

# Screening, Brief Intervention and Referral to Treatment (SBIRT): Overview and Introduction

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# Introduction to the webinar

- National Council
  - Aaron M. Williams, MA,  
Director of Training and Technical Assistance for Substance Abuse SAMHSA/HRSA Center for Integrated Health Solutions, National Council for Community Behavioral Healthcare
- National SBIRT Addiction Technology Transfer Center
  - Holly Hagle, PhD

# What is SBIRT?

- SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at-risk of developing them.
- Primary care, trauma centers, emergency departments, and other settings provide opportunities BEFORE more severe consequences occur.

# Goals of SBIRT

- To encourage healthcare providers to screen and provide advice or counseling to their patients who misuse alcohol or other drugs.
- To influence risky behavior patterns and reduce exposure to the negative consequences of misuse.
- To improve linkages between general community health care and specialized substance abuse providers to facilitate access to care when needed.

**Table 1. EFFECTIVENESS OF SBIRT AND ITS COMPONENTS FOR BEHAVIORAL HEALTH CONDITIONS**

	Screening	Brief Intervention <sup>1</sup>	Brief Treatment <sup>2</sup>	Referral to Treatment	Evidence for Effectiveness of SBIRT
Alcohol Misuse/Abuse	✓	✓	✓	✓	Comprehensive SBIRT effective (Category B classification, USPSTF)
Illicit Drug Misuse/Abuse	✓	*	*	✓	Growing but inconsistent evidence
Tobacco Use	✓	✓	✓	✓	Effective brief approach consistent with SBIRT (USPSTF; 2008 U.S. Public Health Service (PHS) Clinical Practice Guideline)
Depression	✓	—	✓	✓	No evidence to date for depression
Trauma/Anxiety Disorders	✓	*	—	✓	No evidence to date for trauma/anxiety disorders

**Key:** ✓ Evidence for effectiveness/utility of component

\* Component Demonstrated to show Promising Results

— Not Demonstrated and/or Not Utilized

<sup>1</sup>Brief intervention as defined by the SAMHSA SBIRT program involves 1-5 sessions lasting 5 minutes to an hour. Among SBIRT grantees funded by SAMHSA, about 15% of patients receive scores that indicate a brief intervention.

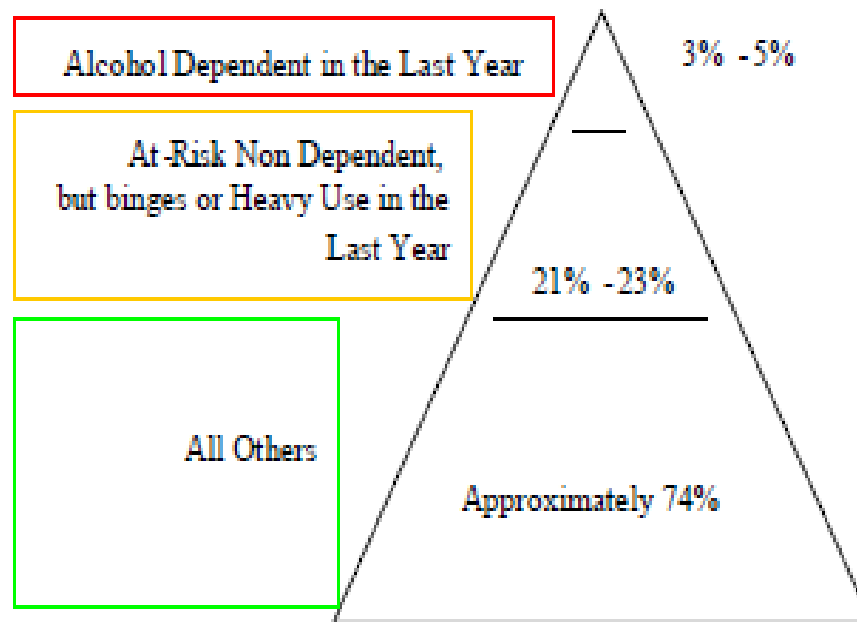
<sup>2</sup>Brief treatment as part of SBIRT involves 5-12 sessions, lasting up to an hour. Among State SBIRT grantees funded by SAMHSA, about 3% of patients receive a score that dictates a brief treatment.

