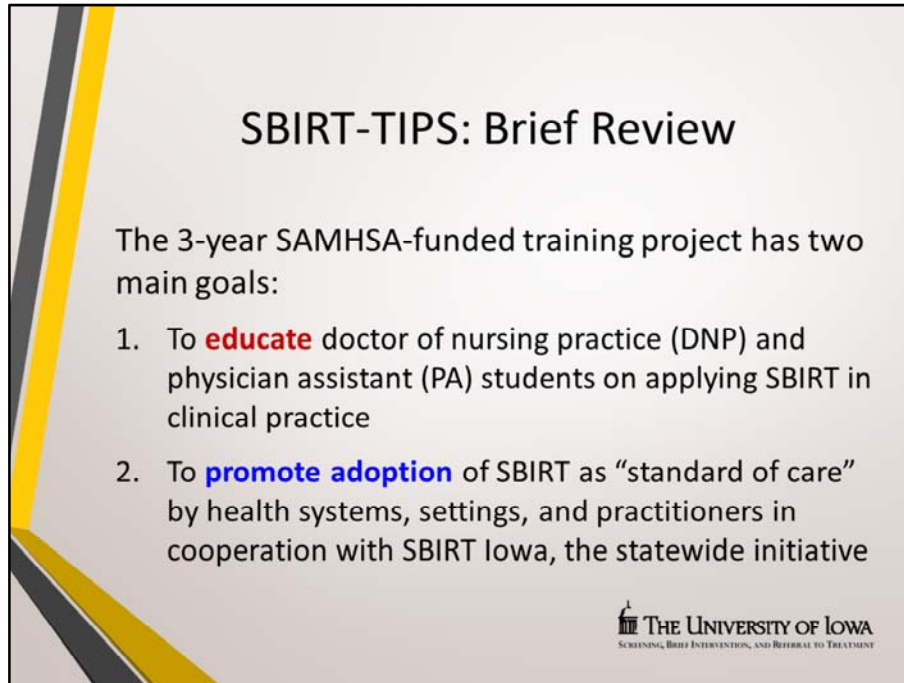



Welcome back to our program!

A slide titled "SBIRT-TIPS: Brief Review" with a decorative yellow and grey border on the left side. The text describes the project's goals and lists two main objectives. The University of Iowa logo is in the bottom right corner.

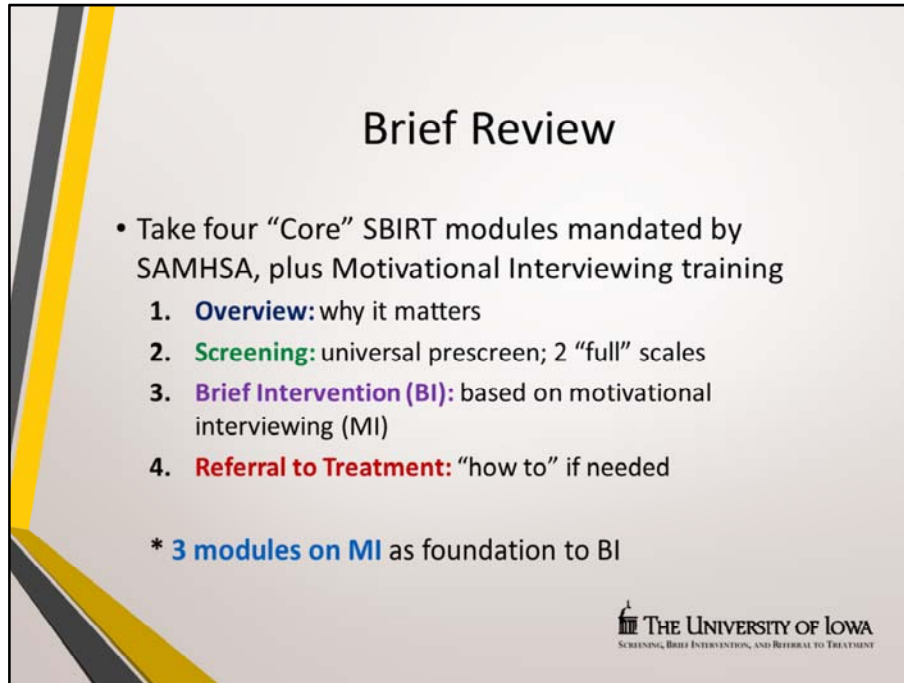
SBIRT-TIPS: Brief Review

The 3-year SAMHSA-funded training project has two main goals:

