

All About SBIRT

Screening, Brief Intervention and Referral to Treatment

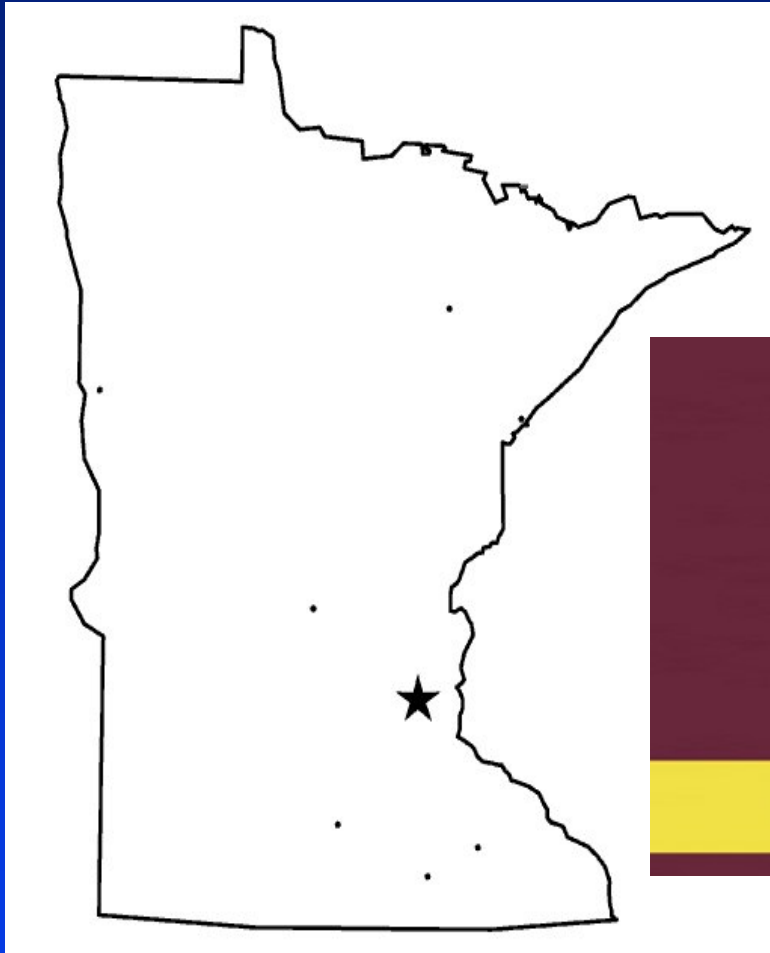
Ken Winters, Ph.D.
Department of Psychiatry
University of Minnesota
winte001@umn.edu

