



SBIRT Training Session #5

Monday, April 24, 8:30 to 11:30am Eastern Time



SBIRT Training Session #5

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

Small Group Leader: Laura A. Saunders, MSSW

- BA and MSSW from University of Wisconsin-Madison
- Worked with Rich at UW-Madison for 25 years:
Research assistant → Manager
- Member of the Motivational Interviewing Network of Trainers (MINT - motivationalinterviewing.org)
- Conducted hundreds of trainings on MI and SBIRT for diverse professionals throughout the United States and abroad
- Currently at UW-Madison and the SAMHSA-sponsored Great Lakes Addiction Technology Transfer Center (ATTC)



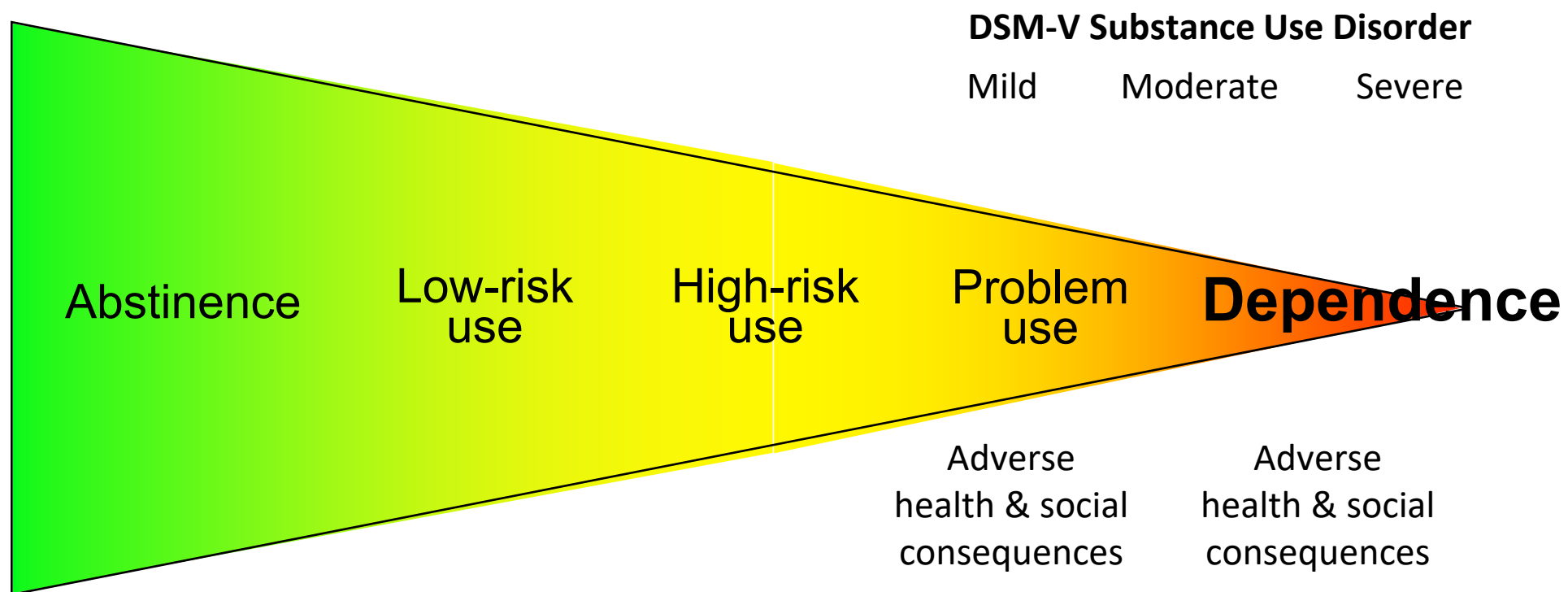
AGENDA

1	Referral to treatment - overview
2	Referral to treatment - steps
3	Managing patients who do not obtain treatment
4	Rubric for initiating treatment
5	Initiating treatment - practice and feedback