1. To **educate** doctor of nursing practice (DNP) and physician assistant (PA) students on applying SBIRT in clinical practice
2. To **promote adoption** of SBIRT as “standard of care” by health systems, settings, and practitioners in cooperation with SBIRT Iowa, the statewide initiative


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As you likely recall, the SBIRT-TIPS training program is a federally-funded project that aims to both educate practitioner students and impact health systems.

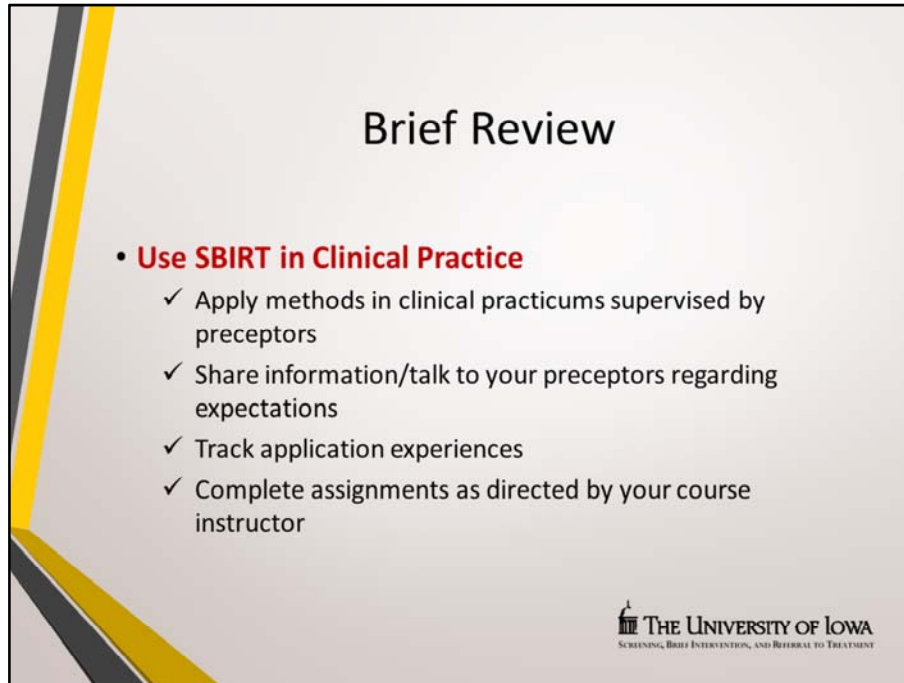


Brief Review

- Take four “Core” SBIRT modules mandated by SAMHSA, plus Motivational Interviewing training
 1. **Overview:** why it matters
 2. **Screening:** universal prescreen; 2 “full” scales
 3. **Brief Intervention (BI):** based on motivational interviewing (MI)
 4. **Referral to Treatment:** “how to” if needed
- * **3 modules on MI** as foundation to BI


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Let’s start with a quick review of what the training in our program involves, which starts with didactic content that is provided as self-directed learning.



Brief Review

- **Use SBIRT in Clinical Practice**
 - ✓ Apply methods in clinical practicums supervised by preceptors
 - ✓ Share information/talk to your preceptors regarding expectations
 - ✓ Track application experiences
 - ✓ Complete assignments as directed by your course instructor

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After taking the didactic, each student will apply the content in their clinical experiences and report outcomes using the standardized methods that are used for other clinical experiences. Related assignments will be guided by your individual course instructors.



Brief Review


- **Come prepared to talk with your preceptor** about SBIRT-related expectations
 - ✓ Application is YOUR responsibility, not THEIRS
 - ✓ You will provide a packet of materials
 - SBIRT-related tools, supportive materials
 - Explanation of course expectations for applying with clients and assignments
- **Use the SAMHSA Treatment Facility Locator** to make a list of resources for your/your preceptor's review


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Remember that the responsibility for applying the SBIRT process in practicums is yours, and that being prepared is important. That includes using the treatment facility locator ahead of time so you can have an informed discussion with your preceptor.

