

SBIRT for Substance Use Disorder

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT

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Introduction

Purpose

The purpose of this document is to provide guidance on how to adapt SBIRT services (Screening, Brief Intervention, and Referral to Treatment) to Syringe Service Programs.

Population

Syringe Service Programs have direct contact with people who use drugs (PWUD). People who receive services at a SSP may or may not be engaged in care anywhere else. People who engage in Syringe Service Programs are five times more likely to engage in treatment and recovery supports than those who do not engage in Syringe Service Programs.

Service

SBIRT stands for:

- **Screening:** to get a sense of where someone is at with their substance use. This may include the use of a screening instrument such as CAGE-AID or DAST.
- **Brief Intervention:** to talk about what has been going on. This may include the use of evidenced-based modalities such as motivational interviewing, psychosocial assessment, or crisis intervention.
- **Referral to Treatment:** to provide information about services that match the needs of the person. This may include providing contact information, providing a warm hand-off, coordinating the referral and/or providing linkage to care outside of the existing agency.

If or when SBIRT services are billed through insurance, there is guidance online about the required elements from the Centers for Medicare and Medicaid Services:

[Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Services \(https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf\)](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf).

Considerations

Spirit and Values

One of the foundations of SBIRT is **no unsolicited advice**, information, or resources.

- Only provide information and resources that match where the person is at
- Ask permission to share information and resources
- Respect the person's autonomy and right to choose

Knowledge of the Client

You may already know the substance use patterns of a client. In some cases, you may not ask particular questions on an assessment. **Use your judgement** about what questions are relevant to learn more about a client's substance use patterns, risks, and harm reduction skills.

Behavior Change & Harm Reduction

What we know about behavior is that most people spend a lot of time in pre-contemplative and contemplative stages of change, especially for any drastic life change. In addition to addressing the health concerns directly related to having a substance use disorder, people are faced with making many other large behavior changes at the same time. Understand that people's patterns of use are not linear.

Harm reduction honors any forward movement, including but not limited to: safer use, addressing other health conditions, regulated use, reduced use, considering treatment, engaging in treatment, and/or supporting long-term recovery.

The stages of change are below:

- Pre-Contemplative: never even considered changing
- Contemplative: considering or thinking about how, when, and why to change
- Preparatory: planning, preparing, and taking steps towards making a change
- Activation: engaging in steps directly related to the change
- Maintenance: continuing the efforts that supported the change

In terms of substance use disorders, the moment that someone engages in a chemical health assessment, they are already in the activation stage of change. There is so much work that can be done to reduce the harms of drug use while drug use is happening during all the earlier stages of change.

Encountering Frustration

When you work with people who are in difficult situations, you will hear their frustration, anger, sadness, and grief. It is not your role to fix feelings. Nor is it your role to argue, convince, persuade, or internalize anyone else's fears or frustrations. Some questions to ask yourself include:

- How can I make space for this person's feelings?
- Why might a person be feeling this way?
- No one is alone in feelings they are feeling.
- Other steps that you can take to lower the heat or stay with someone include:
 - Use a lower tone of voice
 - State reflections in a matter-of-fact tone of voice
 - Assure them that their feelings are normal

Some reflections you can use in these instances include:

- You're worried no one will understand.
- You don't know if it is worth your time to come in today.
- I want you to know you are not the only one I've heard talking about this lately.
- You are speaking about concerns that are very normal to have in this situation.
- You'll decide when you're ready.
- You are not hearing what you want to hear.
- You don't want to be here right now.
- You want to figure this out.
- You are not alone in feeling...
- You're noticing that...

Screening

CAGE-AID

The CAGE is a simple four-question instrument that has been used for a long time, especially to assess alcohol use. It was adapted to include drugs, hence the AID (“adapted to include drugs”). Use of drugs includes use of prescription drugs differently than prescribed and/or illicit drugs.

1. Have you ever thought you ought to **cut down** on your drinking or drug use?
2. Have people **annoyed you** by criticizing your drinking or drug use?
3. Have you ever felt bad or **guilty about** your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning (as an **eye-opener**) to steady your nerves or get rid of a hangover/withdrawal?