# OVERVIEW OF WHY WE NEED SBIRT

# Role of Healthcare Professional in Drug and Alcohol Use: SBIRT

1. Identification of use, misuse, and problematic use; screen with simple direct methods
2. Connection of use/misuse to health related issues
3. Consumption reduction
4. Brief Intervention
5. Referral for formal assessment

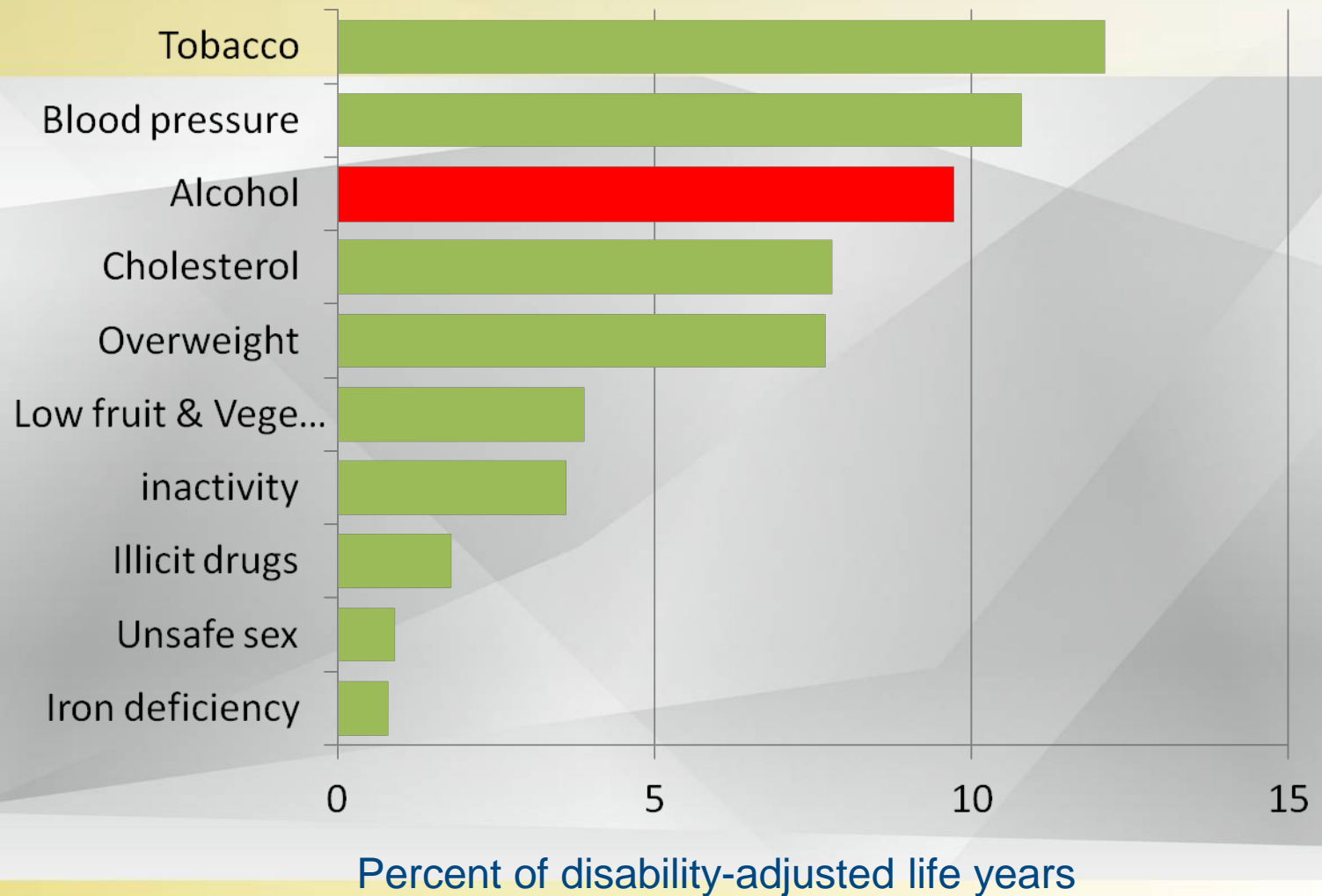