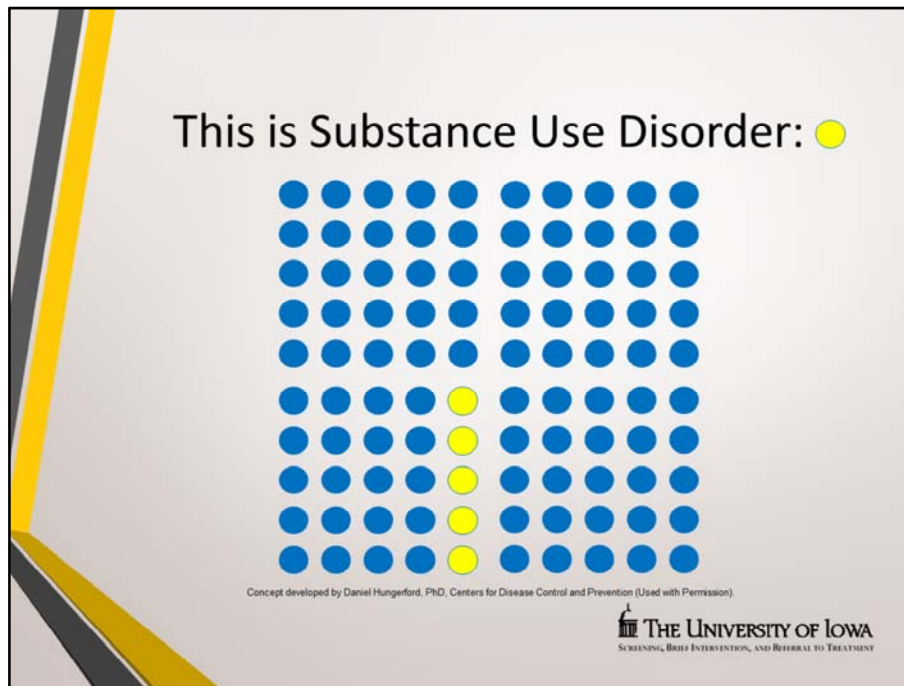
Back to the Basics...

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.



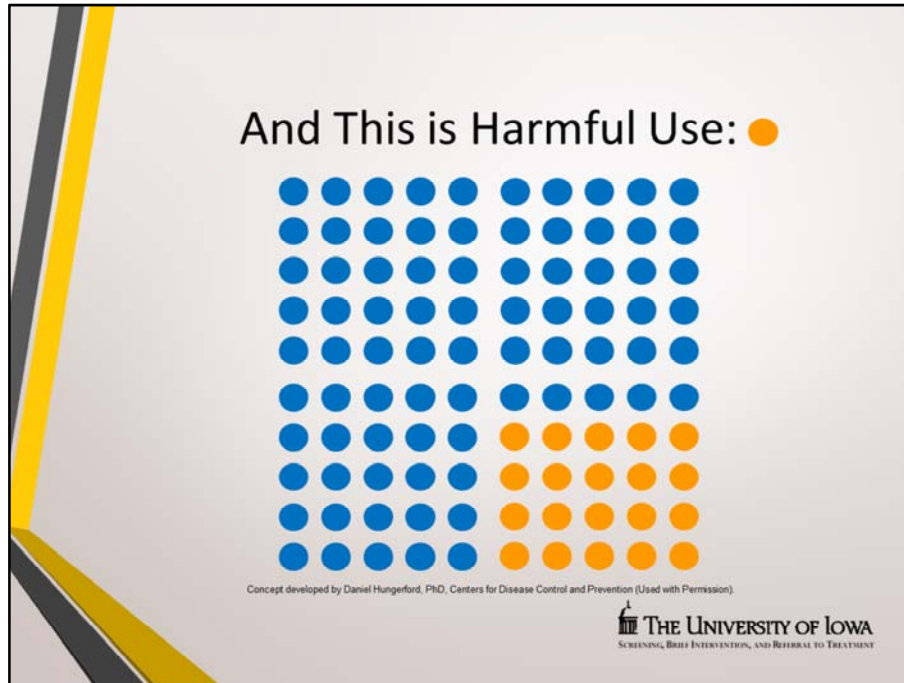
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Now let's do a quick review to get the SBIRT ideas back in mind as you get ready to apply them in clinical practice.




