Best Practices for Supporting Patients in Recovery

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I have no financial relationships with commercial interests to report.

Different Systems – Same Challenges

- Hospice Chaplain- Medical
- Halfway House & IOP
- Criminal Justice IOP
- Residential with Vocational Focus
- Adolescent Outpatient
- Functional Family Therapy
- Adult Drug Court
- Pretrial Intervention
- Office Based Opioid Treatment - Medical

Medication Assisted Treatment (MAT)

MAT = Medications + Counseling

MAT can:

- Reduce cravings and withdrawal symptoms
- Block the neurological pathways that produce the “high”
- Induce negative reactions when a substance is taken

Medication Assisted Treatment (MAT)

Alcohol Dependence

- Disulfiram (Antabuse®)
- Acamprosate (Campral®)
- Naltrexone (Depade®, ReVia®, Vivitrol®)

Opioid Dependence

- Methadone (Methadose®, Dolophine®)
- Buprenorphine (Subutex®, Suboxone®)
- Naltrexone (Vivitrol®)

Overview of LaSOR Project

- Overall goal: Increase access to medication-assisted treatment (MAT) for opioid use disorder (OUD) and to reduce opioid-related overdose deaths w/ focus on under- and uninsured populations

- Services: MAT treatment, clinical consultation, Narcan kits

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LSUHSC's Role in LaSOR

- Enhance and expand the capacity of OUD treatment by working with various organizations to deliver medication-assisted treatment (MAT)

- Implement a collaborative approach to delivering MAT by facilitating access to medical and non-medical support using a "Hub & Spoke" model of care

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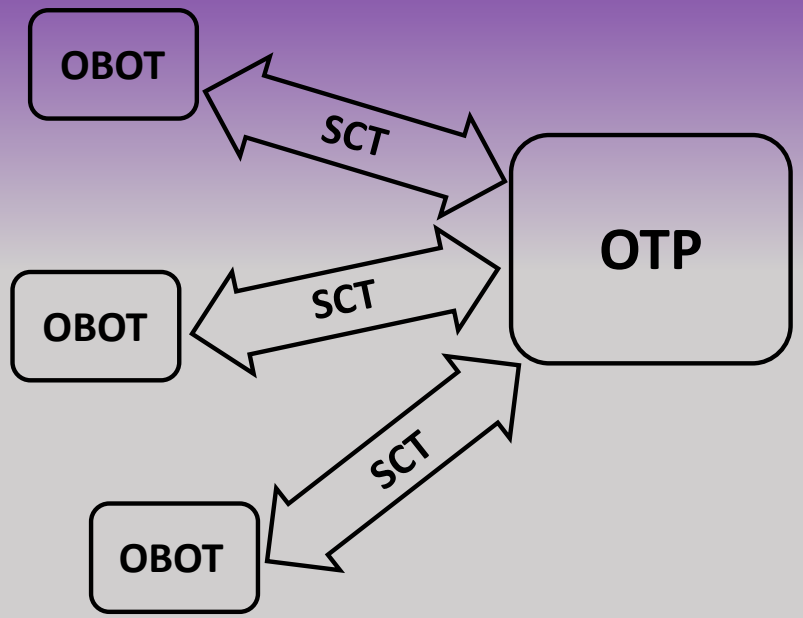
Hub & Spoke Model

- **Hubs:** Opioid treatment programs (OTPs)
  - Methadone clinics in each LGE
- **Spokes:** Office-based opioid treatment (OBOTs) providers
  - FQHCs, private/hospital practices, outpatient providers, psychiatrists, etc.
- **Spoke Care Teams** (SCT)
  - RN and LMHP provided by LSUHSC



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Spoke Care Teams (SCTs)

- Each SCT comprised of a **RN and LMHP**
- SCTs employed by LSUHSC and offered at no cost to OBOTs
- SCTs will be located throughout the state in each of the 10 LGEs
- http://ldh.la.gov/index.cfm/directory/category/35
- Responsibilities:
  - Act as a liaison between the OBOTs, OTPs, and other LaSOR provider networks
  - Screening, brief intervention, and referral to treatment (SBIRT) services, clinical assessment, case coordination, recovery support, data collection/entry

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SBIRT: AN OVERVIEW

Acknowledgements

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- LA-SBIRT is funded by the SAMHSA Training Grant #TI026017
- Other information sources are noted within the course materials.
- A full bibliography is available in the Resources folder.

What Does the Acronym "SBIRT" Mean?

- Screening
- Brief Intervention
- Referral
- Treatment

Definition of SBIRT

- SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. It is used for:

- Persons with substance use disorders

- Those whose use is at higher levels of risk

- Primary care centers, hospitals, and other community settings provide excellent opportunities for early intervention with at-risk substance users and for intervention for persons with substance use disorders (SUDs).

What is SBIRT?

An intervention based on Motivational Interviewing strategies

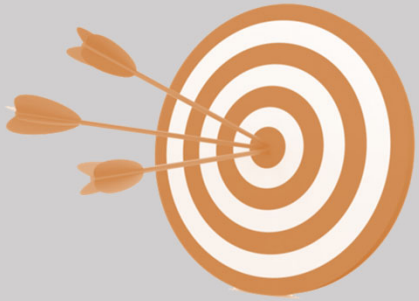
- **Screening:** Universal screening for quickly assessing use and severity of alcohol; illicit drugs; and prescription drug use, misuse, and abuse
- **Brief Intervention:** Brief motivational and awareness-raising intervention given to risky or problematic substance users
- **Referral to Treatment:** Referrals to specialty care for patients with substance use disorders

Treatment may consist of brief treatment or specialty alcohol and other drugs (AOD) treatment.

