Best Practices for
Prevention & Early Intervention

Screening, Brief interventions & Referral to treatment

WVSBIRT

West Virginia Screening Brief Intervention and Referral

What you will Learn

- Current Best Practice Approaches for preventing substance abuse.
- SBIRT as public health policy
- Motivational Interviewing & Stages of Change Model
- Nursing Roles and Responsibilities in Prevention of Substance Abuse

The Current Situation

In 2011, 19.9 million Americans were current illicit drug users.

Prescription drug abuse is the fastest growing drug problem in America.

Between 1998 & 2008 the rate of opioid misuse increased 400%.

Opioid overdose is now the second-leading cause of accidental death in America, exceeded only by car crashes
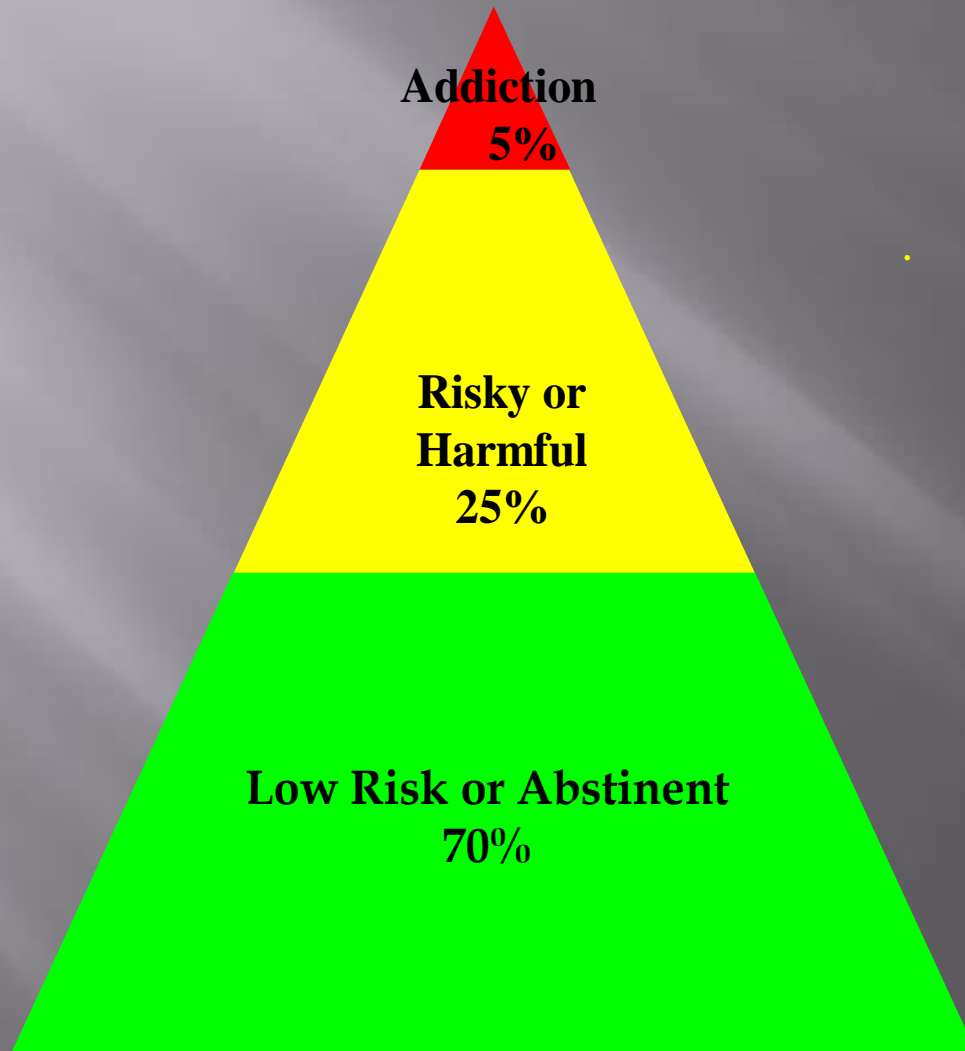
•In 2008, WV had the highest rate of prescription drug overdose deaths in the U.S.

