Challenges in Delivering SBIRT Care

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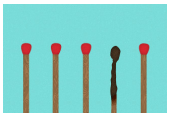
Objectives

- Review the rationale for implementing SBIRT into practice
- Make steps of SBIRT feel more applicable
- Explore perhaps some not so good aspects of implementing SBIRT into practice
- Vent

Qualifications?

- Registered nurse (inpatient/crisis ER psych)
- Master's in psychology
- Doctor in Psychology (PsyD)
  - Health Psych internship (inpatient CL, transplant evaluations, bariatric surgery evals)
  - 2 year Psycho-Oncology Fellowship, Pelvic Pain Clinic
- Current Senior Staff in HFH ED
- Co-chair ED Frequent user program

"The fact that you like Tang really doesn't qualify you to be an astronaut."

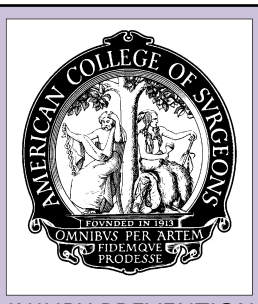


Protection from Burnout

- Burnout = emotional exhaustion, depersonalization, lack of sense of personal accomplishment
- One protective factor = having more than one role[1]
- One of my personal protectors and a way to keep you from you falling asleep…….

Why SBIRT and Trauma?

- American College of Surgeons[2]:
  - You have to do universal screening if you are Level 1 or 2
  - Alcohol leads to soooo many injuries
    - MVA, falls, assaults, injuries, abuse
    - Trauma as a disease = need for prevention
  - People don't recognize when problem drinking is a problem
    - Not just true for ETOH though, right?
  - Evidence shows it can work



INJURY PREVENTION

Presented by

The American College of Surgeons Committee on Trauma[3]

Injury, Not Accident!

- *Accident:* An unexpected occurrence, happening by chance
- *Injury:* A definable, correctable event, with specific risks for occurrence
- *A result of risk poorly managed*
- "Disease of injury" concept
- Injury can be prevented!

General Principles

The **4 E's**:

- **E**ducation
- **E**nactment/Enforcement
- **E**ngineering
- **E**conomic incentives and penalties

Public Health Approach

Five steps:

- Surveillance: What is the problem?
- Risk identification: What is the cause?
- Intervention: What works?
- Implementation: How do you do it?
- Outcome measurement: Did it work?

Control

Categories of injury prevention:

- *Primary prevention:* Eliminate the event
- *Secondary prevention:* Diminish effect
- *Tertiary prevention:* Improve outcomes

Health Care Provider's Role

- Problem identification
- Data collection and analysis
- Intervention design
- Selection and participation in action plan
- Participation in effect evaluation

Obstacles to Participation

- Uncertainty about effectiveness
- Uncertainty about role
- Uncertainty about value
- Uncertainty about time commitment
- Uncertainty about cost

Alcohol & Trauma

- Keeping in mind the injury prevention model, how does alcohol have a place in trauma prevention?
  - CDC: excessive drinking is the LEADING risk factor for injury in the US, 3rd leading cause of preventable death, accounts for 75,000 deaths annually; ETOH related MVA kills someone every 31 minutes and injures someone every 2 [4]
  - ACS: over 40% of motor vehicle deaths and injuries result from excessive alcohol use [2]
  - WHO: harmful use of alcohol results in:
    - the death of 2.5 million people annually, causes illness and injury to millions more
    - Nearly 4% of all deaths worldwide are related to alcohol[5]
  - NVDR: increased use of alcohol with completed suicides[6]

SBIRT Background

- How to intervene with alcohol?
- SBIRT gained increased attention in the 1990s
- ACS instituted SBIRT for Trauma Centers in 2006
  - Primarily based on results from 1999 RCT
  - Multidisciplinary Conference held in 2003
  - Guidelines put out in the Journal of Trauma in 2005[7]

Alcohol Interventions in a Trauma Center as a Means of Reducing the Risk of Injury Recurrence

Gentillello LM, Rivara FP, Donovan DM, et al. (1999). *Annals of Surgery*, 230(4); 473-483

