Central East (HHS Region 3)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
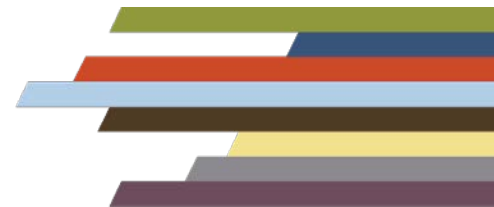
IMPLEMENTING SBIRT:
James Madison University
Substance Use Disorders Education

Friday, October 16, 2020

THE DANYA INSTITUTE

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
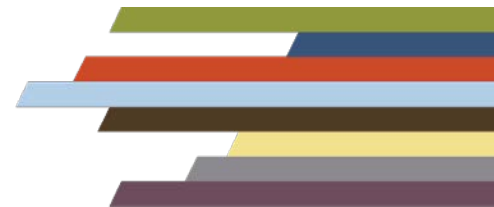- Can talk to animals
- Super strength

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.
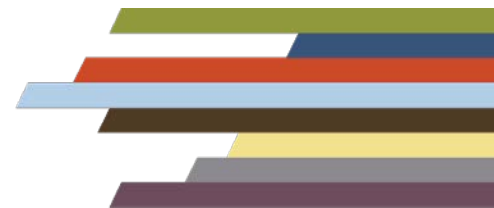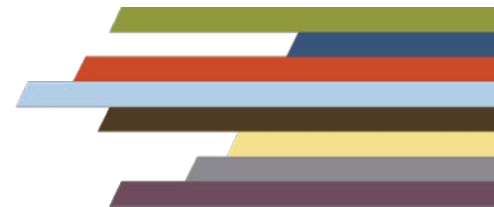
ATTCs

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.
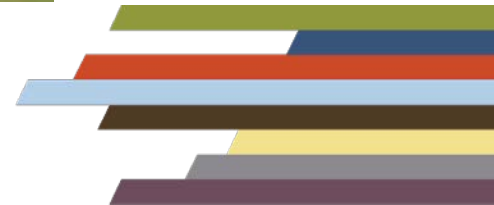
ATTC Purpose

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.
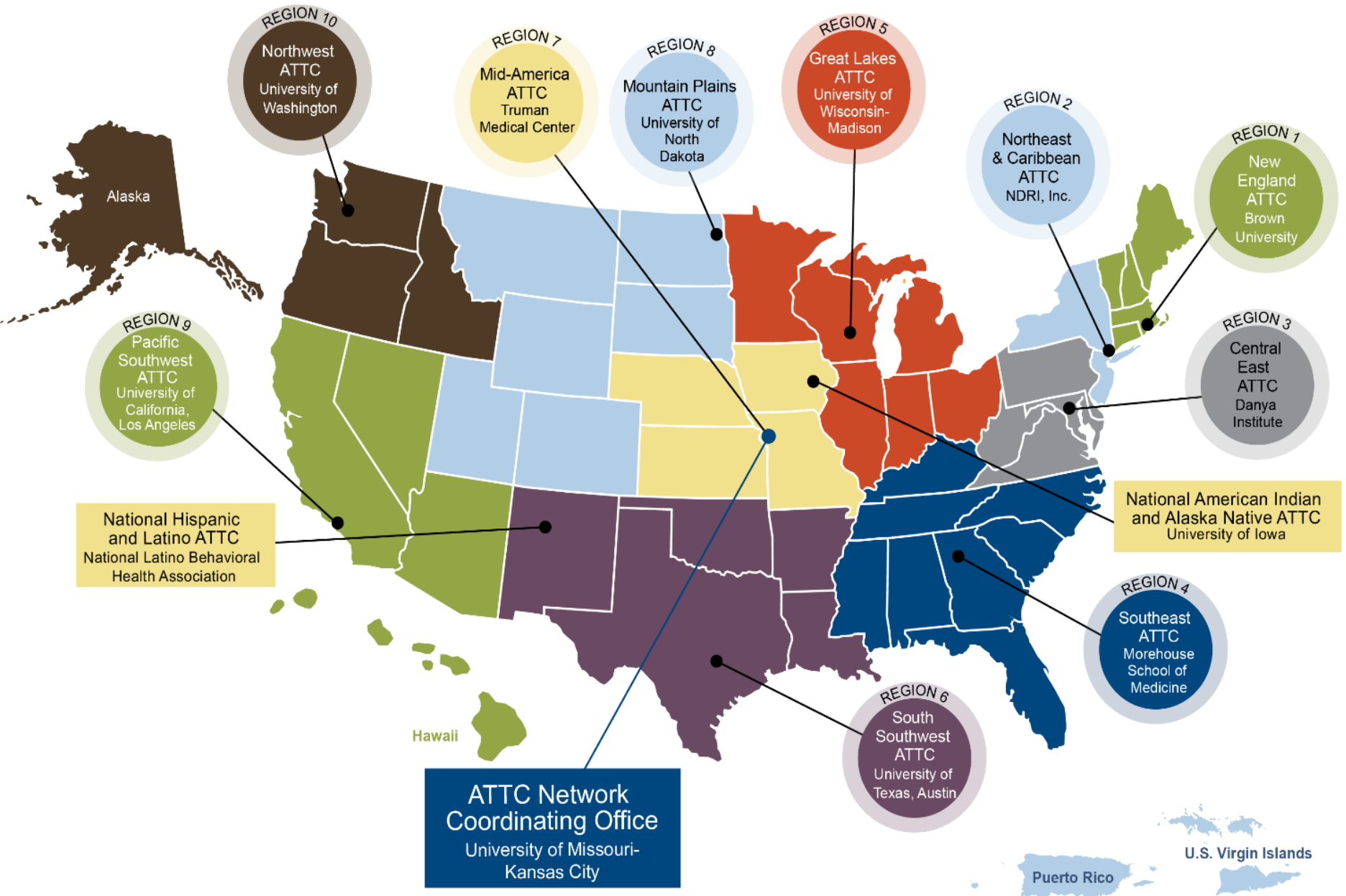
![ATTC - Addiction Technology Transfer Center Network. Funded by Substance Abuse and Mental Health Services Administration. U.S.-based ATTC Network.]

U.S.-based ATTC Network

REGION 10
Northwest ATTC
University of Washington

REGION 7
Mid-America ATTC
Truman Medical Center

REGION 8
Mountain Plains ATTC
University of North Dakota

REGION 5
Great Lakes ATTC
University of Wisconsin-Madison

REGION 2
Northeast & Caribbean ATTC
NDRI, Inc.

