

A Cultural Adaptation of Screening, Brief Intervention, and Referral to Treatment, (SBIRT) for Working with Hispanic and Latinx Communities

Session 2

Presented by Diana Padilla, CLC, CARC, CASAC-T
August 10, 2022.

Presented in 2022 by the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), National Latino Behavioral Health Association (NLBHA) P.O. Box 1360, Pena Blanca, NM 87041.

ATTCnetwork.org/hispaniclatino

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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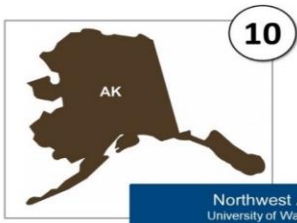
The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

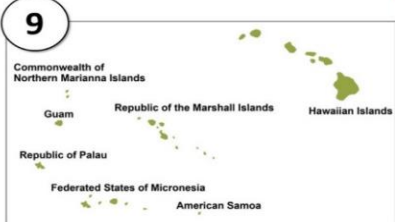
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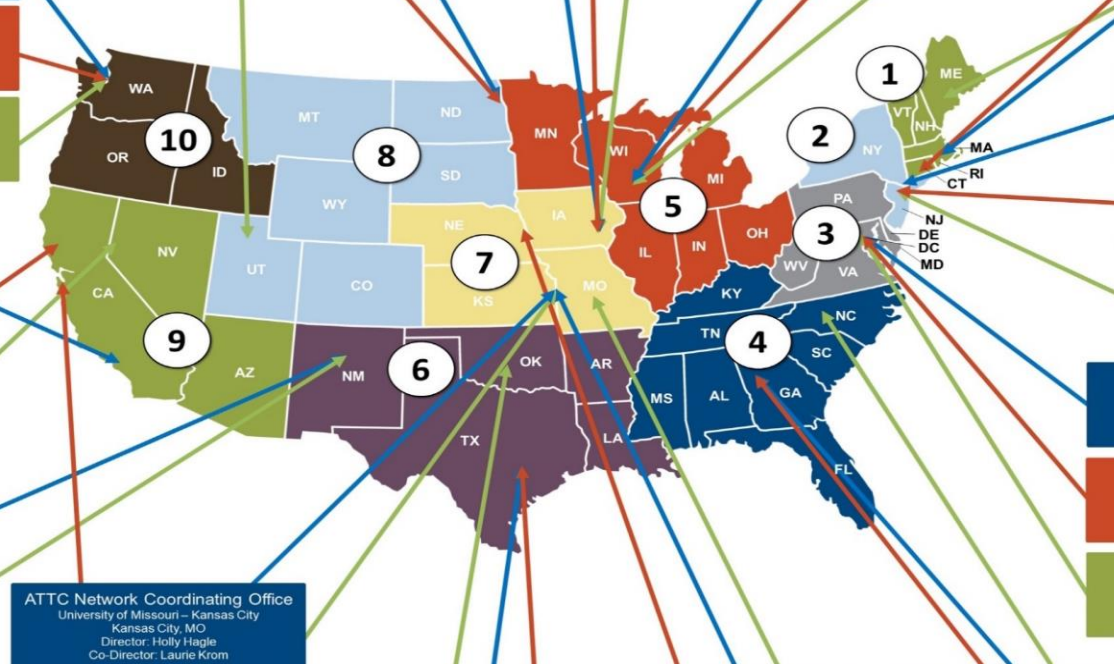


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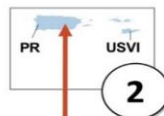


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NLBHA's Mission

The Mission and Goal of The National Latino Behavioral Health Association is to influence national behavioral health policy, eliminate disparities in funding and access to services, and improve the quality of services and treatment outcomes for Latino populations.

