

Introduction



A Shifting Paradigm

- Changing world – changing views needed
- Evidence: We know more now about what works (and what doesn't work)
- New challenges
- The Opioid Epidemic



**The pessimist complains about the wind;
the optimist expects it to change;
the realist adjusts the sails. W.A. Ward**



Integrated Health Care

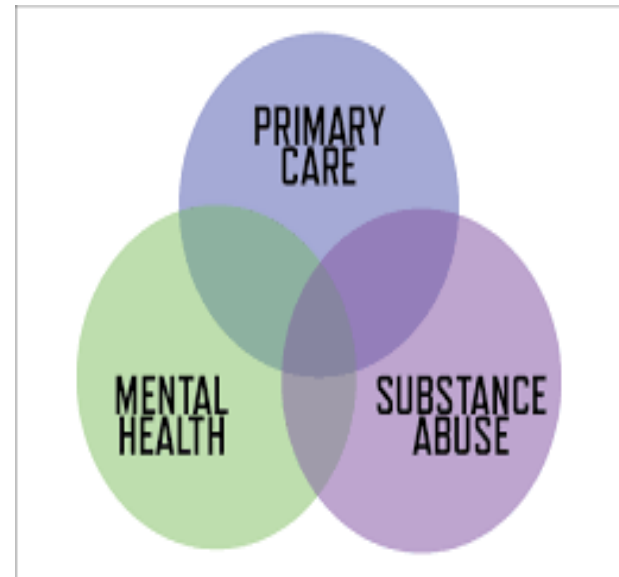
More than just having a few “Pieces of the puzzle”

- **Collaboration**
- **Communication**
- **Sharing of information**
- **Evidence Based Treatment**
- **High quality, Person-centered care**
- **Treating the “whole person”**
- **Creatively circumventing obstacles**



Some Key Components of Integration to Consider:

- Fully integrated therapy for mental health (MH) and substance use disorders (SUD)
- Psychiatric care for MH and SUD
- Medication Assisted Treatment (MAT)
- Crisis hotline and screening
- Community outreach and care coordination
- Peer and family support services
- Screening and monitoring of physical health needs
- Evidence Based Treatment practices



Evidence Based Practices (EBP)

Some key evidence-based treatment practices:

- Treatment of Co-occurring Disorders
- Motivational Interviewing
- Medication Assisted Treatment
- Trauma-informed care
- Smoking Cessation
- Medication Management & Education



Opening Discussion

What is it that you want to learn about?:

- Addressing
- Assessing
- Treating
- Referring for
- Otherwise Dealing With SUD/COD's?



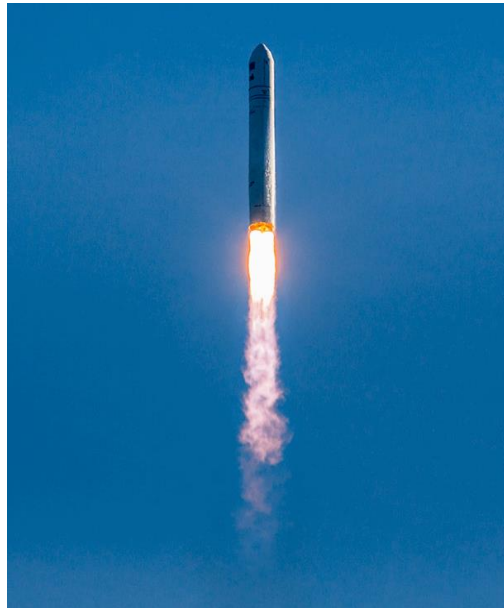
Objectives:

- ❑ To help empower, educate, equip you to be able to look for, address, assess, start to treat, diagnose and refer for SUD/COD's
- ❑ Get a basic understanding of SBIRT as an ***approach*** to working with clients with SUD's
- ❑ Provide you with some practical tips and information

What is SBIRT?

- Screening
- Brief Intervention
- Referral to Treatment

(Definitely not rocket science but still very important)



SBIRT defined:

- SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.



SBIRT defined:

- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- **Referral to treatment** provides those identified as needing more extensive treatment with access to specialty care.



S - Screening

There are many evidence-based screening tools:

- CRAFFT
- AUDIT-C
- CAGE
- CAGE-AID
- DAST-10



Screening: CAGE-AID

- **CAGE-AID Questions:**

1. In the last three months, have you felt you should cut down or stop drinking or using drugs? **Yes No**
2. In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs? **Yes No**
3. In the last three months, have you felt guilty or bad about how much you drink or use drugs? **Yes No**
4. In the last three months, have you been waking up wanting to have an alcoholic drink or use drugs? **Yes No**

Each affirmative response earns 1 point

One point indicates a possible problem.

Two points indicate a probable problem.