- Admitted patients to trauma center 1994-1996 for treatment of injury
- RCT – intervention group received a 30 minute intervention by a *trained psychologist* and a hand written follow up letter 1 month later
- Variables of interest:
  - Recurrence of injury (hospital EMR, state discharge records)
  - Traffic violations for DUI
  - Self report of alcohol use

Alcohol Interventions in a Trauma Center as a Means of Reducing the Risk of Injury Recurrence

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- 2524/5640 patients screened; 1153 screened positive (46%)
- 762 patients consented to study; 304/366 received intervention, 396 control
- 6m follow up (266 IG:307 CG) and 12m (194:215)
- Majority of follow up was face to face (69%)

Alcohol Interventions in a Trauma Center as a Means of Reducing the Risk of Injury Recurrence

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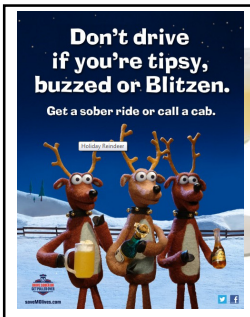
- 47% reduction in new injury (no ED or readmit) for intervention group at 1y
- 1y: Intervention group reported decreased weekly drinks by 21.8 drinks and control decreased by 6.7 drinks
- In the intermediate risk group, there was a reduction of 21.6 drinks per week for intervention group; control group had increase of 2.3 drinks per week
- No benefit in low/no scores and in high/dependent scoring groups

SBIRT Intent

- Help
  - H … k of h…
  - H … sing d…
  - A … p…

… of use ceased or …

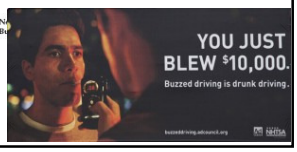
…ests because …



The "It's Not Like I'm Drunk" Cocktail

2 oz. tequila
1 oz. triple sec
1/2 ounce lime juice
Salt
1 too many
1 automobile
1 missed red light
1 false sense of security
1 lowered reaction time

Combine ingredients. Shake.
Have another. And another.



Ad Council.org

SBIRT

- S = Screen
  - Universal screening for all, not "case finding" [7]
  - Other Screens used universally in medicine?
    - MMSE? MOCA? CAM? (nope)
    - Domestic violence?
    - Pain scale?
  - Screen fatigue?
  - How long should a screen take?
  - What's the best way to administer?

SBIRT

- What tools do you use?
- More importantly, how does your screening tool help set you up for the BI or RT?
- If it doesn't, maybe it is not the right measure……

Screen	# of Items
AUDIT AUDIT C	10 3
CAGE	4
MAST	24
ASSIST	8
NIAA Questions	4

Alcohol and Other Drug Screening Questions – NIAAA Guidelines

1) On average, how many days per week do you drink alcohol (beer, wine, liquor)?

2) On a typical day when you drink, how many drinks do you have?
_____ days per week x ____drinks per day = ____drinks per week

SBIRT

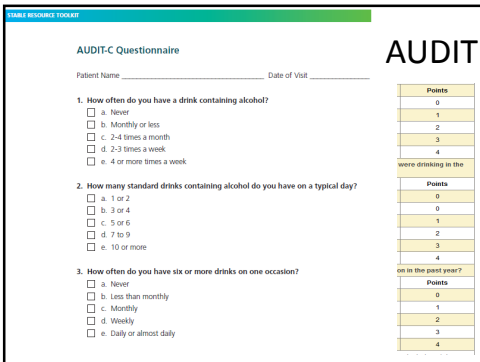
Positive Screen: Above NIAAA Guidelines
>14 drinks/week for men
>7 drinks/week for women or men over 65 years
Any use of alcohol for pregnant women

3) What is the maximum number of drinks you had in a 2-hour period during the last month?

Positive Screen: Above NIAAA Guidelines
5+ drinks/2hrs for men
4+ drinks/2hrs for women
>1 drink/day for adults over 65 years
Any use of alcohol for pregnant women

4) How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?

AUDIT – C



STABLE RESOURCE TOOLKIT

AUDIT-C Questionnaire

Patient Name _____ Date of Visit _____

1. How often do you have a drink containing alcohol?
   - a. Never
   - b. Monthly or less
   - c. 2-4 times a month
   - d. 2-3 times a week
   - e. 4 or more times a week

Points
0
1
2
3
4

were drinking in the

2. How many standard drinks containing alcohol do you have on a typical day?
   - a. 1 or 2
   - b. 3 or 4
   - c. 5 or 6
   - d. 7 to 9
   - e. 10 or more

Points
0
0
1
2
3
4

on in the past year?

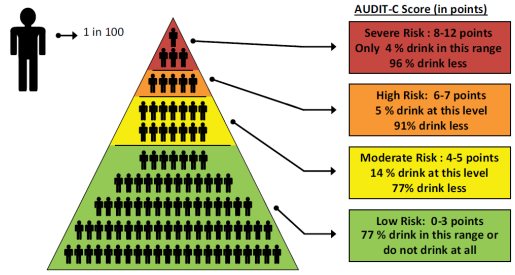
3. How often do you have six or more drinks on one occasion?
   - a. Never
   - b. Less than monthly
   - c. Monthly
   - d. Weekly
   - e. Daily or almost daily

Points
0
1
2
3
4

- **In men**, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.
- **In women**, a score of 3 or more is considered positive (same as above).

Men, age 30 and older

How many others drink as much as you?



The **AUDIT-C** is a questionnaire given to thousands of VA patients. This triangle shows how your drinking compares to Male Veterans, age 30 and older.

Men who score 4 or higher drink above recommended limits and are at increased risks for harm.

Source: Survey of Healthcare Experiences of Patients, 2008, VA Office of Quality and Performance

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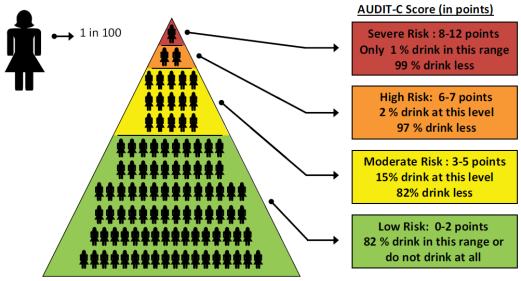
Women, age 30 and older

How many others drink as much as you?



The **AUDIT-C** is a questionnaire given to thousands of VA patients. This triangle shows how your drinking compares to Female Veterans, age 30 and older.

Women who score 3 or higher drink above recommended limits and are at increased risks for harm.

Source: Survey of Healthcare Experiences of Patients, 2008, VA Office of Quality and Performance

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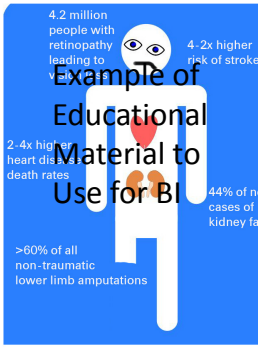
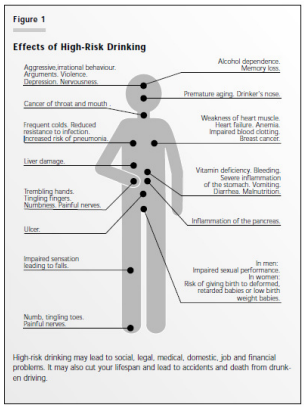
sBIRT

- We already know how to do this with other disorders…….
- A patient has high cholesterol…….(lab tested, not screened)
  - What do you say to the patient?
  - How do you describe cholesterol? Give causes of it?
  - Name dangers related to high cholesterol?
  - What are some ways to treat high cholesterol?

Diabetes: Responsible fo



Example of Educational Material to Use for BI

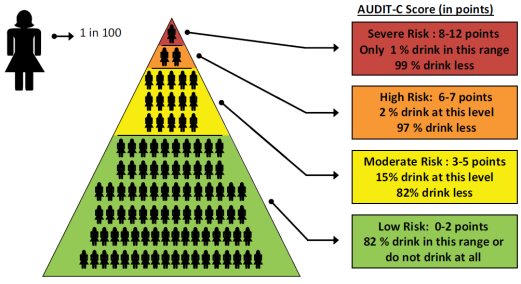


sBIRT

- 5-10 minute discussion to motivate patients to change their behavior and prevent the progression of substance use
- The topics discussed include:
  - How substances can interact with medications
  - How substances cause or exacerbate health problems and/or interfere with personal responsibilities
  - Give information about their substance use based on their risk assessment scores

Women, age 30 and older

How many others drink as much as you?



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sBIRT

- 5-10 minute discussion to motivate patients to change their behavior and prevent the progression of substance use
- The topics discussed include:
  - Advise in clear, respectful terms to decrease or abstain from substance use.
  - Encourage to set goals to decrease substance use and to identify specific steps to reach those goals.
  - Teaching behavior change skills that will reduce substance use and limit negative consequences.
  - Provide a referral for further care, if needed

sBIRT "BNI"

BRIEF NEGOTIATED INTERVIEW (BNI) STEPS

1. Raise subject	➤ Hello, I am _____. Would you mind taking a few minutes to talk with me about your alcohol use? **<<PAUSE>>**
2. Provide feedback	
• **Review screen**	➤ From what I understand you are drinking [insert screening data]… We know that drinking above certain levels can cause problems, such as [insert facts]…I am concerned about your drinking.
• **Make connection**	➤ What connection (if any) do you see between your drinking and this ED visit? **If patient sees connection:** reiterate what patient has said **If patient does not see connection:** make one using facts
• **Show NIAAA Guidelines & norms**	➤ These are what we consider the upper limits of low risk drinking for your age and sex. By low risk we mean that you would be less likely to experience illness or injury if you stayed within these guidelines.
3. Enhance motivation	
• **Readiness to change**	➤ **[Show readiness ruler]** On a scale from 1-10, how ready are you to change any aspect of your drinking?
• **Develop discrepancy**	➤ **If patient says:**
• **Discuss pros and cons**	**≥4 ask** Why did you choose that number and not a lower one?; **≤1 or unwilling, ask** What would make this a problem for you?…How important would it be for you to prevent that from happening?…Have you ever done anything you wish you hadn't while drinking? Discuss pros & cons.
4. Negotiate & advise	
• **Negotiate goal**	➤ Reiterate what patient says in Step 3 and say, What's the next step?
• **Give advice**	➤ If you can stay within these limits you will be less likely to experience [further] illness or injury related to alcohol use.
• **Summarize**	➤ This is what I've heard you say…Here is a drinking agreement I would like you to fill out, reinforcing your new drinking goals. This is really an agreement between you and yourself.
• **Provide handouts**	➤ **Provide:** - Drinking agreement [patient keeps 1 copy] - Project ED Health Information Sheet
• **Suggest PC f/u**	➤ **Suggest PC follow up to discuss drinking level/pattern**
• **Thank patient**	➤ **Thank patient for his/her time**

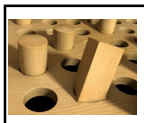
Project ED Health, D'Onofrio, Pantalon, et al., (NIAAA RO1 AA12417-03)

sBIRT

- "Brief therapy is a systematic, focused process that relies on assessment, client engagement, and immediate implementation of change strategies.
- Brief therapy is a distinct level of care that is inherently different from brief interventions and traditional specialist treatment and should not be seen as an episodic form of long-term therapy.
- Brief therapy, in relation to traditional or specialist treatment, is generally of shorter duration, conducted in partnership with the client in 1-12 highly focused and structured clinical sessions"
- *Perhaps not practical for a Trauma Service?*

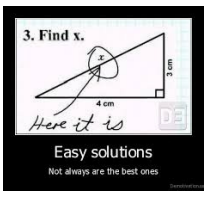
SBIRT

- Referral to treatment targets a different population……
- Patients identified as dependent, and providing specific "next steps" for assistance
- Engaging to go into treatment may not be easy



Challenges with SBIRT

- This sounds great, but WHY DOESN'T IT WORK?



Critiques of SBIRT

- Research?
  - While SBIRT has been found repeatedly to have positive results in the PCP arena, the kindest description of how well it works in an ED or on a Trauma service is that the results are "mixed"
- Not clear what events may contribute to the positive effects (ie, severity of event)

SBIRT Research

- Academic ED SBIRT Research Collaborative 2010 – decrease in ETOH intake at 3 months, no difference at 6-12 mos
- Field et al 2010 highlights several ED studies w/o effect or with varying effects (not reduced ETOH + reduced bad outcomes together)[16-19]

Challenges with SBIRT

- Is admission to a trauma service truly a "teachable moment"?
  - Pain management, surgery, financial issues, work issues, legal issues, explanations to family, development of PTSD

Teachable Moment? Yea Right!

- "Screening and brief intervention (SBI) in trauma centers has been shown to work.
- Approaching patients during the 'teachable moment' of their trauma visit helps many change their drinking behavior.
- Research has shown that SBI can reduce DUI arrests and healthcare costs. It can also cut alcohol-related trauma recidivism by up to 50%."

"Teachable Moments" – A Word

- Meta-analytic review (404 articles down to 81)[21]
- No consistent definition of what a "teachable moment"

Table 1

Categories of usage for the term "teachable moment"

Category 2		
Category 3 Modeling the teachable moment		
The teachable moment is a particularly useful time to facilitate some sort of change. This group goes beyond evidence provided in Category 2 and presents a theory of how the teachable moment operates to motivate an individual. Hypotheses are proposed, but are not tested.	2 (2%)	"Cancer diagnosis and the cascade of associated events and interactions with the healthcare system have been described as "teachable moments" (TMs) for smoking cessation. Our work suggests that whether a cueing event such as a cancer diagnosis is significant enough to be a TM for smoking cessation depends on the extent to which the event: (1) increases perceptions of personal risk and related expectations of positive or negative outcomes, (2) prompts a strong emotional response, and (3) redefines self-concept or social role" (McBride and Ostroff 2003:330).
		"These data suggest that providing health behavior advice during an illness visit for which a diagnosis relevant to the target behavior is present is associated with a 2- to 4-fold increase in the recall of the discussion, independent of the duration of the advice. Thus, choosing 'teachable moments' that link health behavior to current illnesses takes advantage of a unique opportunity for linking illness care with promoting healthy behavior" (Flocke and Stange 2004:346).

SBIRT – Specific Frustrations

- Time:
  - LOS issues
  - When to do this in the course of treatment? Day 1? 5?
- Ownership – Nurses? MDs? Psych?
  - Hiring new people to do this sounds great because "medicare" will reimburse, but the reality is not all patients have Medicare…….how does this service get paid for additional MD/PA/RN/NP?

sBIRT - Challenges

Obstacles to Participation

- Uncertainty about effectiveness
- Uncertainty about role
- Uncertainty about value
- Uncertainty about time commitment
- Uncertainty about cost

- Relationshi
  - Cornerst
  - PCP relat with an inpatient critique), which ma ater success
- Other core in therapy:
  - Empathic
  - If we dor ervention, the patient is
- Do you believe in SBIRT? Do you believe in injury prevention? Do you think alcohol education is a way to prevent trauma injury? If no, patients WILL see through you!

sBIRT - Challenges

- People have either heard they may have a problem and have not yet accepted it OR
- People may not really understand what dangerous drinking is
- Do we teach how to responsibly drink before someone turns 21?
- How do people learn what responsible drinking is? From family? Friends?
  - *The increase in risk for developing alcoholism may be 4 to 7-fold among first-degree relatives of an alcoholic (NIAAA)*

sBIRT - Challenges

- Need to be careful who we are delivering what to…..
  - "Referral to treatment may be more useful for excessive drinkers, as brief intervention has been shown to have little effect on this population"[16]p108
- The BI is to target patients who if they continue drinking, may have detrimental situations

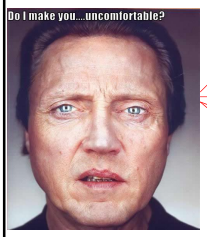
sBIRT - Challenges

- Let's reframe……(I'm a psychologist, we always reframe)…..
- What if we think about BI in the same way we think about how to deliver bad news?
  - What do we do if it is Diabetes?
  - Why isn't telling a person their drinking is in a risk category bad news?

How to deliver bad news?

S	Setting up the interview – private, non-hurried	*When is the right time?*
P	Patient's Perceptions – does he/she think this is a problem? Denial can pop out here……	*Is the information we are presenting new?*
I	Invitation to ascertain how much patient knows; allow to ask questions about information after presented	*Are we afraid they may ask questions we cannot answer?*
K	Knowledge and info giving – avoid jargon; give info in manageable pieces; not a lot at once. Think consequences of continued use (but NOT SCARED STRAIGHT)	*Be careful in not catastrophizing for the patient; change CAN occur*
E	Explore/empathize – anticipate, permit, respond to the individual's emotional needs	*It's ok if this is the last thing a patient wants to think about*
S	Strategy and Summary of Key points – next best steps; want to get buy in and help foster belief in patient this is changeable	*Providing resources/numbers to call; information about what follow up may entail; website links to read more?*

sBIRT "BNI"



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2. Provide feedback • **Review screen** • **Make connection** • **Show NIAAA Guidelines & norms**	➢ From what I understand you are drinking [insert screening data]… We know that drinking above certain levels can cause problems, such as [insert facts]…I am concerned about your drinking. ➢ What connection (if any) do you see between your drinking and this ED visit? **If patient sees connection:** reiterate what patient has said **If patient does not see connection:** make one using facts ➢ These are what we consider the upper limits of low risk drinking for your age and sex. By low risk we mean that you would be less likely to experience illness or injury if you stayed within these guidelines.
3. Enhance motivation • **Readiness to change** • **Develop discrepancy** • **Discuss pros and cons**	➢ **[Show readiness ruler]** On a scale from 1-10, how ready are you to change any aspect of your drinking? ➢ **If patient says:** **≥2 ask** Why did you choose that number and not a lower one?; **≤1 or unwilling, ask** What would make this a problem for you?…How important would it be for you to prevent that from happening?…Have you ever done anything you wish you hadn't while drinking? Discuss pros & cons.
4. Negotiate & advise • **Negotiate goal** • **Give advice** • **Summarize** • **Provide handouts** • **Suggest PC f/u** • **Thank patient**	➢ Reiterate what patient says in Step 3 and say, What's the next step? ➢ If you can stay within these limits you will be less likely to experience [further] illness or injury related to alcohol use. ➢ This is what I've heard you say…Here is a drinking agreement I would like you to fill out, reinforcing your new drinking goals. This is really an agreement between you and yourself. ➢ **Provide:** - Drinking agreement [patient keeps 1 copy] - Project ED Health Information Sheet ➢ **Suggest PC follow up to discuss drinking level/pattern** ➢ **Thank patient for his/her time**

Project ED Health, D'Onofrio, Pantalon, et al., (NIAAA RO1 AA12417-03)

SBIRT- Barriers

- Potential Barriers which may occur:
  - Outpatient care much easier to locate and understand than inpatient……
  - Patients may not be able to go directly to treatment
- May not have the support to deliver Brief Treatment/Therapy at bedside……

Role of Health Psychologist? APA

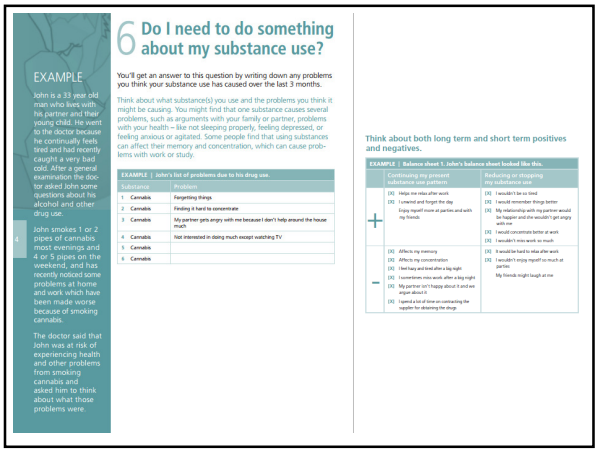
- Clinical Health Psychology applies scientific knowledge of the interrelationships among behavioral, emotional, cognitive, social and biological components in health and disease to:
  - the promotion and maintenance of health;
  - the prevention, treatment and rehabilitation of illness and disability; and
  - the improvement of the health care system.
- The distinct focus of Clinical Health Psychology is at the juncture of physical and emotional illness, understanding and treating the overlapping challenges.
- Clinical Health psychologists have knowledge of how learning, memory, perception, cognition and motivation:
  - influence health behaviors (e.g., weight, smoking, adherence to health care recommendations);
  - impact physical illness/injury/disability (e.g., onset of, response to, and recovery from illness or injury).

Role of Health Psychologist?

- Conduct research, write grants, provide bedside/inpatient care
- Specifically for a trauma service, a Health Psychologist can assist not just with substance use, but assistance/intervention for potential post trauma psychological maladjustment to help improve outcomes
- CHEAP

RESOURCES

- http://ireta.org/toolkitforsbirt
  - Valuable links for different BI
- http://www.integration.samhsa.gov/
  - Provides S-BI-BT-RT information, but especially good with S-BI
- http://whqlibdoc.who.int/publications/2010/9789241599405_eng.pdf
  - Great resource for patients to go through with/without clinician
- http://store.samhsa.gov/list/series?name=TIP-Series-Treatment-Improvement-Protocols-TIPS-
  - Will provide free texts for additional self learning
- http://pubs.niaaa.nih.gov/publications/practitioner/PocketGuide/Pocket.pdf
  - "Pocket guide" but very busy



EXAMPLE

John is a 33 year old man who lives with his partner and their young child. He went to the doctor because he continually feels tired and had recently caught a very bad cold. After a general examination the doctor asked John some questions about his alcohol and other drug use.

John smokes 1 or 2 pipes of cannabis most evenings and 4 or 5 pipes on the weekend, and has recently noticed some problems at home and work which have been made worse because of smoking cannabis.

The doctor said that John was at risk of experiencing health and other problems from smoking cannabis and asked him to think about what those problems were.

6 Do I need to do something about my substance use?

You'll get an answer to this question by writing down any problems you think your substance use has caused over the last 3 months.

Think about what substance(s) you use and the problems you think it might be causing. You might find that one substance causes several problems, such as arguments with your family or partner, problems with your health – like not sleeping properly, feeling depressed, or feeling anxious or agitated. Some people find that using substances can affect their memory and concentration, which can cause problems with work or study.

EXAMPLE | John's list of problems due to his drug use.

	Substance	Problem
1	Cannabis	Forgetting things
2	Cannabis	Finding it hard to concentrate
3	Cannabis	My partner gets angry with me because I don't help around the house much
4	Cannabis	Not interested in doing much except watching TV
5	Cannabis	
6	Cannabis	

Think about both long term and short term positives and negatives.

EXAMPLE | Balance sheet 1. John's balance sheet looked like this.

	Continuing my present substance use pattern	Reducing or stopping my substance use
+	[X] Helps me relax after work [X] I unwind and forget the day Enjoy myself more at parties and with my friends	[X] I wouldn't be so tired [X] I would remember things better [X] My relationship with my partner would be happier and she wouldn't get angry with me [X] I would concentrate better at work [X] I wouldn't miss work so much
−	[X] Affects my memory [X] Affects my concentration [X] I feel hazy and tired after a big night [X] I sometimes miss work after a big night [X] My partner isn't happy about it and we argue about it [X] I spend a lot of time on contacting the supplier for obtaining the drugs	[X] It would be hard to relax after work [X] I wouldn't enjoy myself so much at parties My friends might laugh at me

Further Questions

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