NLBHA's Objectives

NLBHA's Objective is to provide national leadership on mental health and substance abuse concerns of the Latino community. NLBHA's Policy Priorities are:

1. Targeted Capacity Expansion of Mental Health Services for Latinos
2. Latino Behavioral Health Evidenced Based Practices
3. Legislation to increase the number of Counselors/Therapists/Other Behavioral Health Practitioners
4. Funding for Co-Occurring Disorders of Alcohol and Substance Abuse
5. Opioid Crisis in the Latino Community
6. Suicide Prevention



National Hispanic & Latino

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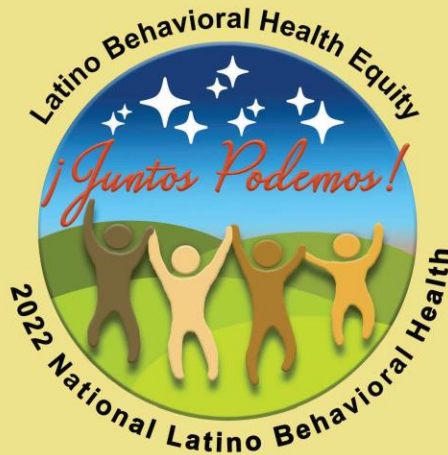


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Today's presenter

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Diana Padilla is a Research Project Manager, at
the New York State Psychiatric Institute, Division of
Substance Use Disorders, Columbia University
Medical Center. She is a curriculum developer and
senior trainer for the Northeast & Caribbean
Addiction and Prevention Technology Transfer
Centers.

Ms. Padilla is certified by the New York State Office
of Addiction Services and Supports (NYS OASAS)
as an SBIRT trainer. She provides intensive
technical assistance and implementation support to
organizations in a variety of settings, who are
seeking to incorporate the SBIRT intervention
practice to address health, psychosocial, and other
concerns related to harmful levels of alcohol and
other substance use.



Diana Padilla,
CLC, CARC, CASAC-T

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Benefits of Cultural Adaptation of SBIRT for Latinx Populations

Screening, Brief Intervention, and Referral to Treatment is an evidence-based model already includes validated instruments and person-centered strategies.

Manuel JK, Satre DD, Tsoh J, Moreno-John G, Ramos JS, McCance-Katz EF, Satterfield JM. Adapting Screening, Brief Intervention, and Referral to Treatment for Alcohol and Drugs to Culturally Diverse Clinical Populations. *J Addict Med.* 2015 Sep-Oct;9(5):343-51. doi: 10.1097/ADM.0000000000000150. PMID: 26428359; PMCID: PMC4626638



Strategic Prevention Framework (SPF)

- **Assessment:** assess community needs (collect the data) and identify the problem behavior to address
- **Capacity:** identify resources and readiness
- **Planning:** research and choose from potential evidence-based strategies to address problem behavior
- **Implementation:** facilitate practice in chosen service delivery.
- **Evaluation:** Examine the process and outcomes of programs and practice.

SAMHSA, A Guide to SAMHSA's Strategic Prevention Framework,
<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

Foundational Cultural Principles

- **Cultural Humility** is a reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them.
- **Culturally Responsive** services are those that are respectful of, and relevant to, the beliefs, practices, cultural and linguistic needs of diverse communities.

US Department of Human and Health Services, Office of Minority Health., Think Cultural Health, CLAS, cultural competency, and cultural humility, <https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/clas-clc-ch.pdf>

Identify the Intervention to Adapt

Intervention should carry evidence of a positive, statistically significant impact on at least one of the following:

- Specific communities
- Specific behavior
- Specific settings

Fidelity: The degree to which a program or practice is implemented as intended.

Adaptation: Describes how much, and in which ways, a program or practice is changed to meet local circumstances.

Department of Health and Human Services, Family and Youth Services Bureau, Making Adaptations Tip Sheet; Making Adaptions to Evidence Based Programs, <https://www.acf.hhs.gov/media/9902>

Considerations for Adaptation

- Heterogeneity of Hispanic and Latinx communities
- Rates and variations of substance misuse
- Propensity for person centered approach
- Engagement opportunities
- Efficacy of the intervention