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The Substance Use Continuum



**Loss of
control over
substance use**



Loss of Control Over Substance Use

Preoccupation

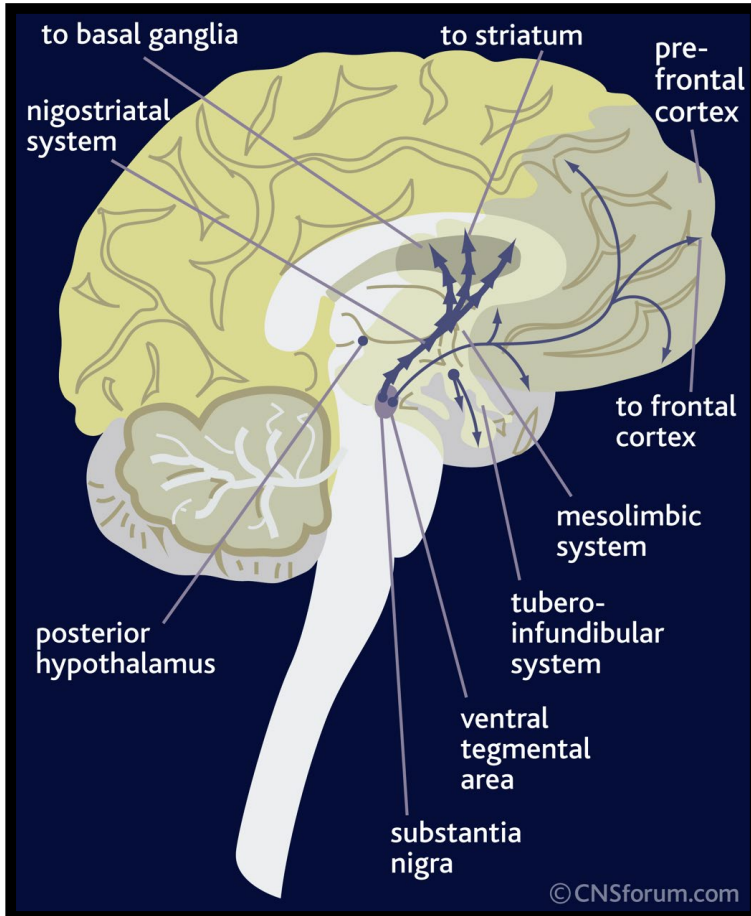
- Using
- Obtaining

Urges and
cravings

Compulsive
use

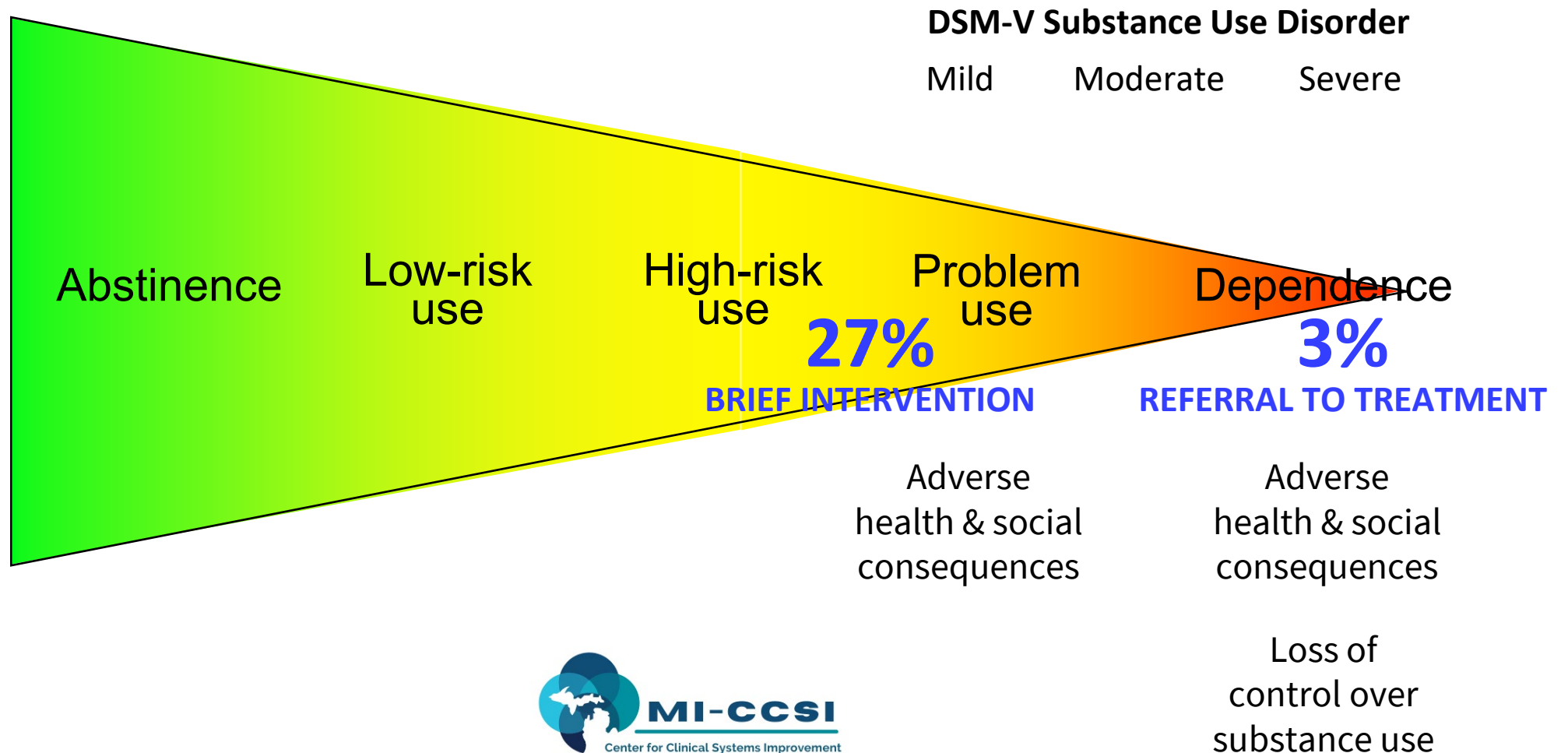
Physical
dependence

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

About 10% of patients who screen positive should get RT



Substance Use Disorders in Michigan

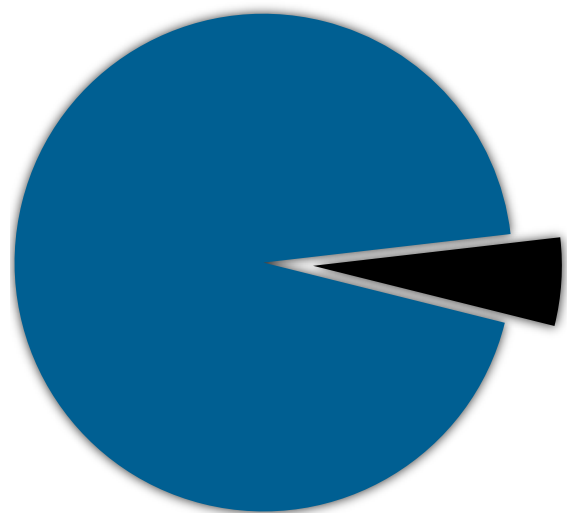
PAST YEAR

Alcohol