As a reminder, only 5 percent of the population has a diagnosable substance use disorder.

Reference: World Health Organization *Brief Intervention for Hazardous and Harmful Drinking*; Thomas F. Babor and John C. Higgins-Biddle, 2001.



However, 20 percent of the population is at risk for problems.

Reference: World Health Organization *Brief Intervention for Hazardous and Harmful Drinking*; Thomas F. Babor and John C. Higgins-Biddle, 2001.



SBIRT Process Overview

Annual 2-Question Prescreen

Negative:
Stop

Positive:
Full AUDIT or DAST-10
☑ Education Sheet

Low Risk:
☑ Positive Reinforcement

Risky:
☑ Brief Intervention


Harmful or Dependent:
☑ Brief Intervention
☑ Referral

Step:	Who:	What you need:
Annual 2-Question Prescreen	Everyone	Annual Prescreen Form
Full Screen	If Prescreen is Positive	AUDIT (Alcohol) or DAST-10 (Drugs) or Both
		Patient Education Sheet
Action	Risky	Brief Intervention
	Harmful or Dependent	Brief Intervention & Referral or Treatment Locator

Start here! This SBIRT Process Overview handout is a great reminder of steps taken in clinical care.

This is available on our website clearinghouse:
www.uiowa.edu/sbirt/

Pocket Card



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This handout about the SBIRT process provides a nice visual of the step-wise decision-making we use based on scale outcomes. Remember:

- The 2-question prescreen takes less than a minute, and the AUDIT and DAST take only about 3 to 5 minutes – so not a lot of time.
- You’ll likely complete a lot of negative prescreens before you have to do a full screen.
- Even after you do the full screen, many will be low risk – so no additional intervention is needed!

UI-branded copy of the annual (prescreening) form

This is available on our website clearinghouse: www.uiowa.edu/sbirt/

Note: the alcohol question depends on age and sex

Pocket Card

As you complete the annual – or prescreening – questions, make sure you use the guidance on age and sex about number of drinks in a day.

What is "A Drink"?



**Pocket
Card**

12 fl oz of regular beer	=	8-9 fl oz of malt liquor <small>(shown in a 12 oz glass)</small>	=	5 fl oz of table wine	=	1.5 fl oz shot of 80-proof spirits <small>("hard liquor"— whiskey, gin, rum, vodka, tequila, etc.)</small>
						
about 5% alcohol		about 7% alcohol		about 12% alcohol		about 40% alcohol

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

National Institute on Alcohol Abuse and Alcoholism. (2013). What is a standard drink? Retrieved from <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/standard-drink>

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It's also important to remind the person what "a drink" actually is! In practice, drinks are often provided in greater volumes than what you see here – for example, pints of beer or glasses of wine that are far more than 5 ounces.

Reference: National Institute on Alcohol Abuse and Alcoholism. (2013). What is a standard drink? Retrieved from <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/standard-drink>

AUDIT

Drinking alcohol can affect your health and the medications you take. Please help us provide you with the best possible medical care by answering the questions below.

Question	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
1. How often do you have a drink containing alcohol?	0	1	2	3	4
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 to 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No	Yes, but not in the last year	Yes, in the last year		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year	Yes, in the last year		

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UI-branded copy of the AUDIT form


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If the person is positive on the prescreen for alcohol, we use the 10-item AUDIT – which stands for Alcohol Use Disorders Identification Test. We have taken the scoring off the version you use so it can be self-administered, so remember that the columns are scored 0 to 4 from left to right.

Name: _____
Date: _____



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The Official 2023-2024 SBIRT-TIPS Refresher

Scoring Tool

Scoring the AUDIT

The score for each response ranges from 0 to 4, from left to right.
Sum the scores of all responses.

	Low Risk (Neg)	Risky (BI)	Harmful or Dependent (BI & RT)
Score _____	0 - 7	8 - 15	16 +


Scoring the DAST-10

Except for Question 3, the score for each "Yes" is 1. The score for each "No" is 0.
For Question 3, the score for "Yes" is 0, and the score for "No" is 1.
Sum the scores of all responses.