Escalator Integrated Motivational Brief Screening Tool

Have you ever **thought** about changing your substance use patterns? (Cutting down or stopping) *Y/N (If no then 0 points)*

- If **yes** – About how long ago was the last time?
 - In the past month? (3 Points)
 - In the past 3 months? (2 points)
 - In the past year? (1 point)

Have you **done** anything to attempt to change your substance use? *Y/N (If no then 0 points)*

- If **yes**, about how long ago was the last time?
 - In the past month? (3 Points)
 - In the past 3 months? (2 points)
 - In the past year? (1 point)

Escalator Integrated Motivational Brief Screening Tool

Have anyone else (family, relationship partner, employer, legal system) suggested you alter your substance use patterns? *Y/N (If no then 0 points)*

- If **yes**, about how long ago?
 - In the past month? (3 Points)
 - In the past 3 months? (2 points)
 - In the past year? (1 point)

COD1: Has your substance use directly or indirectly caused you any stress, anxiety, sadness, guilt, confusion, anger or other uncomfortable feelings? *Y/N (If no then 0 points)*

- If **yes**, about how long ago?
 - In the past month? (3 Points)
 - In the past 3 months? (2 points)
 - In the past year? (1 point)

Escalator Integrated Motivational Brief Screening Tool

COD2: Have you used any substances for the purpose of coping with stress, anxiety, or other challenging emotions or moods? *Y/N (If no then 0 points)*

- If **yes**, about how long ago?
 - In the past month? (3 Points)
 - In the past 3 months? (2 points)
 - In the past year? (1 point)

Scoring:

- ***For questions 1-3:*** if total is 3 points or higher then recommend further assessment for potential substance use issue.
- ***For questions 4 and 5:*** if 3 or more points for these questions combined then recommend further assessment and note potential for co-occurring mental health disorder.

A Practical and Realistic look at Screening

Discuss: What might prevent a mental health oriented worker from screening for substance use?

❖ Fear – If I find something, now what?

A Practical and Realistic look at Screening

Discuss: What might prevent a mental health oriented worker from screening for substance use?

❖ “I’m just way too busy to open that can of worms”



A Practical and Realistic look at Screening

Discuss: What might prevent a mental health oriented worker from screening for substance use?

❖ Myth – “If I ask about SU then I will ruin rapport”

**Tip – Learn what it means to be
“respectfully suspicious”**

A Practical and Realistic look at Screening

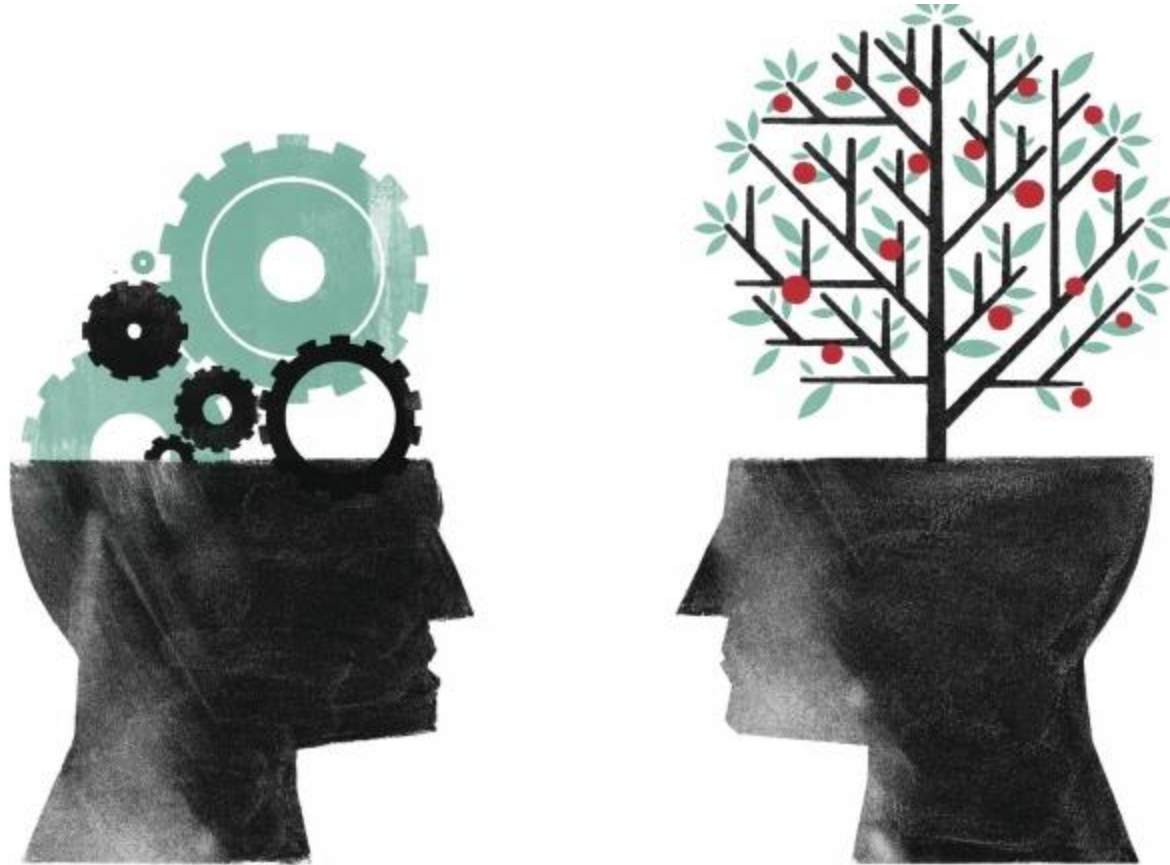
Discuss: What might prevent a mental health oriented worker from screening for substance use?