This assessment tool is commonly used within primary care to screen those who might need further assessment with chemical health. In that scenario, one yes to any of the four questions would link the patient to further assistance, for example, a behavioral health integration specialist, social worker, or further assessment.

Within the Syringe Service Programs, this tool could be used as a way to open up the conversation about additional aspects of substance use that may or may not have been discussed before. Use motivational interviewing skills to get more information about the client’s desire to cut down, how other’s perception of their substance use is impacting them, their own perception of their substance use, and how central of a role substance use is playing in their routine life.

DAST

The DAST stands for Drug Abuse Screening Test. It is a series of 10 questions asked specifically about drug use, including prescription drugs used in excess of the directions or for nonmedical reasons, and illicit drugs, but excluding alcohol. If the respondent has difficulty answering, they should select the response that is mostly right at that time.

The DAST-10 includes 10 yes/no questions about the last 12 months:

1. Have you **used drugs** other than those required for medical reasons?
2. Do you use **more than one drug** at a time?
3. Are you **unable to stop** using drugs when you want to?
4. Have you ever had **blackouts, an overdose, or flashbacks** as a result of drug use?
5. Do you ever **feel bad or guilty** about your drug use?
6. Does your spouse, partner, or parents ever **complain about your involvement** with drugs?
7. Have you **neglected your family** because of your use of drugs?
8. Have you **engaged in illegal activities** in order to obtain drugs?

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9. Have you **experienced withdrawal symptoms** (felt sick) when you stopped taking drugs?
10. Have you had **medical problems as a result of** your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?

Each question answered “yes” is equivalent to one point. The interpretation is:

- A total of 0 indicates no problems reported, and no suggested action at this time
- A total of 1-2 indicates a low level problem, and to monitor and re-assess at a later date
- A total of 3-5 indicates a moderate level problem, and further investigation is needed
- A total of 6-8 indicates a substantial level problem, and a substance use disorder assessment is suggested
- A total of 9-10 indicates a severe level problem, and a substance use disorder assessment is suggested

Note: For an assessment for a person who is not interested or ready to pursue any treatment or recovery supports at this time, see the Harm Reduction Assessment.

Brief Intervention

A brief intervention simply means a fairly short interaction (5-30 minutes) during which the staff member is mainly a listener, and is holding space for the client to explore their own desire, ability, reason, and need to use drugs and/or their desire, ability, reason and need to cut down, change the route, change the type, change the quantity, or quit using drugs.

Motivational Interviewing

Motivational Interviewing is used when a person is ambivalent or struggling with a behavior change. The goal of the work is to identify and build upon the person's desire, ability, reason, and need for change. The more minutes spent talking about a particular behavior change, the more likely a person is to make that change. The role of the provider is to provide a nonjudgmental stance, build upon a person's intrinsic motivation for change, and be a shepherd, catalyst, or guide.

The spirit of motivational interviewing is acceptance, compassion, partnership, collaboration, accurate empathy, and respecting autonomy. There is a high correlation between the amount of minutes a person spends talking about their own needs, and actual behavior change.

Open Ended Questions

If you are asking questions, try to avoid closed-ended questions (questions that can be answered with a yes/no). Instead ask open-ended questions that provide space for elaboration.

If there are questions that you typically ask in the course of conversation with your clients, prepare ahead of time for how they could be asked in an open-ended fashion:

- Did you use drugs last night? *becomes* What was your night like last night?
- Aren't you worried about overdose? *becomes* What steps do you take to prevent overdoses?
- Do you need (a certain item)? *becomes* Walk me through your next few days—I'll listen—and we'll work together to figure out what you need.

Affirmations

Most of us would never say “I really get affirmed too often—that needs to change.” Any opportunity that you see to lift up, celebrate, or highlight a person’s strengths—do it! The best affirmations are those that are “sticky” or stay with people. If you have received a powerful affirmation in your own life, you will know the feeling. Someone says something to you, and you feel “Yes, that really hits home. That is true about me.”

Some affirmations may begin with:

- You’re the kind of person who...
- You’ve got a good start.
- That showed a lot of (characteristic).
- You’re working on believing in yourself.
- You’re working through this, because you know life is worth living on the other side.