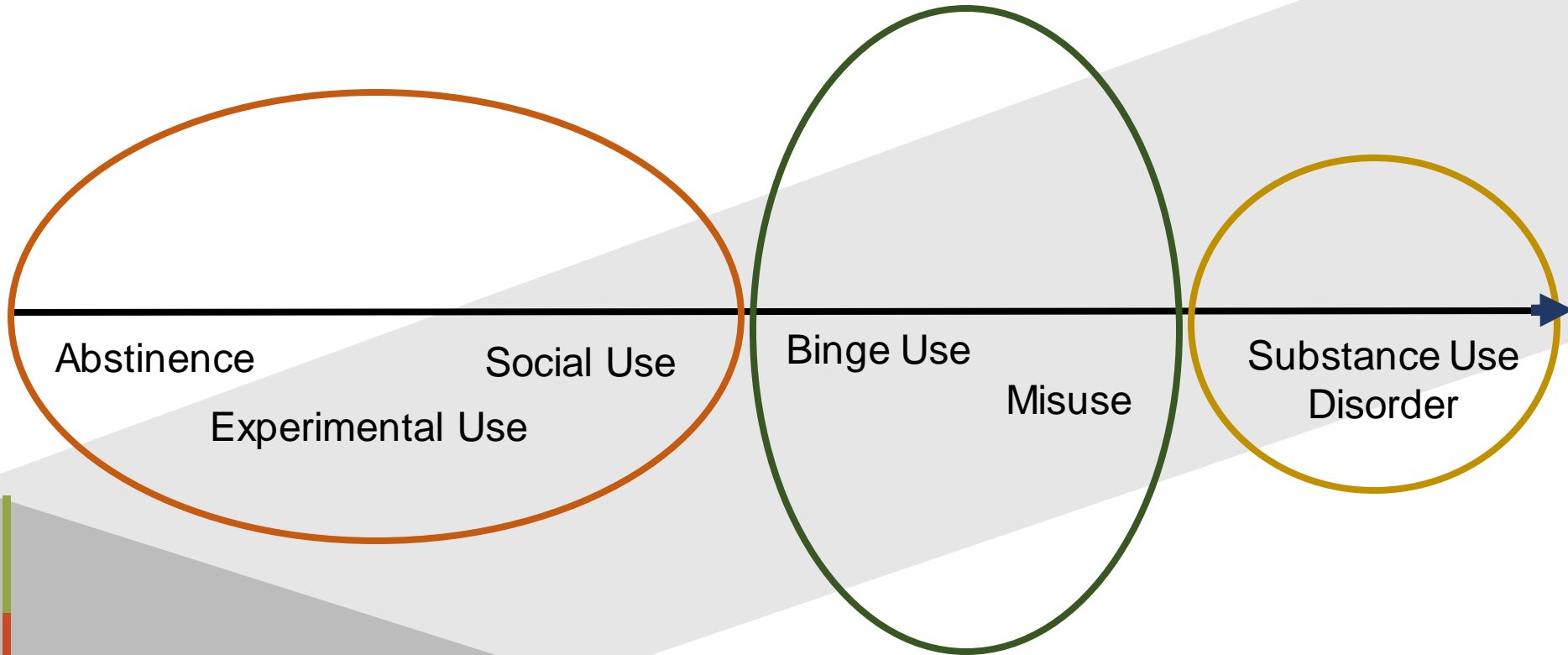
McLellan AT. Substance Misuse and Substance use Disorders: Why do they Matter in Healthcare?. *Trans Am Clin Climatol Assoc.* 2017;128:112-130.

Stigma Free Language

- **Substance Use (SU)** refers to the consumption of psychoactive substances
- **At-risk Substance Use** refers to consuming at levels resulting in harmful or hazardous consequences
- **Substance Use Disorder (SUD)** meets a diagnostic criteria

National Institute of Drug Abuse, Words Matter: Preferred Language for Talking About Addiction, June 2021, <https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>

Continuum of Substance Use



SBIRT Model

Defining SBIRT Intervention Model

- SBIRT, is an evidence-based practice that helps practitioners identify and intervene with people whose pattern of substance use puts them at risk for or are experiencing substance-related health and other psychosocial problems.
- The primary goal of SBIRT is to **identify** and **effectively intervene** with those who are at moderate or high risk for psychosocial or health care problems ***related*** to their substance use.