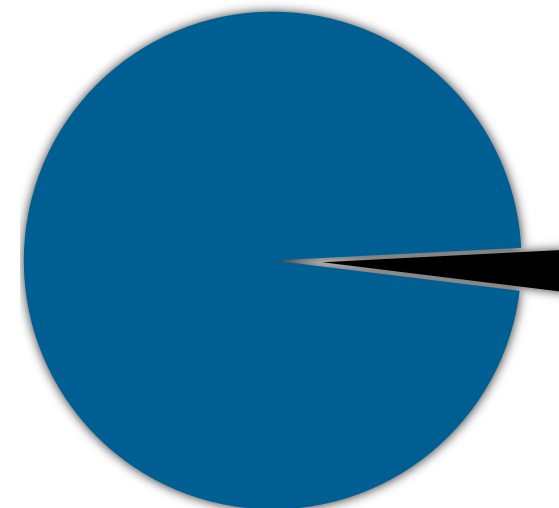
Alcohol and/or Drugs

7.25%

Drugs



5.72%



2.76%



National Survey on Drug Use and Health, 2018-9

Receipt of SUD Treatment in Michigan

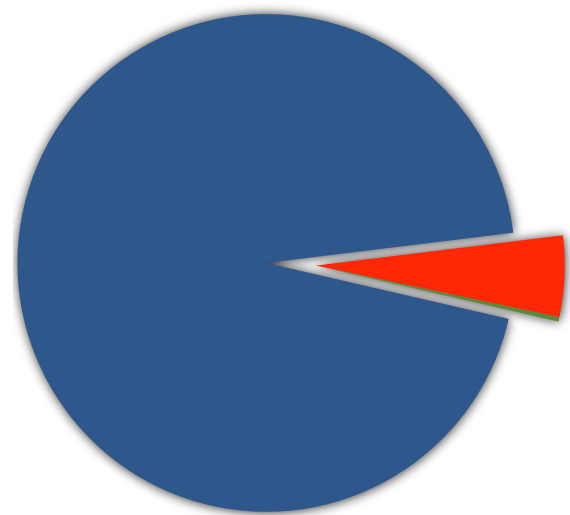
PAST YEAR

Alcohol

Alcohol and/or Drugs

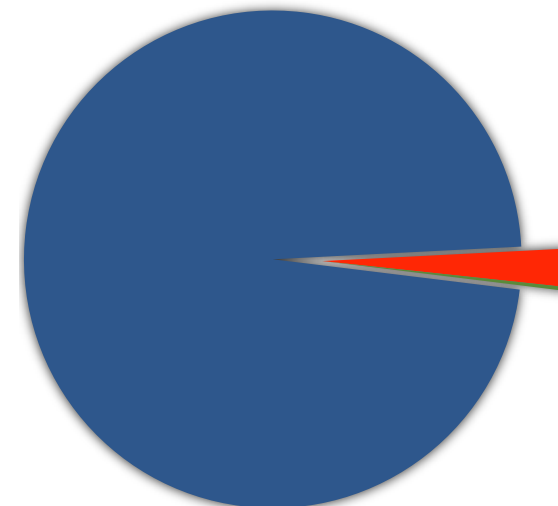
7.25%

Drugs



Untreated
95%

Treated
5%



Untreated
90%

Treated
10%



National Survey on Drug Use and Health, 2018-9

Effectiveness of Referrals to Treatment

- In Wisconsin's SBIRT project, RT success rate was ~10%
- Common barriers:



