

National Screening, Brief Intervention & Referral to Treatment
ATTC Addiction Technology Transfer Center Network
Founded by Substance Abuse and Mental Health Services Administration

What is SBIRT?

Prepared for NORC's Adolescent SBIRT Learning Collaborative
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Behavioral/Health is Essential to Health | Prevention Works | Treatment is Effective | People Recover



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National SBIRT ATTC



SBIRT For Youth
 Learning Community


<http://atcnetwork.org/national-focus-areas/?rc=sbirt>

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SBIRT

Re-conceptualizing Our Understanding of Substance Use Problems

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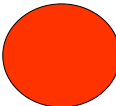
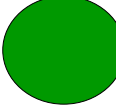
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What we Know...Risky Substance Use is Related to...

- **Trauma** and trauma recidivism **Many things**
- Unintentional injuries and fatalities
- Causation or **exacerbation** of physical and mental health conditions
- Alcohol **poisoning**
- DUI/DWI
- Family and **relationship** problems
- Risky sexual behavior and transmission of STI
- Unintended **pregnancies**
- Productivity loss and poor work performance
- School **performance** and misconduct
- Criminal and delinquent behavior, and violence
- Substance Use Disorder

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Historically

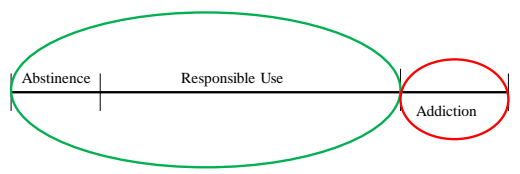
Substance Use Disorder		Traditional Treatment Abstinence
No Problem		Primary Prevention No Intervention Drink Responsibly

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The Current Model

A Continuum of Substance Use



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An Outdated Model

- This model (paradigm) of substance use:
 - Fails to recognize a full continuum of substance use behavior.
 - Fails to recognize a full continuum of substance use problems and risk.
 - Fails to provide a full continuum of substance use interventions.

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The current model identifies a substance use problem as...



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Shifting our Thinking...

- Shifting our view toward a new paradigm of risk means:
 - Re-conceptualize how we understand substance use problems
 - Re-define how we identify substance use problems.
 - Re-design how we intervene and treat substance use problems.

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Substance Use Is



A Public Health Problem

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The SBIRT model identifies a substance use problem as...






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By defining the problem as excessive, risky, and unhealthy use the SBIRT model recognizes a full continuum of substance use behavior, a full continuum of substance use problems and risk, and provides a full continuum of substance use interventions. As a result the SBIRT model can provide resources in the area of greatest need.

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Substance Use Disorder		Traditional Treatment Abstinence
Excessive, Risky, Unhealthy Use		Brief Intervention Brief Treatment
No Problem		Primary Prevention No Intervention Drink Responsibly

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The SBIRT Model

A Continuum of Substance Use

Abstinence | Experimental Use | Social Use | Binge Use | Abuse | Substance Use Disorder


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SBIRT is defined as...

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 for developing them.

Behavioral Health is Essential to Health | Prevention Works | Treatment is Effective | People Recover



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Substance Use Disorder 5%
 Brief Intervention and Referral for additional Services

Hazardous Harmful Symptomatic 20%
 Brief Intervention or Brief Treatment

Low Risk or Abstinence 75%
 No Intervention or screening and feedback

Drinking Behavior | Intervention Need

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Determining Risk: NIAAA Guidelines

- Healthy Men < 65
 ≤ 4 drinks per day → **AND NOT MORE THAN**
 14 drinks per week
- Healthy Women & Men ≥ 65
 ≤ 3 drinks per day → **AND NOT MORE THAN**
 7 drinks per week
- Adolescents, pregnant women, operating vehicle, taking medication for which alcohol is contraindicated:
 No alcohol use

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Components of SBIRT

Screening Identification of behavioral problems/risk (alcohol, tobacco, drugs, depression)

Low → Brief Intervention Raises awareness of risks and reinforces staying at low risk

Moderate → Brief Intervention/ Brief Treatment Cognitive behavioral, medications with clients who acknowledge risks and are seeking help

High → Referral to TX Referral of those with more serious or complicated mental or substance use conditions

Adapted from Tom Stegbauer, DHHS, 2008

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Aims of SBIRT

- **Increase early identification of patients/clients at-risk** for substance use problems.
- **Build awareness and educate** patients/clients on U.S. guidelines for low risk drinking and the risks associated with substance use.
- **Motivate those at-risk to reduce** unhealthy, risky use and adopt health promoting behavior.
- **Motivate individuals to seek help** and increase access to care for those with (or at-risk for) a SUD.
- **Link to more intensive treatment services** patients/clients at high risk.
- **Foster a continuum of care** by integrating prevention, intervention, and treatment services.