❖ “I’m not qualified to deal with SUD/COD’s !”

(If you really feel this way, you need to re-evaluate)

❖ Seek training!

A Practical and Realistic look at Screening



A Practical and Realistic look at Screening

1. **Ask about SU** (Avoid “head in the sand” mentality – just be respectful about it but don’t be afraid to ask)
2. **Keep it on the table** – Asking once is not enough – revisit SUD’s as needed. Especially when **RED FLAGS** appear
3. **Know some key Red Flags:**
 - Family Hx
 - Client past Hx
 - Attitude:
 - Street smart?
 - Preoccupation – Does substance use seem to enter every story?
 - “Pro-drug” stance – Glorification
4. **Appearance** - Know some of the signs of intoxication/withdrawal
5. **Legal issues**
6. **Self Medication**
7. **Consequences – How does person react to them?**
8. **Tip of the iceberg phenomenon**

Brief Intervention

What can you do as a MH provider?



Brief Intervention

What can you do as a MH provider?

- 1. Embrace the concept of integrated care at all levels. Use an integrated treatment approach at ALL LEVELS of CARE**
- 2. Grasp “addiction” in terms of a wide range rather than a “black or white” issue. (More like a cold, than cancer)**
- 3. Avoid “one size fits all” headset. Each situation is unique. Avoid labeling**
- 4. Involve families, SO’s, collateral sources – Their info about your client’s substance use can be extremely valuable!**
- 5. Seek consultation – Discuss case with a more experienced person – WORK AS A TEAM**

The 5 “I’s” from IMR

1. **Identify** the stage of change
2. **Initiate** conversation around SUD/COD’s
3. **Include** COD’s in regular conversation in all sessions with client
4. **Increase** awareness that SUD/COD’s interfere with goals
5. **Involve** family and supports

Urine Drug and Alcohol Testing

- **Don't be afraid to ask for a drug test:**
Even a refusal provides potentially valuable information – Just be respectful about it.

DIAGNOSE SUD's !!!!

DSM 5 Criteria for Substance Use Disorder

1. Taking the opioid in larger amounts and for longer than intended
2. Wanting to cut down or quit but not being able to do it
3. Spending a lot of time obtaining the opioid
4. Craving or a strong desire to use opioids
5. Repeatedly unable to carry out major obligations at work, school, or home due to opioid use
6. Continued use despite persistent or recurring social or interpersonal problems caused or made worse by opioid use
7. Stopping or reducing important social, occupational, or recreational activities due to opioid use
8. Recurrent use of opioids in physically hazardous situations
9. Consistent use of opioids despite acknowledgment of persistent or recurrent physical or psychological difficulties from using opioids
10. *Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)
11. *Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision)

A minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 is moderate, and 6-7 is severe

Referral to Treatment: ASAM CRITERIA

Six Dimensions of ASAM Placement Criteria:

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Dimension 2: Biomedical Conditions and Complications

Dimension 3: Emotional, Behavioral, or Cognitive Conditions or Complications

Dimension 4: Readiness to Change

Dimension 5: Relapse/Continued Use Potential

Dimension 6: Recovery Environment

Additional “Real World” considerations when **Referring to Treatment**

- Client’s willingness (or unwillingness) to follow through with ASAM level of care recommendations
- Family members refusal to agree to ASAM LOC recommendation
- Financial issues
- Insurance/funding issues
- Availability of desired treatment level
- Transportation issues
- Mandates by referral sources (such as probation, parole, EAP, etc.)
- Childcare issues
- Etc. (Other unexpected concerns)

Key points to remember - SBIRT

- Address
- Ask questions
- Observe
- Assess
- Integrate care – COD's
- Seek help when needed
- Keep yourself educated/trained

QUESTIONS?



Thank You

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Tons of free addiction/COD info on website –

www.takingtheescalator.com