	Low Risk (Neg)	Risky (BI)	Harmful or Dependent (BI & RT)
Score _____	0	1 - 2	3 +

Score Interpretation


Score	Zone	Action
AUDIT: 0-7 DAST: 0	Low Risk	Encouragement & Praise
AUDIT: 8-15 DAST: 1-2	Risky	Brief Intervention
AUDIT: 16+ DAST: 3+	Harmful or Dependent	Brief Intervention & Referral to Treatment

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UI-branded copy of scoring information

This is available on our website clearinghouse:
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First, sum the column scores on the AUDIT to get a total score. Then use this Scoring Tool to interpret the score and decide what the next step should be.

UI-branded copy of the annual (prescreening) form

This is available on our website clearinghouse: www.uiowa.edu/sbirt/

Illicit drug use, but also use of prescription drugs for non-medical purpose!

Pocket Card

We do the same thing for illicit drug use or the use of prescription drugs for a non-medical purpose. Remember, the two questions are asked at the same time and it takes less than a minute to do.

Name: _____
Date: _____

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DAST-10

Using drugs other than those required for medical reasons can affect your health and some medications you take. Please help us provide you with the best possible medical care by answering the questions below.

These questions refer to the past 12 months.

1. Have you used drugs other than those required for medical reasons? Yes No
2. Do you abuse more than one drug at a time? Yes No
3. Are you always able to stop using drugs when you want to? (if never use drugs, answer "Yes.") Yes No
4. Have you ever had blackouts or flashbacks as a result of drug use? Yes No
5. Do you ever feel bad or guilty about your drug use? (if never use drugs, answer "No.") Yes No
6. Does your spouse (or parents) ever complain about your involvement with drugs? Yes No
7. Have you neglected your family because of your use of drugs? Yes No
8. Have you engaged in illegal activities in order to obtain drugs? Yes No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? Yes No
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)? Yes No

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UI-branded copy of the DAST-10

This is available on our website clearinghouse:
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Pocket Card

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If the person is positive on the prescreen for drugs, then we follow with the 10-item DAST, or Drug Abuse Screening Test. Remember, Yes is scored as “1” and No is scored as “0” except for item 3 – which is the reverse. Yes is “0” for that question.

Keep in mind that the person may be positive for both alcohol and drugs on the prescreen so we may need to use both the AUDIT and the DAST.

Prescription Drug Misuse

- Many people take medications that are not prescribed to them (“borrow” meds), or don’t take their prescription drugs “as prescribed”
- SBIRT is primarily concerned with “recreational use” (non-medical purpose)
 - ✓ Opioids
 - ✓ Benzodiazepines
 - ✓ Depressants
 - ✓ Stimulants


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One thing that is important to remember is that lots of people may use prescription drugs “inappropriately” – but their intent is still to treat a medical condition. That might be a focus of care, but SBIRT is only about non-medical use of medications – using prescription or over-the-counter drugs for recreational purposes.

Screening: Summary

- Screening is the first step of the SBIRT process and determines the severity and risk level of the patient's substance use
- The result of a screen allows the provider to determine if a brief intervention or referral to treatment is a necessary next step for the patient


Remember! We can't identify risk and reduce harm if we don't ASK!

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Again, screening is the essential first step in helping patients to reduce risky substance-use behaviors. If we don't ask, we can't educate and assist them to change their behavior.

Brief Intervention ~ if needed

- **Educate** the patient on safe levels of substance use
- **Increase** the patient's **awareness** of the consequences of substance use
- **Motivate** the patient towards changing substance use behavior
- **Assist** the patient in making choices that reduce their risk of substance use problems


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For those engaged in risky (or harmful) substance use, we'll use the Brief Intervention. Remember that these goals are fluid and depend on a variety of factors.


The primary purpose is to explore healthy behavior change in a respectful, non-judgmental way – and within a 5- to 15-minute time period. Instead of telling the person what changes he/she should make, the Brief Intervention elicits reasons for change and action steps from the patient. This makes any potential behavior changes all the more empowering to the person.

Remember! Shift the focus...