Develop a repertoire of words that you can use to provide specific and memorable affirmations:

- | | | | |
|----------------|---------------|----------------|-----------------|
| ▪ Accepting | ▪ Experienced | ▪ Leader | ▪ Sincere |
| ▪ Adaptable | ▪ Flexible | ▪ Loving | ▪ Spontaneous |
| ▪ Ambitious | ▪ Focused | ▪ Modest | ▪ Strong-willed |
| ▪ Appreciative | ▪ Friendly | ▪ Motivated | ▪ Tender |
| ▪ Assertive | ▪ Generous | ▪ Needed | ▪ Thoughtful |
| ▪ Balanced | ▪ Graceful | ▪ Nurturing | ▪ Tolerant |
| ▪ Bright | ▪ Fateful | ▪ Open-minded | ▪ Tough |
| ▪ Brave | ▪ Helpful | ▪ Optimistic | ▪ Understanding |
| ▪ Calm | ▪ Hopeful | ▪ Patient | ▪ Unstoppable |
| ▪ Capable | ▪ Humble | ▪ Perceptive | ▪ Uplifting |
| ▪ Caring | ▪ Innovative | ▪ Persevering | ▪ Useful |
| ▪ Curious | ▪ Insightful | ▪ Powerful | ▪ Valuable |
| ▪ Decisive | ▪ Inspiring | ▪ Purposeful | ▪ Visionary |
| ▪ Dependable | ▪ Intuitive | ▪ Quick-witted | ▪ Warm |
| ▪ Disciplined | ▪ Inventive | ▪ Realistic | ▪ Willing |
| ▪ Driven | ▪ Joyful | ▪ Resourceful | ▪ Wise |
| ▪ Easy Going | ▪ Kind | ▪ Respectful | ▪ Worthy |
| ▪ Empathetic | ▪ Logical | ▪ Self-aware | |

Identifying Change Talk

Change Talk is the words that people say to demonstrate their desire, ability, reason, or need for something to change in their life. We have to tune our ears to listen for these types of phrases. Change Talk is words that are in the forward or positive direction towards a change a person is interested in making for their life. The more minutes spent exploring a person's desire, ability, reason, or need for a change, the more likely the person is to actually make the change. Our role becomes creating space to talk, hearing the change talk, drawing out more change talk, and providing more space to talk.

Change Talk may sound like:

- I want to...
- I don't like...
- I'd like to, but...
- I probably could...
- I might be able to...
- I can...
- If I do this, then...
- I think that I need to...
- I have to...
- I should...
- I've got to...

When someone is talking about why/how things need to be different, they often start with why things can't stay the same. Listen for phrases like "It can't be like this" or "I'm sick and tired of being sick and tired." These are some of the most powerful phrases that indicate someone is ready for a change, and are desiring space to be heard.

Elicit Provide Elicit (EPE)

EPE is a tool to provide clinical advice or information. This tool would only be used after exhausting the client's own ideas. If it was necessary to provide clinical advice or information, first you elicit the client's ideas about the topics. Then you ask permission to provide information. Then you elicit the client's ideas about the information that was provided. For example, it would sound like:

- What do you already know about buprenorphine or suboxone programs?
- Would it be ok if I share some of the evidence around buprenorphine and other medication assisted treatments?
- What, if any, of that was new information to you?

Deepening Change Talk

Develop a collection of open-ended questions that you can ask to keep people talking! Remember the more minutes that someone spends talking about their own needs, desires, abilities, and reason to change—the more likely they are to actually make a behavior change. Modify the questions below so that they are authentic with your approach and use them as you see fit in a natural conversation with a client:

- Evocative Questions: What do you want to see different about your current situation?
- Elaboration: What would that look like for you?
- Ask for Examples: Tell me about a time when you...
- Typical Day: In a typical day, what is....like?
- Ask about Values: You are the type of person that (e.g., looks out for other people). How does this value play out in your life right now?
- Ask Hypothetical Questions: How would you like things to turn out, ideally? If (name of your trusted person) gave you a piece of advice right now, what do you think they would say? If (trusted person) were struggling with this, what would you want for them?
- Look Back: In the past, how have things been different?
- Look Forward: One year out, what do you want to see different?
- Affirm Self-Efficacy: How have you been able to do that?
- Affirm Autonomy: You know what is best for your family. You are in charge of the decisions. You'll make it happen when you commit to yourself about it.
- Show Discrepancies: You are (sustain talk/status quo) and you are (change talk/considering change). *If you use this tool, you must present both sides with the same tone of voice (or it could come off as judgmental), use the word AND (not but) in the middle, and end with the forward-moving change talk.
- Examine other's concerns: So it is a little confusing why your (trusted person) is so worried? You wonder what people are so worked up about.

Decisional Balance

This is an exercise that may be helpful if someone has a decision they want to talk through.

1. Ask their permission. “You’re really think through this decision. I know about this exercise we could do together. Are you up for it today?”
2. If you use decisional balance, ask the questions in the order outlined below, so that you end with change talk.
3. Provide space and use open-ended questions and affirmations between questions that you, as the questioner, feel are suited to the situation.
4. Use the client’s language. For example, if the behavior change is “I’m waffling between keep using until I get a new job, or enter treatment next week”, then you would use the term “keep using” for status quo and “enter treatment” for behavior change in the example below.
 - Status Quo Pros:
 - What are the upsides of not changing the behavior/things staying the same?
 - Suppose you don’t change, what’s the best thing that could possibly happen?
 - Status Quo Cons:
 - What are the risks of not changing the behavior/things staying the same?
 - Suppose you don’t change, what is the worst thing that could possibly happen?
 - Behavior Change Cons:
 - If you were to change, what concerns do you have?
 - Suppose you change, what is the worst thing that could possibly happen?
 - Behavior Change Pros:
 - Let’s say you made this change, what might be the benefits?
 - Suppose you change, what is the best thing that could possibly happen?

SMARTER Goal Planning

When a person is ready to make a plan or a goal around a behavior change, ask them “Would you like to discuss the specifics?” If you have their permission, then proceed to the details:

- Specific: What would be your first step?
- Measurable: How will you know when you’ve completed this step?
- Attainable/Achievable: Who or what will help you reach this goal?
- Realistic/Relevant” What needs to happen in order for this to be do-able?
- Time Bound: When do you see this fitting in?
- Enthusiastic: How would you like to see things turn out?
- Reward: When you accomplish this, what will be the greatest benefit?

Note: For a person who is experiencing suicidal thoughts/ideation, please see the Suicidal Ideation Assessment.

Referral to Treatment

Referral to Services

Referrals should match the person's needs, interests, and capacity at that time.

Referrals may be to any or all of the following:

- Medical Health: hepatitis C treatment, HIV care, wound assessment or wound care, primary medical/preventative care, immunizations, sexual health/reproductive health, integrative health, chiropractic, acupuncture, massage, physical therapy, dental care, home health referral, nutritionist, etc.
- Mental Health: counseling, psychiatry, cognitive behavioral therapy, inpatient treatment, outpatient treatment, EMDR or trauma-informed practice, grief support, traditional healer, targeted case management, adult rehabilitative mental health services (ARMHS), etc.
- Chemical Health: Rule 25 assessment, inpatient treatment, outpatient treatment, detox, medication assisted treatment such as buprenorphine/suboxone or methadone program, traditional healer, peer support specialist, treatment navigation services, Alcoholics Anonymous/Narcotics Anonymous, Drug User Union, Support Group, etc.
- Other Referrals: housing, shelter, food, clothing, domestic violence advocates, human trafficking resources, sex worker resources, expungement resources, legal issues, health insurance navigators, parenting support, vocational support, child care, respite care, volunteer activities, social support, interest groups, etc.

Referral Support

Provide support as staff and resource capacity allow and in a manner in which the person wants or needs assistance.

For example, when the person asks where they can get some food, consider:

- Do they mean prepared meals or groceries/supplies to take home?
- Do they have any dietary restrictions to consider?
- Where/when/how often are they looking to access food services?
- How would they like to receive this information (written down, printed out, text message, email, call together, have someone go with them to the resource)?