Preventing and Treating Substance Use
Disorders

New Hampshire SBIRT Conference
October 22, 2014



Acknowledgments



www.psychiatry.umn.edu/research/casar/home.html

Acknowledgments

**Research funds provided by grants from
NIH (NIDA and NIAAA)
Conrad N. Hilton Foundation**

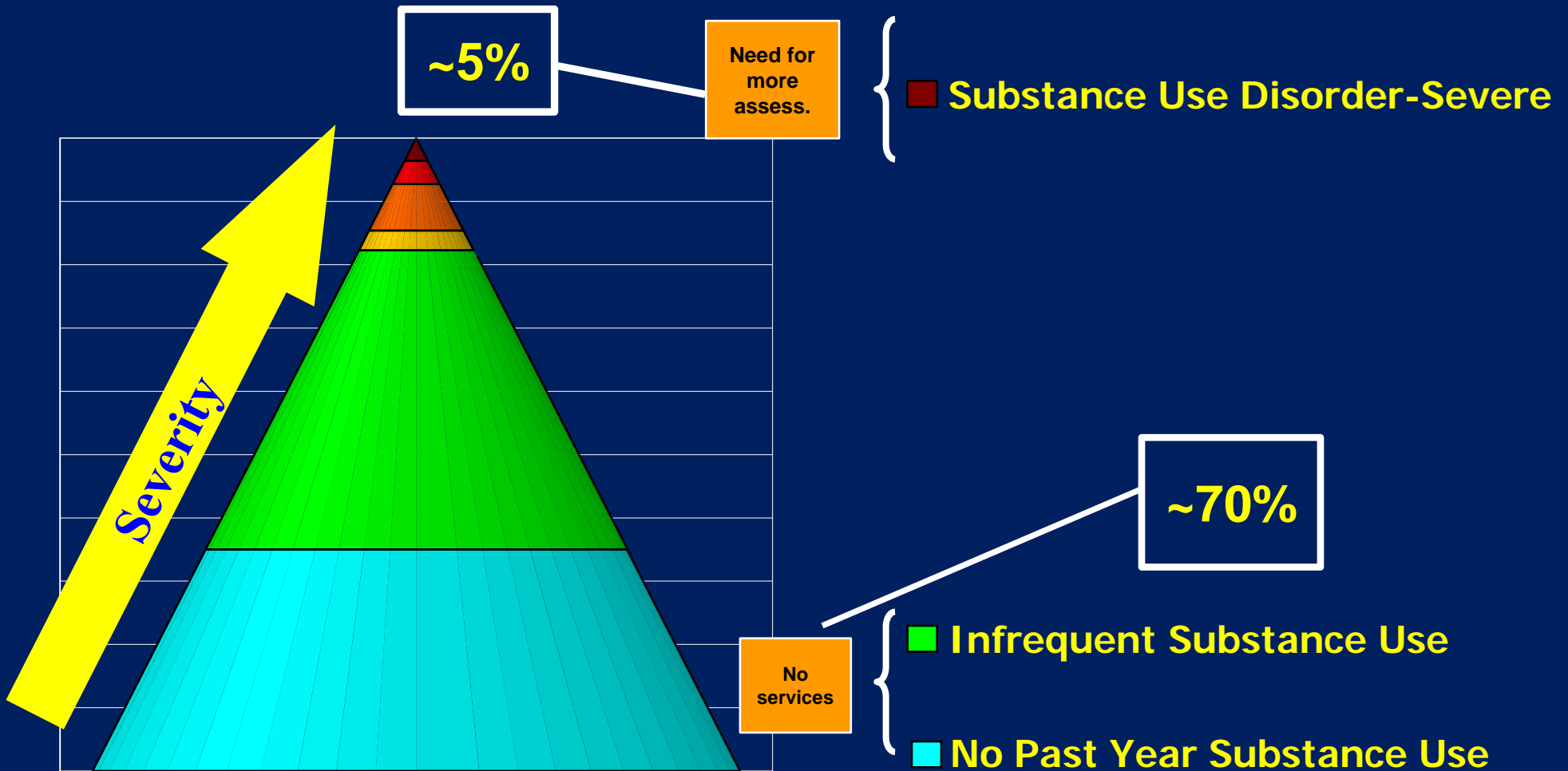
General Views of Any Behavior Change Program

- **At the risk of being over-simplistic, the keys to treating a drug-abusing client:**
 - **Develop a strong yet caring relationship with the person.**
 - **Help him/her to break the functional value of the drug use.**