Overall Goal of SBIRT

The primary goal of SBIRT is to:

- identify and effectively intervene with those who are at moderate or high risk for psychosocial or health care problems related to their substance use.



SBIRT: Lessons Learned

- SBIRT is a brief and highly adaptive evidence-based practice with demonstrated results.
- SBIRT has been successfully implemented in diverse sites across the life span.
- Patients are open to talking with trusted helpers about substance use.
- SBIRT makes good clinical and financial sense.

S = Screening: Summary

Screening:

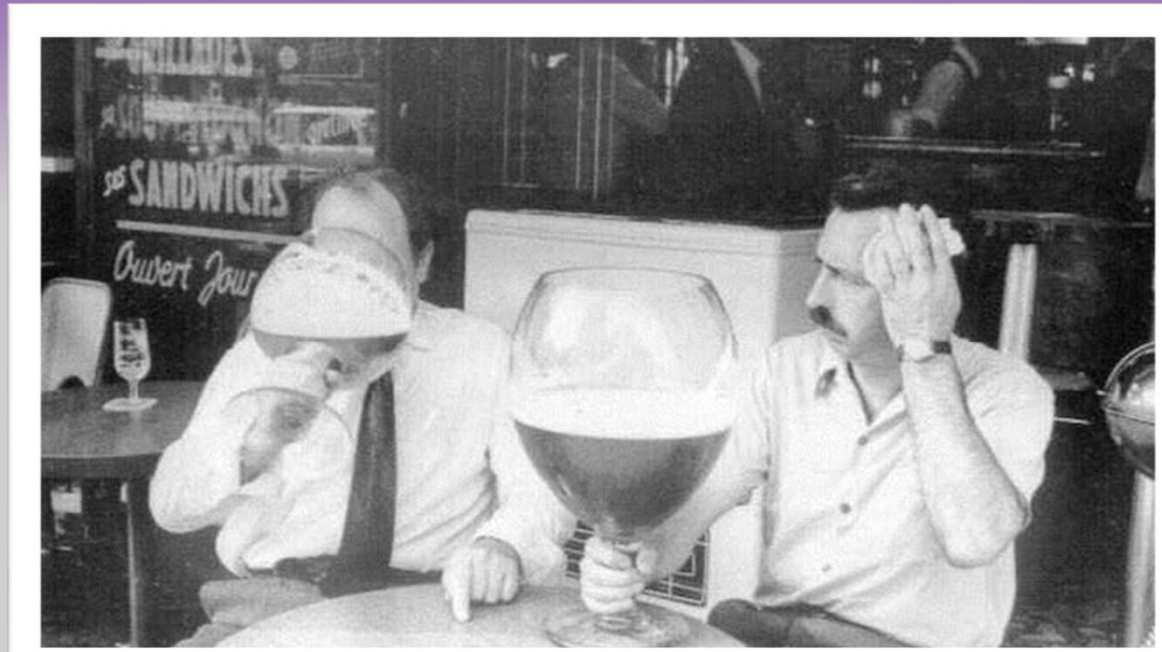
- Is the first step of the SBIRT process and it often precipitates patient self-reflection on substance use behavior.
- Does *not* provide a diagnosis, but it *does* determine the severity and risk level of the patient's substance use.
- Yields valid, patient-reported information that can be used in appropriate interventions.
- PHQ-9 & GAD 7

AUDIT:
Alcohol Use Disorder Identification Test

The 10-item AUDIT:

- Was developed by the World Health Organization (WHO).
- Is self-administered *or* administered via an interview.
- Assesses alcohol-related problems, recent alcohol use, and alcohol dependence symptoms.

Always Clarify What Constitutes “One Drink” When Screening



How Much Is “One Drink”?

5-oz glass of wine
(5 glasses in one bottle)

1.5-oz spirits
80-proof
(1 jigger)

12-oz glass of beer
(one can)

Equivalent to 14 grams pure alcohol

AUDIT

Client _____

Date _____

Score _____

1. How often do you have a drink containing alcohol (Score)

   Never (0)
   Monthly or less (1)
   Two to four times a month (2)
   Two to three times a week (3)
   Four or more times a week (4)

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

   1 or 2 (0)
   3 or 4 (1)
   5 or 6 (2)
   7 to 9 (3)
   10 or more (4)

3. How often do you have six or more drinks on one occasion?

   Never (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

4. How often during the last year have you found that you were not able to stop drinking once you had started?

   Never (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

   Never (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

   Never (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

   Never (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

   Never (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

9. Have you or someone else been injured as a result of your drinking?

   (0)
   No (0)
   Yes, but not in the last year (2)
   Yes, during the last year (4)

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking, or suggested you cut down?