## Pyramid of Alcohol Use Problems





# Impact of alcohol misuse

## The 10 Leading Risk Factors for Disease In Developed Countries



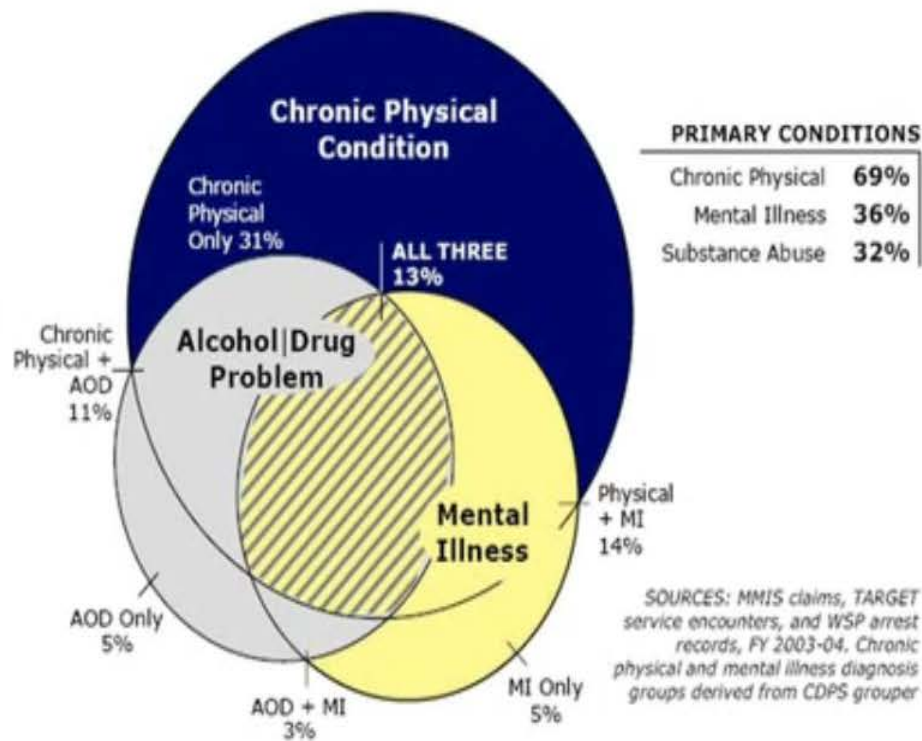
# Connecting Three Dots: The Importance of Behavioral Health

Mental Health, Substance Use, and Co-Occurring Disorders: an Inseparable Part of the Equation

