Stages of Change, S.B.I.R.T. and MI
Screening, Brief Intervention and Referral to Treatment & Motivational Interviewing

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Faculty Disclosure

I have no financial relationships to disclose.
The purpose of this session is to review the transtheoretical model of behavioral change, Screening, Brief Intervention, and Referral to Treatment (SBIRT), available screening tools, motivational interviewing (MI), and to provide practice opportunities for using SBIRT & MI in clinical practice scenarios.
Objectives

Participants will:

1. State stages of behavioral change
2. Define SBIRT & MI
3. View and discuss examples of SBIRT & MI
4. Compare & contrast screening tools for substance abuse (SA)
5. Practice SBIRT & MI in role play
1. The transtheoretical model of behavioral change
2. SBIRT & screening tools
3. Motivational interviewing
4. Summary
Stages, Motivations and Interventions for changing addictive behavior

Alan Ogborne. Identifying and treating patients with alcohol-related problems, CMAJ, June 13, 2000; 162 (12), 1706.
Precontemplation

- No thoughts about changing habits, contrary to professional opinion
- Provide objective feedback based on assessment and discuss risks associated with current drinking level or pattern

Alan Ogborne. Identifying and treating patients with alcohol-related problems, CMAJ, June 13, 2000; 162 (12), 1706.
Contemplation

- Thoughts about need to change, but no action taken yet

- Explore positive and negative aspects of drinking and encourage the belief that change is possible
- Explore options for taking action
- Recommend cutting back on drinking or complete abstinence
- Consider referral to mutual aid group or an addiction specialist

Associated thoughts & actions

Possible interventions

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Preparation

- Starting to make plans but hasn’t attempted the behavior (cut down, or stop attempt)

- Explore what they need to be ready for their change
- Explore options for quit date, treatment (in or outpatient), etc.?
- Provide resources and options for changing and treatment

Associated thoughts & actions

Possible interventions
Action

- Attempts made to change drinking habits

- Encourage commitment to action plan and foster confidence in the ability to change

- Consider ‘brief intervention,’ perhaps with disulfiram or naltrexone

- Consider referral to mutual aid group or addiction specialist
Maintenance

- Drinking habits have been changed and the person is adjusting to the changes

- Help develop plan to prevent relapse and continue to foster confidence in the ability to sustain changes

- Continue disulfiram or naltrexone if indicated

- Consider referral to mutual aid group

Associated thoughts and actions

“We are what we repeatedly do. Excellence, then, is not an act, but a habit.”
- ARISTOTLE -

Possible intervention

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Relapse

- Changes have been or are in the process of being reversed
- Encourage the belief that all is not lost and explore reasons the relapse occurred
- Help find other ways to cope with relapse-provoking situations
- Consider alternative treatments

Associated thoughts and actions

Possible intervention

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S.B.I.R.T.
Screening, Brief Intervention and Referral to Treatment
and
Screening Tools
The Joint Commission has proposed SBIRT as a performance measure for accreditation. Screening, Brief Intervention and Referral to Treatment (SBIRT).

SBIRT is a well-studied screening and intervention procedure to improve patients’ short-term health outcomes and reduce health care costs.
### SBIRT

<table>
<thead>
<tr>
<th>S</th>
<th><strong>Screening</strong> – Screening patients at risk for substance abuse; inquiring about family history of addiction; using screening tools such as the NIAAA 1-question screening tool for alcohol use, AUDIT, CAGE, CRAFFT for adolescents, T-ACE, CAGE-AID, etc.</th>
</tr>
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<tbody>
<tr>
<td>BI</td>
<td><strong>Brief Intervention</strong> - Establish rapport with pt; ask permission; raise subject; explore pros/cons; explore discrepancies in goals; assess readiness to change; explore options for change; negotiate a plan for change-(motivational interviewing)</td>
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<tr>
<td>RT</td>
<td><strong>Referral to Treatment</strong> – For patients responding positively to the screening tests, refer to AA, drug addiction clinic, pain clinic, counseling, etc.</td>
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Screen for SU

Screen for:

1. Tobacco & marijuana
2. Alcohol
3. CPD
   • Benzodiazepines
   • Stimulants
   • Opioids
4. Other illicit drugs
Screening Tools

What tools do you use?

