Screening, Brief Intervention & Referral to Treatment

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Presentation goals

1. Increase knowledge of screening and brief intervention concepts and techniques
2. Review Screening Steps
3. Review Brief Intervention Techniques

What is SBIRT?

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services
* For individuals with substance use disorders
* Individuals at risk of developing these disorders
Primary care centers, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users
Before more severe consequences occur
In 2013, the USPSTF recommended that clinicians screen adults age 18 years or older for alcohol misuse and provide those reporting risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

Effective January 1, 2014, California provides Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) in primary care settings to all Medi-Cal beneficiaries, 18 years and older.

**Effective January 1, 2014, the law requires that Alternative Benefit Plans cover preventive services described in section 2713 of the Public Health Service Act as part of essential health benefits. Section 2713 includes, among others, alcohol screening and brief behavioral interventions. (Affordable Care Act Section 4106).**

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**New Medi-Cal Benefit (SBIRT)**

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**Medi-Cal SBIRT Implementation**

**Authorized Providers**

- Licensed and non-licensed healthcare staff can provide SBIRT
- Non-licensed staff include: health educators, Certified Addiction Counselors, medical assistants, health coaches, non-licensed behavioral assistants
- Must complete 4-hour SBIRT training
- Have at least 60 hrs coursework, 30 hrs face-to-face direct patient/client contact in his/her field
- Be under supervision of licensed healthcare provider

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**Medi-Cal SBIRT Implementation**

**Authorized Providers**

Supervising licensed healthcare providers currently limited to:

- Physician
- Physician Assistant
- Nurse Practitioner
- Psychologist

** Both the supervising and the non-licensed SBIRT providers must attest to having completed SBIRT training**
**Medi-Cal SBIRT Implementation**

**Authorized Providers**

- At least one supervising licensed provider per clinic or practice must complete 4 hours of SBIRT training within 12 months of initiating SBIRT services
- Rendering licensed providers are highly encouraged, but not required, to complete training
  - Solo physician practices: physician highly encouraged, but not required, to complete training within 12 months of initiating SBIRT services

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**SBIRT: Review of Key Terms**

**Screening:** Very brief set of questions that identifies risk of substance use related problems.

**Brief Intervention:** Brief counseling that raises awareness of risks and motivates client toward acknowledgement of problem.

**Referral:** Procedures to help patients access specialized care.

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**Brief Intervention Effect**

- Brief interventions trigger change
- A little counseling can lead to significant change, e.g., 5 min. has same impact as 20 min
- Research is less extensive for illicit drugs, but promising
- Cocaine/heroin users seen in primary care: 50% higher odds of abstinence at follow-up after receiving BI than those who didn’t get BI
Goal of Brief Interventions

Awareness of problem → Motivation → Behavior change

Presenting problem

Screening results

Why Screening and Brief Intervention?

Rationale for Screening and Brief Intervention

• Substance use is a global public health issue

• Substance use is associated with significant morbidity and mortality

• Early identification and intervention reduces substance-related health consequences
**SBIRT for Alcohol: Significant Reduction of Morbidity and Mortality**

<table>
<thead>
<tr>
<th>Study</th>
<th>Results - conclusions</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma patients</td>
<td>48% fewer re-injury (18 months)  59% less likely to re-hospitalize</td>
<td>Gentilello et al., 1999</td>
</tr>
<tr>
<td>Hospital ER: Screening</td>
<td>Reduced DUI arrests  1 DUI arrest prevented for 9 screens</td>
<td>Schermer et al., 2006</td>
</tr>
<tr>
<td>Physician offices</td>
<td>25% fewer motor vehicle crashes over 48 month follow-up</td>
<td>Fleming et al., 2002</td>
</tr>
<tr>
<td>Meta-analyses</td>
<td>Interventions reduced mortality</td>
<td>Ongena et al., 2004</td>
</tr>
<tr>
<td>Meta-analyses</td>
<td>Treatment reduced alcohol, drug use  Positive social outcomes: substance-related work or academic impairment; physical symptoms (e.g., memory loss, injuries) or legal problems (e.g., driving under the influence)</td>
<td>Burke et al., 2003</td>
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</table>

**Study**
- Randomized trial of brief treatment in the UK
- Project TREAT (Trial for Early Alcohol Treatment)
- Randomized control trial of SBIRT in a Level I trauma center

**Authors**
- UKATT, 2005
- Fleming et al., 2003
- Gentilello et al., 2005

**Cost Savings**
- Reductions in one-year healthcare costs: $2.30 cost savings for each $1.00 spent in intervention
- Reductions in future healthcare costs: $4.30 cost savings for each $1.00 spent in intervention (48-month follow-up)
- Reductions in medical costs: $3.67 cost savings for each $1.00 spent in intervention