Effectiveness of Referrals to Treatment

- In Wisconsin's SBIRT project, RT success rate was ~10%
- Common barriers:
 - Stigma
 - Wait lists
 - Work
 - Child care
 - Transportation
 - "I don't need treatment."



Referral to Treatment

Dependence

Motivational
Interviewing

FERNSS

Referral to Treatment → Initiate Treatment

FERNSS

- Feedback - category of use, risks, consequences
- Education - category meaning, explanation of risks and consequences
- Recommendation - **Referral to treatment**
- Negotiation - identify maximal change patient is willing to make. **If not treatment:**
- **Pharmacotherapy** - **Mutual support program** - **Work with you on change plans**
- Secure concrete agreement - confirm the change in concrete terms
- Set follow-up

Key Concepts

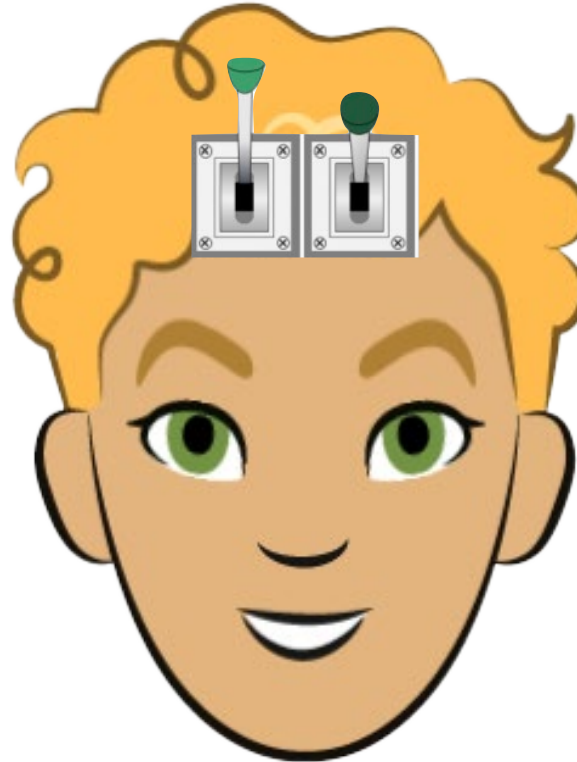
- Levers of change
- Change talk

Key Skills

- Reflections
- Open questions
- Ask permission before giving information and advice
- Summarize and ask a key question

Levers of Change

Perception of the
IMPORTANCE
of change

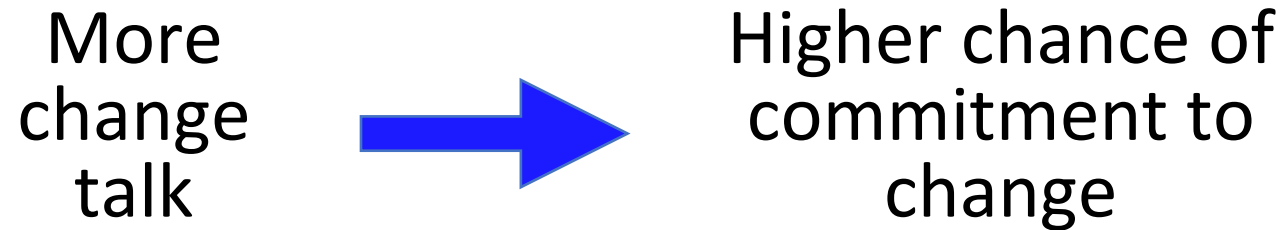


Perception of
CONFIDENCE
to change



Change Talk

- “Change talk” = patients’ statements in favor of change
- Research has found:



- **Your aim is to elicit lots of change talk!**

Reflections

- Interviewer paraphrases what the patient just said
- Shows you're listening
- Shows you understand = EMPATHY!
- Invites patients to say more about what you reflected
- **Reflecting change talk usually elicits more change talk!**

Open Questions - Purpose

- Get patients talking and actively participating in their care
- Evoke information and perspectives that are important to the patient
- Allow change talk to emerge

Helpful Open Questions for Referral to Treatment

- What questions do you have about treatment?
- What might be some advantages of getting treatment?
- What might be the worst things that could happen if you don't get treatment?