REGION 1
New England ATTC
Brown University

REGION 9
Pacific Southwest ATTC
University of California, Los Angeles

REGION 3
Central East ATTC
Danya Institute

National Hispanic and Latino ATTC
National Latino Behavioral Health Association

National American Indian and Alaska Native ATTC
University of Iowa

REGION 4
Southeast ATTC
Morehouse School of Medicine

REGION 6
South Southwest ATTC
University of Texas, Austin

ATTC Network Coordinating Office
University of Missouri-Kansas City

Alaska
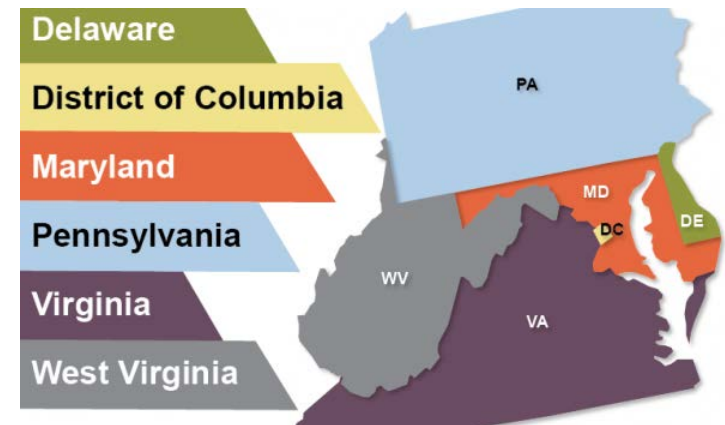
Hawaii

Puerto Rico

U.S. Virgin Islands

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

EQUITY

HHS REGION 3

Delaware
District of Columbia
Maryland
Pennsylvania
Virginia
West Virginia

PA
MD
DC
DE
WV
VA

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)
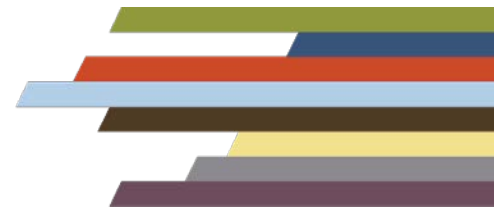
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
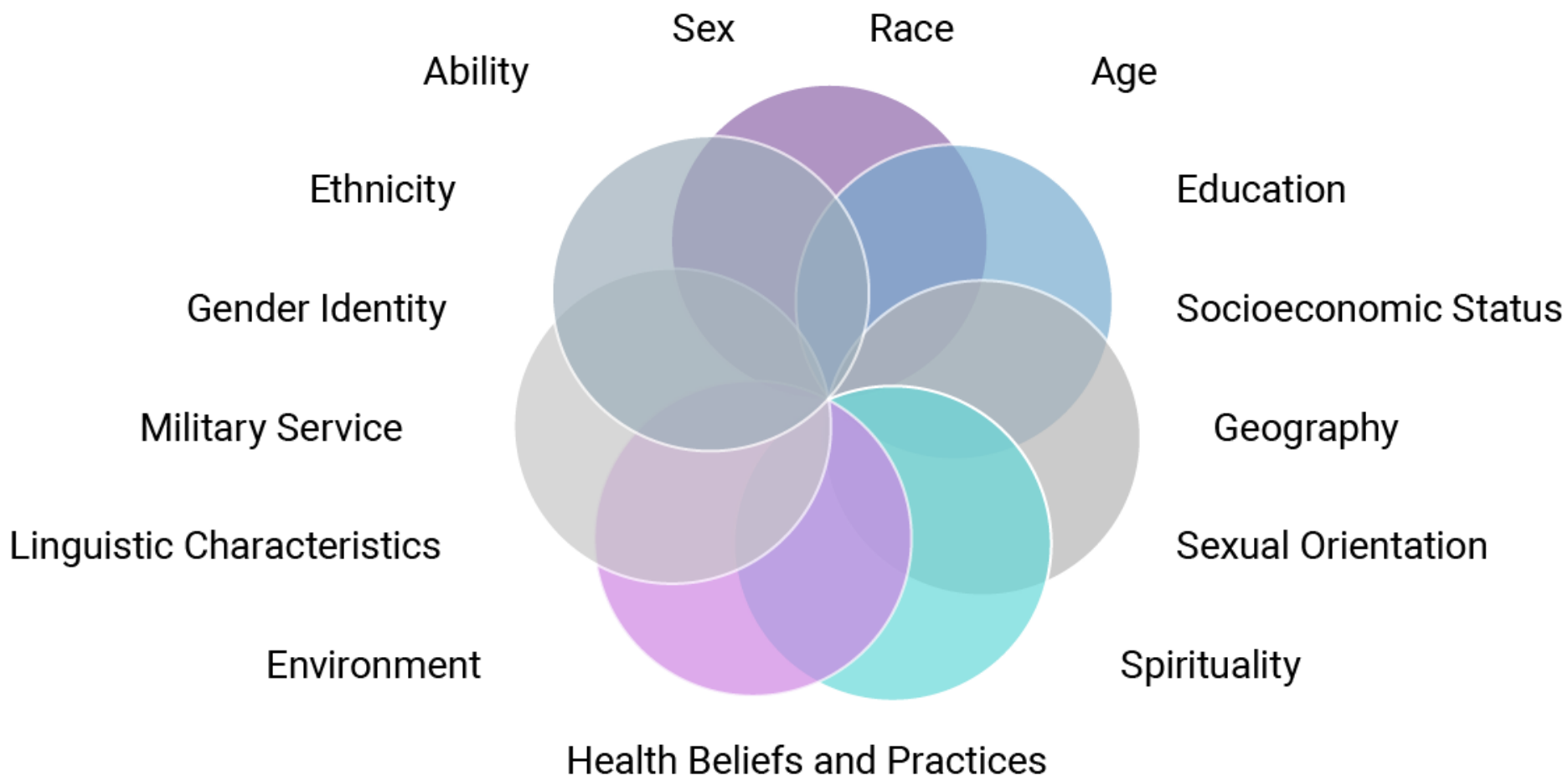
Central East (HHS Region 3)

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.
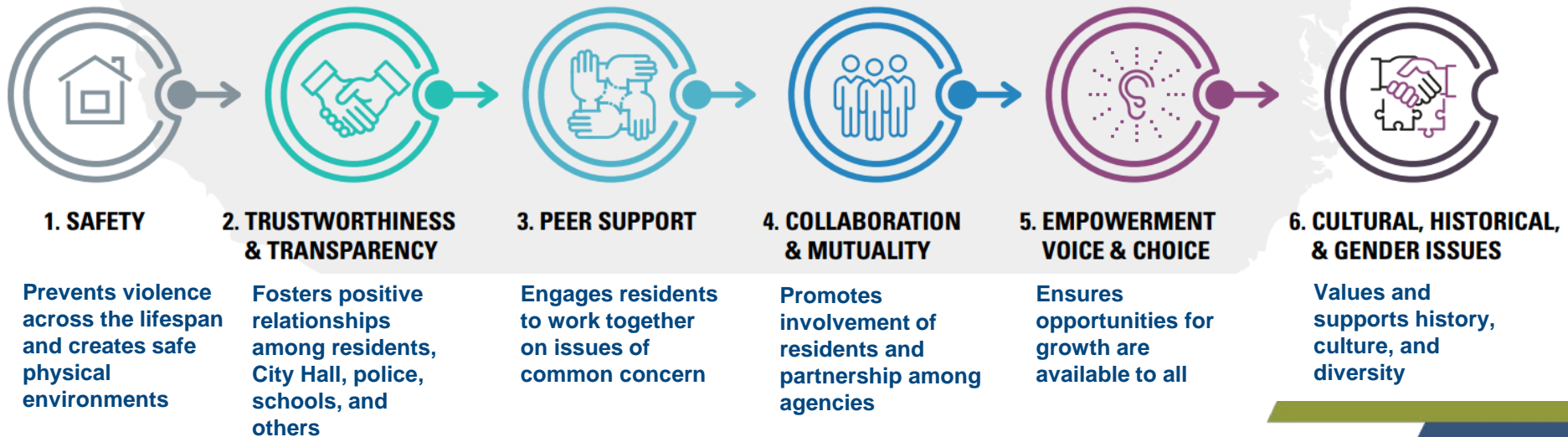
The capacity to function effectively

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

Photo

Cultural Identity Influences the Therapeutic Process

Sex Race Age
Ability Education
Ethnicity Socioeconomic Status
Gender Identity Geography
Military Service Sexual Orientation
Linguistic Characteristics Spirituality
Environment Health Beliefs and Practices

Source: Think Cultural Health

Central East (HHS Region 3)
ATTC Addiction Technology Transfer Center Network
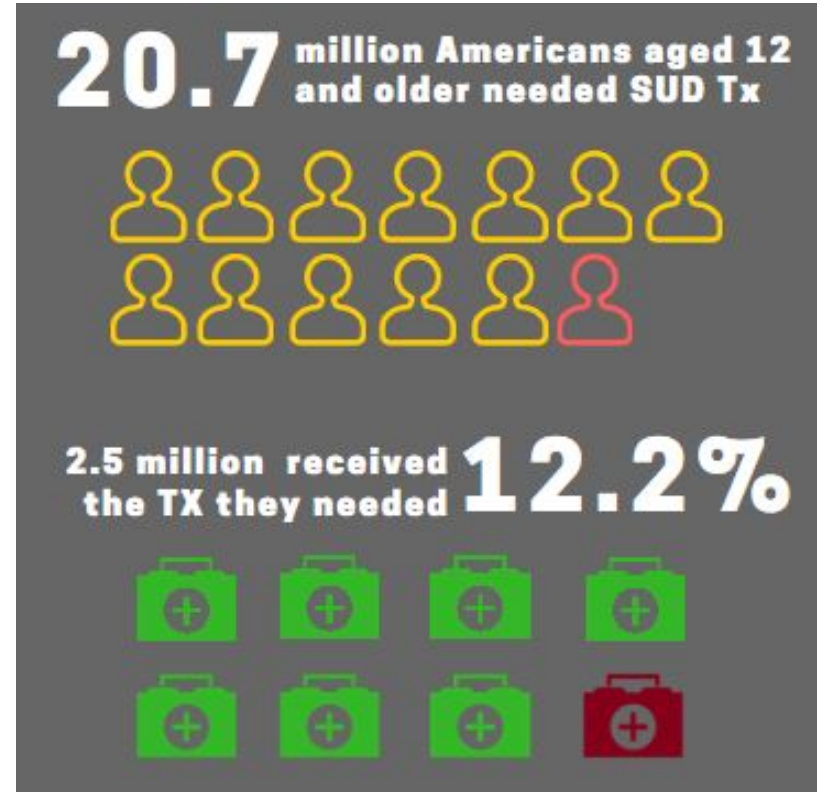Funded by Substance Abuse and Mental Health Services Administration