**SBIRT for Alcohol: Significant Reduction in Healthcare Costs**

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**Authors**
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**Screening & Brief Intervention for Illicit Drugs: Significant Reduction of Morbidity and Mortality**

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<td>International randomized controlled trial in primary care</td>
<td>65% of brief intervention group significantly reduced illicit substance use (3 months).  Most influential components of BI for participants: hearing screening score, the interview, and “hearing themselves speak”</td>
<td>World Health Organization, 2008</td>
</tr>
<tr>
<td>5 sites nationally, trauma centers, EDs, primary care, hospitals</td>
<td>Rates of illicit drug use reduced 57% (6 months)  Improvements in general health, mental health, and social measures  Feasibility of alcohol &amp; drug screening demonstrated in variety of healthcare settings</td>
<td>Meddas et al., 2009</td>
</tr>
<tr>
<td>9 hospitals EDs in Washington State</td>
<td>Significantly less use of illicit substances and alcohol, improved mental health, increased employment, and reduced homelessness.  Patients twice as likely to enter BU treatment</td>
<td>Gates et al., 2010</td>
</tr>
<tr>
<td>12 sites in Colorado, (1190 patients)</td>
<td>Days using illicit drugs reduced by 47% (6 months)  Daily alcohol use reduced by 49% (6 months)</td>
<td>SBIRT Colorado, 2012</td>
</tr>
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* Screening for drug use is not currently reimbursable.
Screening & Brief Intervention for Illicit Drugs:
Significant Reduction in Healthcare Costs

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<td>9 hospital ERs in Washington State</td>
<td>Medicaid costs reduced $366 per person per month.</td>
<td>Estee et al., 2010</td>
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* Screening for drug use is not currently reimbursable.

The Key to Successful Interventions

Brief interventions are most successful when clinicians relate patients’ risky substance use to improvement in their overall health and well-being.

Distribution of Alcohol (or Drug) Problems

- None
- Mild
- Moderate
- Substantial
- Severe

Specialized Treatment
Brief Intervention
Prevention
2M people (0.8%) receiving treatment*

21M people (7%) have problems needing treatment, but not receiving it*

≈ 60-80M people (~20-25%) using at risky levels

**US Population:**
307,006,550
US Census Bureau, Population Division
July 2009 estimate
*TOUCH 2008*

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**In treatment (2 Million)**

Diagnosable problem with substance use referred to treatment by:
- Self/Family 37%
- Criminal Justice 25%
- Other SUD Program 8%
- Assessment Center 19%
- Healthcare 3%
- Other 8%

*Los Angeles County Data*

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**In need of treatment (21 Million)**

- Reported problems associated with use
- Not in treatment currently
  - 1.1% Made an effort to get treatment
  - 3.7% Felt they needed treatment, but made no effort to get it
  - 95.2% Did not feel that they needed treatment

Conclusion: The vast majority of people with a diagnosable illicit drug or alcohol disorder are **unaware of the problem** or do not feel they need help.
Using at risky levels (60-80 Million)
- Do not meet diagnostic criteria
- Level of use indicates risk of developing a problem

**Some examples…**
- Man has 3-4 beers a few times per week
- Pregnant woman occasionally has a glass of wine to relieve stress
- Adolescent smokes marijuana with his friends on weekends
- Occasionally takes a couple extra Vicodin to help with pain

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**Implications**

As long as specialty care programs (SUD treatment programs) are the only places that address substance use:

- Most individuals with **severe** substance-related problems **will not** receive treatment
- Virtually all individuals with **moderately risky** use **will not** receive professional attention that might otherwise have prevented escalation to more severe health consequences

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**Locations for Routine Screening**

- Primary care settings
- Emergency rooms/trauma centers
- Prenatal clinics/Ob-Gyn offices
- Medical specialty settings for diabetes, liver, and kidney disease/transplant programs
- Pediatrician offices
- College health centers
- Mental health settings
- Infectious disease clinics
- Drinking driver programs
**Brief Intervention Effect:**

- Brief interventions trigger change.
- A little counseling can lead to significant change, e.g., 5 min. has same impact as 20 min.
- SBI can reduce accidents, injuries, trauma, emergency department visits, depression, drug-related infections and infectious diseases.
- Can save $ - SBI for alcohol saves $2 - $4 for each $1.00 expended.
- Research is less extensive for illicit drugs, but promising.

See reference list.

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**What is a standard drink?**

Although they restricted themselves to one drink at each meal, Abe and Brian found these were not of their most favorite in the after work.

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**Drinking Guidelines**

- **Men:** No more that 4 drinks on any day and 14 drinks per week.
- **Women:** No more than 3 drinks on any day and 7 drinks per week.
- **Men and Women >65:** No more than 3 drinks on any day and 7 drinks per week.