Asking Permission

- Shows respect and honors autonomy
- Calls attention to what's coming next

Examples

- Would you be interested in hearing about some alternatives to treatment?
- Would you like me to explain why it actually makes sense to take an opioid as treatment for dependence on another opioid?

Summarize and Ask Key Question - FERNSS

So on one hand, you're afraid that word will get out and your reputation will be damaged if you go to treatment. On the other hand, your attempts to quit drinking haven't worked, one more DWI or bar fight might put you in jail, and that would damage your reputation even more.

Summary
with strong
emphasis on
change talk

Where does this leave you?

Key question

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Referral to Treatment - A Blended FERNSS/MI Approach

OPENING

- Introduce the session
- Engage with the patient around substance use

FEEDBACK AND EDUCATION ON PATIENT'S CATEGORY OF USE

- Ask permission to give feedback on the patient's responses to screening and/or brief assessment questions
- Identify patients' category of use
- Give feedback based on the patient's category of use
- Elicit the patient's response

RECOMMENDATION

- Ask permission to make a recommendation
- Give the recommendation and emphasize patient autonomy
- Elicit the patient's response

NEGOTIATE - promote maximal change

- Explore for and reinforce change talk on importance

- Explore for and reinforce change talk on confidence
- Summarize with emphasis on change talk
- Ask a key question
- If patient declines treatment:
 - Ask permission to describe alternatives
 - Describe pharmacotx, support groups, change plans
 - Explore for & reinforce change talk, summarize, ask a key question
 - Support the patient's decision

SECURE A CONCRETE AGREEMENT

- Help set a plan, if appropriate
- Offer and SET FOLLOW-UP

CLOSE

- Briefly summarize
- End on a positive note

OPENING

1. Introductions

- Your preferred name
- Your position
- Purpose of the session
- Anticipated duration
- Confidentiality rules
- Patient autonomy
- Patient's preferred name
- Permission to proceed



OPENING

2. Engage around substance use

- Ask at least one open question about substance use
Example: *Before we talk about those forms you filled out, would you please talk a bit about how alcohol and drugs fit in your life?*
- Reflect
- Repeat ad lib



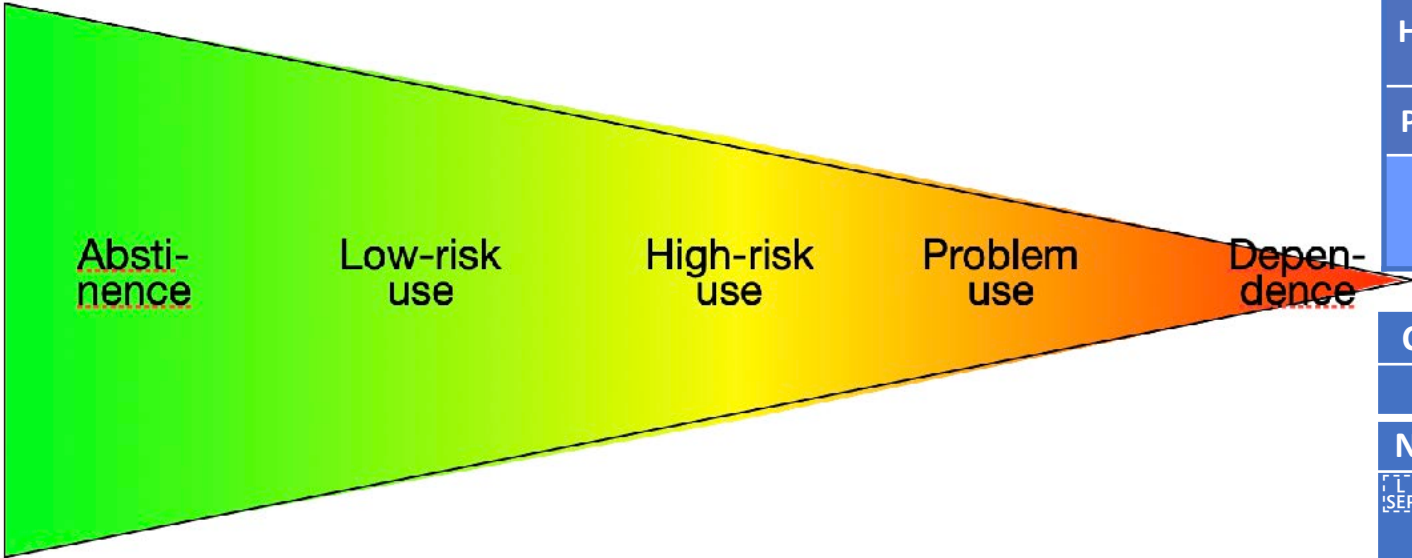
3. Ask permission to give feedback on responses

Example:

Would it be OK if I gave you some feedback on the possible meaning of your responses to those questions on alcohol and drugs?