Considerations in Evaluating Research on Behavior Change Programs

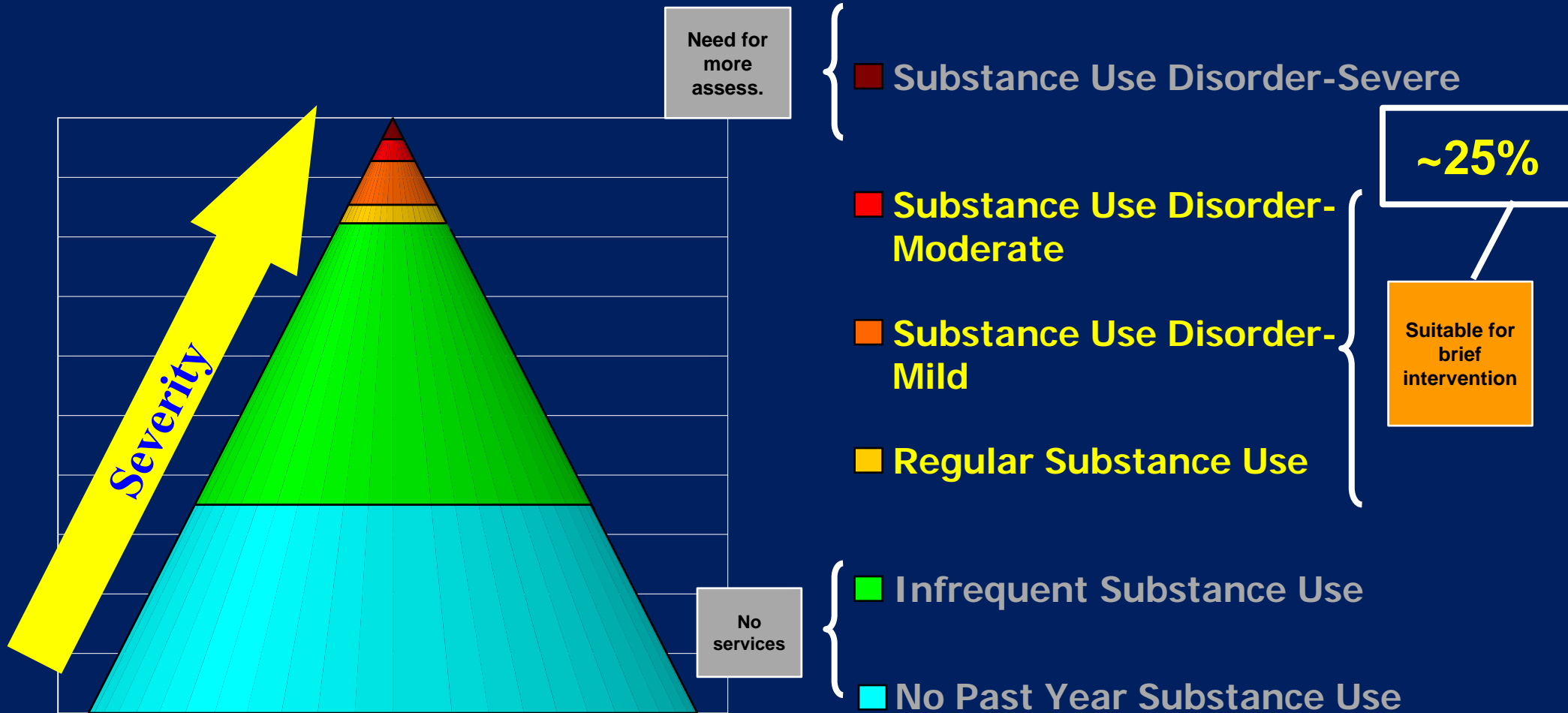
1. Winners effect: favorable findings by the lab that designed the treatment or intervention program.
2. Hawthorne effect: Participants in a “no treatment” group can get better just by being in the study (e.g., assessment only cases often show improvement).
3. Different psychotherapies often produce similar results.