    No (0)
    Yes, but not in the last year (2)
    Yes, during the last year (4)

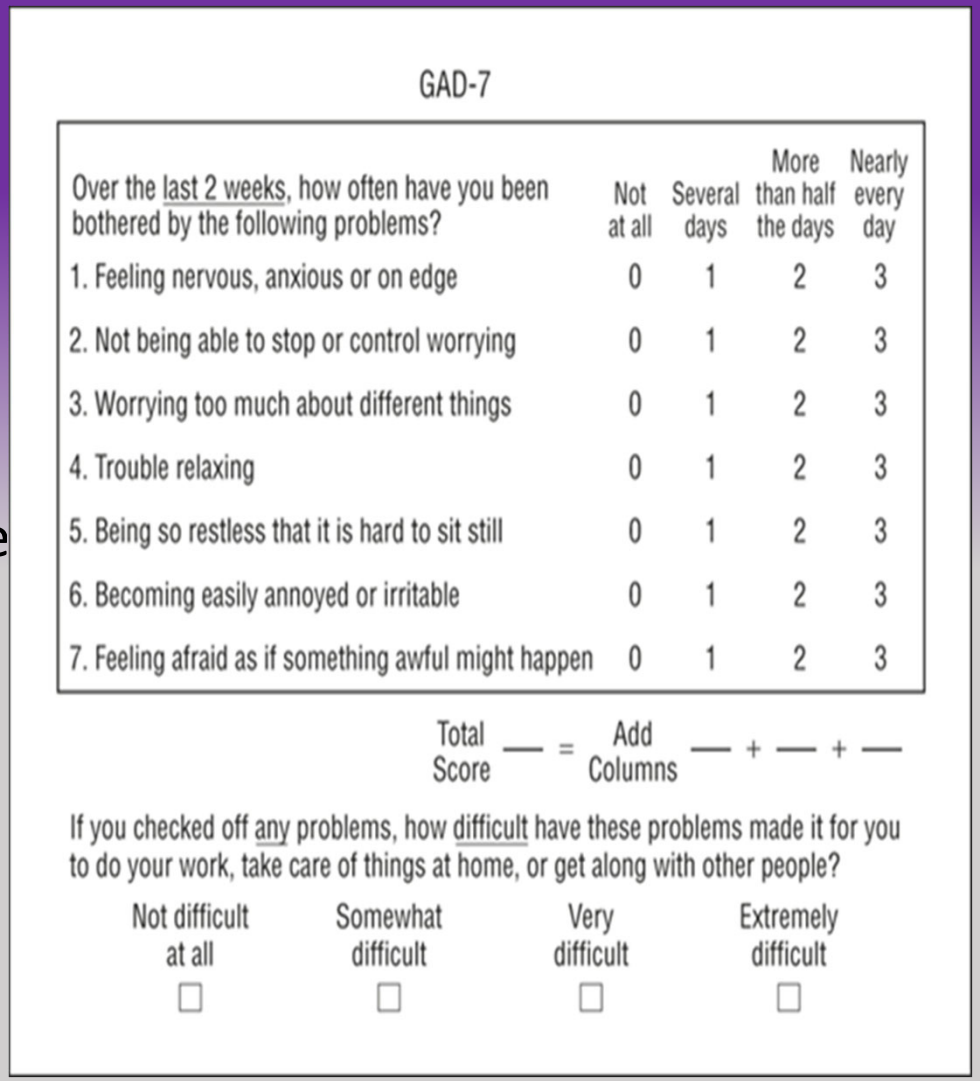
AUDIT Domains and Item Content

Domains and Item Content of the AUDIT

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

Use of the GAD-7 in Practice

- Completed in minute
- Rapidly scored
- Public domain



GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Total Score ___ = Add Columns ___ + ___ + ___