4. Accurately identify the patient’s category of use



ADULTS			
Risk Category	Score		Management
	AUDIT	DAST	
Abstinence/ Low-risk use	0 to 6 - female 0 to 7 - male	0	Reinforcement
High-risk use	7 to 15 - female 8 to 15 - male	1 to 2	Brief intervention
Problem use	16 to 19	3 to 5	Brief intervention
Likely dependent	20 to 40	6 to 10	Referral

TEENS			
CRAFFT Results		Category	Management
Part A	Part B		
Negative	—	Abstinence	Reinforcement
Positive	0	High-risk use	Brief intervention
	1		
	2	Problem use	
	3		
	4	Likely dependence	Referral to treatment
	5		
	6		

5. Give appropriate feedback on the patient's category of use



Example:

*Your responses suggest that you are in the category called **dependence**. This means that your drinking and/or drug use is causing significant negative health and other consequences in your life, and the consequences will probably continue or get worse unless you quit or cut down. It also means that it might be difficult for you to quit or cut down without help.*

It's nobody's fault that they become dependent. Other than drinking or using drugs, the strongest risk factor is genetics, which nobody can control. Dependence happens when a part of the brain that makes people feel pleasure and want to eat and have sex is hijacked by alcohol and/or drugs so it drives people's drinking and/or drug use.

6. Elicit response to the feedback

Example:

What do you make of that?

What do you think about that?



7. Ask permission to make a recommendation

Example:

*Would it be OK if I make
a recommendation?*



8. Make an appropriate recommendation

	Initial Recommendations	Alternative Recommendations
High-Risk Use or SEP Problem Use	• Cut down to low-risk drinking levels • Quit drug use	• Cut down somewhat on drinking • Cut down somewhat on drug use
Dependence	• See a specialist for a more detailed assessment and consider the specialist's recommendation	• Consider medication for an alcohol or opioid use disorder • Try at least 3 to 5 mutual support meetings • Try working with me using change plans

9. Emphasize autonomy

Example:

- *Of course, the decision will be completely up to you. The best recommendation would be ...*
- *The best recommendation would be ... Of course, the decision is completely up to you.*

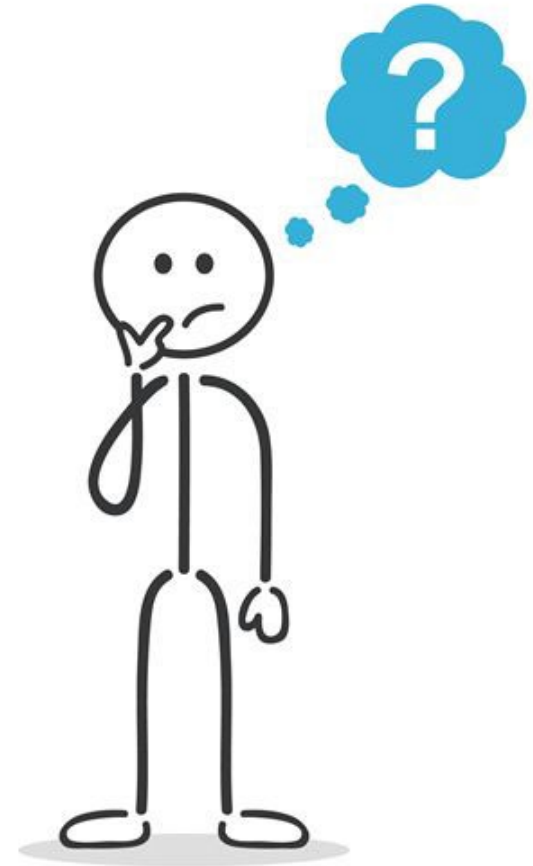


RECOMMENDATION

10. Elicit the patient's response to your recommendation

Example:

- *What do you think about that?*
- *How does that sit with you?*



11. Explore for and reinforce change talk on importance

Example:

- *What are some downsides or fears you have about seeing a specialist?*
- *What would be some advantages of seeing a specialist?*
- *What would be the worst things that could happen if you don't get help?*
- *Could we go back to your responses to the questionnaires? I'm curious what was behind your response to question #___. Would you please tell me more about that?*

Reflect change talk to get more change talk!

Incorporate "feeling words" into your reflections to deepen change talk!

12. Explore for and reinforce change talk on confidence

Example:

- *What difficult things have you accomplished in the past?*
- *What strengths do you have that would help you get yourself to a specialist?*
- *What could help you overcome barriers to seeing a specialist?*

Reflect change talk to get more change talk!

Incorporate “feeling words” into your reflections to deepen change talk!