SBIRT Model – Not Advisable



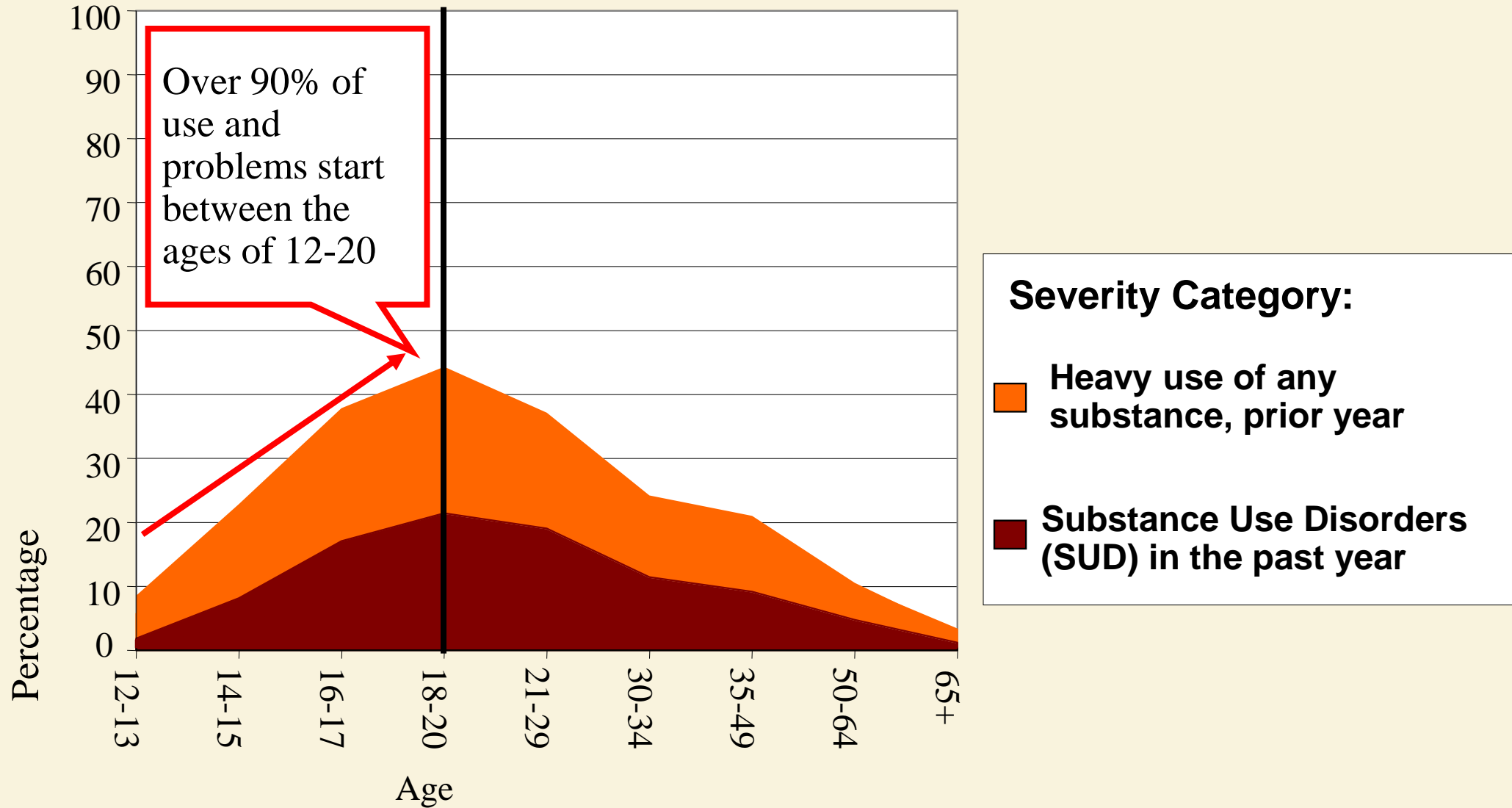
Goal: Screen youth to inform a decision about the need for a brief intervention.

SBIRT Model – Advisable



Goal: Screen youth to inform a decision about the need for a brief intervention.

SBIRT Is for All Age Groups (and particularly for youth)



Source: 2002 NSDUH and Dennis & Scott, 2007, Neumark et al., 2000

What Do We Know?

Screening, Brief Intervention, Referral to Treatment

	<u>Prob Identif.</u>	<u>Next step</u>	<u>Referral</u>
Screening	Probable?	BI or More Assess	Treatment?
Assessment	Definitive?	Treatment	Continuing Care?

Ideal Assessment Instrument

Do you have a problem with drugs?



What Do We Know?

Screening, Brief Intervention, Referral to Treatment

- **Many screening tools available that have favorable psychometric properties.**
 - **Common one for adults: AUDIT-C (10 items)**
 - **Common one for teenagers: CRAFFT (6 items)**

SBIRT

Screen for Only Drug Problems, or
Address Other Problems?