Keep in mind, even if you are calling a resource together—ask for consent along the way:

- When they answer, do you want to talk or would you like me to?
- If they have a voicemail, is it ok to leave your name and phone number?

Referral Resources

Syringe Service Program Calendar

Listing of the locations, days, and times of the SSPs in the metro and greater MN: [Minnesota Syringe Exchange Calendar \(www.justushealth.org/Minnesota-Syringe-Exchange-Calendar\)](http://www.justushealth.org/Minnesota-Syringe-Exchange-Calendar)

Information 211

Free and confidential health and human services information for people in Minnesota, available 24/7 (e.g., housing, legal, child care, clothing, food, shelters, employment, furniture, counseling): [Find Local Resources in Times of Need \(www.211unitedway.org\)](http://www.211unitedway.org)

Fast Tracker

Statewide treatment locator for mental health and substance use disorder treatment openings: [Fast-Tracker \(www.fasttrackermn.org\)](http://www.fasttrackermn.org)

Poison Control

Questions about suspected poisoning, including drug overdoses, and drug interactions, available 24/7, interpreters available: 1-800-222-1222

Hotlines:

- Suicide Hotline: 1-800-273-8255
- Day One Hotline: 1-800-223-1111
- STD Hotline: 1-800-227-8922
- Minnesota AIDSLine: 1-800-248-AIDS (2497)
 - aidsline@justushealth.mn
 - text AIDSLine 839863
- MDH Partner Services: 651-201-5414

Lessons from the Field

After interviewing staff who have been doing SBIRT for years, they had the following lessons to share:

- Clients are often not engaged in care anywhere else. The SSP is the front door.
- Clients are looking for positive activities to do with their time. People want relationships and meaning.
- Clients spend time getting to know you, and sometimes testing you, before they are ready to engage in the most difficult conversations.
- Clients enjoy seeing staff in the community such as advocacy events, serving meals, or doing clean-ups around the neighborhood.
- The majority of staff time is spent eliciting client's ideas, thoughts, feelings, and what's been on their minds.
- We honor the long-term, complex nature of client's needs. For example, when we meet someone who has been using for 5-10 years, we honor and recognize that if there was an easy solution, the clients would have already found it on their own.
- We use metaphors between medical and chemical health needs when talking to clients.
- We have to balance the sense of urgency to alleviate patient's suffering with what the patient is ready and willing to do.
- If we push too hard to make changes too quickly, the change is not sustainable. Move at the patient's pace, all while drawing out and reinforcing the patient's change talk. We must resist the need to fix everything—from ourselves, other providers, and family members.
- We honor that the client's pain, suffering, discomfort, and/or trauma is real.
- We communicate to clients that we are a neutral place to discuss symptoms, triggers, relapses, and ambivalence.
- Clients are extremely appreciative to have a place where it is safe to talk about active use, including the fears and concerns about their own active use, without judgement, unsolicited advice, or exclusion from care or services.
- Clients who are not using at this time still come to talk to staff because they find it difficult to find outlets where they can be fully transparent. Choosing sobriety takes daily effort. Clients have to mediate their loved one's fears of relapse, experience second-guessing and doubt from their loved ones, and address the consequences of their use. Staff can offer support to address the obstacles people have experienced. Examples are impacts of previous chemical use on their body, impacts to their finances, and to possibilities for their future.
- Staff can be the care between the care. Small details like walking a client up to the front desk to schedule their next appointment, waiting for their taxi, or checking to see if a client picked up a prescription can be incredibly impactful in keeping the ball rolling on the client's care plan.
- It is our job to provide a non-judgmental stance. For example, when a client is ready to pursue treatment, it is our job to simultaneously hold onto two thoughts "This person might achieve long-term sobriety" and "This person might relapse".

More Information

For more information, see Substance Abuse & Mental Health Services Administration
www.samhsa.gov

Minnesota Department of Health
STD/HIV/TB Section
651-201-5414
www.health.state.mn.us/syringe

10/29/19

To obtain this information in a different format call 651-201-5414.