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

Public Health Partnerships
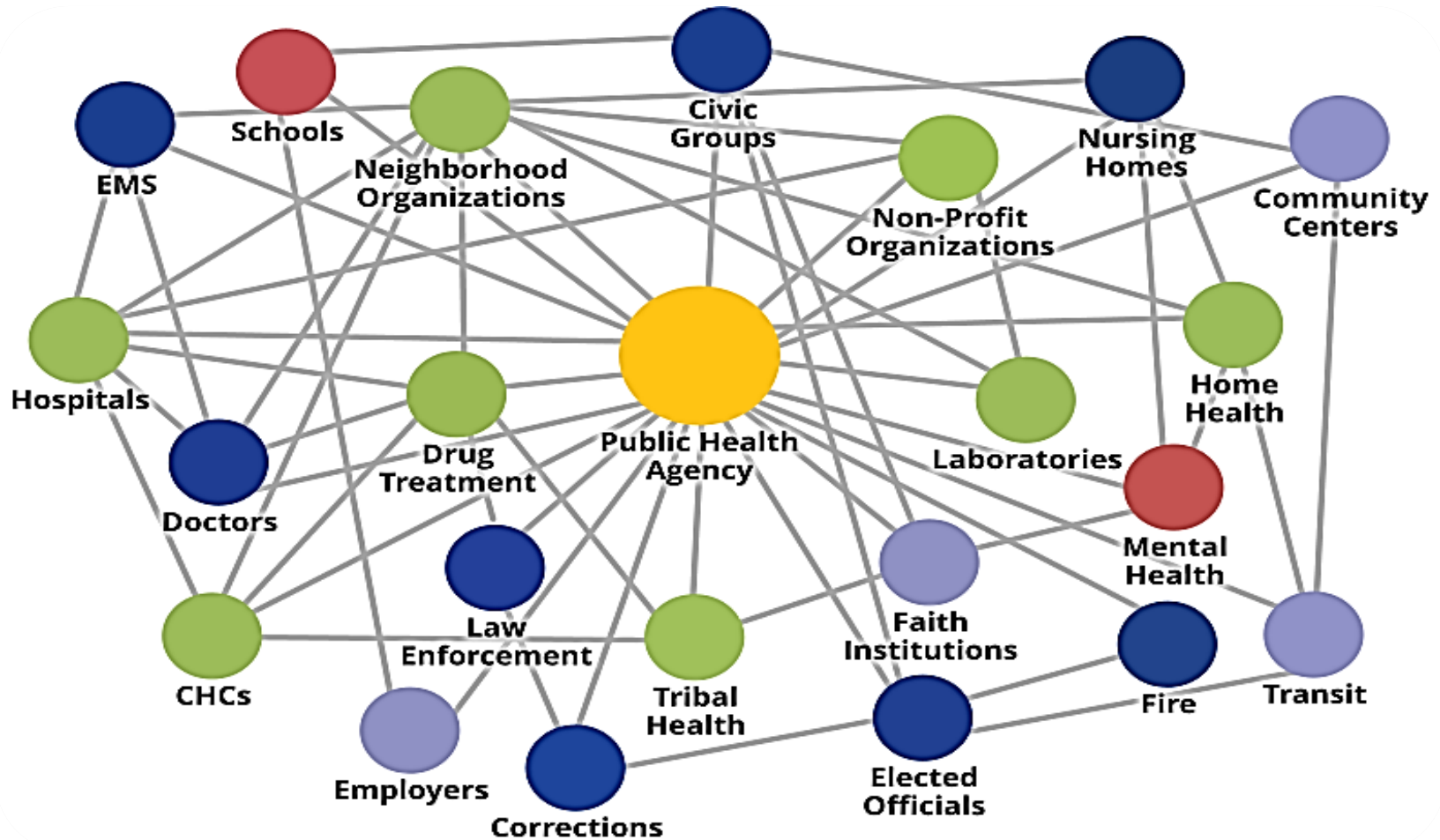
Rationale

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).
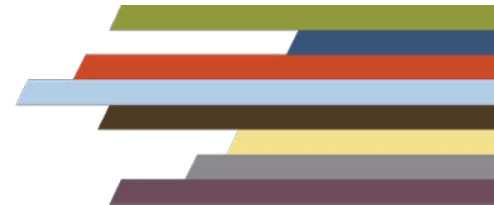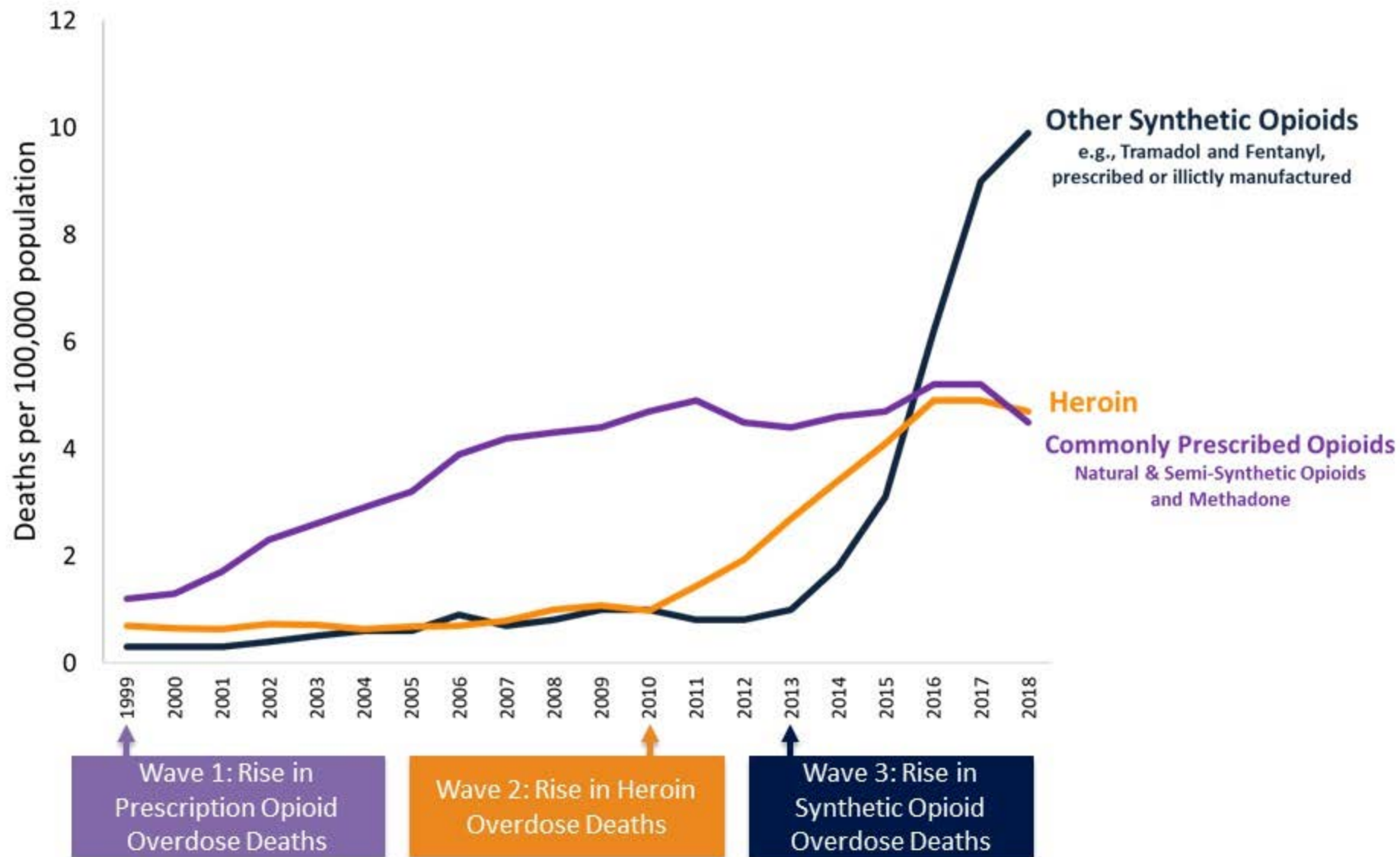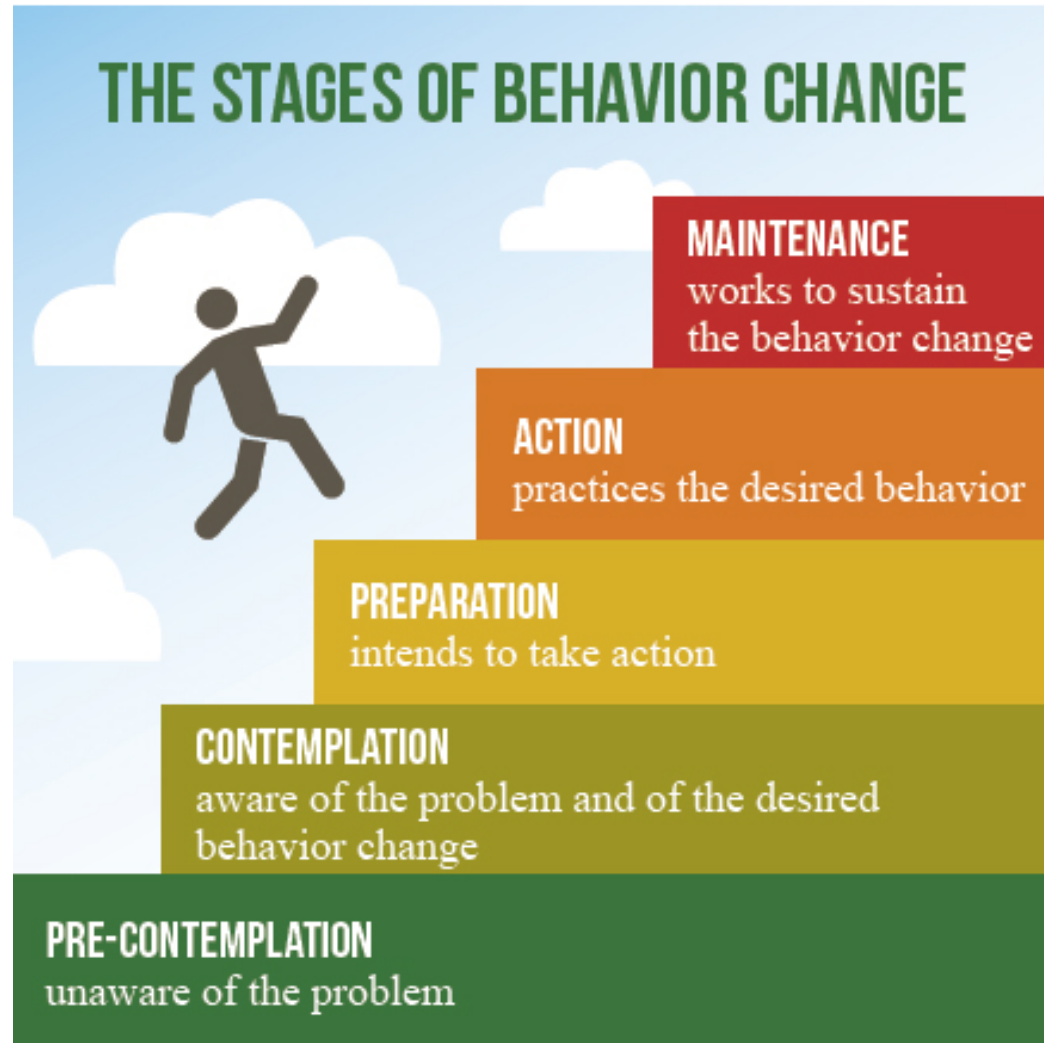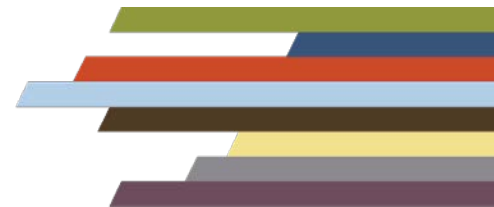
20.7 million Americans aged 12 and older needed SUD Tx