- **Drug problem severity**
- **Depression**
- **Anxiety**
- **PTSD**
- **Psychosis**

Strategies for Enhancing Valid Self-Report

- **Build rapport.**
- **Establishing confidentiality (with limits).**
- **Reinforce personal benefits and relevance of the assessment.**
- **Use standardized tests that measure invalid reporting.**
- **Adjust process based on learning & reading ability.**
- **Repeat testing.**
- **Collect urinalysis.**

What Do We Know?

Screening, Brief Intervention, Referral to Treatment

- **BIs, within limits, appear to be promising for adolescents and adults.**
- **Promise...**
 - **For mild cases**
 - **For clients in “pre-contemplation”**
 - **As a model to personalize the BI for the client**
 - **stepped care approach**
 - **SMART design**

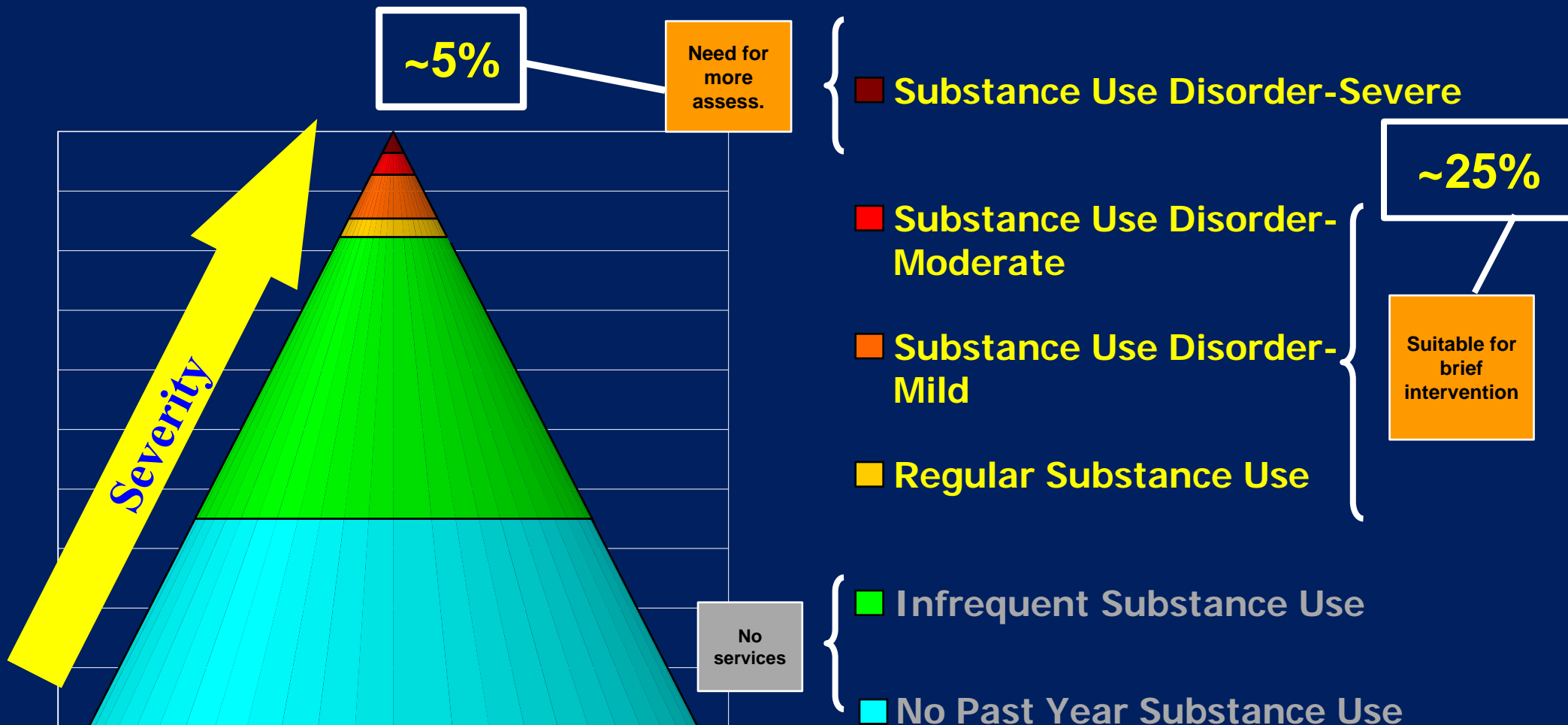
Stepped Care Approach:

Expanding BI Eligibility and Adjusting Based on Response



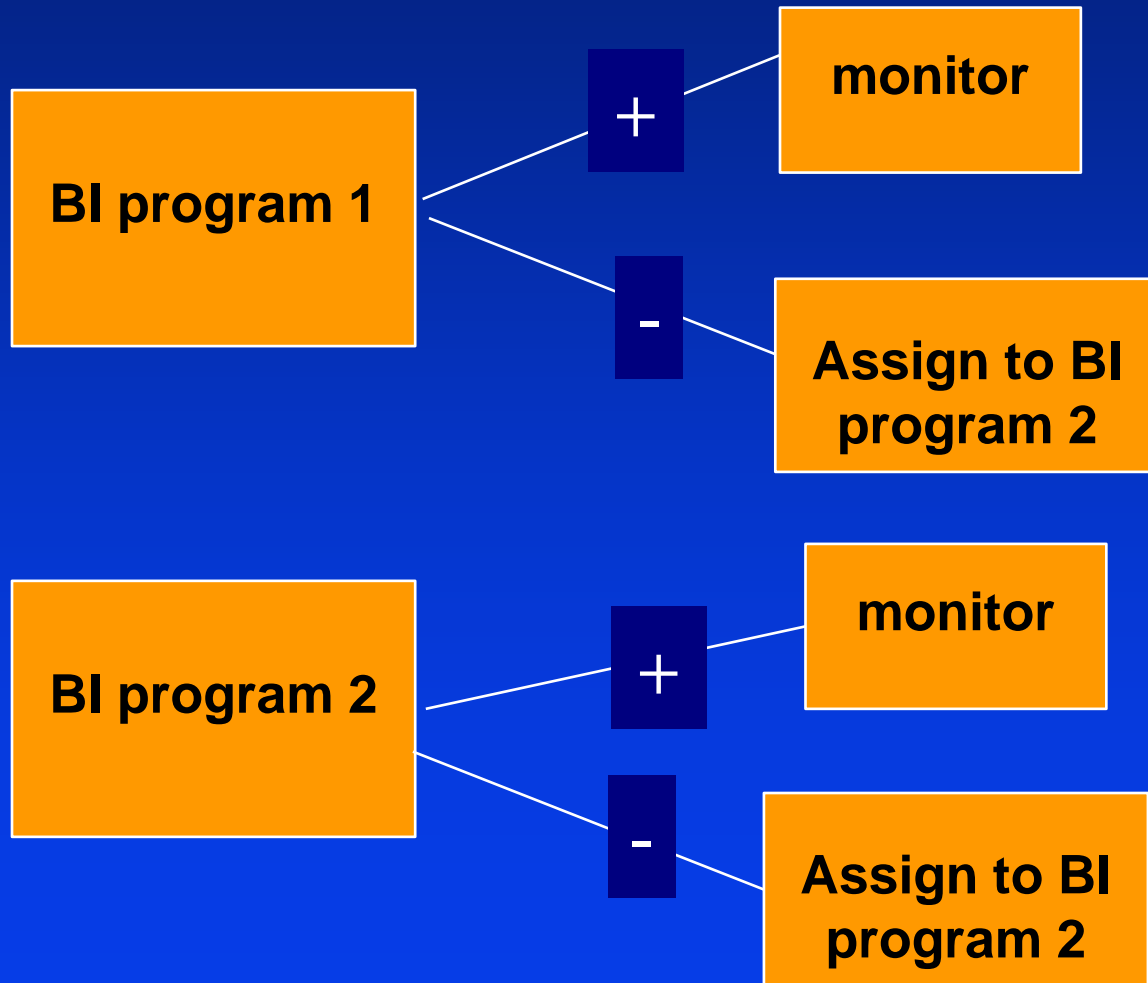
All clients start with BI; if no Improvement then “step up” the client to a more intensive treatment program; keep “stepping up” until sufficient improvement

SBIRT Model - Expanding the "Advisable" Groups



Goal: Screen youth to inform a decision about the need for a brief intervention.