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

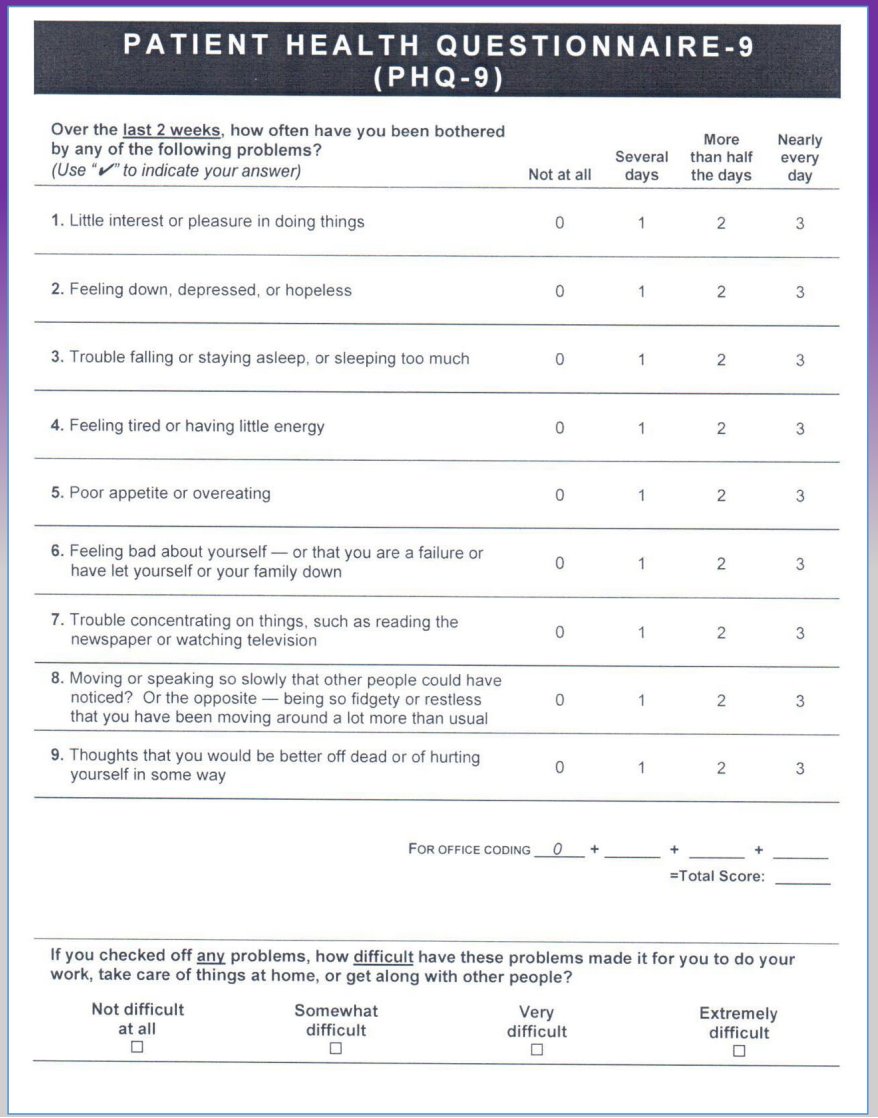
GAD-7 Scoring and Recommendations

1. Assign scores for the response categories:
   - **0 = Not at all**
   - **1 = Several days**
   - **2 = More than half the days**
   - **3 = Nearly every day**

2. Sum scores:
   - **5 = Mild anxiety**
   - **10 = Moderate anxiety**
   - **15 = Severe anxiety**

3. Evaluate further if total GAD-7 score ≥ 10

Patient Health Questionnaire-9 (PHQ-9)



PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Use of the PHQ-9 in Practice

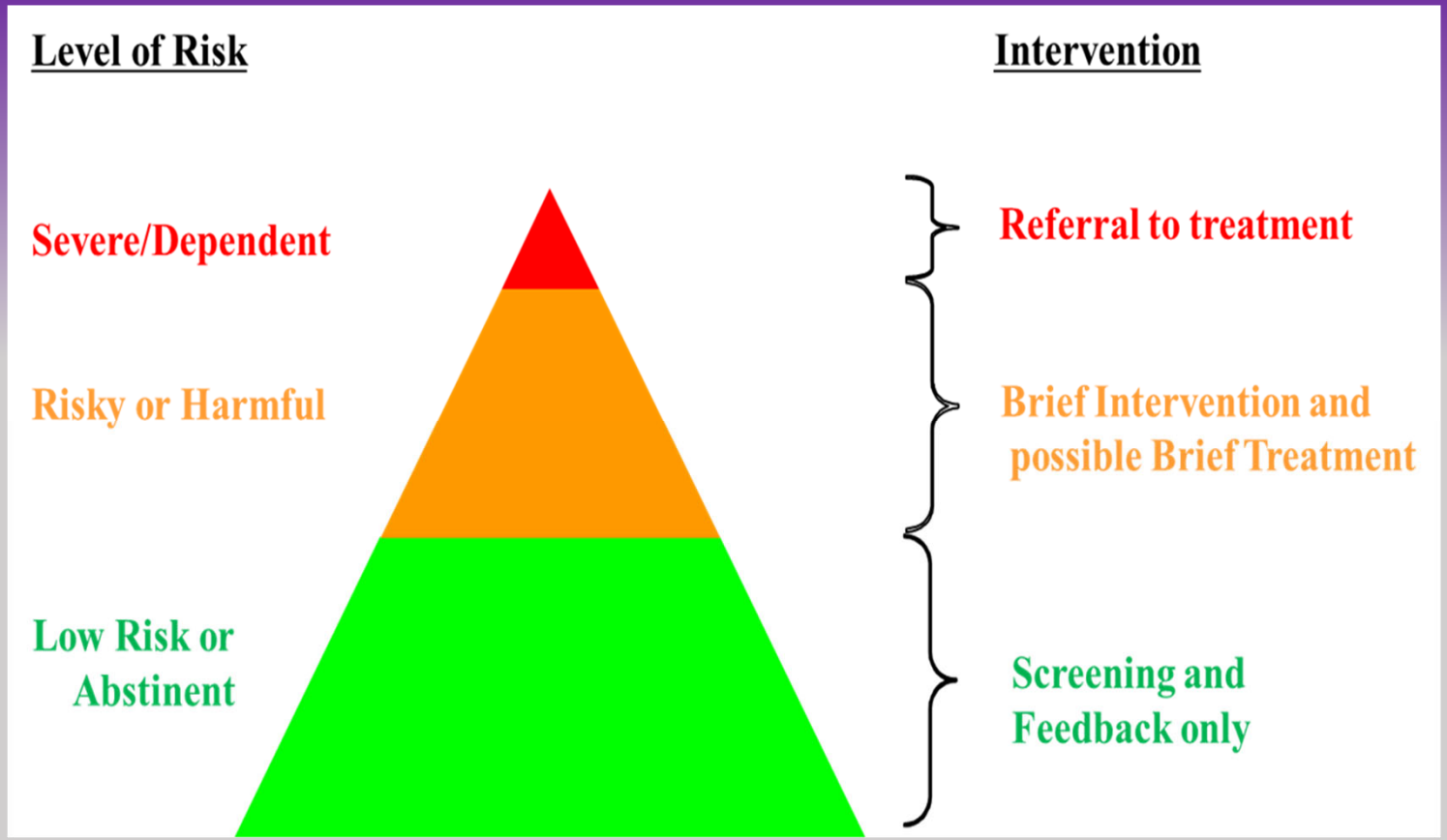
Strengths:

- No cost to use it for clinical and research purposes
- Numerous translations of the PHQ-9 (and GAD-7) available in many languages on PHQ website
- Completed by the patient in minutes and rapidly scored by the clinician.
- Can be administered repeatedly to show improvement or worsening of symptoms in response to treatment.