From feeling responsible for changing patients' behavior



To supporting them in thinking and talking about their own reasons and means for behavior change


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Motivational Interviewing, which is the foundation of the Brief Intervention, places the impetus for change directly on the patient. The practitioner's job is to support the patient in reaching their own conclusions about change. So your job is to elicit and support change, not to force or demand it.

Steps in the Brief Intervention

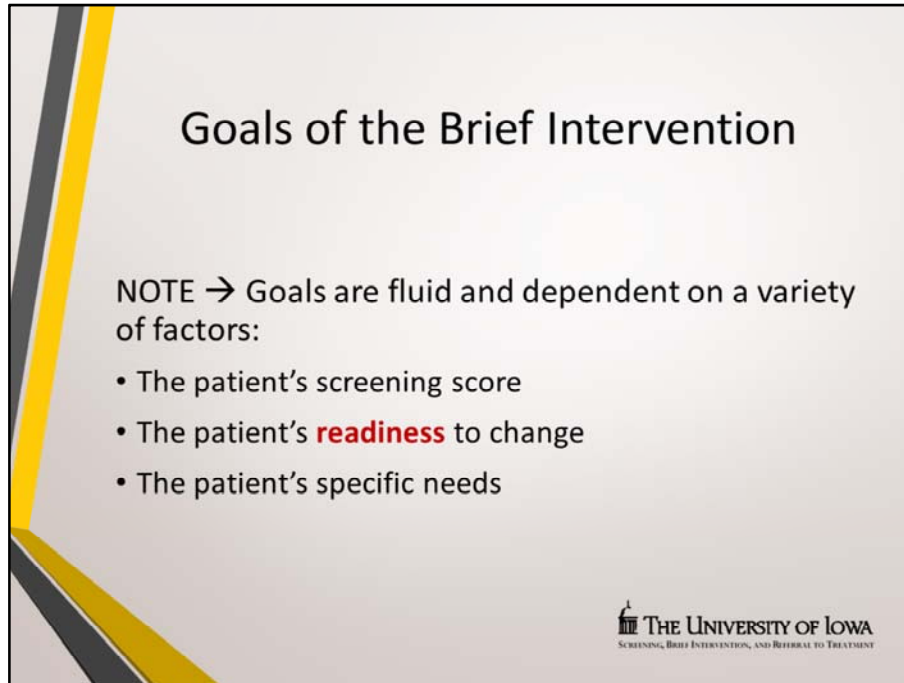
Using the Brief Negotiated Interview

- Build rapport—raise the subject
- Explore the pros and cons of use
- Provide information and feedback
- Assess readiness to change with the “readiness ruler”
- Negotiate an action plan



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When conducting a Brief Intervention, the Brief Negotiated Interview provides a semi-structured format that is relatively quick and easy to use.



Goals of the Brief Intervention

NOTE → Goals are fluid and dependent on a variety of factors:

- The patient's screening score
- The patient's **readiness** to change
- The patient's specific needs


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How this works in daily practice will depend on a variety of things. Take time to consider individual differences – and particularly, readiness to change.


Use a “Ruler”

- On a scale from 1 to 10...
 - ✓ How **ready** are you to make a change?
 - ✓ How **important** is it?
 - ✓ How **confident** are you?

1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready


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Readiness is a critical issue, one that Motivational Interviewing can “nudge” in the desired direction. Using the ruler to talk about readiness, importance, and confidence to change can help identify both “barriers to reduce” and “facilitators to build on.”



