IMPLEMENTING SBIRT:
James Madison University
Substance Use Disorders Education

Friday, October 16, 2020
Holly Ireland, LCSW-C
Co Project Director
Poll Question 1

If you had a super power, which super power would you have?

- Invisibility
- Can fly
- Can talk to animals
- Super strength
Poll Question 2

Who is participating in the workshop today?
(what is your professional school or domain?)

- Communication Science
- Kinesiology
- Psychiatric Social Work
- Nurse
- Health Sciences
- Community Practitioner
- Other: Share in the CHAT
Today’s Objectives

- Explain the role and purpose of the ATTC Network to support the implementation of evidenced-base practices in the public health workforce.
- Examine faculty role in implementing SBIRT in the classroom.
- Articulate the rationale for implementing the instruction of SBIRT throughout the healthcare professional schools.
ATTCs

Funded by SAMHSA

• **Accelerate** the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;

• **Heighten** the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use and/or other behavioral health disorders; and

• **Foster** regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.
ATTC Purpose

The ATTC Network vision is to unify science, education, and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.
Central East Focus Areas

- Health Equity and Inclusion
- Evidence-Based Practices (EBPs)
  - Motivational Interviewing
  - SBIRT
  - Clinical Supervision
- Medication Assisted Treatment (MAT)
- Opioid Crisis
- Peer Workforce
- Tobacco Cessation
Other Resources in Region 3

Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.
Cultural Competence

A set of practice skills, congruent behaviors, attitudes, and policies that come together in a system, or among professionals to work effectively in cross cultural situations.

The capacity to function effectively
Cultural Identity Influences the Therapeutic Process

Source: Think Cultural Health
Trauma-Informed Care (TIC)

A trauma-informed approach is a promising model for organizational change in health, behavioral health, and other settings that promote resilience in staff and patients.

SAMHSA’s 6 Key Principles

1. SAFETY
   Prevents violence across the lifespan and creates safe physical environments

2. TRUSTWORTHINESS & TRANSPARENCY
   Fosters positive relationships among residents, City Hall, police, schools, and others

3. PEER SUPPORT
   Engages residents to work together on issues of common concern

4. COLLABORATION & MUTUALITY
   Promotes involvement of residents and partnership among agencies

5. EMPOWERMENT VOICE & CHOICE
   Ensures opportunities for growth are available to all

6. CULTURAL, HISTORICAL, & GENDER ISSUES
   Values and supports history, culture, and diversity
Substance Use Is

A Public Health Problem
Rationale

Why Health Professional Programs?

20.7 million Americans ages 12 and older needed treatment for substance use in 2017 (or 1 in 13).

However, only about 2.5 million people received the specialized treatment they needed in the previous 12 months (or 12.2% of those who needed it).

SAMHSA's National Survey on Drug Use and Health (NSDUH) – 2017 (pgs 46 & 47)
3 Waves of the Rise in Opioid Overdose Deaths

- **Wave 1**: Rise in Prescription Opioid Overdose Deaths
- **Wave 2**: Rise in Heroin Overdose Deaths
- **Wave 3**: Rise in Synthetic Opioid Overdose Deaths

Other Synthetic Opioids:
- e.g., Tramadol and Fentanyl, prescribed or illicitly manufactured

Commonly Prescribed Opioids:
- Natural & Semi-Synthetic Opioids
- and Methadone

Source: CDC

Transtheoretical Model: Stages of Change

THE STAGES OF BEHAVIOR CHANGE

MAINTENANCE
works to sustain the behavior change

ACTION
practices the desired behavior

PREPARATION
intends to take action

CONTEMPLATION
aware of the problem and of the desired behavior change

PRE-CONTEMPLATION
unaware of the problem

(Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992)
Poll Question 3

What is the nature of your experience with the SBIRT model?

__ Skill-based training
__ SBIRT in practice
__ SBIRT instruction
__ None
__ Other: CHAT
Two Poll Questions

When you think about stages of change, where would you place yourself and your professional school?

Self?
___ Pre-Contemplative
___ Contemplative
___ Preparation
___ Action
___ Maintenance

Professional School?
___ Pre-Contemplative
___ Contemplative
___ Preparation
___ Action
___ Maintenance
SBIRT

**Screening**
(Pre-screen)
- Annual Screen for all patients > 18 one time per year
- AUDIT/DAST for patients scoring positive on the annual pre-screen

**Brief Intervention**
- Help patient understand their substance use/possible health impact; motivate behavior change.

**Referral to Treatment**
- Link patients showing signs of substance use problem with access to specialty care.

Source: Northwest ATTC, 2019
SBIRT
The SBIRT Concept

- SBIRT uses a public health approach to universal screening for substance use problems
  - **SBIRT provides**:
    - Immediate rule out of non-problem users;
    - Identification of levels of risk;
    - Identification of patients who would benefit from brief advice;
    - Identification of patients who would benefit from further assessment; and
    - Progressive levels of clinical interventions based on need and motivation for change.
The SBIRT Model
A Continuum of Substance Use