2.5 million received the TX they needed 12.2%

SAMHSA's National Survey on Drug Use and Health (NSDUH) – 2017 (pgs 46 & 47)

Central East (HHS Region 3)

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3 Waves of the Rise in Opioid Overdose Deaths

SOURCE: National Vital Statistics System Mortality File.

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?

<u>Self?</u>
__ Pre-Contemplative
__ Contemplative
__ Preparation
__ Action
__ Maintenance

<u>Professional School?</u>
__ Pre-Contemplative
__ Contemplative
__ Preparation
__ Action
__ Maintenance
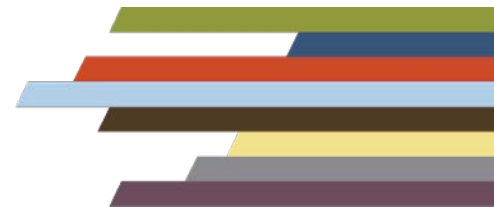
SBIRT

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
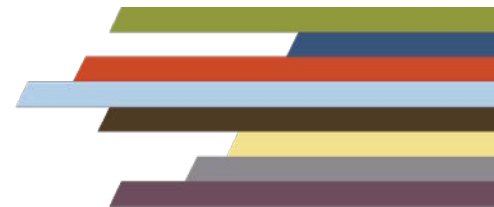
SBIRT
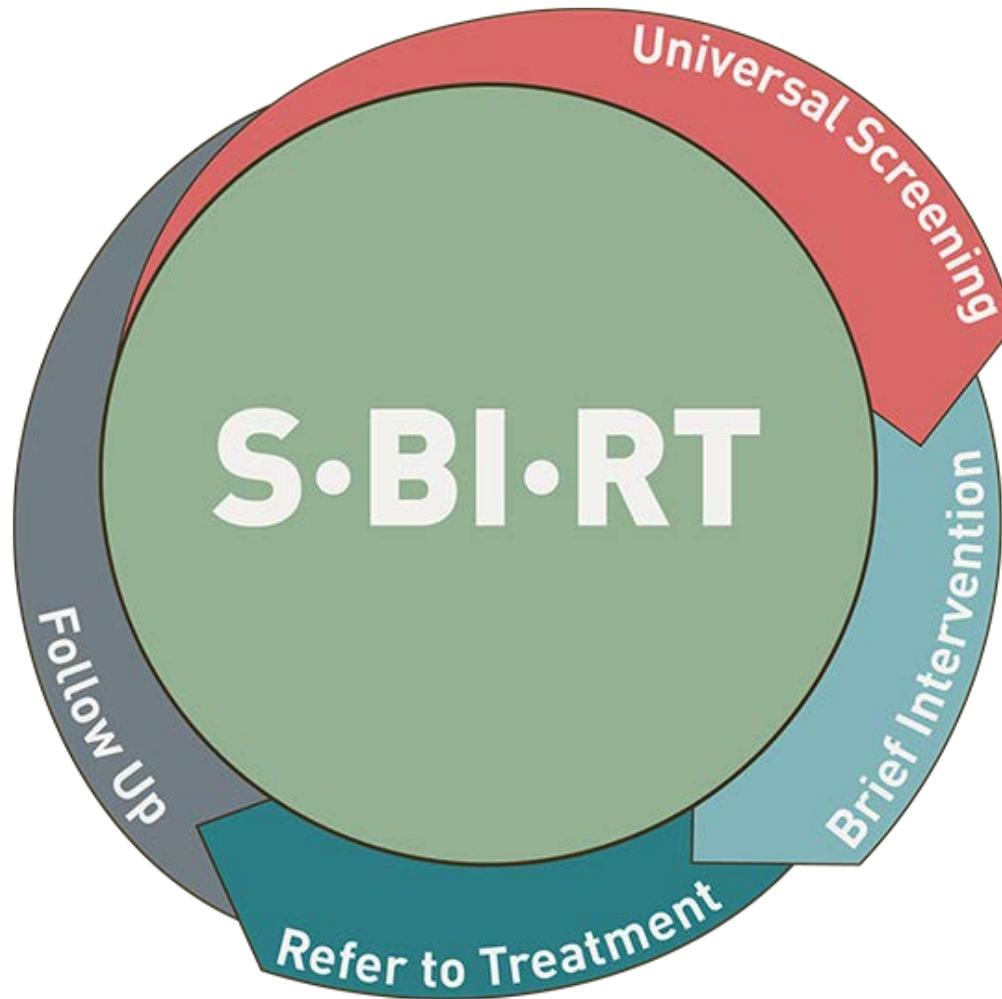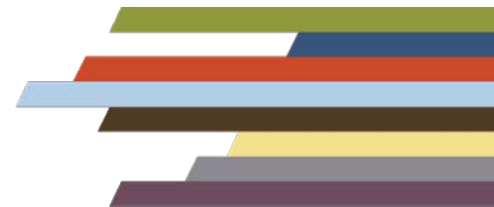
The SBIRT Concept