13. Summarize and ask a key question

Example:

So on one hand you enjoy drinking with your buddies at the bar. On the other hand, you're tired of the hangovers. A DWI cost you lots of money and your job. As a result, you're living in your brother's shed, which you can't stand, and you're finding that nobody will hire you. You feel something has to change.

Where does this leave you?

Summary
with strong
emphasis on
change talk

Key question

14. Support the patient's decision

- Reflect back what the patient decided
- Show positivity, hope, and no judgment

Examples:

- *You've decided to see a specialist at the XYZ treatment program and see what they recommend.*
- *You've decided that seeing a specialist at a treatment program is out of the question for now.*

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15. Ask permission to describe alternatives

Would you be interested in hearing about other options for helping yourself besides going to treatment program?



NEGOTIATION - IF THE PATIENT DECLINES TREATMENT

16. Educate the patient about alternatives

- Pharmacotherapy
 - Alcohol: 4 medications
 - Opioids: 3 medications
- Twelve-step programs or SMART Recovery
- Work with you using change plans



Change Plan

☐
☐
☐
☐

17. Explores for and reinforces change talk, summarizes, and asks a key question

Open questions followed by reflections

- Which option(s) seem best to you?
- What do you like about it/them?
- What would be the advantages of getting this kind of help?
- What would be the worst things that could happen if you get no help at all?

Summarize emphasizing change talk

Ask a key question:

- Where does this leave you?
- What are you thinking at this point?



SECURE A CONCRETE AGREEMENT

18. Help set a plan, if appropriate

- Go to treatment program for an assessment
 - Which treatment program? (Patients may need your help)
 - By when would you like to promise yourself that you'll call for an appointment?
- Pharmacotherapy:
 - What provider will you go to ask about medications?
 - By when will you call for an appointment?
- Mutual support group:
 - By when would you like to promise yourself that you'll go to your first meeting?
 - How many different meetings would you like to try before deciding whether to continue?
- Change plan - same as for brief intervention

18. Help set a plan, if appropriate

- Limits - Set limits for each day and/or week
- Triggers - Identify triggers that might make it hard to stick to your limits
- Trigger management - Decide in advance how you'd avoid or handle those triggers
- Alternate behaviors - Identify things to do that will help keep you away from alcohol and drugs
- Environmental change - Change things in your home, office, and car to make it easier to stick to your limits

18. Help set a plan, if appropriate

- Social support - Identify people who you could support you
- Medication - Consider medication (alcohol and opioids only)
- Rewards - Establish rewards for yourself if you stick with your plan for a certain period of time
- Contingency plans - Plan what you'll do if you're about to exceed your limits
- Set follow-up - Decide when and how to meet next time

19. Briefly summarize, set follow-up if not already done, and close

Example:

John, we've covered a lot today and you committed to huge steps toward improving your health and other aspects of your life. You courageously agreed that you're dependent on alcohol. You're going to talk to your doctor here about medications to help you quit drinking, and you designed the kind of personal change plan that has helped a lot of people quit and stay quit.

May I offer two important suggestions before we say good-by?

19. Briefly summarize, set follow-up if not already done, and close

Example:

When people in the dependent category quit or cut down on their drinking, they are at risk for alcohol withdrawal. Common symptoms are:

- Shaky hands (tremor)
- Anxiety and agitation
- Difficulty sleeping
- Sweating
- Nausea and vomiting
- Headache

Alcohol withdrawal can be very dangerous. It can cause disorientation, hallucinations, seizures, and death.

If you think you're in alcohol withdrawal, seek immediate medical attention!

19. Briefly summarize, set follow-up if not already done, and close

Example:

Although medications and change plans can be very effective, they're not always effective right out of the gate. Sometimes they need to be tweaked over time. So if things don't go as you'd like, just come back and we'll work together to come up with a plan that gets you the results you want. What do you think about that?

OK, bye John. Talk to you next Friday.

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Rubric

- A scoring guide used to evaluate the quality of an individual's performance of a complex task
- Makes performance goals clear
- Guides individuals in improving performance

Brief Intervention Rubric

Includes 22 measures

- 1 measure for each of the 19 steps
- 3 global measures:
 - Shows empathy and partnership and no judgment
 - Avoids unwanted advice and information, warning, and persuasion
 - Avoids premature planning - shifts to planning only after the patient commits to change



Brief Intervention Rubric Scoring

	Poor	Fair	Good	Maximum ^[SEP] Score
For each of 16 steps	0 points	2 points	4 points	19 x 4 = 76 points
For each of 3 global measures	0 points	6 points	12 points	3 x 8 = 24 points
Total				100 points