SBIRT Orange County community Health Program, Why Should We Know SBIRT, 2016,
<http://sbirt.fullerton.edu/About/whySBIRT.htm>

SBIRT Core Components

Screening

Universal screening for quickly assessing use and severity of alcohol, illicit substances, and prescription substance misuse.

Brief Intervention

Brief motivational and awareness-raising intervention provided to those at risky levels of substance use.

Referral to Treatment

Referral for further assessment or specialty care for those with a potential for a substance use disorder.

Front desk gives patient a health and wellness screen with imbedded single question pre-screens

Medical assistant takes patient to examining room. Reviews screen

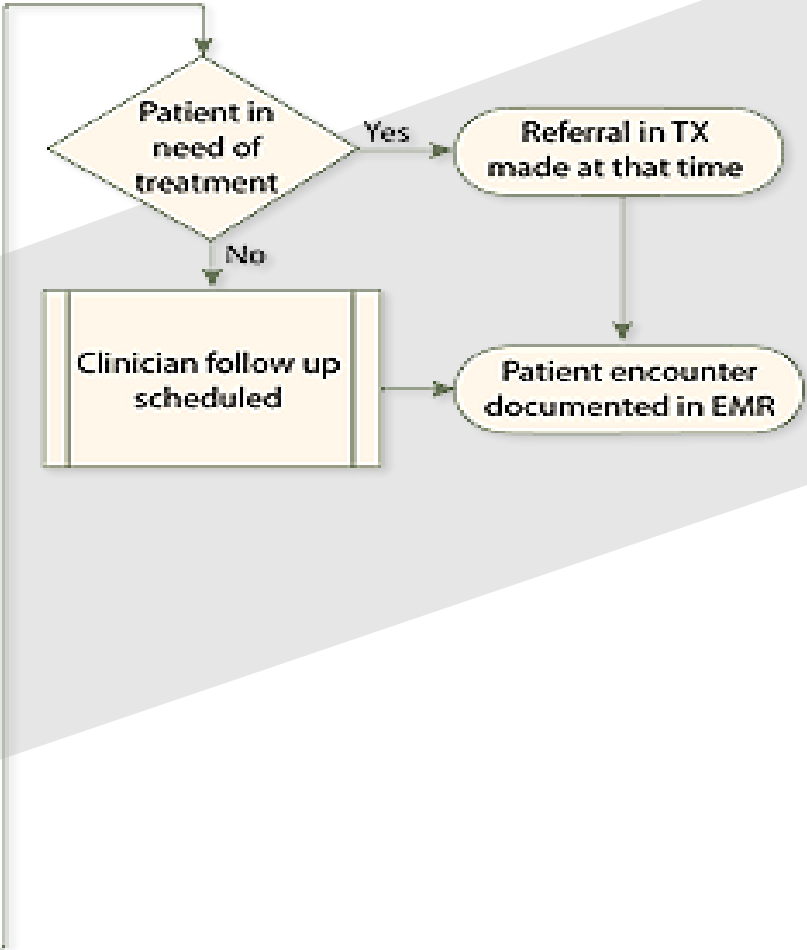
Positive Screen

No
 No further activity

Yes

Patient asked to complete AUDIT or DAST

Clinician reviews results of screening tool and delivers brief intervention





Culturally Informed Environment

Essentials for creating a conducive atmosphere prior to beginning the initial interaction and screen.

- Culturally appropriate
- Trauma informed
- Affirming
- Preferred language



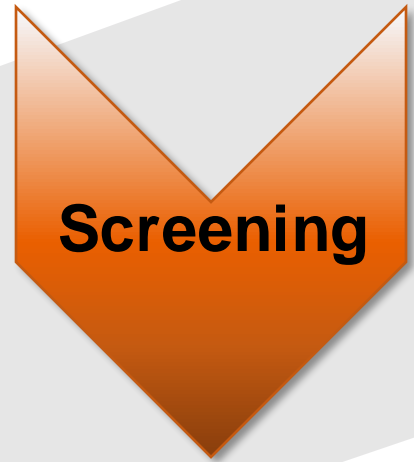
Hispanic Cultural Elements

- Preferred language and cultural context
- Latino clients will view a relationship as positive in part when it has elements of being mutual and reciprocal.
- *Personalismo* in practice is an emphasis on politeness and courtesy, and establishing a good rapport with someone, a personal connection.
- In Latino culture, having *confianza* implies a trust based largely on personal relationships and rapport.
- The rapport that develops brings expectations of responsive mutual behavior such as, " respeto (respect), confianza (trust), dignidad (dignity), as well as an allowance for ample space and time.