Limitation:

- Reporting bias can result in either minimization or over-reporting of symptom severity.

Screening Stratifies Risk and Specifies Level of Intervention



Brief Intervention:
The Brief Negotiated Interview (BNI)

The BNI:

- Semi-structured interview process based on motivational interviewing principles
- Brief intervention that can be completed in 5–15 minutes
- Backed by extensive research indicating its effectiveness for facilitating positive health-related behavior changes

BI = BRIEF INTERVENTION
What is Brief Intervention?

Brief Intervention is a brief motivational and awareness-raising intervention given to risky or problematic substance users.

Motivational Techniques Link Screening and Brief Intervention

In the context of a collaborative conversation, MI strategies facilitate:

- Finding personal and compelling reasons to change
- Building readiness to change
- Making a commitment to change

The BNI Algorithm

The BNI consists of 4 steps:

1. Build rapport:
   Raise the subject
   Explore the pros and cons of use

2. Provide feedback

3. Build readiness to change

4. Negotiate a plan for change

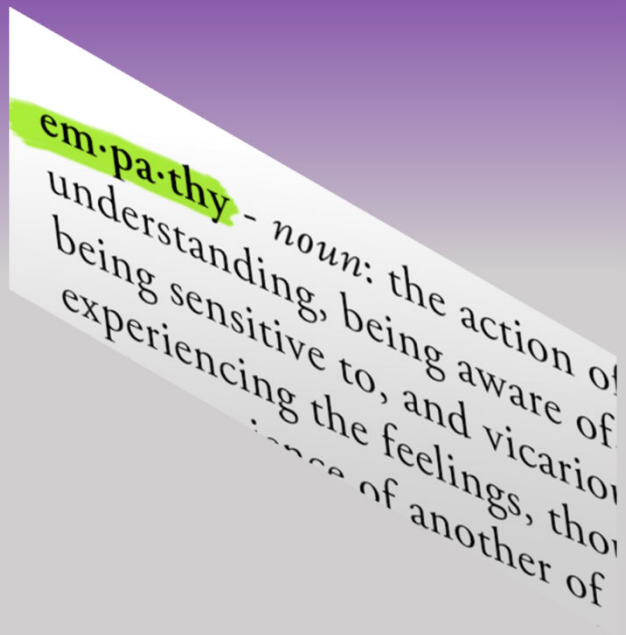
The BNI and the Spirit of MI (1)

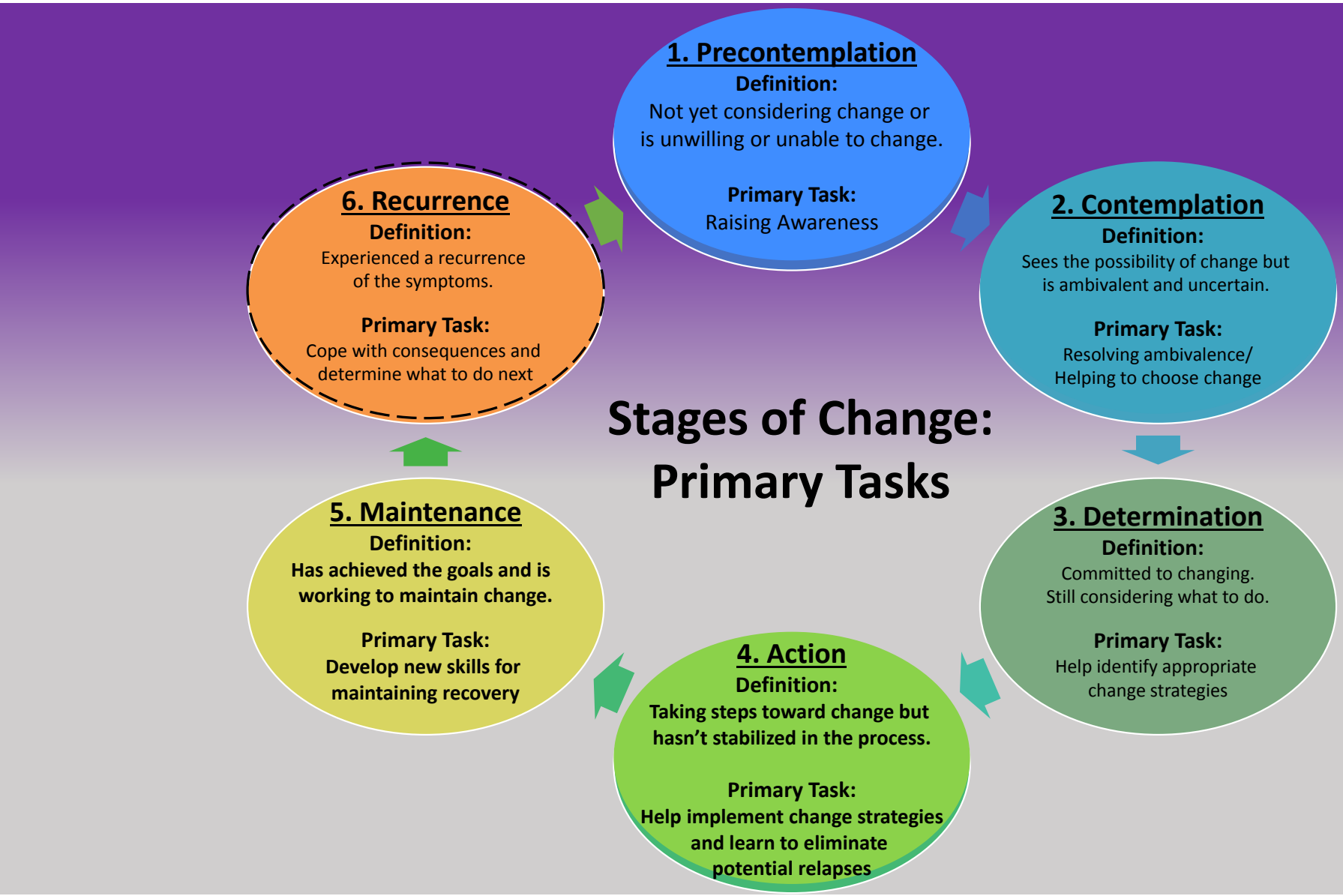
The spirit of MI while facilitating a BNI emphasizes a way of being with patients that is:

- Collaborative (not confrontational)
- Evocative
- Respectful of autonomy
- Compassionate

The BNI and the Principles of MI

- Express Empathy
- Support Self-Efficacy
- Roll with Resistance
- Develop Discrepancy




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
5. Maintenance
Definition:
Has achieved the goals and is working to maintain change.
Primary Task:
Develop new skills for maintaining recovery
6. Recurrence
Definition:
Experienced a recurrence of the symptoms.
Primary Task:
Cope with consequences and determine what to do next
Stages of Change:
Primary Tasks

1. Pre-contemplation	2. Contemplation	3. Determination
• Offer **factual** information • Explore the **meaning of events** that brought the person to treatment • Explore **results of previous efforts** • Explore **pros and cons** of targeted behaviors	• Explore the person's **sense of self-efficacy** • Explore **expectations** regarding what the change will entail • **Summarize** self-motivational statements • Continue exploration of **pros and cons**	• Offer a **menu of options** for change • Help identify **pros and cons** of various change options • Identify and **lower barriers** to change • Help person **enlist social support** • Encourage person to **publicly announce plans** to change
4. Action	**5. Maintenance**	**6. Recurrence**
• Support a **realistic view** of change through **small steps** • Help **identify high-risk situations** and develop **coping strategies** • Assist in **finding new reinforcers** of positive change • Help access family and social **support**	• Help identify and try **alternative behaviors** (drug-free sources of pleasure) • Maintain **supportive contact** • Help **develop escape plan** • Work to **set new** short and long term **goals**	• Frame recurrence as a **learning opportunity** • Explore possible behavioral, psychological, and social **antecedents** • Help to develop **alternative** coping strategies • Explain Stages of Change & encourage person to **stay in the process** • Maintain **supportive** contact

Medication Assisted Treatment (MAT) (1)

MAT = Medications + Counseling

MAT can:

- Reduce cravings and withdrawal symptoms
- Block the neurological pathways that produce the “high”
- Induce negative reactions when a substance is taken

What Triggers Change?

Motivation for change arises in an accepting, empowering atmosphere that makes it safe for the person to explore the possibly painful present in relation to what is wanted and valued.

"Avoidance of discomfort" (old belief)

Miller W., Rollnick (2002) Motivational Interviewing, 2nd Edition Guilford Press

Ambivalence

All change contains an element of ambivalence.

> you “want to change and don’t want to change”

Patients’ ambivalence about change is the “meat” of the brief intervention.

Elements of Effective Motivational Interventions

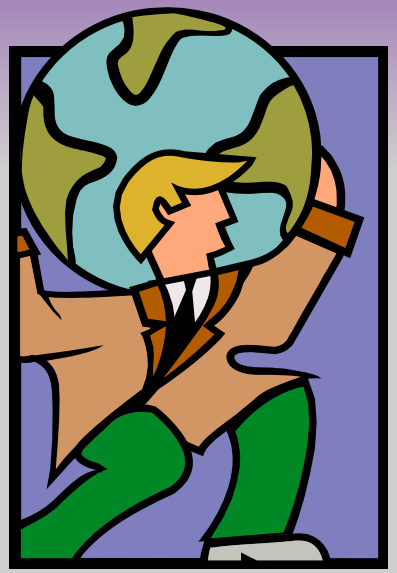
- *The FRAMES approach*
- *Decisional balance exercises*
- *Discrepancies between personal goals and current behavior*
- *Flexible pacing*
- *Personal contact with clients not in treatment*