CRAFFT  SMaRT  AUDIT  MAST
DAST  ASSIST  CAGE  SOAPP-R®
COMM®  CAGE-AID  ORT
Individual and family history

► “Have you ever used or currently use…. [fill in the blank]?”
  ► Tobacco/marijuana, ETOH, CPD, or other recreational/street drugs
► Identify & quantify use
► Within your family, has anyone ever used or currently use…
Tobacco & Marijuana

- Brief Minimal Clinical Intervention: (<3 m)
- Intensive Clinical Intervention (3-10 m)
- 5 “A”s
  1. Ask
  2. Advise
  3. Assess
  4. Assist
  5. Arrange

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### Alcohol

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
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| NIAAA’s   | Do you drink beer, wine, or other alcoholic beverages?  
  - Men: 5 or more drinks a day  
  - Women: 4 or more drinks a day |
<p>| CAGE      | Cut down, Annoyance, Guilty, Eye opener; 2-4=positive |
| AUDIT     | 10 Q; reliable and valid tool; &gt;8=risk/harmful ETOH consumption |
| MAST      | Michigan Alcoholism Screening Test; 22 Q; ranks as no problem (&lt;2); early or middle (3-5), and more problem drinker (6 or more) |
| CRAFFT    | 6 Q mnemonic for adolescents; 2 or more = problem drinking |
| T-ACE     | for pregnant women; adopted from CAGE |</p>
<table>
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<tr>
<th>Tool</th>
<th>Description</th>
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<tbody>
<tr>
<td>ASSIST</td>
<td>The Alcohol, Smoking, and Substance Involvement Screening Test – WHO; 8 Q</td>
</tr>
<tr>
<td>DAST</td>
<td>Drug Abuse Screening Test; 28 Q; &gt;5 = problem</td>
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</tbody>
</table>
| SMaRT: | Step1: Tobacco, Alcohol, Drugs – Have you ever used any of the following… 9 options  
Step 2: If “Yes” – complete part 2 = ASSIST  
Step 3: Score ASSIST  
Step 4: Intervention – actions and pt response  
Readiness Ruler |
| CAGE-AID | 4 questions  
Yes/No  
Alcohol and drugs  
1 or more = positive |
<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Have you ever felt that you ought to cut down on your drinking or drug use?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Have people annoyed you by criticizing your drinking or drug use?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Have you ever felt bad or guilty about your drinking or drug use?</td>
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<tr>
<td>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?</td>
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*One or more YES responses is considered positive for a substance use disorder and the individual should be referred to treatment.*
Opioid Risk Tool (ORT)

- Five items:
  1. FHx
  2. Personal Hx
  3. Age
  4. Sexual abuse Hx
  5. Psychological dx

- Male vs. Female

- Risk Category:
  - Low 0-3
  - Mod 4-7
  - High ≥8

http://www.partnersagainstpain.com/printouts/Opioid_Risk_Tool.pdf
SOAPP-R® (Screener and Opioid Assessment for Patients with Pain-Revised):

- Predicts which patients require more/less monitoring on long-term opioid therapy
- 24-item self-assessment
- ≥18 is positive risk
COMM® (Current Opioid Misuse Measure)
17-item self-assessment
≥9 = positive
Pt is a 16 yo male with white patches in his mouth, non-tender but they have been there for about 3 months.

Pt is a 23 yo female nursing student who blacked out after a night of partying and comes in for a superficial laceration on her right forearm.

Pt is 44 yo homeless male requesting Lortab® for his migraine HA.

Pt is 32 yo female NSVD post-op day #1 in pain – friend suggests Lortab, she asks RN.
35 year-old female with fibromyalgia and low back pain who is requesting opioids for pain management

Things to watch for:

▪ **Red flags** to indicate aberrancy/addiction
▪ Techniques to elicit relevant history in a patient with pain
▪ How to deal with an angry, demanding patient
▪ Technique for screening, referral, and brief intervention (SBIRT)

Motivational Interviewing (MI)
Motivational Interviewing

- Developed late 1970s – Bill Miller & Stephen Rollnick

- “Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.”

Motivational Interviewing

- Focused and goal-directed
- Central purpose:
  - The examination and resolution of ambivalence
  - The counselor is intentionally directive in pursuing this goal
- Focus is on “change talk”

Motivational Interviewing

- OARS:
  1. Open-ended questions… “Tell me about your alcohol use.”
  2. Affirmations… “I can understand how quitting can be tough.”
  3. Reflective listening… “I heard you say you are interested in cutting down but you don’t think you can stop. Is that correct?”
  4. Summaries

"Let me stop and summarize what we've just talked about. You’re not sure that you want to be here today and you really only came because your partner insisted on it. At the same time, you've had some nagging thoughts of your own about what's been happening, including how much you've been using recently, the change in your physical health and your missed work. Did I miss anything? I'm wondering what you make of all those things."
Demonstration: SBIRT with MI

Practice MI

- Remember - OARS
  1. Open-ended questions
  2. Affirmations
  3. Reflective listening
  4. Summaries

- Partner
- Practice at least one for each of the above
- Same case in demonstration DVD
Questions

1. Can we discuss your drinking?
2. Help me understand what drinking does for you?
3. What about the cons?
4. Summary
5. What do you make of that?
6. Plan +
1. List the stages of behavior change.
2. Describe SBIRT.
3. Define MI.
4. List three (3) screening tools for SA.
5. List one thing you learned in this session.
Summary

1. Reviewed various screening tests for SA
2. Viewed examples of SBIRT & MI
3. Practiced MI