SMART Design Approach: Further Personalizing BI



What Do We Know?

Screening, Brief Intervention, Referral to Treatment

- **Attractive features...**
 - **short-term commitment**
 - **client-centered, not therapist centered**
 - **adaptable to range of diverse clients**
 - **tools in SBIRT not fixed**
 - **negotiated goals**

What Do We Know?

Screening, Brief Intervention, Referral to Treatment

Sources: Hingson & Wilson, 2014; Roy-Bourne et al., 2014; Saitz et al., 2014; Tanner-Smith et al. in press

- **Implementation Barriers**
 - **work force issues**
 - **in-house counseling may stretch the capability of
provide health services**
 - **reimbursable service?**

What Do We Know - Efficacy?

Screening, Brief Intervention, Referral to Treatment

Sources: Hingson & Wilson, 2014; Roy-Bourne et al., 2014; Saitz et al., 2014; Tanner-Smith et al. in press

- **Can be delivered with fidelity by diverse professionals in diverse settings**
 - **medical clinics; emergency rooms; criminal justice; pediatric clinics; schools**

What Do We Know - Efficacy?

Screening, Brief Intervention, Referral to Treatment

Sources: Hingson & Wilson, 2014; Roy-Bourne et al., 2014; Saitz et al., 2014; Tanner-Smith et al. in press

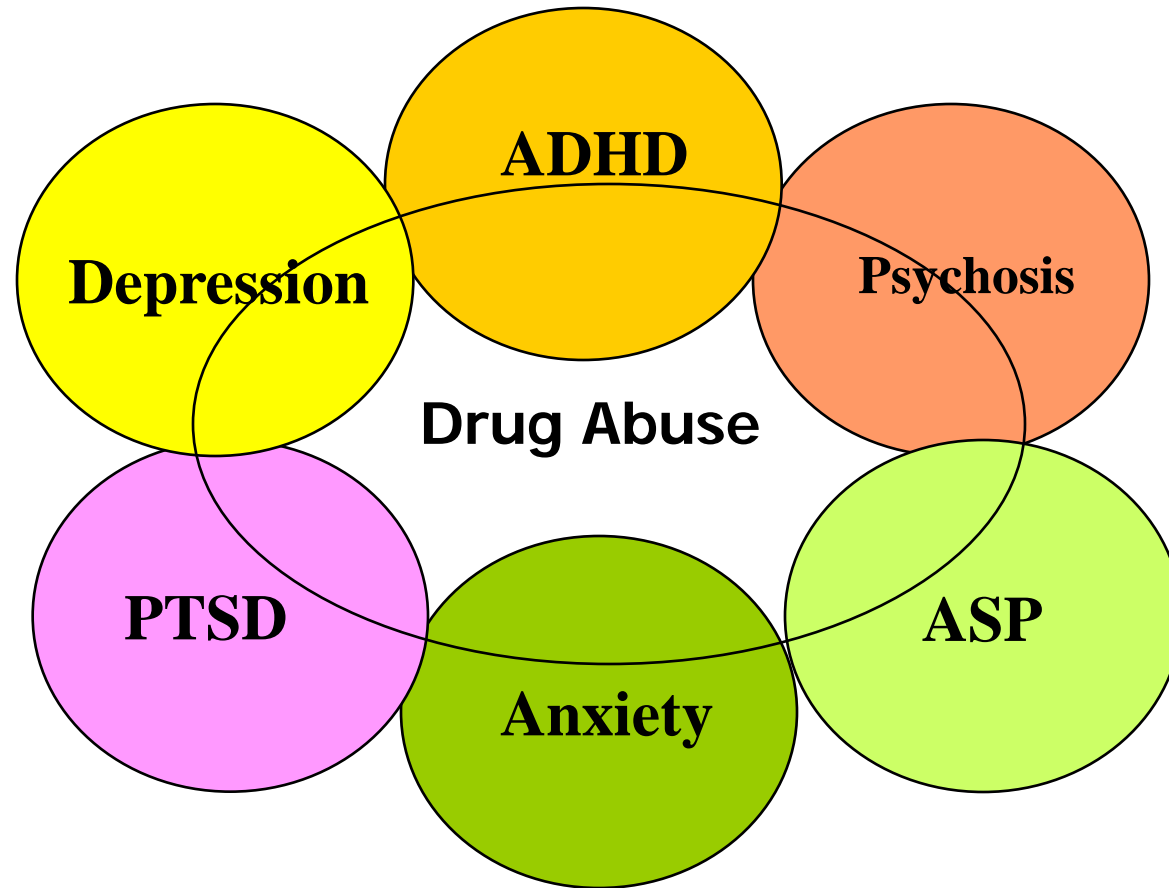
- **With some important exceptions, generally favorable outcomes**
 - **when positive results, effect sizes in the “moderate range” (doubles and triples, not home runs)**
 - **less positive effects with severe-end cases**
 - **key components: motivational interviewing and decisional balance exercise**

