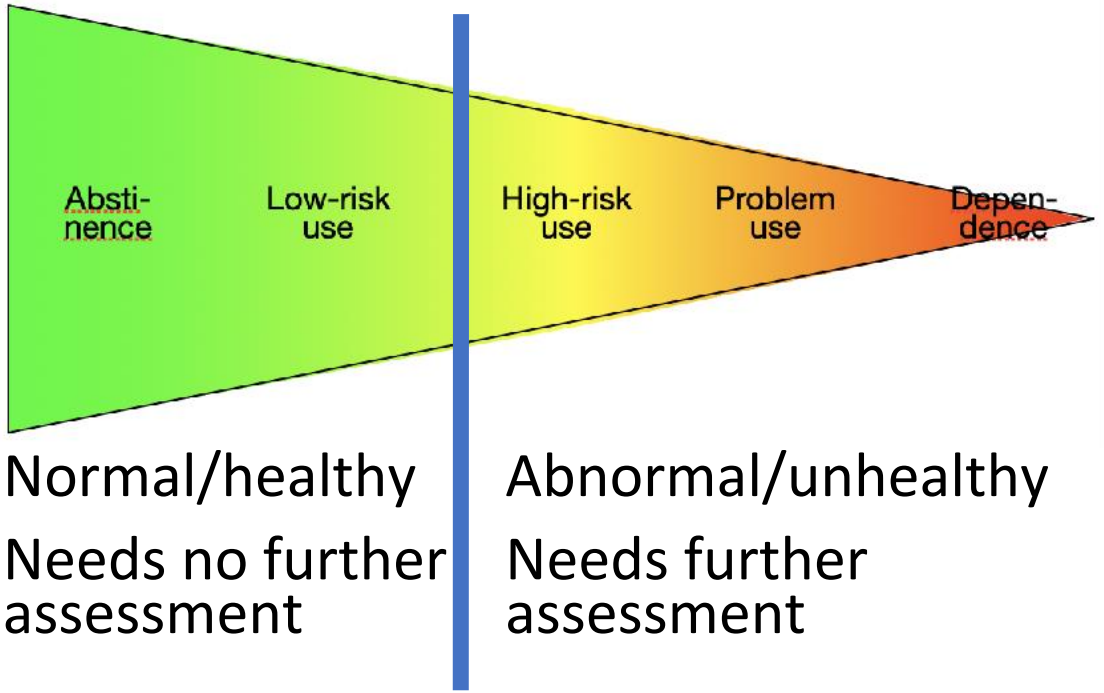
Screening

Purpose - Very quickly distinguish between two sets of patients:



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Accuracy

No clinical screening test is 100% accurate.

There are always at least some false-positive and some false-negative results.

		Test Result		TOTALS
		Positive (+)	Negative (-)	
Patient's Actual Status (Truth)	Positive* (+)	TRUE POSITIVE	FALSE NEGATIVE	Patients with the condition
	Negative* (-)	FALSE POSITIVE	TRUE NEGATIVE	Patients without the condition
TOTALS		Positive tests	Negative tests	All patients

* Positive = abnormal/unhealthy
Negative = normal/healthy

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Accuracy

QUESTION:

The best screens have minimal

a. true positives

b. true negatives

c. false positives

d. false negatives

		Test Result		TOTALS
		Positive (+)	Negative (-)	
Patient's Actual Status (Truth)	Positive (+)	TRUE POSITIVE	FALSE NEGATIVE	Patients with the condition
	Negative (-)	FALSE POSITIVE	TRUE NEGATIVE	Patients without the condition
TOTALS		Positive tests	Negative tests	All patients

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Accuracy

False positive patients undergo further assessment and are identified correctly as normal/healthy.

False negative patients do not undergo further assessment. Therefore, abnormal/unhealthy patients go undetected and receive no assistance.