## Co-occurring Diagnoses and the GA-U Population

52 percent had substance abuse or mental illness identified

31 percent had a chronic physical condition only



# The SBIRT model



# SCREENING

Screen	Target Population	# Items	Assessment	Setting (most common)	Type
ASSIST (WHO)	-Adults -Validated in many cultures and languages	8	Hazardous, harmful, or dependent drug use (including injection drug use)	Primary Care	Interview
AUDIT (WHO)	-Adults and adolescents -Validated in many cultures and languages	10	Identifies alcohol problem use and dependence. Can be used as a pre-screen to identify patients in need of full screen/brief intervention	-Different settings -AUDIT C- Primary Care (3 questions)	Self-admin, Interview, or computerized
DAST-10	Adults	10	To identify drug-use problems in past year	Different settings	Self-admin or Interview
CRAFFT	Adolescents	6	To identify alcohol and drug abuse, risky behavior, & consequences of use	Different settings	Self-admin
CAGE-AID	Adults and youth >16	4	-Signs of dependence, not risky use	Primary Care	Self-admin or Interview
TWEAK	Pregnant women	5	-Risky drinking during pregnancy. Based on CAGE. -Asks about number of drinks one can tolerate, alcohol dependence, & related problems	Primary Care, Women's organizations, etc.	Self-admin, Interview, or computerized

# BRIEF INTERVENTION

# What is Motivational Interviewing?

- Approach to behavior change that assumes that motivation is fluid and can be influenced
- Motivation is influenced in the context of a relationship
- Principle tasks are to work with ambivalence and resistance
- Goal is to evoke and strengthen personal motivation for change

# Brief Intervention

- Brief counseling that raises awareness of risks and motivates client toward acknowledgement of problem.
- Matching the brief intervention to the persons readiness to change through motivational interviewing techniques



# The Stages of Change Model

The model describes 5 stages of change:

- 1) Precontemplation
- 2) Contemplation
- 3) Preparation
- 4) Action
- 5) Maintenance

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19(3), 276-287.

# Brief Intervention

## Using Motivational Interviewing Techniques

- Step 1: Raise the Subject
- Step 2: Provide Feedback
- Step 3: Enhance Motivation
- Step 4: Negotiate and Advise

# REFERRAL TO TREATMENT REFERRAL AND TREATMENT

# Referral to Treatment

- Meaningful and real
- A referral that the patient is likely to utilize
- Best when made to a known and trusted provider
- Local resources
- Referral to treatment
- Referral and treatment

# SBIRT IMPLEMENTATION

# Implementation

We already do 50 million things....  
How can we do one more?

# Implementation issues

- Scalability – its not a one size fits all
- Facility specific – it does boil down to how will it work at each site
- Common barriers – design specific & site specific

Source: Field, C. Implementing SBIRT & Brief Intervention in Trauma Care Setting  
retrieved September 14, 2012

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# Implementation Checklist

- Do a strengths assessment
- Define target population
- Develop clear practice guidelines
- Develop a charting protocol
- Develop a billing strategy
- Develop a data collection and storage plan
- Develop a quality improvement initiative
- Establish a referral network

Source - Field, C. Implementing SBIRT & Brief Intervention in Trauma Care Setting retrieved September 14, 2012

[http://hospitalsbirt.webs.com/Setting%20up%20a%20SBI%20Program%20Webinar%209\\_2012.pdf](http://hospitalsbirt.webs.com/Setting%20up%20a%20SBI%20Program%20Webinar%209_2012.pdf)



# Discussion

- Can you do one more thing?
- Would you do universal screening ?
  - If yes, how would you do it?
- Can everyone in the clinic use MI techniques?
- Can someone besides the PCP do the SBI?
- SBIRT in the context of EHR and meaningful use.

# Resources

- SAMHSA <http://www.samhsa.gov/prevention/sbirt/>
- National Council CIHS  
<http://www.integration.samhsa.gov/clinical-practice/sbirt>
- Online course for docs - <http://www.sbirttraining.com/>
- websites <http://www.oasas.ny.gov/AdMed/sbirt/index.cfm>  
<http://www.improvinghealthcolorado.org/>  
<http://www.sbirtoregon.org/>  
<http://medicine.yale.edu/sbirt/index.aspx>  
<http://www.bu.edu/bniart/sbirt-experience/sbirt-programs/>  
<http://www.pcssprimarycare.org/>  
<http://www.attcelearn.org/>  
<http://worldofsbirt.wordpress.com/>  
<http://www.motivationalinterview.org/>

Thank you for your time and attention.