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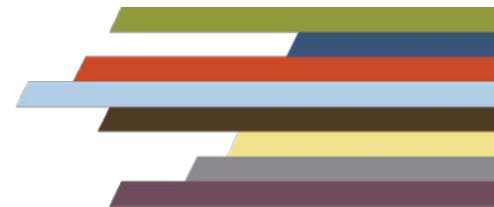
The SBIRT Model
A Continuum of Substance Use
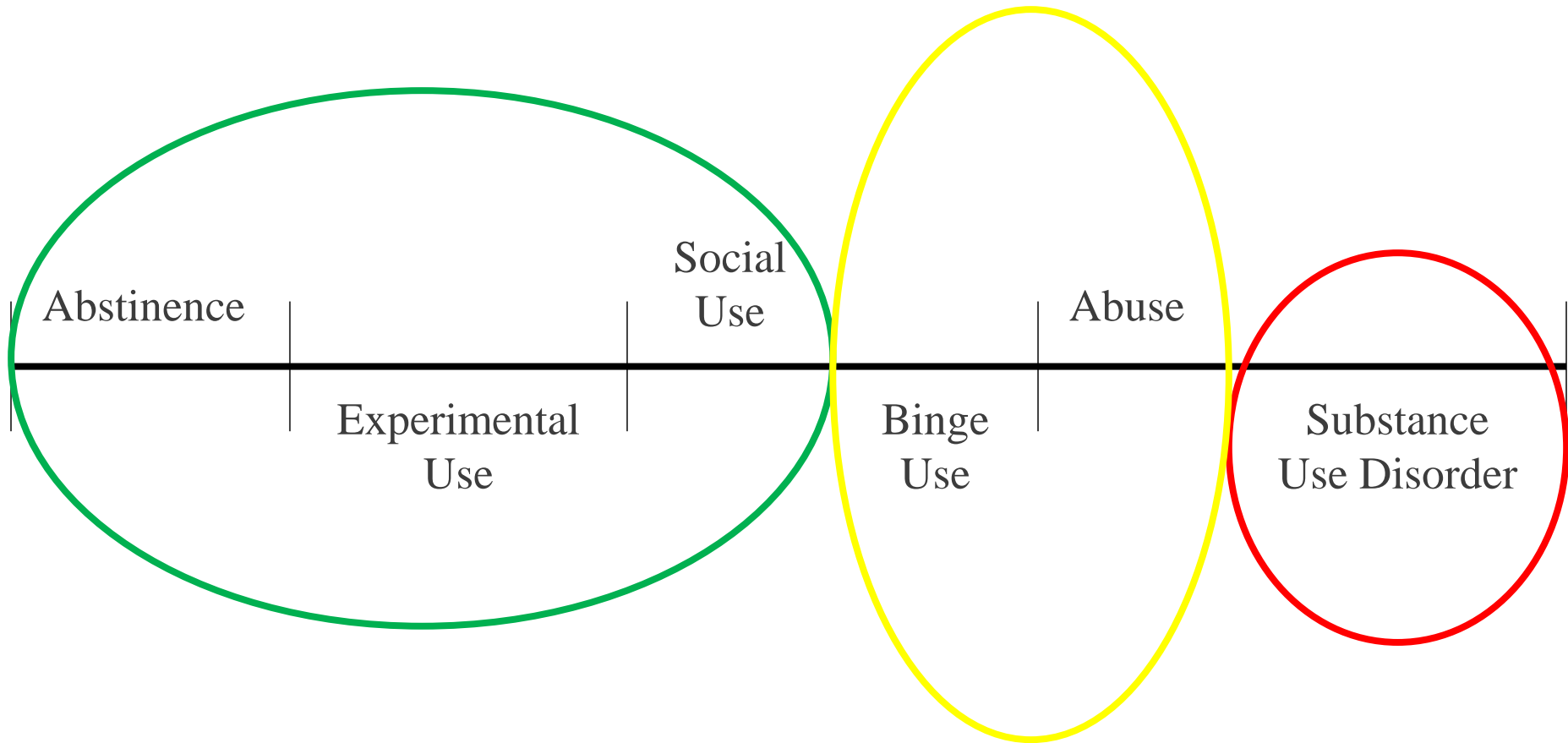
Abstinence

Social Use

Abuse

Experimental Use

Binge Use

Substance Use Disorder
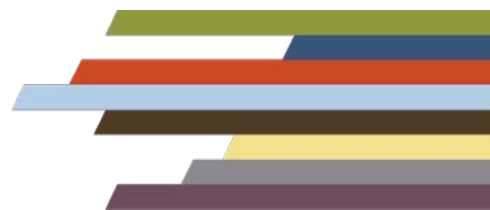
Rethinking Substance Use as a Public Health Problem
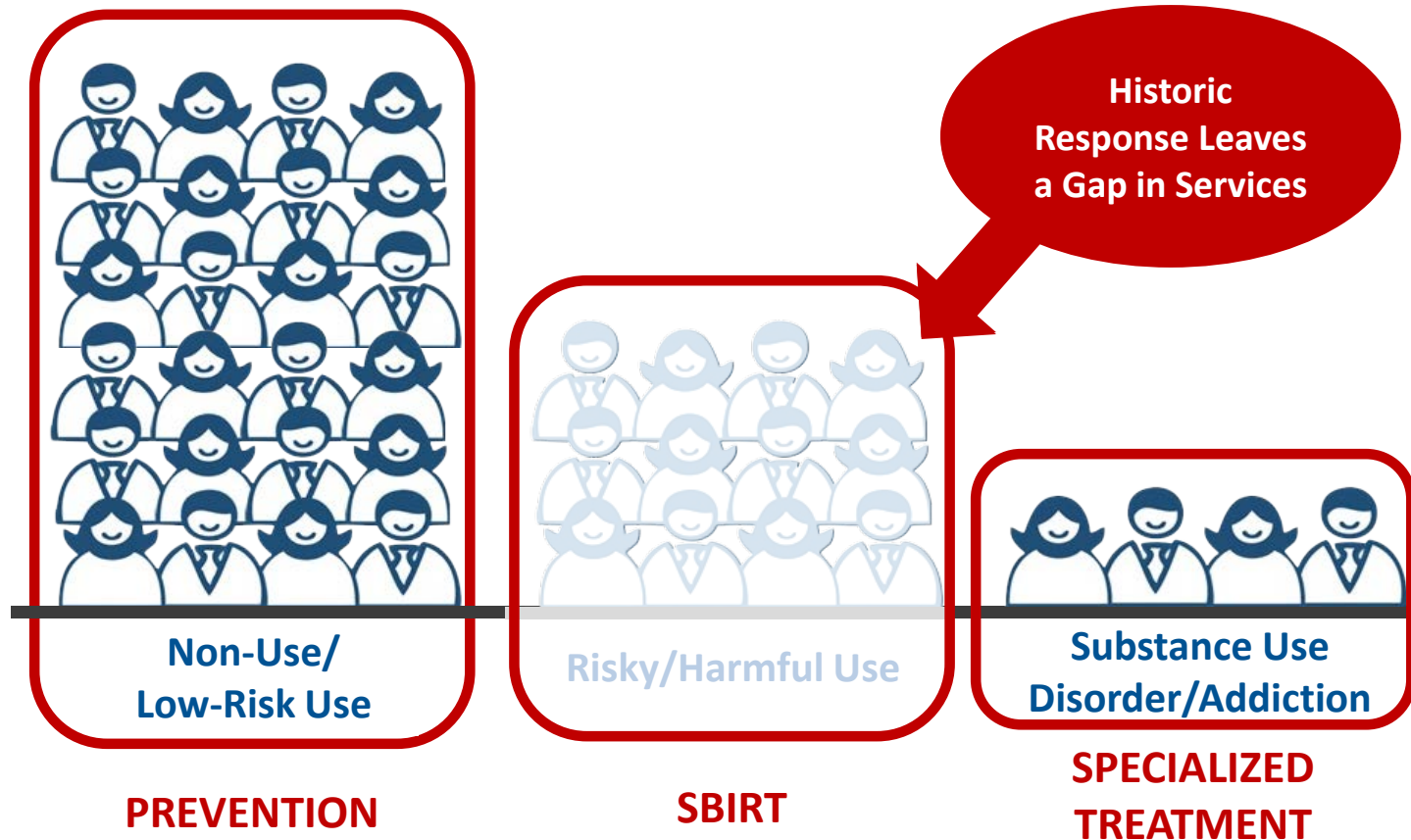
Historic Response Leaves a Gap in Services