		Test Result		TOTALS
		Positive (+)	Negative (-)	
Patient's Actual Status (Truth)	Positive (+)	TRUE POSITIVE	FALSE NEGATIVE	Patients with the condition
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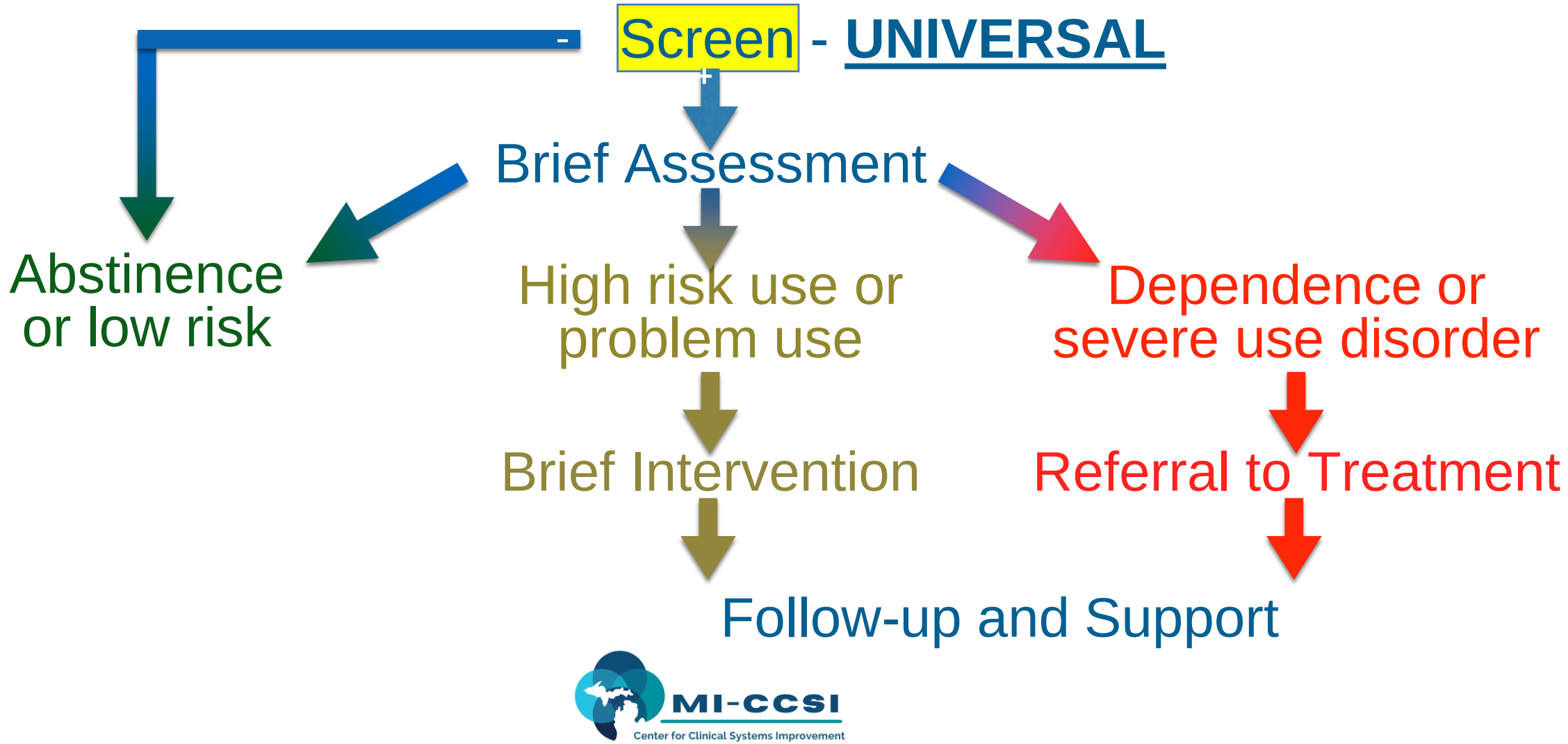

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Accuracy

QUESTION:

The best screens have minimal

a. true positives

b. true negatives

c. false positives

d. **false negatives**

		Test Result		TOTALS
		Positive (+)	Negative (-)	
Patient's Actual Status (Truth)	Positive (+)	TRUE POSITIVE	FALSE NEGATIVE	Patients with the condition
	Negative (-)	FALSE POSITIVE	TRUE NEGATIVE	Patients without the condition
TOTALS		Positive tests	Negative tests	All patients

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Single Alcohol Screening Question

Standard Drinks

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Single Alcohol Screening Question

How many times in the past year did you have more than …

 4 drinks in an occasion?

 3 drinks in an occasion?

__ Never __ Once or twice __ 3 to 5 times __ 6 to 20 times __ More than 20 times

Negative Response

Positive response

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Smith PC, Journal of General Internal Medicine, 2009

Single Drug Screening Question

How many times in the past year did you use an illegal drug or use a prescription medication for a non-medical reason?

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Smith PC, Archives of Internal Medicine, 2010

“Illegal Drug” Has Become Unclear

- Marijuana legality varies by state
- In some states, legality depends on the context of use
  - Medical
  - Recreational

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Michigan Marijuana Status - 2023

Possession	Class	Incarceration	Maximum Fine
Up to 10 oz in the home	None	None	None
Up to 2.5 oz outside the home	None	None	None
More than 2.5 oz up to 5.0 ounces outside the home	Civil infraction	None	$500
More than 5.0 oz outside the home	Misdemeanor	None	$500

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https://norml.org/laws/michigan-penalties-2/

“Illegal Drug” Has Become Unclear

- Marijuana legality varies by state
- In some states, legality depends on the context of use
  - Medical
  - Recreational
- **Some experts recommend screening separately for marijuana use and “other drugs”**

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Option: Separate Marijuana and Other Drug Screens

How many times in the past year did you use marijuana, THC, edibles, hashish, or another marijuana product?