Brief Negotiated Interview – Substance Use

1. BUILD RAPPORT Ask permission Raise the subject	I appreciate you answering our health questionnaire. I'd like to take a few minutes to talk about your results. Is that okay with you? Tell me about a typical day in your life. Where does your current [alcohol/drug] use fit in?
2. PROS & CONS Summarize	Help me understand, through your eyes, the good things about using [alcohol/drugs]. What are some of the not-so-good things? So, on one hand [PROS] and on the other [CONS].
3. PROVIDE INFORMATION & FEEDBACK Ask permission Discuss screening findings Link substance use behaviors to any known consequences Elicit a response	I have some information on low-risk guidelines for drinking/drug use. Would you mind if I shared them with you? We know that drinking _____ [amount] ... and/or using 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 relevant medical information]. What are your thoughts on that?
4. BUILD READINESS TO CHANGE Introduce the Readiness Ruler Reinforce positives Ask about a lower number	This Readiness Ruler is like the Pain Scale we use to rate current pain. On a scale from 1 to 10, with 1 being not ready at all and 10 being completely ready, how [safe] are you to make any changes in your drinking/drug use? You marked _____. That's great! That means you're _____% ready to make a change. Why did you choose that number and not a lower one like a 1 or a 2? On a scale of 1 to 10, how [important] is it for you to decrease or quit drinking/drug use? On a scale of 1 to 10, how confident are you that you will be able to make this change?
5. NEGOTIATE AN ACTION PLAN Emphasize strengths Identify supports Write down steps Offer appropriate resources Thank the patient	What are some step(s) that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about using [alcohol/drugs]? What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those support(s)/resource(s) to help you now? Those are great! Great! Is it okay for me to write down your plan for you to keep as a reminder? Will you summarize the steps you'll take to change your alcohol/drug use? I have some additional resources that people sometimes find helpful. Would you like to hear about them? Thank you for talking with me today.



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Use this form to apply the semi-structured interview

This is available on our website clearinghouse:
www.uiowa.edu/sbirt/

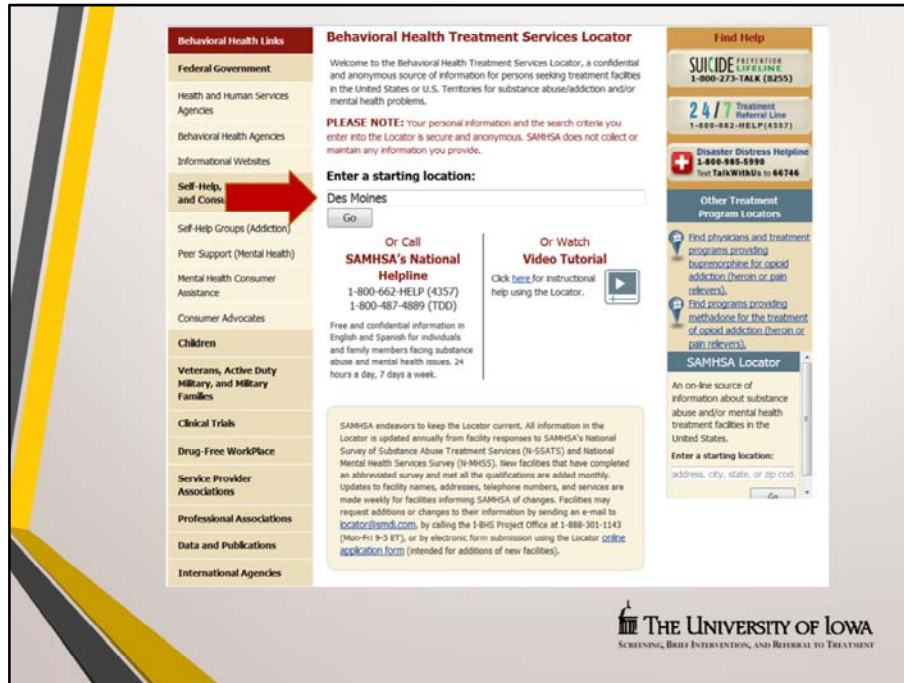
Pocket Card

To help providers stay on track and complete the Brief Intervention in a short time, we are using this form. As you can see, the main steps are on the left, and specific examples of what to say are on the right.

The goal is to help you “find the words” until it comes naturally. As before, goals are fluid, so how you use this form will likely vary from one person to another.




Another possibility is making a referral to treatment. This is the link to the Substance Abuse and Mental Health Services Administration National Treatment Facility Locator.




Use the locator to identify the main sources of assistance in the geographic location where your clinical practicum site is located. Then, take those to your clinical supervisor to discuss the available options, before they're needed. The goal is to be prepared if a patient's scale score indicates specialty treatment would be best.