Non-Use/ Low-Risk Use

Risky/Harmful Use

Substance Use Disorder/Addiction

PREVENTION

SBIRT

SPECIALIZED TREATMENT

Source: Northwest ATTC, 2019

Severe Use (substance use disorder) — 5% — **Brief Intervention (BI) and Referral for Specialty Care**

Harmful or Risky Use — 20% — **BI, or BI with Follow-up/Brief Treatment**

Low Risk or Abstinence — 75% — **Positive Health Message**

Substance Use   **Intervention Need**

Adapted from Daniel Hungerford, CDC

National SBIRT ATTC, 2013
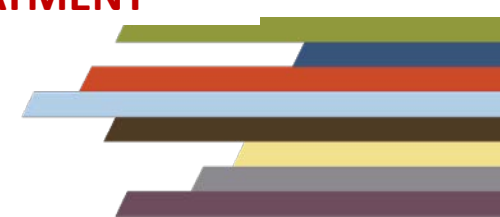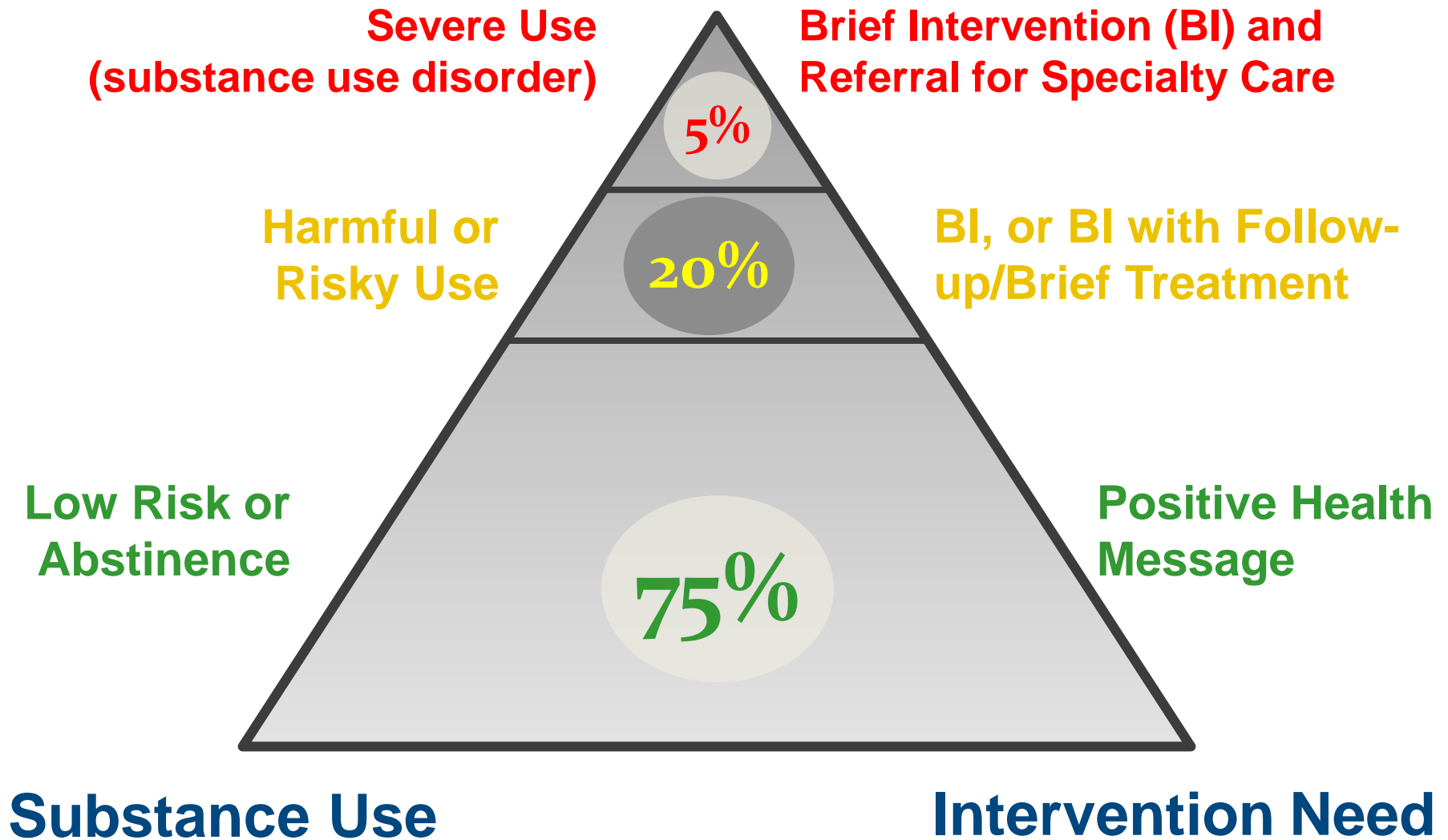
Benefits of SBIRT in medical settings

- **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
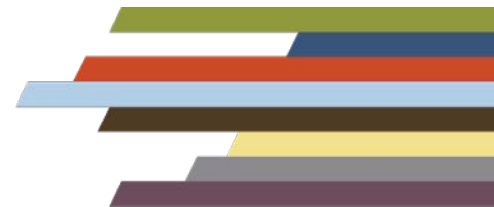
The Most Important Reason

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
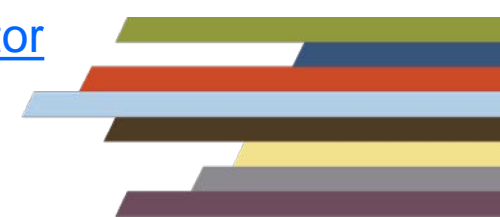
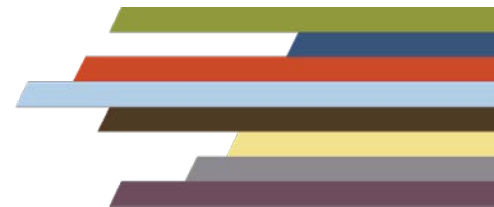# Inter-professional Collaboration
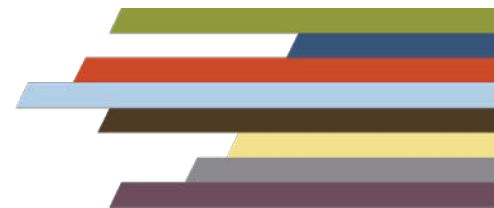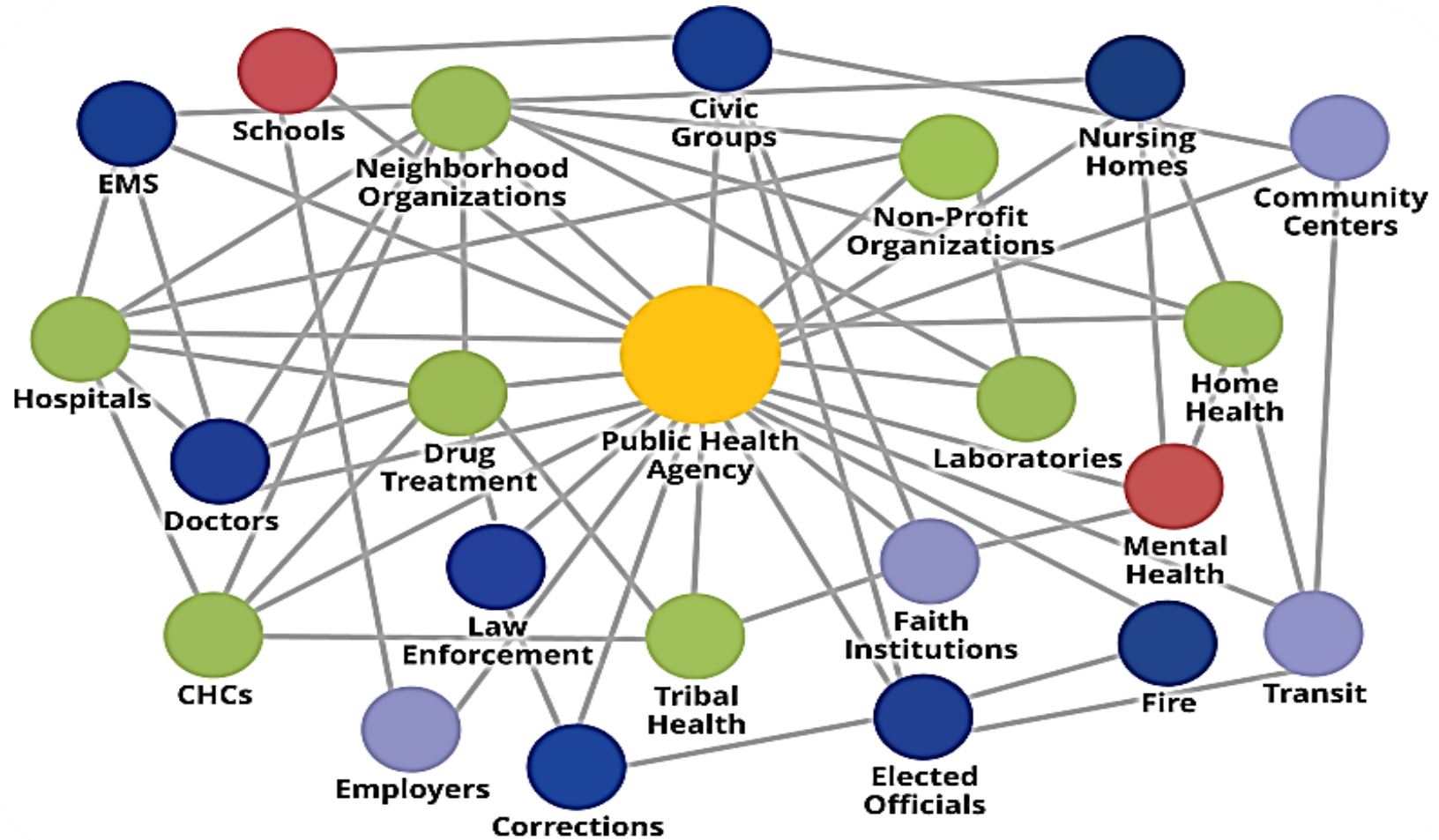
Technology Transfer Strategies