FRAMES Approach

- *Feedback*

FRAMES Approach

- *Responsibility*

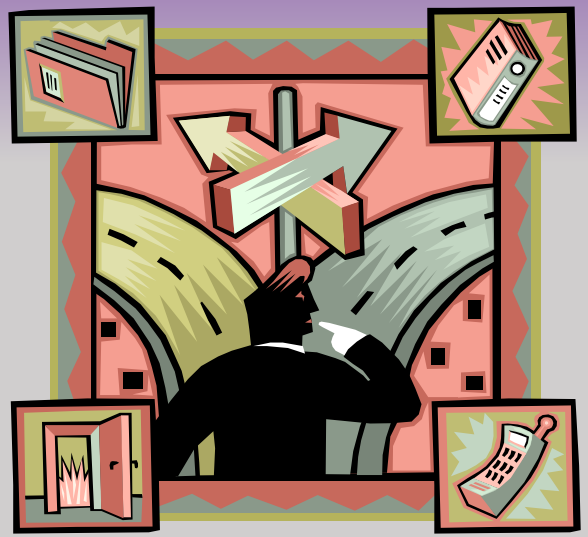


FRAMES Approach

- *Advice*

FRAMES Approach

- *Menus*



FRAMES Approach

<u>E</u>mpathic counseling

- A consistent component of effective brief interventions is a warm, reflective, empathic and understanding approach by the person delivering the intervention.
- Use of a warm, empathic style is a significant factor in the patient's response to the intervention and leads to reduced substance use at follow up

(Exercise)

FRAMES Approach

- *Self-efficacy*

Self-efficacy has been described as the belief that one is capable of performing in a certain manner to attain certain goals

Solution focused interventions

- Focuses on solutions not problems
- Techniques designed to motivate and support change

Eliciting Change Talk

- Attending Skills
- **O**pen-ended Questions
- **A**ffirmation
- **R**eflective Listening
- **S**ummary
- Eliciting Change Talk

Decisional Balance Exercises

- *Pro's and Con's*

Four Types of Intervention

- Feedback only.
- Brief Intervention/Brief Negotiated Interview
- Extended Brief Negotiated Interviews
- Referral for further assessment for specialized treatment.

Guidelines for a Successful Referral

- Follow the BNI algorithm

- Actively participate in the referral ("Warm Handoff")

- Determine how interim communication will occur

- Establish a follow-up plan

Actively Participate in the Referral

A Warm-Handoff Referral:

- The goal is to establish an initial direct contact between the patient and the treatment counselor at the time of the visit
- The process confers trust and rapport between providers to the patient
- A warm handoff is more effective than a passive referral

Interim Communication & Follow Up

Clarify expectations for follow up with patient at the time of referral

With a valid ROI, treatment providers should provide the referring clinician:

- Regular updates about the patient's progress

- Structured discharge plan with aftercare recommen

Successful Referral Procedures

- Do not initiate the process until the client is ready
- Identify and eliminate potential barriers
- Know the treatment and self-help resources in the community
- Be knowledgeable about intake staff and processes