- Abstinence
- Experimental Use
- Social Use
- Binge Use
- Abuse
- Substance Use Disorder
Rethinking Substance Use as a Public Health Problem

Non-Use/ Low-Risk Use

PREVENTION

Risky/ Harmful Use

SBIRT

Substance Use Disorder/Addiction

SPECIALIZED TREATMENT

Source: Northwest ATTC, 2019
Substance Use Intervention Need

Severe Use (substance use disorder)

Harmful or Risky Use

Low Risk or Abstinence

Brief Intervention (BI) and Referral for Specialty Care

BI, or BI with Follow-up/Brief Treatment

Positive Health Message

Substance Use

Intervention Need

Adapted from Daniel Hungerford, CDC

National SBIRT ATTC, 2013
Benefits of SBIRT in medical settings

- **Reduces** drug and alcohol use *(10-30%)*
- **Link** individuals with Substance Use Disorders to specialized care
- **Reduces** health care cost *(\$3.81-\$5.60 is saved for every \$1.00 spend on SBIRT)*
- **SBIRT reduces** emergency department visits, nonfatal injuries, hospitalizations, arrests and motor vehicle crashes

Additional Reasons for SBIRT

Knowing about a patient's drug and alcohol use helps clinicians to:

- Properly diagnose
- Prescribe medications
- Support self-management for chronic diseases (e.g., hypertension, diabetes, hepatitis C virus)

Source: Northwest ATTC, 2019
The Most Important Reason

Overcoming Stigma

• Stigma on the part of healthcare providers who tacitly see a patient’s drug or alcohol problem as their own fault leads to substandard care or even to rejecting individuals seeking treatment.

• People showing signs of acute intoxication or withdrawal symptoms are sometimes expelled from emergency rooms by staff fearful of their behavior or assuming they are only seeking drugs.

• People with addiction internalize this stigma, feeling shame and refusing to seek treatment as a result.

Dr. Nora Volkow, NIDA Director
Technology Transfer Strategies

IN PERSON

VIRTUAL
Attend remotely using virtual technology such as Zoom, Adobe Connect, or WebEx

HYBRID
# Evidence-Based Screening Tools/For Pregnant Woman and Adults

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th># of Items</th>
<th>Substances Addressed</th>
<th>Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIST-2 (Alcohol Smoking and Substance Involvement Screening Test)</td>
<td>8 Questions</td>
<td>Tobacco, Alcohol, Drugs, Inhalants</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>4Ps</td>
<td>4 Questions</td>
<td>Drugs and alcohol</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>Single-item Drug Frequency</td>
<td>1 Question</td>
<td>Prescription Medication</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>SUBS (Substance Use Brief Screen)</td>
<td>4 Questions</td>
<td>Tobacco, Alcohol, Drugs, Prescription Medications</td>
<td>Self-administered (electronic)</td>
</tr>
<tr>
<td>TAPS-1</td>
<td>4 Questions</td>
<td>Tobacco, Alcohol, Illegal Drugs (including cannabis), Prescription Medications</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>ASSIST-Drug (Alcohol Smoking and Substance Involvement Screening Test Drug)</td>
<td>2 Questions</td>
<td>Drugs</td>
<td>Face-to-face interview</td>
</tr>
<tr>
<td>DAST-2 (Drug Abuse Screening Test)</td>
<td>2 Questions</td>
<td>Drugs</td>
<td>Face-to-face interview</td>
</tr>
<tr>
<td>DAST-10 (Drug Abuse Screening Test)</td>
<td>10 Questions</td>
<td>Drugs (Can also be used with Pregnant Women)</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>Single Item HED Frequency</td>
<td>1 Question</td>
<td>Alcohol</td>
<td>Face-to-face interview</td>
</tr>
</tbody>
</table>
## Screening Tools For Adolescents

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th># of Items</th>
<th>Substances Addressed</th>
<th>Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSTAD (Brief Screener for Tobacco, Alcohol, and other Drugs)</td>
<td>6 Questions</td>
<td>Tobacco, Alcohol, Drugs</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>CAST (Cannabis Abuse Screening Test)</td>
<td>6 Questions</td>
<td>Cannabis</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)</td>
<td>6 Questions</td>
<td>Alcohol and Drugs</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>POSIT (Problem Oriented Screening Instrument for Teenagers, substance use and abuse subscales)</td>
<td>17 Questions</td>
<td>Alcohol and Drugs</td>
<td>Face-to-face interview</td>
</tr>
<tr>
<td>SDS (Severity Dependency Scale)</td>
<td>5 Questions</td>
<td>Cannabis</td>
<td>Self-administered (paper only)</td>
</tr>
<tr>
<td>AUDIT-C (Alcohol Use Disorders Identification Test Consumption)</td>
<td>3 Questions</td>
<td>Alcohol (use with adults or adolescents)</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>AUDIT (Alcohol Use Disorder Identification Test)</td>
<td>10 Questions</td>
<td>Alcohol (use with adults or adolescents)</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>NIAAA Youth Screen (National Institute on Alcohol Abuse and Alcoholism Screening Guide)</td>
<td>2 Questions</td>
<td>Alcohol</td>
<td>Face-to-face interview</td>
</tr>
<tr>
<td>CAGE-AID</td>
<td>5 Questions</td>
<td>Alcohol and Drugs (use with adults or adolescents)</td>
<td>Face-to-face interview</td>
</tr>
</tbody>
</table>
Brief Intervention

- Ask permission to discuss the results
- Review the results and the implications
- Use Motivation Conversations to move people along the stages of change as appropriate.