APA Divisions, Aviera, PhD., Culturally Sensitive and Creative Therapy With Latino Clients, 2011, www.apadivisions.org/division-31/publications/articles/california/aviera.pdf



Factors for Screening in SBIRT



- Preferred language
- Universal approach to screening
- Validated screening instruments
- Types of screens
- Screen interpretation
- Fidelity of screening facilitation

Validated Screening Instruments

Adult:

- **AUDIT:** Alcohol Use Disorder Identification Test
- **DAST:** Drug Abuse Screening Test
- **ASSIST:** Alcohol, Smoking, and Substance Abuse Involvement Screening Test
- **CAGE-AID:** The CAGE Questionnaire Adapted to Include Drugs

Pregnant Women:

- TWEAK:** Tolerance, Worried, Eye-opener, Amnesia (blackouts), (K) Cut-down
- 4P's PLUS:** Screen for substance use in pregnancy

Youth:

- **CRAFFT II:** Adolescent short screening (How many days of alcohol, marijuana, other drugs), along with (Car, Relax, Alone, Forget, Family or Friends, Trouble)
- **S2BI:** Screening to Brief Intervention Tool
- **BSTAD:** Brief Screener for Tobacco, Alcohol, and other Drugs

Rapport, Transparency, Person Focused

I would like to ask you some questions that I ask all my patients. These questions will help me to provide you with the best care possible. As with all medical information your responses are confidential. Also, we can stop at any time.

CAGE-AID

1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

Scoring: Item responses on the CAGE-AID are scored 0 for "no" and 1 for "yes" answers. A higher score is an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

Interpretation: One or more "yes" responses is regarded as a positive screening test. It's an indication of possible substance use and need for further evaluation.

Screening Does Not Provide A Diagnosis!

Brief Intervention and Essential Motivational Interviewing Skills



Factors for Brief Intervention

- Justified by screening score
- Essential motivational interviewing skills
- Evidence based practice
- Brief (5-15 minutes) interaction
- Brief treatment (extended in several sessions)



**Brief
Intervention**

Brief Negotiated Interview

1. Build Rapport
2. Pros and Cons
3. Information and Feedback (when using tools)
4. Readiness Ruler
5. Action Plan

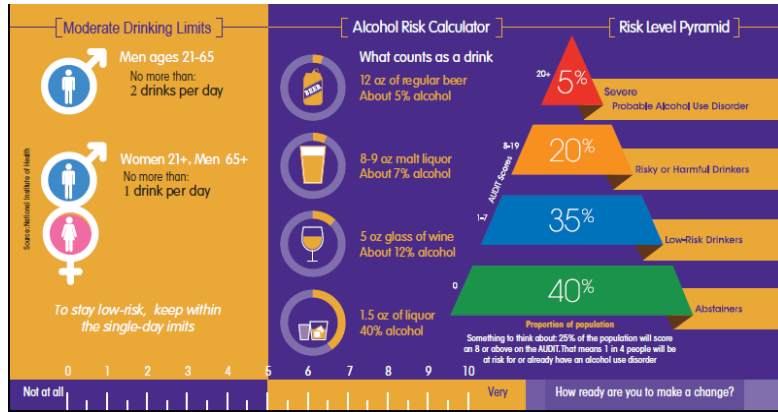
Recommended Drinking Guidelines

The Dietary Guidelines for Americans 2020-2025, defines moderate drinking as up to:

- 1 drink per day for women of legal drinking age
- Up to 2 drinks per day for men of legal drinking age



NIH, National Institute on Alcohol Abuse and Alcoholism, 2020, <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>



Risk Scoring	Low Risk	Risky	Harmful	Severe
AUDIT Score	0 – 7	8 – 15	16 – 19	20+
DAST Score	0	1 – 2	3 – 5	6+
CRAFFT	0	1	2 – 4	5+

