

# USING SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) IN HEALTHY START:

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## Destigmatizing Addiction and Cultural Considerations

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Rekha Sreedhara, MPH

Hannabah Blue, MSPH

# Your presenters



Rekha  
Sreedhara,  
MPH



Hannabah  
Blue, MPH

# Objectives

- 1.** Learn about substance use disorders and ways to destigmatize addiction
- 2.** Describe the components of the SBIRT model and its importance
- 3.** Understand how to universally ask if a Healthy Start participant needs support related to alcohol and/or other drugs
- 4.** Understand how to refer participants to treatment and recovery support services
- 5.** Review cultural considerations for asking sensitive questions

# What is Addiction?

- Addiction to alcohol and/or other drugs is a complex biopsychosocial disease that is chronic in nature and is often characterized by periods of relapse and recovery
- Addiction does not have a face. This chronic disease can affect ANYONE at ANYTIME
- There are risk factors which can predispose a person to an alcohol and/or drug problem:
  - Family history of addiction;
  - Neglect or other traumatic experience in childhood;
  - Mental health conditions such as depression and anxiety;
  - Early use of drugs; and
  - Substance used and method of administration

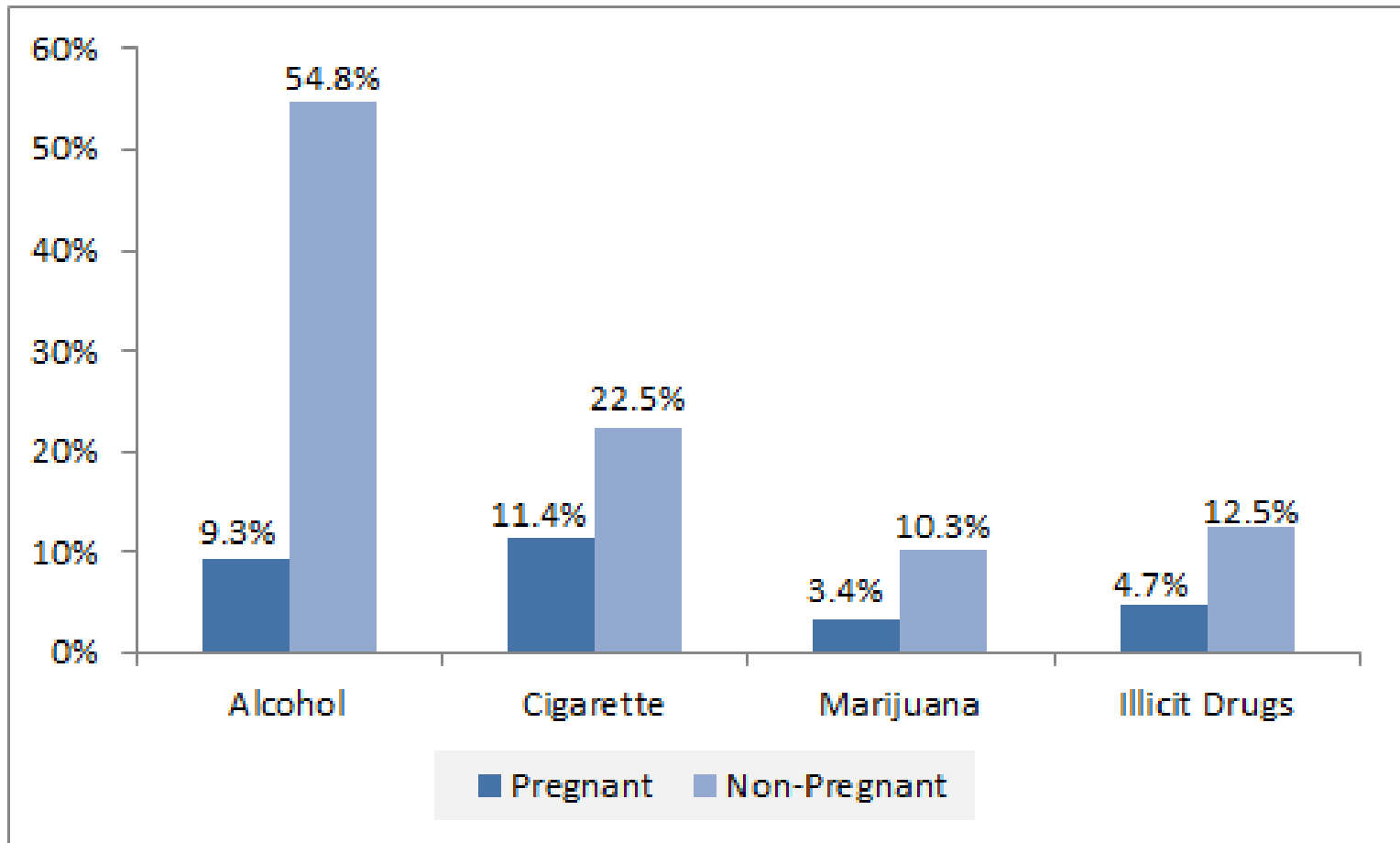
# Important Definitions

- **SUBSTANCE MISUSE** – The use of any substance that can cause harm to the person using the substance or to those around them.
- **SUBSTANCE USE DISORDER** - Repeated misuse of a substance or substances resulting in a diagnosed medical condition caused by and characterized by clinically significant impairments in health, social function, and impaired control over the use of substances.

# Using Non-Stigmatizing Language

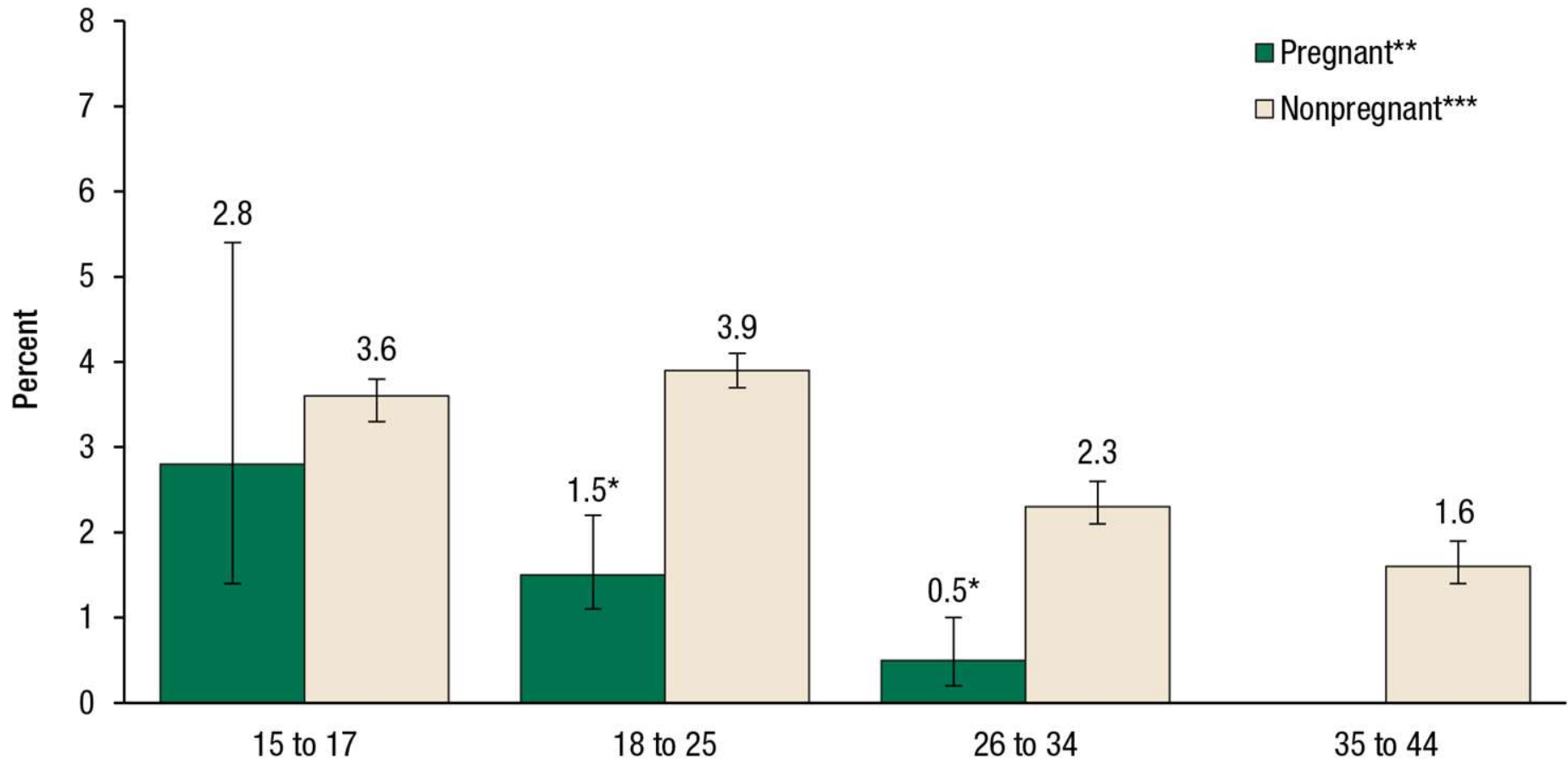
Stigmatizing Terms	Non-Stigmatizing Terms
Addict, Alcoholic, Abuser, User, Junkie, Drug Seeker	-Person experiencing an alcohol/drug problem -Person with a substance use disorder
Recovering Addict	Person in recovery
Substance Abuse	-Substance misuse -Substance use disorder -Addiction
Clean	Negative, substance-free, in recovery
Dirty	Positive
Replacement or Substitution Therapy	Medication assisted treatment

# DATA: 2015 Substance Use Rates Among Pregnant and Non-Pregnant Women in the U.S.



Source: 1. National Survey of Drug Use and Health. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf> (Tables 6.71-6.78)

# DATA: Past month opioid misuse among women aged 15 to 44, by pregnancy status and age: 2007 to 2012



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2007 to 2012.



## Data: Opioid Use Among Pregnant Women

- Between 2000 and 2009, opioid use among women who gave birth increased in the United States from 1.19 to 5.63 per 1,000 hospital births per year.
- Incidence of neonatal abstinence syndrome (NAS) increased from 1.20 per 1,000 hospital births per year in 2000 to 5.8 per 1,000 hospital births in 2012.

*Source: National Institute on Drug Abuse*

# What is SBIRT?



**S = Screening → BI = Brief Intervention → RT = Referral to Treatment**

- A public health approach to reduce alcohol and other drug-related problems
- A routine and universal process
- A comprehensive strategy that includes a transition between screening, brief intervention or brief treatment and referral to specialty substance use disorder care
- An opportunity for discussion and education about the potential health and safety risks posed by alcohol and drug use

# What's the "S" in SBIRT?

- **SCREENING** is the act of asking all participants a series of questions to identify behaviors that may indicate a problem with alcohol and/or other drugs
  - Universalize
  - Use evidence-based tools/questions

# What's the “BI” in SBIRT?

- A **Brief Intervention** is any time-limited effort (5-10 minutes) provided to participants.
  - Assess the problem further
  - Provide information or advice, determine motivation to avoid substance use, and assist to avoid use through behavior change skills
  - Reinforce no use or non-risky use
  - Encourage reduction of harmful use
  - Facilitate access to specialty care
  - BI is also advised for those with a negative screen

# What's the "RT" in SBIRT?

- **Referral to Treatment** involves recommending next steps for brief therapy or additional specialty substance use disorder treatment and arranging appropriate follow-up and support based on identified substance use information
  - Be familiar with treatment and recovery support services and other community-based supports
  - Refer participant for an evaluation or identify appropriate treatment services based on individual needs
  - Coordinate access to the services needed

# EVALUATION/ ASSESSMENT

*An assessment involves the careful evaluation of biopsychosocial factors of an individual which is conducted by a professional.*

## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

# Flowchart on How To Connect Participants with Treatment Services

Identify if the participant has been assessed/evaluated to determine the level of care that would be most appropriate

If an evaluation has been conducted...

Help participant connect with appropriate level of care

- Outpatient Counseling
- Intensive Outpatient Counseling
- Partial Hospitalization
- Residential Services
- Recovery Support Services
- Medication Assisted Treatment

If an assessment has not been conducted...

Help participant connect with evaluation services to help assess what type of care would be most appropriate for them.

Use the SAMHSA Treatment Locator  
<https://findtreatment.samhsa.gov/>  
OR  
state-specific resources  
to find treatment services



# Considerations

- Insurance coverage
- Location/transportation: Can the participant and their family easily access the treatment facility?
- Family support
- Treatment history: How many past treatment episodes? Which levels of care were received?
- Language/cultural competence



# Cultural Consideration when asking Sensitive Questions

Coming from a Native American cultural perspective and experience...

- Support relational wellness
  - Personalize interaction, including assessment, referral, & follow up
  - Exercise humor and support different types of communication practices (eye contact, silence, visuals)
- Exercise a strengths based approach
  - In several studies, it was shown that Native Americans have higher rates of abstinence from alcohol than Whites
  - Cultural strengths: cultural pride, community support, and value of next generations
- Take into account holistic health and wellness
  - Screening as prevention framework

# Cultural Consideration when asking Sensitive Questions

Coming from a Native American cultural perspective and experience...

- Take into account historical trauma
  - Trauma-informed care
- Consider spirituality
  - Cultural and traditional practices that supplement and complement treatment
- Consider traditional views of substance use
  - Some traditional practices are not allowed when using substances
- Combat and do not perpetuate “stereotypes”
  - “Drunk Indians”, genetic predisposition
  - Diversity of beliefs and practices. It’s OK to ask!

# What if treatment is not readily available?

- Encourage participation in community-based support groups (provide a list of local meetings)
- Encourage participation in peer recovery supports (e.g. recovery coaching, telephone recovery supports) offered through Recovery Community Organizations and recovery centers
- Establish frequent phone/in-person check-ins
- Suggest group and/or individual counseling

# Follow-Up: Monitor Treatment Progress

- Participation in treatment
- Knowledge gained about substance use disorders
- Participation in community-based supports
- Participation in treatment plan goals
- Interpersonal relationships
- Recovery status from substances

**Questions?**

# Thank You!

Rekha Sreedhara

[Rekha\\_Sreedhara@jsi.com](mailto:Rekha_Sreedhara@jsi.com)

Hannabah Blue

[Hannabah\\_Blue@jsi.com](mailto:Hannabah_Blue@jsi.com)

# Resources

**SBIRT Resources:** SAMHSA-HRSA Center for Integrated Solutions

**Recorded webinar:** Ask the Expert: “TWEAK” and “4P” to Ensure Healthy Pregnancies and Babies: An Overview of Substance Use Disorder Screening Tools

**Institute for Healthcare Improvement:** Nurturing Trust: Addiction and Maternal and Newborn Health



# Wrap Up and Reminders

## Upcoming Events:

**May 9:** Maternal Mortality for Healthy Start

**May 11:** What's Working in the Healthy Start Community to Support Breast Feeding

**Coming soon:** Wellness Series

**EPIC Center website:** <http://www.healthystartepic.org>

- Includes all recorded webinars, transcripts, slide presentations, evidence based practice inventory