IN PERSON

VIRTUAL

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

HYBRID

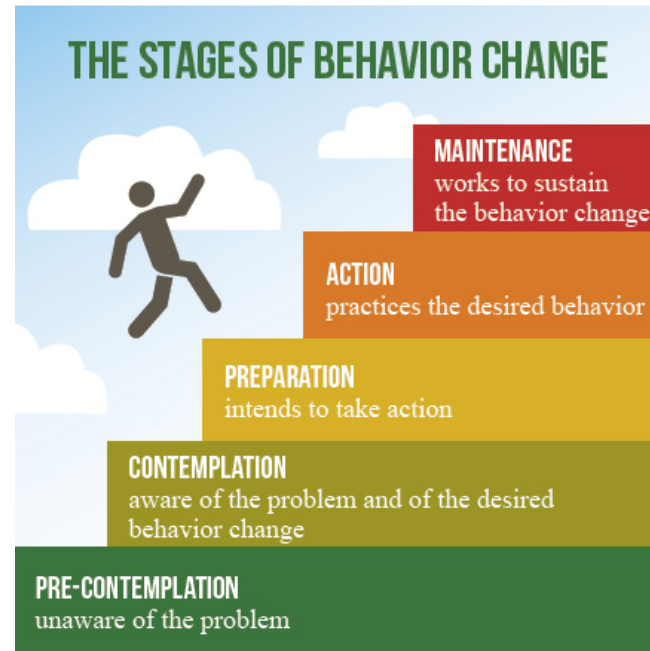# Evidence-Based Screening Tools/For Pregnant Woman and Adults

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

Screening Tools For Adolescents

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

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

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

Motivational Interviewing

"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
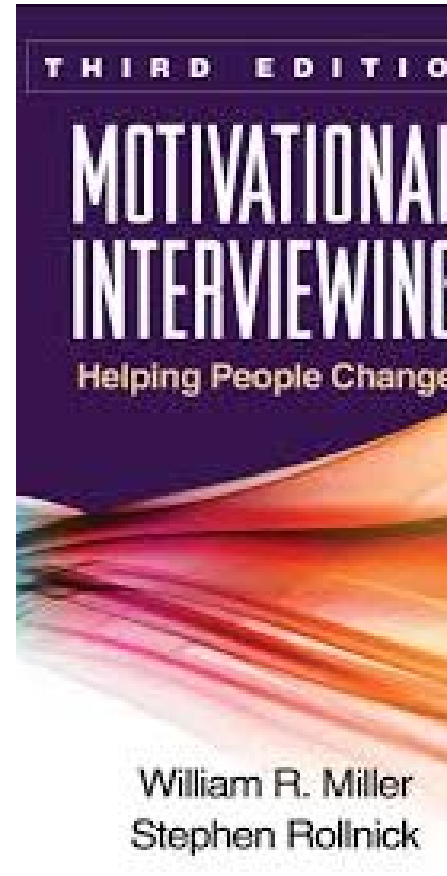
THIRD EDITION

MOTIVATIONAL INTERVIEWING

Helping People Change

William R. Miller

Stephen Rollnick

Motivational Conversations and MI

- Engagement that is person-centered, trauma-informed, and culturally inclusive.

THE STAGES OF BEHAVIOR CHANGE

MAINTENANCE
works to sustain
the behavior change

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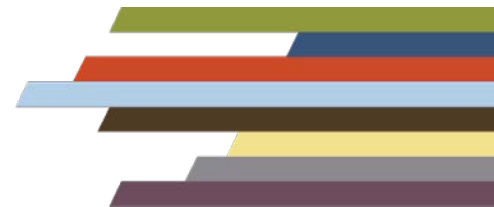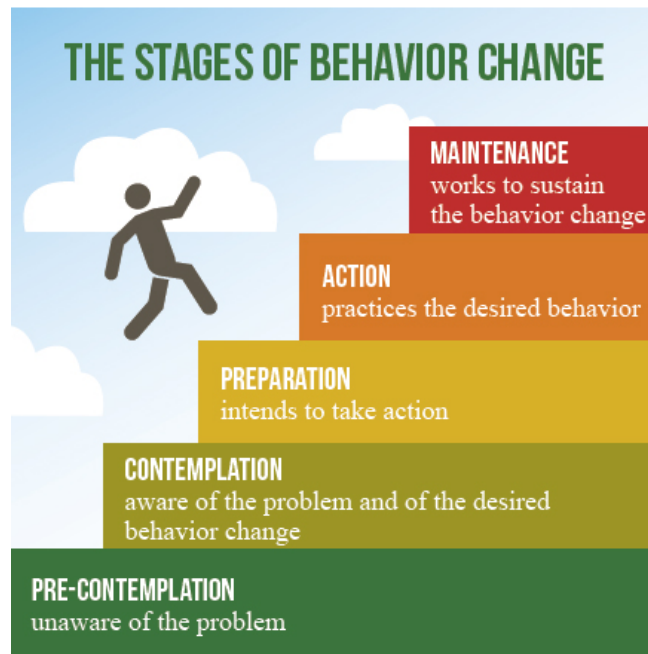
Referral to Treatment
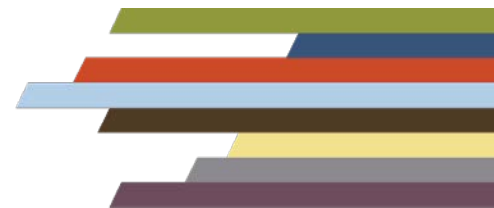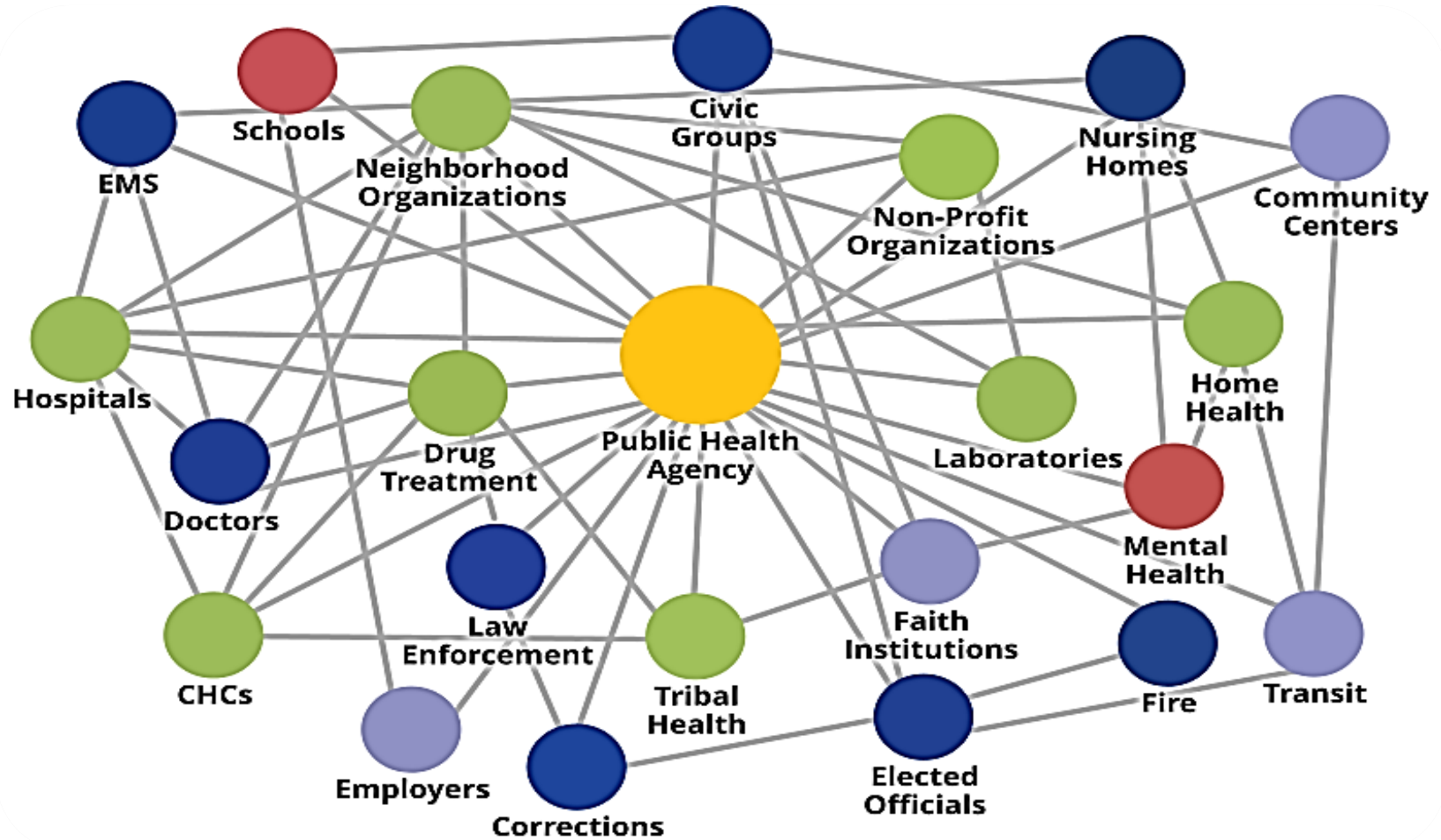
SAMHSA's New Treatment Page