What Do We Know - Efficacy?

Screening, Brief Intervention, Referral to Treatment

Sources: Hingson & Wilson, 2014; Roy-Bourne et al., 2014; Saitz et al., 2014; Tanner-Smith et al. in press

- **Important exceptions: not advisable when case is too chronic**
 - long-standing alcoholism
 - illicit drug addiction
 - co-existing disorders



SBI RT-T

Common Elements of Brief Interventions

- **Negotiated goals**
- **Motivational interviewing**
- **Cognitive-behavioral therapy (CBT)**



Negotiated Goals

DECISIONAL BALANCE EXERCISE

Pros

"What do you like about drug use?"

What are the good things about using/drinking?

What else?" (*Ask again until nothing else.*)

Cons

"What don't you like as much about using/drinking?"

What are the not-so-good things about using/drinking?

What else?" (*Ask again until nothing else.*)

SBI RT-T

Common Elements of Brief Interventions

- **Negotiated goals**
- **Motivational interviewing**
- **Cognitive-behavioral therapy (CBT)**



Characteristics of Motivational Interviewing

- **De-emphasize labels**
- **Emphasis on personal choice and responsibility**
- **Counselor or therapist focuses on eliciting the client's own concerns**
- **Resistance is met with reflection and non-argumentation**
- **Treatment goals are negotiated; client's involvement is seen as vital**



SBI^{RT}-T

Common Elements of Brief Interventions

- **Negotiated goals**
- **Motivational interviewing**
- **Cognitive-behavioral therapy (CBT)**



Characteristics of CBT

- **Focus on immediate, relevant and specific problems**
- **Solutions are realistic, concrete, and action-oriented**

SBI^{RT}



Favorable outcome



**Support
recovery**



Minimal/no change



**Conduct booster
or refer more
services**



Problem worsens



**Refer
more
services**



Multi-screen red flags



**Refer more
assessment**

What Do We Know?

Screening, Brief Intervention, Referral to Treatment

- **Referral to Treatment**

- **Least studied in the SBIRT model.**
- **Basic protocols can be rationally designed.**
- **But will services be available? Are there practical barriers to seeking more services? (e.g., distance; cost).**

Summary

- The SBIRT approach is an emerging and promising set of tools to address those with a drug problem.
- Evidence-based and evidenced-informed models for all age groups exist.
- Be cautious in their application as there are limitations and challenges

**Screening
Brief Intervention
Referral to Treatment**

THANK YOU!

winte001@umn.edu