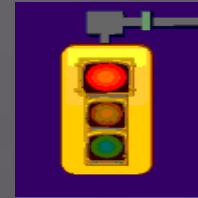# Preventing Substance Abuse in Adult Populations

- Prevention
  - Primary Prevention
  - Secondary Prevention
  - Tertiary Prevention

- Universal / Selective / Indicated

SUBSTANCE USE IN THE GENERAL POPULATION

SBIRT INTERVENTION

**Addiction
5%**

**Risky or
Harmful
25%**

**Low Risk or Abstinent
70%**

~ BRIEF TX OR REFERRAL

BRIEF INTERVENTION

CAUTION

NO INTERVENTION

What is SBIRT?

1. <u>Paradigm shift</u> from traditional view of substance abuse interventions
2. Views Substance Abuse as a <u>public health</u> issue and focus on risk reduction as well as abstinence
3. Focus on identifying "misuse" early and providing <u>brief</u> interventions
4. Is <u>comprehensive</u> in it's approach

Screening Brief Interventions Referral to treatment

WVSBIRT

West Virginia Screening Brief Intervention and Referral

- Low Intensity, Short Duration

- Range from Brief Advice to several

- Intended to provide early intervention

Why screen for substance misuse and provide interventions

- Multiple physical health, emotional, and interpersonal problems are associated with illicit drug use.

- Financial difficulties and legal, work, and family problems can all result from or be exacerbated by drug abuse.

- Personal Injury or injury to others
- Cardiovascular disease
- Stroke
- Cancer
- STD's
- Anxiety
- Depression
- Sleep problems

Have the Conversation

10-15 minute interventions

4 Components:

1. Raise the Subject
2. Provide Feedback
3. Enhance Motivation
4. Develop a Plan

- FRAMES
- Feedback
- Responsibility
- Advice
- Menu of Options
- Empathy
- Supporting person's sense of self efficacy

Motivational Interviewing basics

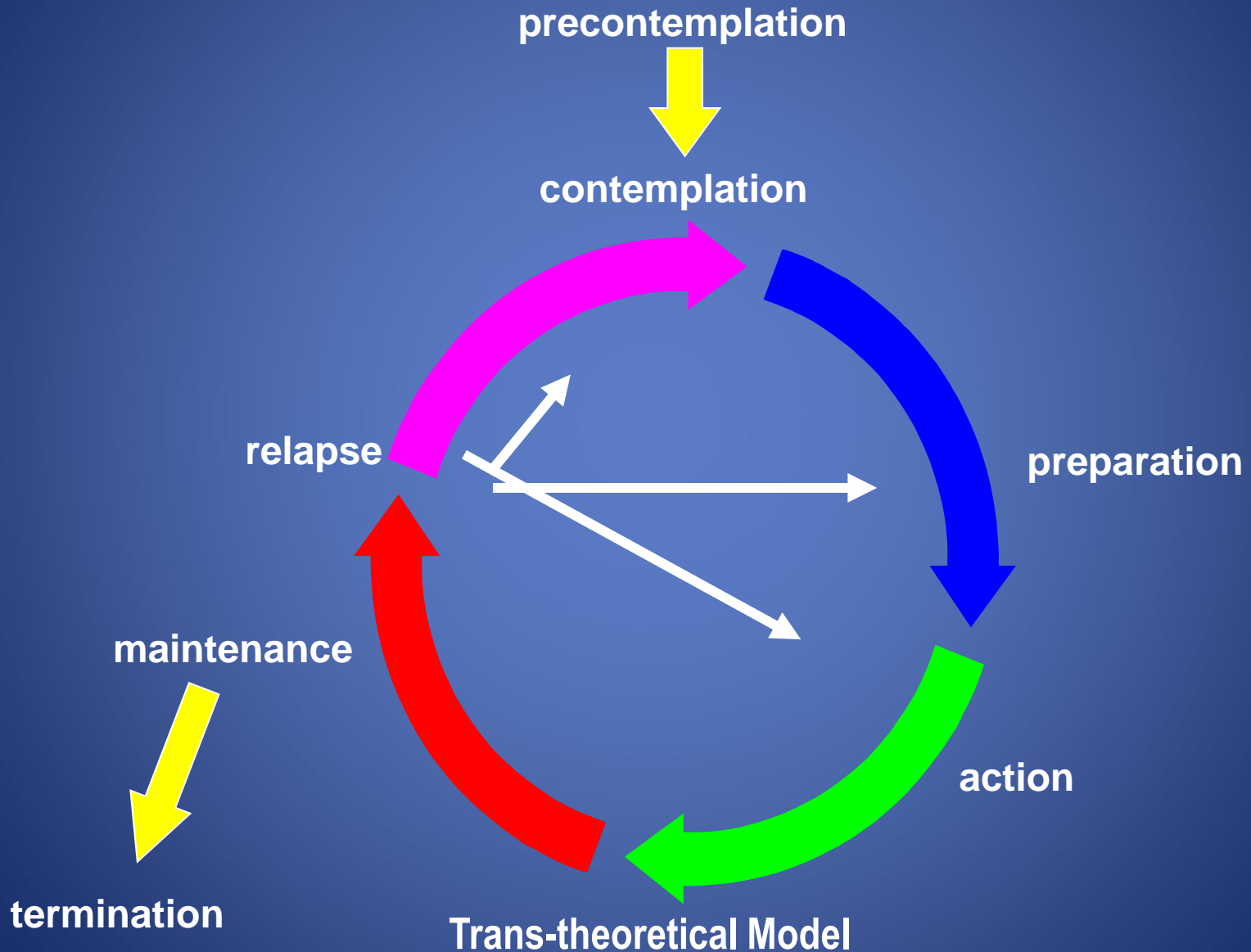- What is Motivational Interviewing?