Build Rapport	• Introduce yourself and ask permission to discuss alcohol and/or drug use.
Pros & Cons	• Ask the patient to discuss the pros and cons of using alcohol and/or drugs.
Feedback/ Discussion	• Ask permission to discuss AUDIT/DAST/CRAFFT scores and identify risk. • Review NIAAA guidelines and connect alcohol and/or drug use to health problems. • Ask for patient feedback about results.
Assess Readiness	• Use the readiness ruler to assess readiness for change. • Reinforce positives and ask about a lower number.
Action Plan	• Ask patient what they would like to change about their alcohol and/or drug use. • Write down steps, provide a copy to patient and offer appropriate resources. • Thank patient and negotiate follow-up (if warranted).

To find an available treatment bed go to: findaddictiontreatment.ny.gov or call 1-877-8-HOPENY

BRIEF NEGOTIATED INTERVIEW (BNI) ALGORITHM

1) BUILD RAPPORT	Tell me about a typical day in your life. Where does your current [X] use fit in?
2) PROS & CONS Summarize	Help me understand, through your eyes, the good things about using [X]. What are some of the not-so-good things about using [X]? So, on the one hand [PROS], and on the other hand [CONS].
3) INFORMATION & FEEDBACK Elicit Provide Elicit	I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you? We know that drinking... <ul style="list-style-type: none"> • 4 or more (F) / 5 or more (M) drinks in 2 hrs • or more than 7 (F) / 14 (M) drinks in a week • having a BAC of _____ ...and/or use of illicit drugs such as _____ ...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information]. What are your thoughts on that?
4) READINESS RULER Reinforce positives Ask about lower #	This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use? You marked _____. That's great. That means you are _____ % ready to make a change. Why did you choose that number and not a lower one like a 1 or a 2?
5) ACTION PLAN Identify strengths & supports Write down steps Offer appropriate resources Thank patient	What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about using [X]? What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now? Those are great ideas! Is it okay for me to write down your plan, your own prescription for change , to keep with you as a reminder? Will you summarize the steps you'll take to change your [X] use? I have some additional resources that people sometimes find helpful; would you like to hear about them? <ul style="list-style-type: none"> • Primary Care, Outpatient counseling, Mental Health • Suboxone, Methadone clinic, Needle Exchange, AA/NA, Smoking cessation • Shelter, Insurance, Community Programs • Handouts and information Thank you for talking with me today.

For Educational Purposes Only

BNI-ART Institute, www.bu.edu/bniart



Transgender and Gender Diverse

- When facilitating a brief intervention with transgender and gender diverse (TGD) communities, you should provide the recommended drinking guidelines with transparency, and honesty.
- Acknowledge that they are developed from a binary perspective but offering to assist in utilizing the appropriate guidelines that they decide best suits them.

Arellano-Anderson J, Keuroghlian AS. Screening, Counseling, and Shared Decision Making for Alcohol Use with Transgender and Gender-Diverse Populations. *LGBT Health*. 2020 Nov/Dec;7(8):402-406. doi: 10.1089/lgbt.2020.0179. Epub 2020 Nov 19. PMID: 33216675.



Gender Inclusive (Over 21)

Information & Feedback (Transwoman): Well, I have some information about alcohol, would you mind if I share it with you?

“Experts recommend drinking guidelines for people. Although these guidelines are based on a binary perspective, and if you are alright with it, I can work with you to understand which ones best apply to you, ...is that ok?”

“The current recommended drinking guidelines suggests limiting intakes to 2 drinks or less in a day for men (not to exceed more than 14 in a week) and 1 drink or less in a day for women, (not to exceed more than 7 in a week).

These guidelines are based on male and female anatomy. Biologically, male bodies tend to retain more water than female bodies, and water is needed to metabolize alcohol. That’s why there is a difference in guidelines.”

“Which of these do you think might best apply to you?”