NIAAA, 2011.
### Step 1: Screening to Identify Patients At Risk for Substance Use Problems

#### SBI Procedures

Follow-up Action Depends on Score

<table>
<thead>
<tr>
<th>Screening Score</th>
<th>Negative Screen</th>
<th>Positive Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive Reinforcement</td>
<td>Brief Intervention/Brief Treatment</td>
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</table>

#### Screening Score

- **Positive Screen**: Follow-up action depends on score.
- **Negative Screen**: No further action.

### Screen Target Population # Item Assessment Setting Interview Type

<table>
<thead>
<tr>
<th>Screen</th>
<th>Target Population</th>
<th># Item</th>
<th>Assessment</th>
<th>Setting Interview</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIST (WHO)</td>
<td>Adults - validated in many cultures and languages</td>
<td>8</td>
<td>Hazardous, harmful, or dependent drug use (including injection drug use)</td>
<td>Primary Care</td>
<td>Interview</td>
</tr>
<tr>
<td>AUDIT (WHO)</td>
<td>Adults and adolescents - validated in many cultures and languages</td>
<td>10</td>
<td>Identifies alcohol problem use and dependence. Can be used as a pre-screen to identify patients in need of full screen/brief intervention</td>
<td>Different settings - AUDIT-C Primary Care (3 questions)</td>
<td>Self-admin, Interview, or computerized</td>
</tr>
<tr>
<td>DAST-10</td>
<td>Adults</td>
<td>10</td>
<td>To identify drug-use problems in past year</td>
<td>Different settings</td>
<td>Self-admin or Interview</td>
</tr>
<tr>
<td>CRAFFT</td>
<td>Adolescents</td>
<td>6</td>
<td>To identify alcohol and drug abuse, risky behavior, &amp; consequences of use</td>
<td>Different settings</td>
<td>Self-admin</td>
</tr>
<tr>
<td>CAGE</td>
<td>Adults and youth ≥30</td>
<td>4</td>
<td>Signs of dependence, not risky use</td>
<td>Primary Care</td>
<td>Self-admin or Interview</td>
</tr>
<tr>
<td>TWEAK</td>
<td>Pregnant women</td>
<td>5</td>
<td>Risky drinking during pregnancy. Based on CAGE. Asks about number of drinks one can tolerate, alcohol dependence, &amp; related problems</td>
<td>Primary Care, Women’s organizations, etc.</td>
<td>Self-admin, Interview, or computerized</td>
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</tbody>
</table>
Before Asking Screening Questions

- I am going to ask you some personal questions about alcohol (and other drugs) that I ask all my patients.
- Your responses will be confidential.
- These questions help me to provide the best possible care.
- You do not have to answer them if you are uncomfortable.

Step 2: Conducting a Brief Intervention using MOTIVATIONAL INTERVIEWING SKILLS

What is Motivational Interviewing?

It is:

A style of talking with people constructively about reducing their health risks and changing their behavior.

It is designed to:

Enhance the client’s own motivation to change using strategies that are empathic and non-confrontational.
MI - The Spirit: Clinician

- Nonjudgmental and collaborative
- Based on consumer and clinician partnership
- Gently persuasive
- More supportive than argumentative
- Listens rather than tells
- Communicates respect and acceptance for consumers and their feelings
- Resistance is met with reflection

MI - The Spirit: Client

- Responsibility for change is left with the client
- Change arises from within rather than being imposed from without
- Emphasis on client’s personal choice for deciding future behavior
- Focus on eliciting the client’s own concerns

How does MI differ from traditional or typical medical counseling?

- People are almost always ambivalent about change.
- Ambivalence is the key issue to be resolved for change to occur.
- People are more likely to change when they hear their own discussion of their ambivalence.
- This discussion is called “change talk” in MI.
- Getting patients to engage in “change talk” is a critical element of the MI process.

*Glovsky and Rose, 2008
Where do I start?

- What you do depends on where the consumer is in the process of changing.
- The first step is to be able to identify where the consumer is coming from.

Stages of Change: Primary Tasks

1. Precontemplation
   - Definition: Not yet considering changing or enabling an individual to change.
   - Primary Task: Raising Awareness.

2. Contemplation
   - Definition: Sees the possibility of change but is ambivalent and uncertain.
   - Primary Task: Resolving ambivalence.

3. Preparation
   - Definition: Experiencing change or enabling an individual to change.
   - Primary Task: Helping to choose change.

4. Action
   - Definition: Taking steps toward change but has not stabilized in the process.
   - Primary Task: Help implement change strategies.

5. Maintenance
   - Definition: Has achieved the goal and is working to maintain change.
   - Primary Task: Develop new skills for maintaining recovery.

6. Relapse
   - Definition: Experienced a recurrence of the symptoms.
   - Primary Task: Cope with consequences and determine what to do next.
Avoid Warnings!

Feedback
Listen & Understand
Options Explored

(that’s it)
How Does It All Fit Together?