THE STAGES OF BEHAVIOR CHANGE

- Pre-contemplation: unaware of the problem
- Contemplation: aware of the problem and of the desired behavior change
- Preparation: intends to take action
- Action: practices the desired behavior
- Maintenance: works to sustain the behavior change
“Motivational interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change.”

(Miller & Rollnick, 2013 pg. 21)

Source: Northwest ATTC, 2019
Motivational Conversations and MI

• Engagement that is person-centered, trauma-informed, and culturally inclusive.
Millions of Americans have a substance use disorder. Help is available.

The Substance Abuse and Mental Health Services Administration (SAMHSA) collects information on thousands of state-licensed providers who specialize in treating substance use disorders, addiction, and mental illness.

What to expect
Help is available, treatment works, and people recover every day.

Find treatment
Implementation Phases

01
Change Project Commitment and Implementation Plan Development

02
SBIRT Training and Technical Assistance

03
Implementing Continuous Quality Improvement and Sustainability
Forming a Change Team

• Identify a Champion (or many)
  – team player, knowledgeable about the system, committed, and well respected
• Ideally 2-5 members
• Lead the change management process, facilitating implementation within the system
• Let’s Brainstorm
  – Choose the team
  – Assign roles
  – Structure meetings
Assessing Barriers and Facilitators

• Common Barriers and Facilitators
  – Staff and Provider Attitudes and Competence
  – Workflow Processes and Resources
  – SBIRT adaptability
  – Organizational Support
  – Patience/Population Characteristics

• Let’s Brainstorm
  – Patient Level
  – Personnel Level
  – Organizational Level
Engaging Stakeholders

- Individuals and groups who can impact the implementation of SBIRT [instruction] in positive or negative ways.
- Done throughout the Implementation Facilitation Process: Pre-Implementation Phase, Implementation Phase and Sustainment Phase

<table>
<thead>
<tr>
<th>Reception/Intake Staff</th>
<th>Health Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Staff</td>
<td>Peer Support Specialist</td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>Information Technology (IT)</td>
</tr>
<tr>
<td>Nurse Specialist</td>
<td>Billing Representative</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>Data Management</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>Consumer/Patient</td>
</tr>
<tr>
<td>Physician</td>
<td>Representative</td>
</tr>
<tr>
<td>Behavioral Health Specialist</td>
<td>Other?</td>
</tr>
</tbody>
</table>
Institutionalizing SBIRT

- Policy and Procedure Development
- Curriculum Infusion
- Faculty Accountability
- Grant Reporting and Sustainability

Source: Central ATTC, 2019
Discussion

1. What concerns do you have?
2. What do you anticipate being your biggest hurdle?
3. What do you anticipate being your biggest facilitator?
4. What do you need to begin your process?
Last Two Poll Questions

When you think about stages of change, where would you place yourself and your professional school?

Self?
___ Pre-Contemplative
___ Contemplative
___ Preparation
___ Action
___ Maintenance

Professional School?
___ Pre-Contemplative
___ Contemplative
___ Preparation
___ Action
___ Maintenance
What is one take away from the session?

Please respond in the chat
SBIRT Resources

SAMHSA SBIRT
SBIRT Washington State
SBIRT Oregon
MI and SBIRT online courses
Thank You
Communications

• **Sign up** for our newsletter and training notices

Follow us:

[Social media icons]
References


Central East SBIRT and Family Planning work


National Institute on Alcohol Abuse and Alcoholism, (NIAAA):
- [ReThinkingDrinking](#)
- [Beyond Hangovers: understanding alcohol’s impact on your health](#)

NIDA. 2020, April 22. [Addressing the Stigma that Surrounds Addiction](#)
National SBIRT Addiction Technology Transfer Center, Training of Trainer slide set (2014)

National Survey on Drug Use and Health

SBIRT, Northwest ATTC, 2019


SAMHSA (2013). TAP 33: *System-Level Implementation of Screening, Brief Intervention, and Referral to Treatment*

SAMHSA. (2015) *Behavioral health trends in the US: Results from a 2014 National Survey on Drug Use and Health*


University of Missouri-Kansas City SBIRT Curriculum (2013), School of Nursing

US Preventive Services Task Force (USPSTF), 2013. *Final Recommendation Statement: Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care*
Contact Us

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ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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