Making Referrals

- Make a plan **with the patient**
- **Actively participate** in the referral process → the warmer the referral handoff, the better the outcome!
- Decide how you will **interact/communicate** with the treatment provider
- Confirm your **follow-up plan** with the patient
- Decide on ongoing **follow-up support** strategies you will use





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The points here are just a reminder that thinking about the referral process ahead of time will help you be successful when the need arises. There is no way to predict which person may need a referral, and whether or not the person will be open to seeing a specialty substance use provider. Your approach – being calm, matter-of-fact (or cool), and ready to discuss options – makes a big difference.

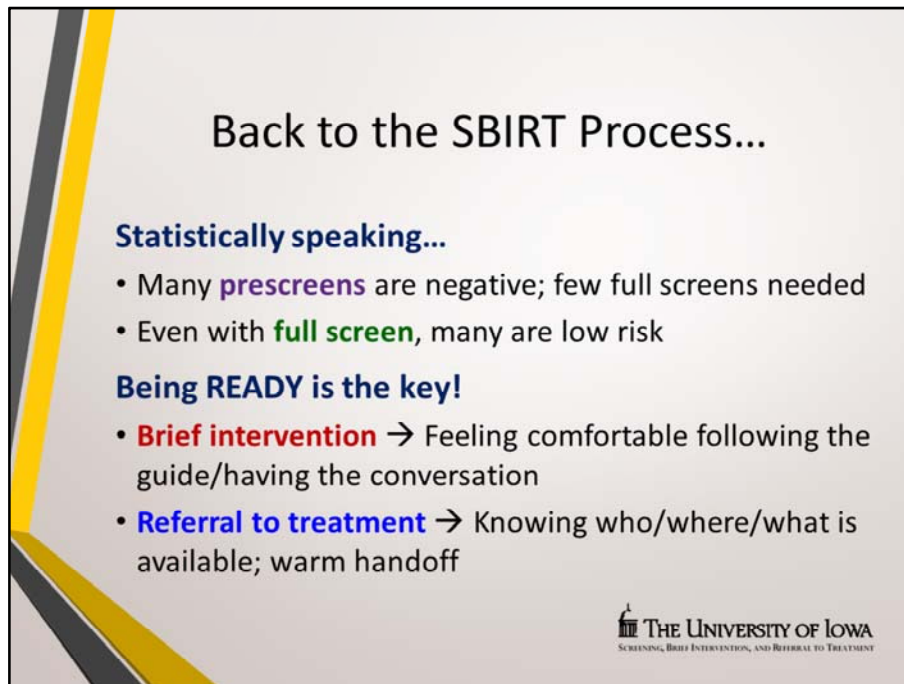
Common Mistakes to Avoid

- Rushing into “action” and making a treatment referral when the patient isn’t interested or ready
- Referring to a program that is full or does not take the patient’s insurance
- Not knowing your referral base
- Not considering pharmacotherapy in support of treatment and recovery
- Seeing the patient as “resistant” or “self-sabotaging” instead of having a chronic disease



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Again, knowing what the options are – and being ready to explore choices with the person – is really important. If the individual is unsure or reluctant, explore options for having another discussion later. Remember the MI “Shift” – support, encourage, assist, but don’t demand.



Back to the SBIRT Process...

Statistically speaking...

- Many **prescreens** are negative; few full screens needed
- Even with **full screen**, many are low risk

Being READY is the key!

- **Brief intervention** → Feeling comfortable following the guide/having the conversation
- **Referral to treatment** → Knowing who/where/what is available; warm handoff

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In summary, using SBIRT in clinical practice with people of all ages – youth, adults, and older adults alike – makes an important contribution to promoting health and well-being. It can reduce risks of accidents, drinking-related medical problems, and a wide variety of social, work-related, and relationship problems.

As the earlier slides emphasized, about 5 percent of the population has a substance use disorder, and 20 percent is in the “risky” range. That means a big part of the population will be prescreened with no further action. Even those who screen positive may be lower risk.

However, being prepared is the key to helping patients reduce risky behaviors – whether that’s substance use, or weight management, or smoking, or control of their diabetes! Using principles of Motivational Interviewing that are guided by the Brief Intervention structure can make a big difference in the lives of your patients!



For more information about SBIRT, including access to many of the materials noted in this presentation, please go to the SBIRT website clearinghouse.

