

A Screening, Brief Intervention, and Referral to Treatment Primer



MODULE 6

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Overall SBIRT

Unhealthy substance use by patients, which encompasses the full spectrum of hazardous use to the development of severe substance use disorders, is commonly encountered by healthcare providers in a variety of health care settings. The Pittsburgh Screening, Brief Intervention and Referral to Treatment (PGH SBIRT) [pronunciation: es-bert] curriculum is designed to aid health professionals in significantly increasing their knowledge and skills needed to address substance use with their patients.

1. The goal is to put healthier patients at lower risk for substance use disorders.
2. SBIRT is cost-effective and cost-beneficial.
3. Fidelity and documentation are necessary for reimbursement.
4. Health impairment begins with substance use below the diagnostic level of dependence; it begins with use that puts a patient at a greater risk for harm (hazardous and harmful use).



Screening Tools

Screening is a strategy for early identification and assessment of individuals with unhealthy substance use through interview or self-assessment.

1. Many screening tools are available for diverse patient populations and substances used.
2. Effective use of screening instruments requires proper study of the instrument; become familiar with the instrument you will be using as a provider.
3. Recommended instruments for adult patients include the Alcohol, Smoking, and Substance Involvement Screening Test and the CAGE Questions Adapted to Include Drugs Tool.

The Prescription Drug Monitoring Program (PDMP) can be combined with these screening tools to determine if a patient is at an elevated risk for a substance use disorder. It provides additional patient prescription information that can indicate if a patient is filling multiple opioid prescriptions, is going to multiple providers to obtain his/her prescription(s), and/or has been steadily increasing his/her use of medications to levels that would support elevated risk of development of substance use disorder.



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Brief Negotiated Interview

The brief negotiated interview is defined as a brief intervention model, based on motivational interviewing principles, and is a proven evidence-based practice that can be completed in five to 15 minutes. The following four steps address how to carry out a brief negotiated interview in clinical settings:

- 1. Raise the subject and build rapport:** Begin by building a rapport through general conversation. Ask the patient permission to talk about drugs. Use open-ended questions for the patient to reflect on the pros/cons of his/her drug use. Allow reflection.
- 2. Provide feedback:** Ask the patient for permission to relay information on drugs and to discuss the results of the screening. Discuss the findings and link findings to substance use behaviors and any known consequences. Use this feedback to enhance motivation and readiness to change.
- 3. Build readiness to change:** Use the readiness to change scale, 0 being not at all ready to change and 10 being extremely ready to change, to support the patient in identifying and increasing the importance of making a behavior change. This can also be used to facilitate his/her confidence levels and readiness to make a change.

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely

- 4. Negotiate a plan for change:** Complete the brief negotiated interview by negotiating and advising a plan for change. The negotiation should include a plan for reducing use to low-risk levels and an agreement to follow-up with specialty treatment services.



Referral to Treatment

This is described as a proactive process that facilitates access to specialty substance use disorder treatment, including pharmacotherapies, for individuals with substance use disorders.

1. Understand that patients are more lost than the provider in trying to find their way around treatment services.
2. Become familiar with types of treatments and services and get to know local resources.
3. Abide by restrictive confidentiality and privacy rules; plan to maintain contact. (See Module 5 for more information on confidentiality considerations.)