To pass: ≥60 points AND “Fair” or “Good” on all 6 key measures

Initiating Treatment Rubric - 1 of 2

Must get a “Fair” or “Good” to pass

Element	Poor	Fair	Good	Rating	Points
Introduces session	Includes fewer than 5 of: Interviewer’s name, role, session purpose, expected duration, confidentiality, autonomy, patient’s preferred name, permission seeking	Includes 5 or 6 of:	Includes 7 or 8 of:	Good	4
Asks at least one initial open question on substance use and reflects	Skips this item or executes it poorly	Asks an open question, does not reflect	Asks an open question and reflects	Good	4
Asks permission to give feedback on screening and/or brief assessment responses	Skips this item or executes it poorly	Asks half-heartedly and/or does not attend to the response	Asks genuinely and attends to the response	Good	4
Accurately identifies substance use category when giving feedback*	Skips this item or does not identify the correct category	Vaguely identifies the correct category	Clearly identifies the correct category	Good	4
Gives appropriate feedback on that category*	Feedback is omitted, very vague, incomplete, or incorrect	Feedback is vague or incomplete	Feedback is clear and detailed	Good	4
Elicits response to the feedback	Skips this item or executes it poorly	Asks unclearly, fails to wait for response, or does not accept response	Clearly asks for, waits for and accepts response	Good	4
Asks permission to make a recommendation	Skips this item or executes it poorly	Asks half-heartedly and/or does not attend to the response	Asks genuinely and attends to the response	Good	4
Gives an appropriate recommendation*	Recommendation is omitted, very vague, incomplete, or incorrect	Recommendation is vague or incomplete	Recommendation is clear with appropriate detail	Good	4
Emphasizes autonomy	Skips this item or executes it poorly	Vaguely emphasizes autonomy	Clearly emphasizes autonomy	Good	4
Elicits response to the recommendation	Skips this item or executes it poorly	Asks unclearly, fails to wait for response, or does not accept response	Clearly asks for, waits for, and accepts response	Good	4
Explores for and reinforces change talk regarding importance	Does not seek change talk on importance	Seeks change talk on importance once or twice with open questions or reflections	Seeks change talk on importance at least 3 times with open questions or reflections	Good	4
Explores for and reinforces change talk regarding confidence	Does not seek change talk on confidence	Vaguely seeks change talk on confidence	Clearly seeks change talk on confidence at least once with open questions or reflections	Good	4

Initiating Treatment Rubric - 2 of 2

For dependent patients only

Must get a "Fair" or "Good" to pass

Element	Poor	Fair	Good	Rating	Points
Summarizes and asks a key question	Skips this item or executes it poorly	Summarizes with little detail or omitting important change talk, or does not clearly ask a key question about readiness to change	Gives robust summary emphasizing change talk and clearly asks a key question about readiness to change	Good	4
Supports the decision	Skips this item or executes it poorly	Vaguely enunciates support	Clearly enunciates support	Good	4
If patient declines treatment: • Asks permission to offer alternatives	Skips this item or executes it poorly	Asks half-heartedly and/or does not attend to the response	Asks genuinely and attends to the response	Good	4
• Educates about alternatives	Skips this item or executes it poorly	Lacking in detail or accuracy	Covers all 3 with excellent detail and accuracy	Good	4
• Explores for and reinforces change talk, summarizes, asks key question	Skips this item or executes it poorly	Omits some actions or performs some poorly	Performs all actions well	Good	4
Helps set a plan, if appropriate	Inappropriately skips this item or executes it poorly	Helps set limits	Helps set limits and offers to help with other aspects of a plan – or avoids planning if inappropriate	Good	4
Summarizes, offers follow-up and closes the session	Skips this item or includes 1 of: briefly summarize, offer follow-up, and say good-by	Includes 2 of: briefly summarize, offer follow-up, and say good-by	Includes all of: briefly summarize, offer follow-up, and say good-by	Good	4
Shows empathy and partnership and no judgment*	Shows lack of empathy or lack of partnership or judgment	Verbalizes empathy with at least 2 reflections and shows no judgment	Verbalizes empathy with at least 3 reflections and makes a statement of partnership and shows no judgment	Good	8
Avoids unwanted advice and information, warning, persuasion*	Gives unwanted advice or information, warns, or persuades twice or more	Gives unwanted advice or information, warns, or persuades once	Avoids completely	Good	8
Avoids premature planning*	Plans inappropriately with more than one question or statement	Starts to plan inappropriately with one question or statement	Avoids completely	Good	8

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Practice Initiating Treatment

- 2 small groups for the remainder of this session
- For each case, you have:
 - Information for the pt - interviewers, don't peek!
 - Information for the interviewer, including the pt's AUDIT & DAST responses
- You will rotate roles: pt, interviewers, and observers
- When in role, please stay in role or call time out
- Interviewer(s) may pass or ask for help
- Use your handout as a guide





SBIRT Training Session #6

Putting It All Together

Monday, May 1, 8:30 to 11:30am Eastern Time

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