Virginia

Implementation Phases

01 Change Project Commitment and Implementation Plan Development

**02** SBIRT Training and Technical Assistance

03 Implementing Continuous Quality Improvement and Sustainability

Central East (HHS Region 3)

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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
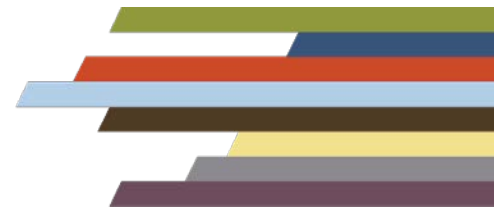
Assessing Barriers and Facilitators

- 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
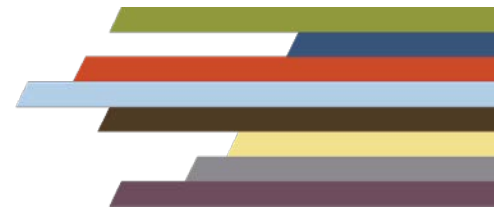
Engaging Stakeholders

- 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

Reception/Intake Staff	Health Educator
Administrative Staff	Peer Support Specialist
Medical Assistant	Information Technology (IT)
Nurse Specialist	Billing Representative
Nurse Practitioner	Data Management
Physician Assistant	Consumer/Patient Representative
Physician	Other?
Behavioral Health Specialist	

Institutionalizing SBIRT

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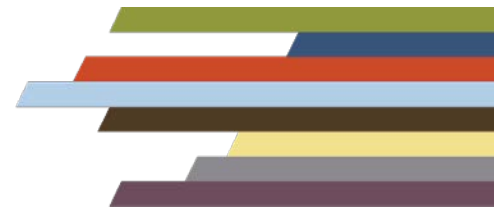- Faculty Accountability
- Grant Reporting and Sustainability

Source: Central ATTC, 2019
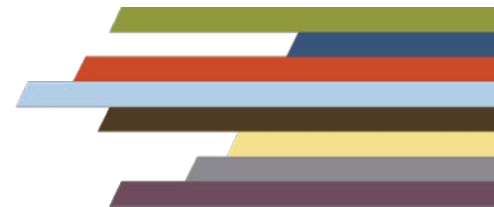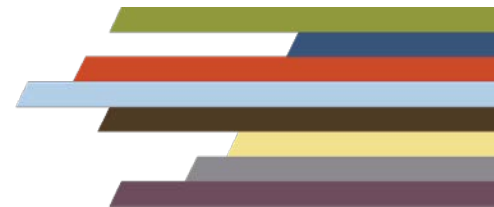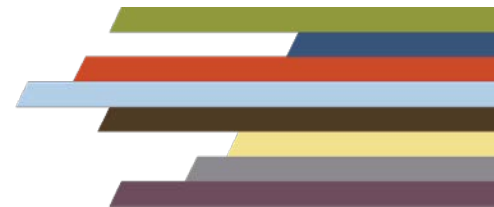
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Discussion

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
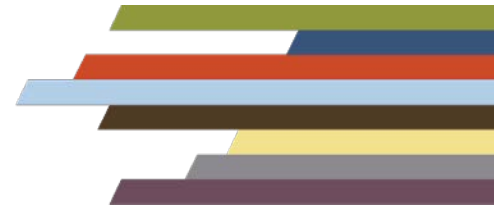
Questions?

What is one take away from the session?

Please respond in the chat

SBIRT Resources

[SAMHSA SBIRT](#)

[SBIRT Washington State](#)
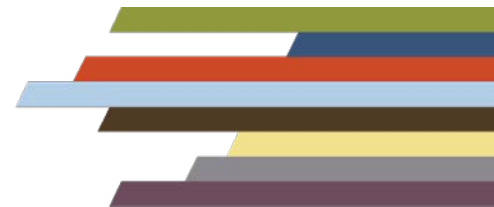
[SBIRT Oregon](#)

[MI and SBIRT online courses](#)

[An SBIRT Implementation and Process Change Manual for Practitioners](#) (CASA, 2012)
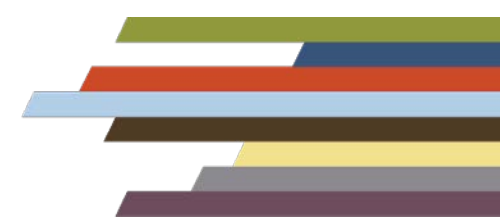
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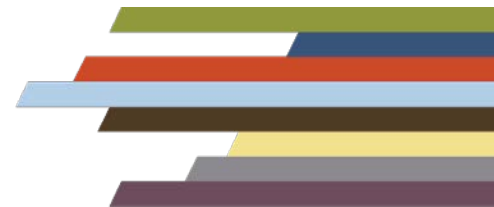
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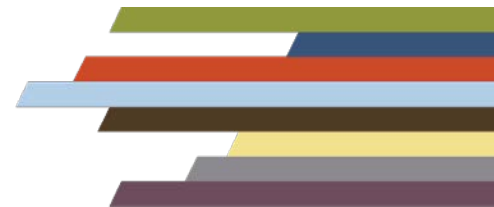
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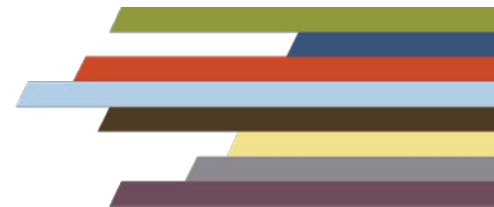   –Beyond Hangovers: understanding alcohol's impact on your health

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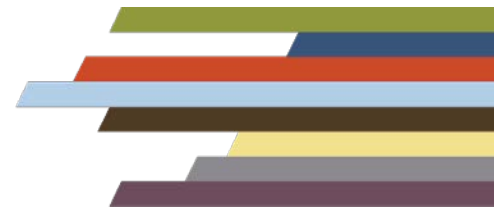
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