Feedback
  - Setting the stage
  - Tell screening results
  - Listen & understand
  - Explore pros & cons
  - Explain importance
  - Assess readiness to change
  - Discuss change options
  - Options explored
  - Follow up

The 3 Tasks of a BI

F - Feedback
L - Listen & Understand
O - Options Explored

The 1st Task: Feedback

The Feedback Sandwich
  - Ask Permission
  - Give Feedback
  - Ask for Response
What do you say?

1. **Range of score and context** - Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8.

2. **Results** - Your score was 18 on the alcohol screen.

3. **Interpretation of results** - 18 puts you in the moderate-to-high risk range. At this level, your use is putting you at risk for a variety of health issues.

4. **Norms** - A score of 18 means that your drinking is higher than 75% of the U.S. adult population.

5. **Patient reaction/feedback** - What do you make of this?

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**Finding a Hook**
- Ask the patient about their concerns
- Provide non-judgmental feedback/information
- Watch for signs of discomfort with status quo or interest or ability to change
- Always ask this question: “What role, if any, do you think alcohol played in your (getting injured)?
  - Let the patient decide.
  - Just asking the question is helpful.

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**Handling Resistance**
- Look, I don’t have a drinking problem.
- My dad was an alcoholic; I’m not like him.
- I can quit drinking anytime I want to.
- I just like the taste.
- Everybody drinks in college.

What would you say?
To avoid this...

LET GO!!

The 1st Task: Feedback

Easy Ways to Let Go

• I’m not going to push you to change anything you don’t want to change.
• I’d just like to give you some information.
• What you do is up to you.

The 3 Tasks of a BI

F
L
O
Feedback
Listen & Understand
Options Explored
Listen for the Change Talk

- Maybe drinking did play a role in what happened.
- If I wasn’t drinking this would never have happened.
- Using is not really much fun anymore.
- I can’t afford to be in this mess again.
- The last thing I want to do is hurt someone else.
- I know I can quit because I’ve stopped before.

Summarize, so they hear it twice!

Avoid questions that inspire a yes/no answer.

Strategies for Weighing the Pros and Cons

- What do you like about drinking?
- What do you see as the downside of drinking?
- What else?

Summarize Both Pros and Cons

“On the one hand you said..., and on the other you said….”
The 2nd Task: Listen & Understand

Importance/Confidence/Readiness

On a scale of 1–10…

- How important is it for you to change your drinking?
- How confident are you that you can change your drinking?
- How ready are you to change your drinking?

For each ask:

- Why didn’t you give it a lower number?
- What would it take to raise that number?

1 2 3 4 5 6 7 8 9 10

The Payoff for Asking the Questions...

- These questions will lead to a working treatment plan
  - Stage of change
  - Benefits of use
  - Consequences of use
  - Willingness to work on these issues

The 3 Tasks of a BI

F L O

Feedback Listen & Understand Options Explored

OOOO

Feedback

Options Explored
What now?
- What do you think you will do?
- What changes are you thinking about making?
- What do you see as your options?
- Where do we go from here?
- What happens next?

Offer a Menu of Options
- Manage drinking/use (cut down to low-risk limits)
- Eliminate your drinking/drug use (quit)
- Never drink and drive (reduce harm)
- Utterly nothing (no change)
- Seek help (refer to treatment)

During MENUS you can also explore previous strengths, resources, and successes
- Have you stopped drinking before?
- What personal strengths allowed you to do it?
- Who helped you and what did you do?
- Have you made other kinds of changes successfully in the past?
- How did you accomplish these things?
The 3rd Task: Options for Change

Giving Advice Without Telling Someone What to Do

- Provide Clear Information (Advise or Feedback)
  - What happens to some people is that...
  - My recommendation would be that...
- Elicit their reaction
  - What do you think?
  - What are your thoughts?

The 3rd Task: Options for Change

Closing the Conversation (“SEW”)

- Summarize patients views (especially the pro)
- Encourage them to share their views
- What agreement was reached (repeat it)

Encourage Follow-Up Visits

At follow-up visit:
- Inquire about use
- Review goals and progress
- Reinforce and motivate
- Review tips for progress

See reference list
Referral to Treatment

- Approximately 5% of patients screened will require referral to substance use evaluation and treatment.
- A patient may be appropriate for referral when:
  - Assessment of the patient’s responses to the screening reveals serious medical, social, legal, or interpersonal consequences associated with their substance use.

These high risk patients will receive a brief intervention followed by referral.

“Warm hand-off” Approach to Referrals

- Describe treatment options to patients based on available services
- Develop relationships between health centers, who do screening, and local treatment centers
- Facilitate hand-off by:
  - Calling to make appointment for patient/student
  - Providing directions and clinic hours to patient/student
  - Coordinating transportation when needed

Thank You!!

Thank you for your participation!

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