Adapted from: Arellano-Anderson J, Keuroghlian AS. Screening, Counseling, and Shared Decision Making for Alcohol Use with Transgender and Gender-Diverse Populations. *LGBT Health*. 2020 Nov/Dec;7(8):402-406. doi: 10.1089/lgbt.2020.0179. Epub 2020 Nov 19. PMID: 33216675.



Gender Inclusive (Over 21) Spanish

Información y comentarios (mujer trans): Bueno, tengo información sobre el alcohol, ¿estaría bien que lo comparto contigo?

“Los expertos recomiendan pautas de bebida para las personas. Aunque estas pautas se basan en una perspectiva binaria, si estás de acuerdo con ellas, puedo trabajar con usted para comprender cuáles se aplican mejor para ti, ... ¿está bien?”

“Las pautas de bebida recomendadas actuales sugieren limitar la ingesta a 2 tragos o menos en un día para los hombres (que no excedan más de 14 en una semana) y 1 trago o menos en un día para las mujeres (que no excedan más de 7 en un semana).”

Estas pautas se basan en la anatomía masculina y femenina. Biológicamente, los cuerpos masculinos tienden a retener más agua que los cuerpos femeninos, que es lo que el cuerpo necesita para metabolizar el alcohol. Es por eso que hay una diferencia en las pautas”.

“¿Cuál de estas crees que podría aplicarse mejor para ti?”



Adolescent Dialogue (under 21)

Information & Feedback– Well, I have some information about alcohol, would you mind if I share it with you?

“Recapping what you stated here and that you are drinking on some occasions where you have not remembered the night before...

“Your drinking is a concern when you consider how alcohol affects the brain. We know that brain development does well into your twenties and alcohol can result in black outs or poor decision making where sometimes people do things they may regret.

I recommend that you don't drink until you're of legal drinking age of twenty-one, so maybe you can think about that. What do you think?”

Adapted from: Arellano-Anderson J, Keuroghlian AS. Screening, Counseling, and Shared Decision Making for Alcohol Use with Transgender and Gender-Diverse Populations. *LGBT Health*. 2020 Nov/Dec;7(8):402-406. doi: 10.1089/lgbt.2020.0179. Epub 2020 Nov 19. PMID: 33216675.

Making a Referral



- List of treatment facilities (Spanish language, culturally provided services)
- Familiarity with levels of care (cultural matching)
- Know treatment referral criteria (*Personalismo* - name of contact)
- Schedule appointment immediately
- Warm hand-off (peer professionals)
- Follow up



**Referral to
Treatment**

Measuring Efficacy of SBIRT

1. An almost 68-percent reduction in illicit drug use over a 6-month period among patients who had received SBIRT services. (Madras, et al, 2009).
2. Among those who reported heavy drinking at baseline, the rate of heavy alcohol use was almost 39 percent lower at the 6-month follow up. (Madras, et al, 2009).
3. Those who received brief interventions or referrals to specialty treatment also reported other improvements, including fewer arrests, more stable housing situations, improved employment status, fewer emotional problems, and improved overall health. (Madras, et al, 2009).

Avula D, Stegbauer T, Stein JB, Clark HW: Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6months later. Drug Alc Depend 2009 (0)

GPRA Evaluation Link



https://link-bai-eval.com/TTA_GPRA_Post_Event_PEF_2213



References

APA Divisions, Aviera, PhD., Culturally Sensitive and Creative Therapy With Latino Clients, 2011, www.apadivisions.org/division-31/publications/articles/california/aviera.pdf

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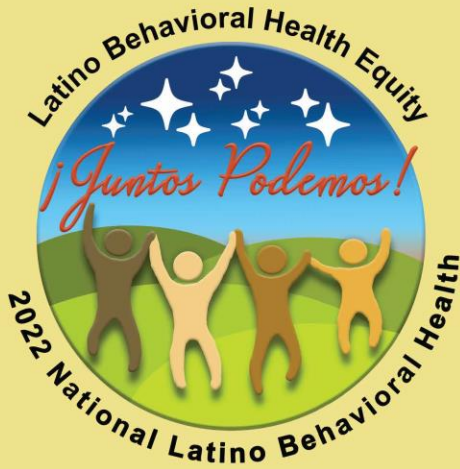


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