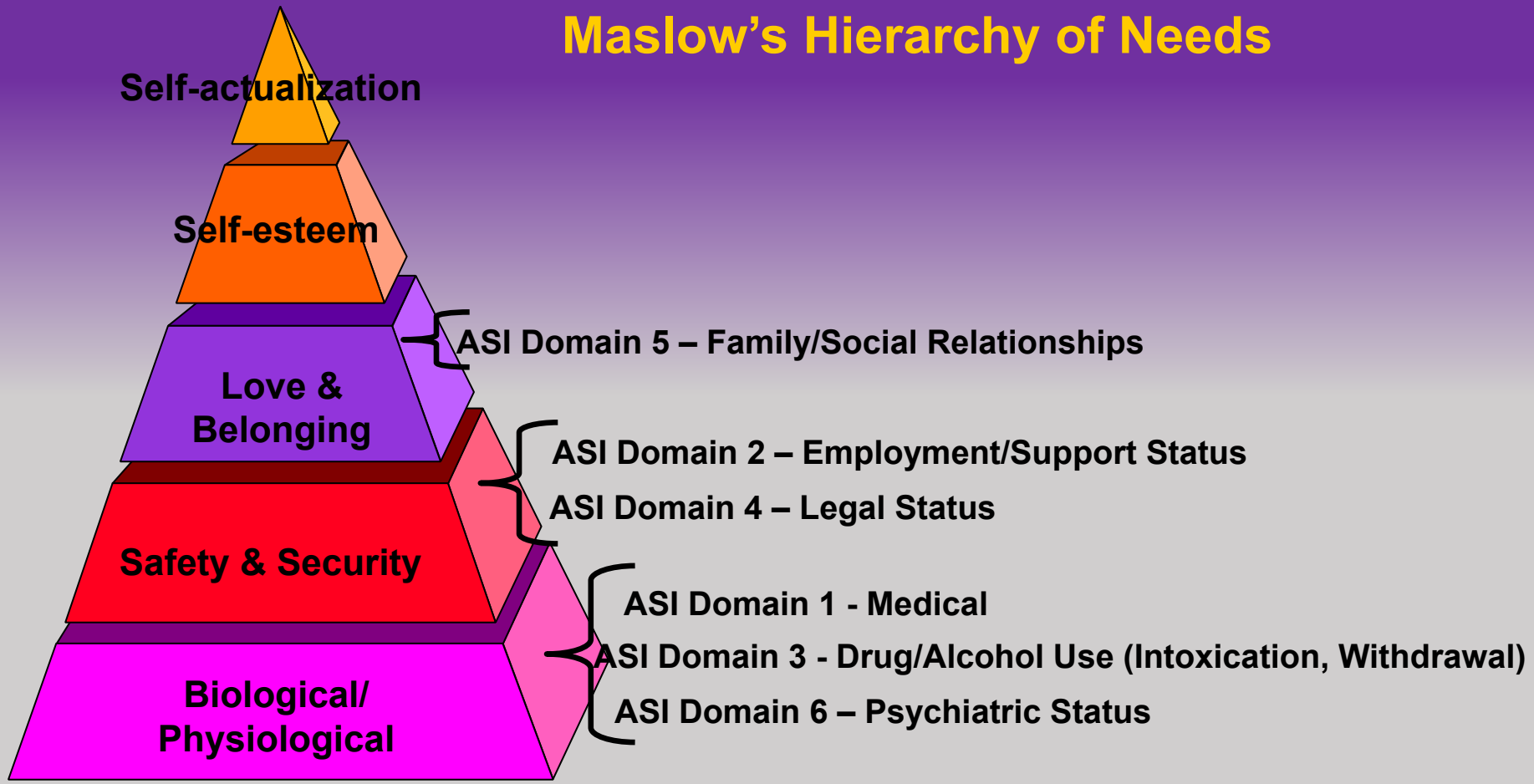
SBIRT Referral to Treatment: Key Points

- The vast majority of patients screened in clinical settings do not need specialized treatment
- MAT should be considered for patients who are alcohol and opioid dependent
- Obtain consent and releases upon initiating a referral
- Follow-up procedures should be built in to the referral process

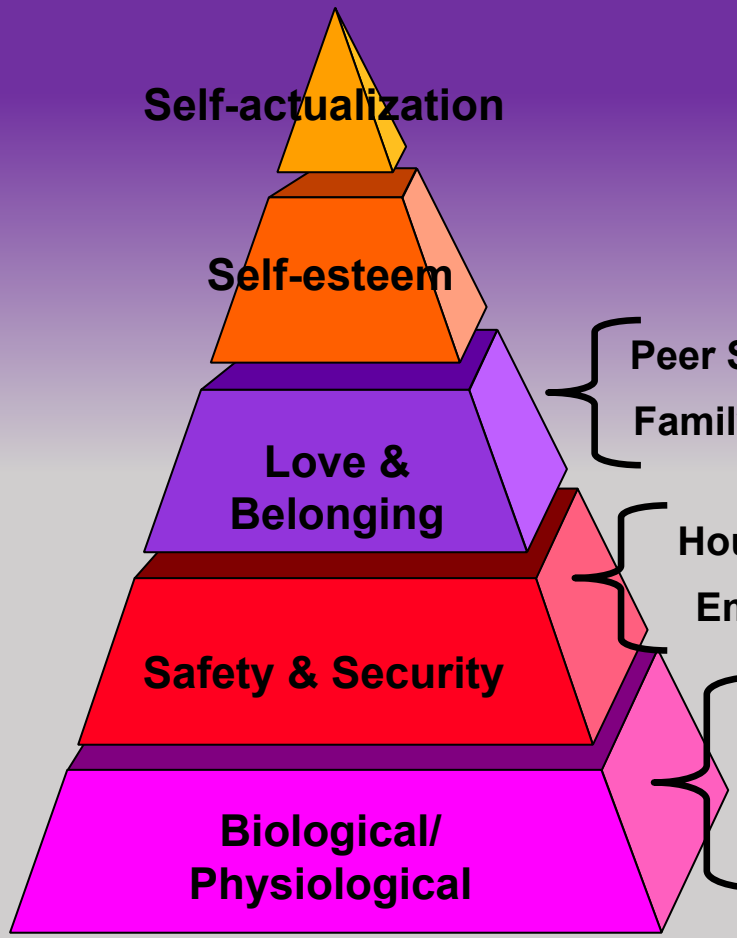
RT = Referral to Treatment Summary

- Specialized treatment consists of both formal treatment services and recovery supports
- Treatment referrals are facilitated in the context of the BNI
- Warm handoffs are effective because they are patient centered
- Direct and transparent referral procedures confer trust and respect among providers

Relationship Between ASI Domains & Maslow's Hierarchy of Needs



Relationship Between Recovery Support & Maslow's Hierarchy of Needs



Peer Support, Mentoring, Spiritual Support, Support Groups

Family, Parenting, Life Skills, Education, Relapse Prevention

*STIGMA

Housing, Legal, Counseling, Transportation, Child Care

Employment, Case Management, STD, Hep C, HIV/AIDS

*Public Health/Public Safety

Medication, Alcohol/Drug Testing, Medical Services

Residential, Ambulatory Detox, Psychiatric Services

Detoxification, Inpatient/Hospital, Trauma, Food & Water

*Pregnant

Summary

- LSUHSC's primary role in the LaSOR project is to expand and enhance MAT treatment throughout the state using the Hub and Spoke model
- Patients experience Stigma when engaging recovery supports
- Public Health & Public Safety are a consideration when supporting patients in recovery for OUD
- Recovery support services are more effective when it is individualized based on screening and/or assessment of patient
- Special populations include criminal justice & pregnant women

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Questions?

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