    a semi-directive, client

    centered conversation for eliciting behavior change by helping people to explore and

    resolve ambivalence about change.

Collaboration – Working in Partnership

Evocation – Learning from the person

Autonomy – Person is responsible for own change

More About the MI Philosophy

Empowers people to take ownership of their own health management by:

- Providing information respectfully
- Partnering
- Supporting sense of self-efficacy
- Places patient is role as the expert regarding how to change their behavior

Basic Assumptions of MI

- Motivation is a state of readiness to change that <u>fluctuates</u> with time and situations.

- Motivation can be increased through interaction.

- The process of making a change often includes mixed feelings*

*Ambivalence is a <u>normal</u> part of the change process.
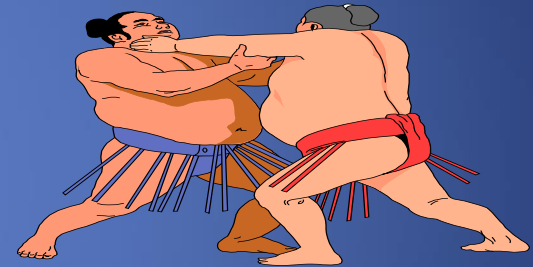
Motivational Interviewing

- The task of the practitioner is to:
    - Tap into the person's potential for change
    - Guide the natural change process already within the individual
    - Impart hope, belief in, and confidence that the person can make desired changes.

dance

don't wrestle

- **avoid direct persuasion**
- **avoid unsolicited advice**
- **respect the status quo**

Duel Expertise ..

Core Motivational Interviewing Strategies

- O.A.R.S.
  - Open-Ended Questions
  - Affirmations
  - Reflections
  - Summarizations

  - **importance X confidence = readiness**

Ambivalence …. Change…

- Identifying Ambivalence and Finding the Potential for Change…

- *"I know I should probably not drink so much. I often feel a bit fuzzy the next day, and sometimes I forget things that I need to do. But drinking helps me relax at the end of the day, and it helps me forget my pain."*

- Reflections to Address Ambivalence and Promote Change

"So if you could find a way to relax without alcohol, you might feel better."

"Drinking alcohol gets in the way of your doing things that you need to do."

"You're worried that if you don't do something about your drinking, you might forget something really important."

"You're in a lot of pain and need to find a way to make things better."

Importance and Confidence Rulers

Importance

- **How important** would you say it is to cut back or quit using?

- Why did you pick a ____ and not a (lower number)?
- What concerns do you have about your use?

Confidence

- **If you were to decide right now to cut back, how confident are you that you could succeed?**

- Why did you pick a ____ and not a (lower number)?

- What would help you to have a higher number?

Assess Ambivalence

Reducing or Stopping Using	Pros (Good Things)	Cons (Downsides)
Using the Same	It helps me relax I can forget my pain	I forget things that I need to do. Makes me tired; Lack energy and motivation
Changing Use	Would not forget things Would feel better Have more energy	I would feel more pain I would be bored or have nothing to do in the evenings. All guys drink

Effective Brief Interventions

1. Elicit values and goals
2. Explore discrepancies between current behavior and future aspirations
3. Tailor feedback and advice to address concerns and needs
4. Use reflections and summaries to respond to the person's reasons for considering change target behavior.

5. Identify steps he or she would take, who would help him/her, obstacles and how he/she would know the plan is working.

6. Use Importance/Confidence Readiness Ruler to elicit and reinforce change talk.

7. Monitor person's progress with plan