Besides marijuana products, how many times in the past year did you use an illegal drug or use a prescription drug for a non-medical reason?

__ Never __ Once or twice __ 3 to 5 times __ 6 to 20 times __ More than 20 times

Negative Response

Positive response

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Option for Reducing False Negative Drug Screens: Add the Two-Item Conjoint Screen (TICS)

In the past year, how often did you drink alcohol or use drugs more than you meant to?

In the past year, how often did you feel you should cut down on your drinking or drug use?

__ Never __ Once or twice __ 3 to 5 times __ 6 to 20 times __ More than 20 times

Negative Response

Positive response

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Brown RL. J Am Board Fam Pract. 2001;14:95-106.

Options for Alcohol/Drug Screening

Option:	1	2	3	4
Single alcohol screening question	✓	✓	✓	✓
Single drug screening question	✓		✓	
Single marijuana and drug screening questions		✓		✓
Two-Item Conjoint Screen (TICS)			✓	✓

For all options, a positive response to one or more questions is considered a positive screen. A negative screen requires negative responses to all questions.

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Gaining Patient Participation in Alcohol/Drug Screens

If all primary care patients are being screened:

We ask all our patients some questions on drinking and drug use because these things can affect people's health. Would it be OK if I asked you some questions about that?

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Brown RL. J Am Board Fam Pract. 2001;14:95-106.

Gaining Patient Participation in Alcohol/Drug Screens

If all Co-Care patients are being screened:

I ask all my patients some questions on drinking and drug use because these things can affect people's moods and stress levels. Would it be OK if I asked you some questions about that?

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Brown RL. J Am Board Fam Pract. 2001;14:95-106.

Even Better:

Incorporate Alcohol/Drug Screening Questions into Universal Screens for Other Health Issues

- Smoking
- Exercise
- Depression (PHQ-2)
- Anxiety (GAD-2)
- Housing status
- Food insecurity
- Ability to afford medications
- Advanced directives

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Interpreting Alcohol/Drug Screen Results for Patients

Negative screen:

Your responses suggest that your current drinking pattern and your lack of drug use will help keep you healthy.

Do you have any questions or concerns about this?

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Interpreting Alcohol/Drug Screen Results for Patients

Positive screen - OPTION 1:

Your responses suggest that your current drinking pattern and/or your use of drugs is affecting your health now or might affect your health in the future.

Would it be OK if I ask you some more questions about this?

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Interpreting Alcohol/Drug Screen Results for Patients

Positive screen - OPTION 2:

Give no feedback after screening.

Seamlessly move on to assessment as if that is standard procedure for all patients.

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Interpreting Alcohol/Drug Screen Results for Patients

When you show comfort discussing alcohol and drugs, most of your patients will be comfortable and forthcoming.

Modify all suggested wording for your comfort!

Practice can help you:

- Recognize a need to modify the wording
- Demonstrate comfort

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Exercise: Introducing and Interpreting Screens

Mute your Zoom meeting. Phone a partner.

The person whose birthday is sooner plays the interviewer.
The other person plays a cooperative Co-Care patient.

Interviewers' tasks:

- Ask the patient to answer some questions about their substance use.
- Assume that the patient completed a written screen and it's positive.
- Give feedback to the patient on his/her positive screen and seek permission to ask more questions.

Discuss: What seemed comfortable? How could the interviewer project more comfort?

Hang up and unmute the Zoom meeting in 3 minutes.

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Exercise: Introducing and Interpreting Screens

Debrief:

- What felt comfortable?
- What felt uncomfortable?
- Interviewers, what could you do to maximize the comfort you project to patients?

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Exercise: Introducing and Interpreting Screens

Mute your Zoom meeting. Phone a partner.

Switch roles. Patient, be cooperative!

Interviewers' tasks:

- Ask the patient to answer some questions about their substance use.
- Assume that the patient completed a written screen and it's positive.
- Give feedback to the patient on his/her positive screen and seek permission to ask more questions.
- Discuss: What seemed comfortable? How could the interviewer project more comfort?

Rejoin the Zoom meeting in 3 minutes.

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Exercise: Introducing and Interpreting Screens

Debrief:

- What felt comfortable?
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How was today’s session?

What went well?

What could be better next time?

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SBIRT Training Session #2

Assessment, Pharmacotherapy, and Treatment

Monday, March 27, 8:30 to 11:30am Eastern Time

Feel free to contact me in between sessions: drrichbrown@gmail.com