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Recommendations & Guidelines

- Institute of Medicine (IOM)
- U.S. Preventive Services Task Force
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Center for Disease Control and Prevention (CDC)
- American Public Health Association (APHA)
- National Highway Traffic Safety Administration (NHTSA)
- American Academy of Pediatrics (AAP)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- World Health Organization (WHO)
- American Medical Association (AMA)
- U.S. Surgeon General
- CMS - Medicaid's comprehensive preventive child health – Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – covers routine, periodic screening as part of well-child visits

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USPSTF Recommendations: Adolescents

Population	Recommendation	Grade
Adolescents (under 18 years of age)	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions in primary care settings to reduce alcohol misuse in adolescents.	I

- Screening for drug use also received a grade "I"
- Problem: Lack of rigorous studies...insufficient evidence

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AAP & AMA Clinical Recommendations

- *The American Academy of Pediatrics and the American Medical Association recommend that pediatricians and other health care providers who work with children and adolescents conduct routine substance use screening and brief interventions using motivational interviewing techniques and that they be familiar with a network of treatment providers should an outside referral be necessary.* (American Academy of Pediatrics, 2011)

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Where is SBIRT being implemented?

- Primary Care
- PCMH/Integrated Care
- Trauma
- Emergency Department
- Hospital Inpatient
- Employee Assistance Programs
- Health Promotion and Wellness Programs
- Occupational Health and Safety, Disability Management
- Colleges/Universities
- Federally Qualified Health Centers
- School-based Health Centers
- Community Mental Health Centers
- Drug Courts, Juvenile Justice
- Dental Clinics
- HIV Clinics
- Peer Assistance Programs
- Faith-based Programs
- Addiction Treatment
- Counseling/Therapy

Others?

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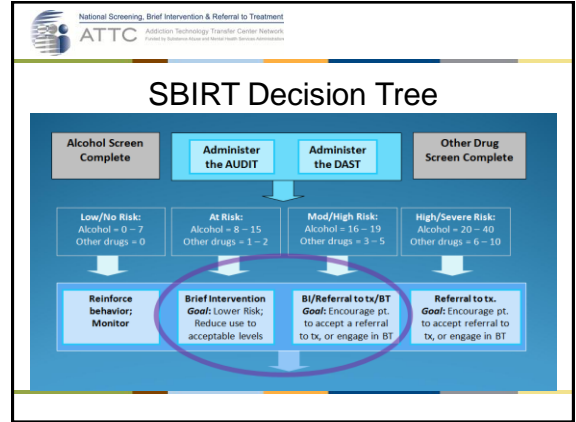
Validated Adolescent/Young Adult Screening Tools

- **CRAFFT**: Car, Relax, Alone, Forget, Family or Friends, Trouble
- **S2BI**: Screening to Brief intervention
- **NIAAA Youth SBIRT Guide**: Screens based on age
- **GAIN-SS**: Global Appraisal of Individual Needs- Short Screener
- **AUDIT**: Alcohol Use Disorder Identification Test (young adults)

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*Screening Score Determines
 Level of Intervention based on
 Level of Risk*

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What is BI?

A Brief Intervention is a time limited, individual, non-confrontational, health counseling session.

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What are the Goals of BI?

- The general goal of a BI is to:
 - **Educate** the patient on safe levels of substance use.
 - **Increase** the patients **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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Additional Resources

- SAMHSA-National Council CIHS
<http://www.integration.samhsa.gov/clinical-practice/sbirt>
- National SBIRT ATTC <http://sbirt.ireta.org/sbirt>
- National ATTC Network www.attcnetwork.org
- 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.attclearn.org/>
 - <http://www.motivationalinterview.org/>

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B.I.G.
Behavioral Intervention Group

BIG Initiative - Live & On-Demand Webinars




- 2/18/15 - Implementing SBIRT in Health Centers: Examples from the Field
- 3/18/15 - SBIRT: A Brief Clinical Training for Adolescent Providers
- 4/15/15 - All About SBIRT for Teens
- 4/29/15 - Understanding the Affordable Care Act (ACA) and SBIRT
- 5/13/15 - SBIRT in Primary Care and Senior Care Facilities for Older Adults at Risk for Possible Substance Use Disorders and/or Depression
- 6/10/15 - A Military Culture Approach to SBIRT for Veterans & Active Duty Personnel
- 7/22/15 - Drugs are a Local Phenomenon for LGBTQ Populations: Implications for SBIRT
- 8/19/15 - Integrating SBI for Alcohol & Other Drugs in Behavioral Health Settings Serving College Students

hospitalsbirt.webs.com/webinars.htm

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On-Demand Adolescent SBIRT Course

Open 24/7 - Earn 3 CEUs



<http://attcnetwork.org/userfiles/file/SBIRT%20for%20Adolescents%20Fier%20updated%20dis.pdf>

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Screening, Brief Intervention and Referral to Treatment for Youth



Please Join Us! <http://attcnetwork.org/national-focus-areas/content.aspx?rc=sbirt&content=DISTCUSTOM2>

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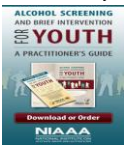


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NIAAA Youth Guide

NIAAA Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide

- Recommends two age-specific screening items for elementary, middle, and high school:
 - One question is about friends' drinking
 - One question about personal drinking frequency



<http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf>