



Department
of Health



ACOG

The American College of
Obstetricians and Gynecologists

District II



HANYS™

Always There for Healthcare



Screening, Brief Intervention, and Referral for Treatment (SBIRT)

ACOG DISTRICT II/NY

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Objectives

- Describe the background and rationale for conducting SBIRT
- To better understand the SBIRT process
- Helpful tips for implementing verbal screening for OUD

Note: I will be referring to women / pregnancy in this discussion today. SBIRT can be used in men and women

What is Screening, Brief Intervention, and Referral for Treatment (SBIRT) ?

- SBIRT is a comprehensive, integrated approach to the delivery of early intervention and treatment services
- For persons with:
 - Substance use disorder (SUD)
 - Women at risk of developing these disorders
- Settings for use:
 - Prenatal care sites / Primary care centers
 - Emergency room \pm Trauma centers
 - Mental health clinics
 - Other community settings which provide opportunities for early intervention with at-risk substance users
 - Before more severe consequences occur

SBIRT: Core Components

Screening: Very brief screening that identifies substance related problems

Brief Intervention: Raises awareness of risks and motivates client toward acknowledgement of problem

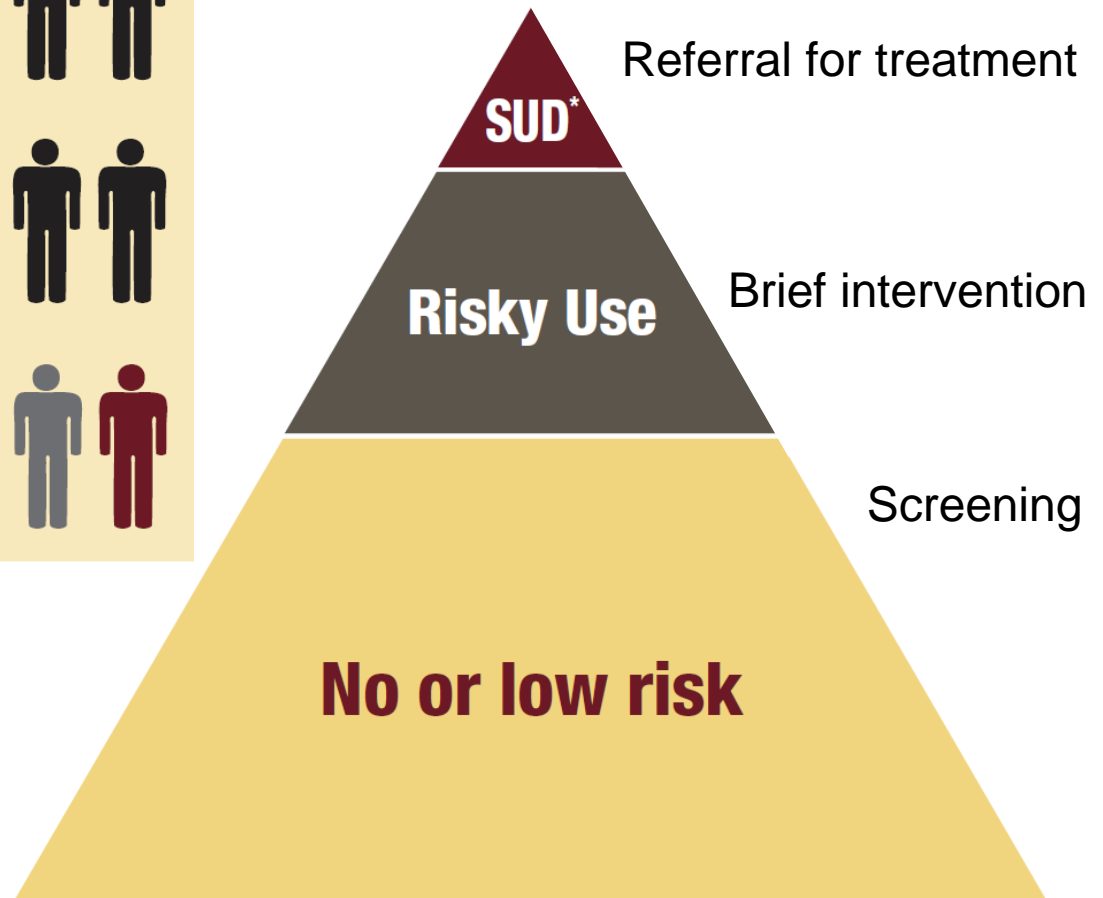
Brief Treatment: Cognitive behavioral work with clients who acknowledge risks and are seeking help

Referral: Referral of those with more serious addictions

SBIRT Goals

- **Increase access to care**
 - For women with SUD and those at risk of SUD
- **Foster a continuum of care**
 - By integrating prevention, intervention, and treatment services
- **Improve linkages**
 - Health care services (i.e. prenatal care)
 - Mental health services
 - Alcohol/drug treatment services

SBIRT - numbers

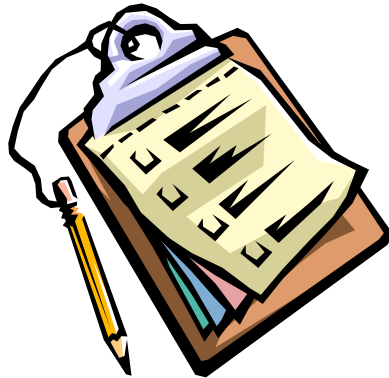


What is screening?

A range of evaluation procedures and techniques to capture indicators of risk

A **preliminary assessment** that indicates probability that a specific condition is present

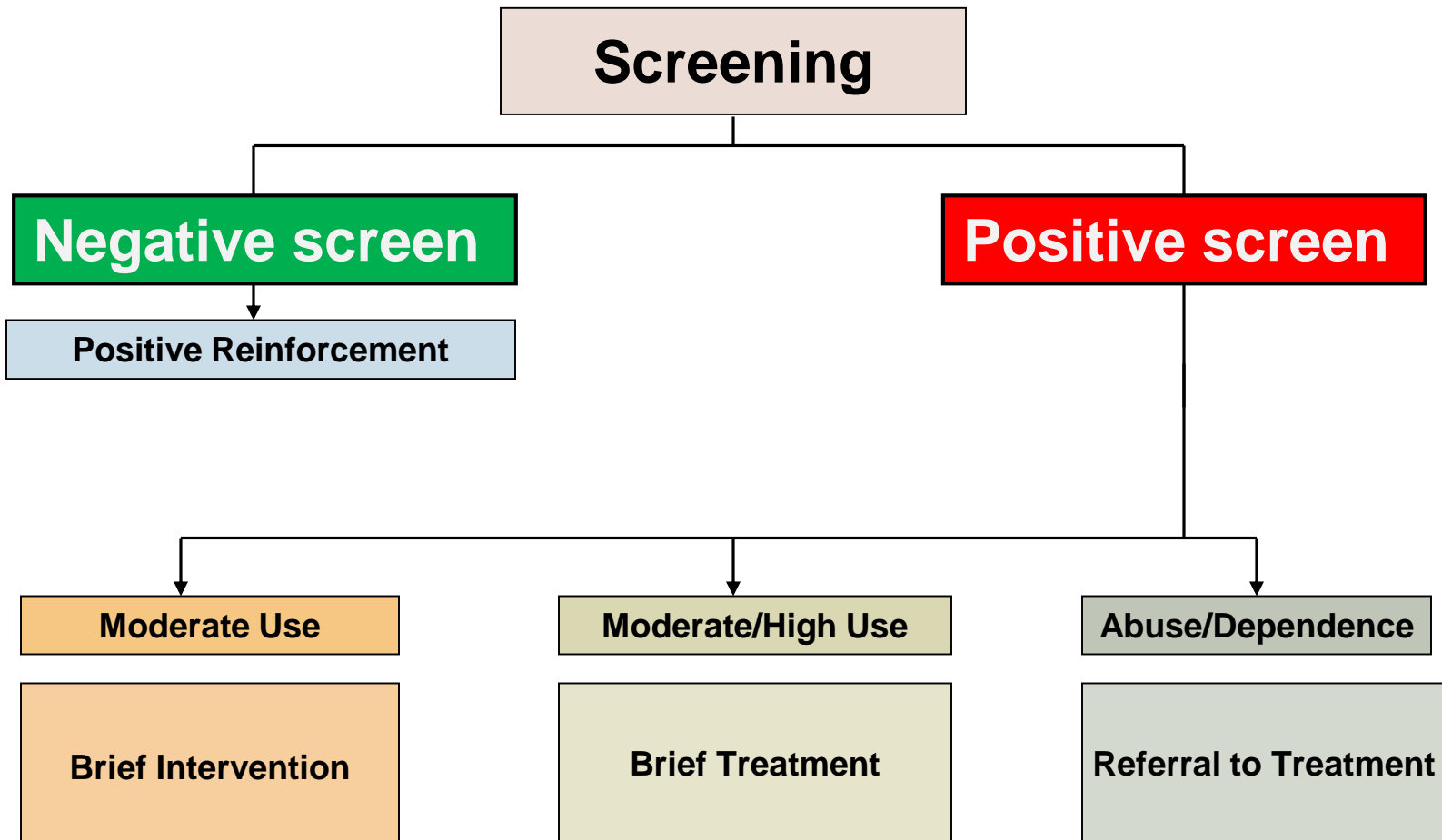
A single event that informs subsequent diagnosis and treatment



Screening tools

Specific to Substance Use in Pregnancy				
Screening Tool	Description	Pros	Cons	Sensitivity/Specificity
NIDA Quick Screen	<ul style="list-style-type: none"> • 3 questions • Approx 3-5 min • Scripted tool to support provider standardization of substance use screening 	<ul style="list-style-type: none"> • Listed in ACOG bulletin • Existing online tool developed by NIDA • Free • SMFM recommended 	<ul style="list-style-type: none"> • Not specific to pregnancy • No training available 	Possible top recommendation
Integrated 5 Ps Screening Tool	<ul style="list-style-type: none"> • Peers, Parents, Partner, Past and Pregnancy 	<ul style="list-style-type: none"> • Free • Designed specifically for pregnant women 		
Substance Use Risk Profile Pregnancy Scale	<ul style="list-style-type: none"> • 4 questions • Approximately 2 min • Affiliated with MIECHV 	<ul style="list-style-type: none"> • Free • Specific to prenatal patients 	<ul style="list-style-type: none"> • Recently tested with prenatal patients 	<ul style="list-style-type: none"> • 90-100% sensitive for low risk patients • 61-64% specific for low risk patients • 48-100% sensitive for high risk pts • 84-88% specific for high risk
4Ps Plus	<ul style="list-style-type: none"> • 5 questions with follow-up if positive. • Approximately 2-5 min 	<ul style="list-style-type: none"> • Validated tool for pregnant patients • Approved for identification of tobacco, alcohol and illicit drugs. • Additional questions related to domestic violence and depression can be included. • Listed in ACOG bulletin 	<ul style="list-style-type: none"> • Licensing fee • Indirect questions • Low specificity to illicit drug use 	<ul style="list-style-type: none"> • 87% sensitive for substance use • 75% specific for substance use

Screening and Brief Intervention



Steps in a Brief Intervention

- Raise The Subject
- Provide Feedback
- Enhance Motivation
- Negotiate And Advise

Reviewing the screening results

- Feel unable to disclose information
 - Women may feel judged
 - Women feel that her parenting ability is being questioned
 - Obstetric providers may feel uncomfortable about this topic
- Establish trust and foster a rapport
- Permission
 - “Is it OK if I ask you some questions about possible substance use that can affect pregnancy?”
 - “Would it be OK with you if we discussed the results of the screening you filled out today?”
 - 3rd person – “Prenatal providers are encouraged to ask all women in pregnancy about substance use. Is it OK if we discuss this?”

Brief Intervention (Don't be afraid)

- Brief interventions can trigger change
 - A short, face-to-face conversation regarding:
 - Substance use
 - Motivation to change
 - Options for change (which are provided during a window of opportunity or potentially teachable moment occasioned by a medical event)
- Types of interventions
 - Feedback only
 - Brief Intervention
 - Extended Brief Intervention or Brief Treatment
 - Referral for further assessment

Goals of a Brief Intervention: FLO

F

Feedback

Setting the stage

Tell screening results

L

Listen & Understand

Explore Pros and Cons

Explain Importance

Assess readiness to change

O

Options Explored

Discuss change options

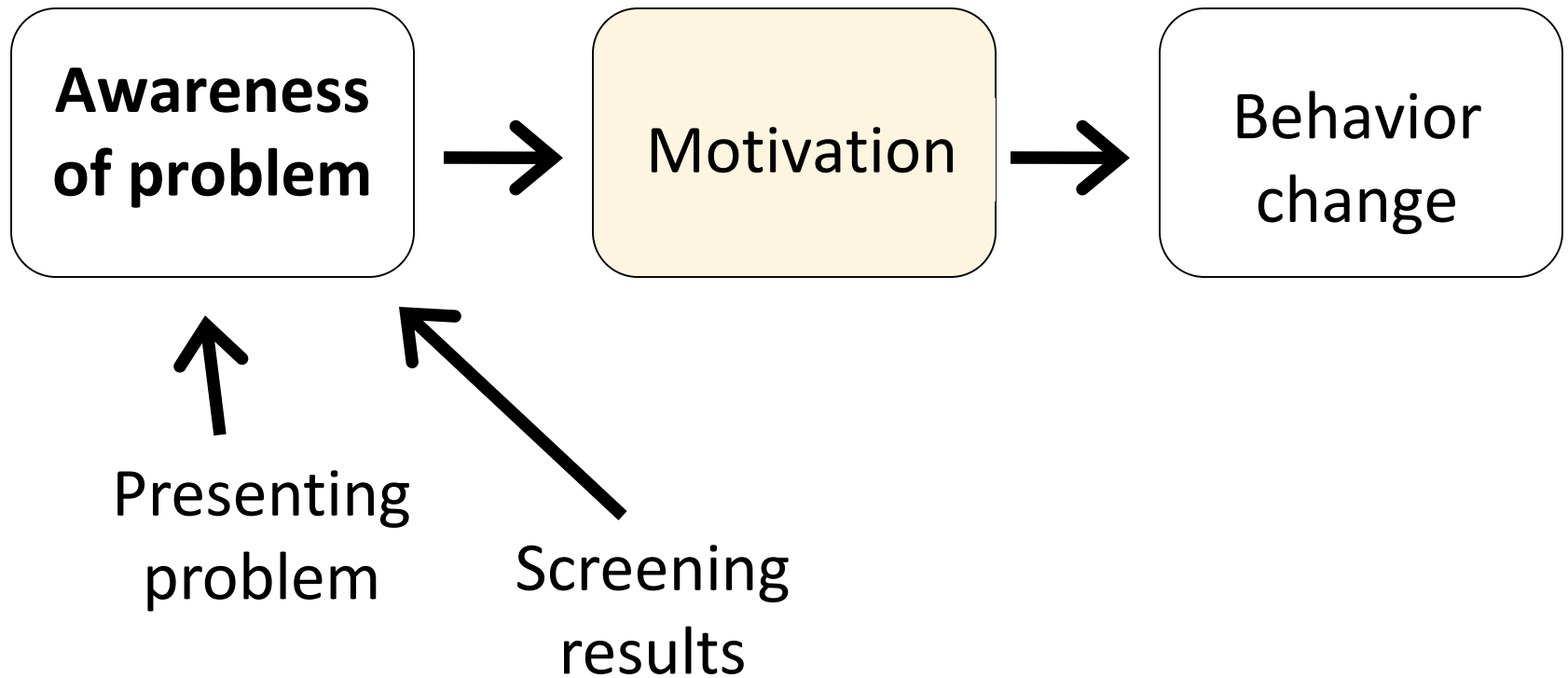
Follow up

Providing Feedback

- Feedback

- “In reviewing your screening results, I noticed that your use of opioids (or other drugs) at a level that may be harmful to your pregnancy. How do you feel about your opioid use?”

Brief Intervention



Motivation and Readiness



- Example of language

- Would it be alright if I asked a few more questions about your opioid use?
- On a scale of 1 to 10, how motivated would you consider yourself to manage your opioid use?
 - How important is it for you to change your opioid use?
 - How confident are you that you can change your opioid use?
 - How ready are you to change your opioid use?

For each can ask...

- Why didn't you give it a lower number?
- What would it take to raise that number?

Motivation

- Motivation influenced by clinician's style
- Motivation can be modified
- Clinician's task:
 - Elicit and enhance motivation
 - Lack of motivation –
 - Challenge for the clinician's therapeutic skills
(not a fault to blame our women)

Principals of Motivational Interviewing

1. Express empathy
2. Work with ambivalence
3. Avoid argumentation
4. Roll with resistance
5. Support self-efficacy

Motivational Interviewing Techniques

- **O**pen ended questions
- **A**ffirmation
- **R**eflective listening
- **S**ummarize

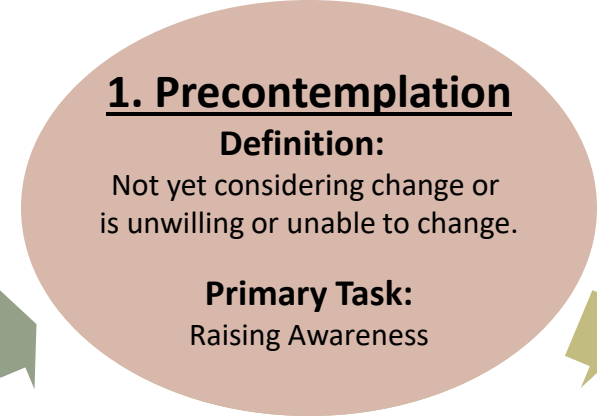
The Concept of Ambivalence

- Ambivalence is normal
- Clients usually enter treatment with fluctuating and conflicting motivations
- Patients want both:
 - Want to change
 - Don't want to change

The Transtheoretical Model

(aka: Stages of Change Model)

- Developed by Prochaska & DiClemente
 - Working on smokers changing habits (late 1970's)
- Stages which people typically progress as they think about, initiate, and maintain new behaviors
 - Both within / outside of therapeutic environment
 - Applies to a many behavioral changes including:
 - Substance use, eating, parenting, exercise, and other behaviors



Stages of Change: Primary Tasks

1. Precontemplation

Definition:

Not yet considering change or is unwilling or unable to change.

Primary Task:

Raising Awareness

2. Contemplation

Definition:

Sees the possibility of change but is ambivalent and uncertain.

Primary Task:

Resolving ambivalence/
Helping to choose change

3. Determination

Definition:

Committed to changing.
Still considering what to do.

Primary Task:

Help identify appropriate
change strategies

4. Action

Definition:

Taking steps toward change but hasn't stabilized in the process

Primary Task:

Help implement change strategies
and learn to eliminate
potential relapses

6. Recurrence

Definition:

Experienced a recurrence of the symptoms.

Primary Task:

Cope with consequences and
determine what to do next

5. Maintenance

Definition:

Has achieved the goals and is
working to maintain change

Primary Task:

Develop new skills for
maintaining recovery

Stages of change

Stages	Characteristic	Your Goal
Pre-contemplation	No intention to change behavior. Unaware or under-aware of problems	To get patient to consider they have a problem
Contemplation	Aware of the problem & seriously considering a change, but no commitment to take action	To raise awareness of problem by observation of behavior
Preparation	Patient intends to change and makes small behavioral changes	To encourage these steps and support change process; Commit to make change a top priority
Action	Patient decides to take decisive action to change	To make action plan suggestions, reinforce changes, provide support and guidance
Maintenance	Work to prevent relapse and consolidate gains	To support continued change and help with relapse prevention

Options for Change

What now for the patient

- What do you think you will do?
- What changes are you thinking about making?
- What do you see as your options?
- Where do we go from here?
- What happens next?

Options for Change

Offer a menu of options:

- Manage opioid use (cut down to low-risk limits)
- Eliminate your opioid use (quit)
- Never use and drive (reduce harm)
- Nothing (no change)
- Seek help (refer to treatment)
 - Inpatient or outpatient

Options for Change

Giving Advice Without Telling Someone What to Do

- Provide Clear Information (Advise or Feedback)
 - What happens to some people is that...
 - My recommendation would be that...
- Elicit their reaction
 - What do you think?
 - What are your thoughts?

Some points to address for SBIRT

- How often will patients be screened?
 - First prenatal visit
 - Admission to maternity unit
- What educational materials will be distributed to patients?
 - NYS OUD in Pregnancy & NAS Project
- Where/how will patients needing further assessment or referral be referred?
 - Referral resources currently used?