

**SBIRT PLUS (+)**  
Screening, Brief Intervention,  
and Referral to Treatment *for the*  
*Special Needs of Older Adults*

Part 1: Screening

---

---

---

---

---

---

---

---

Goals for Today . . .

- Briefly review why SBIRT Plus (+) is important
- Learn how to apply the 2-question annual / prescreening questions
- Discuss the AUDIT and DAST Scales and scoring
- Role play using the AUDIT and DAST

---

---

---

---

---

---

---

---

What is **SBIRT PLUS (+)**?

A training approach that tailors SBIRT to:

- Address the special needs and characteristics of older adults
- Improve understanding of alcohol and drug use in later life
- Assure that community service providers AND health practitioners in primary care settings view older adults as important targets for screening and brief interventions!

---

---

---

---

---

---

---

---

### Why is SBIRT PLUS (+) Important?

- “Risky” use in older people combines with other age-related health problems!
  - ✓ Changes in vision and hearing that can increase risks of accidents
  - ✓ Medical problems that cluster in late life can complicate issues
    - Heart disease
    - Pain
    - Memory problems
    - Depression (one of the biggest problems in late life!)
    - Many others!

---

---

---

---

---

---

---

---

### Why is SBIRT PLUS (+) Important?

- SBIRT training tends to focus ONLY on adults, not unique needs of older adults
- Alcohol use in late life is largely IGNORED, even though health consequences are HIGH
- “Risky” use of alcohol (and misuse of medication, along with illicit drug use in Boomers) is a GROWING concern
- Making changes NOW can help ease suffering AND prepare for the future!

---

---

---

---

---

---

---

---

### SBIRT = Important “Shift” in Thinking and Priorities!

- A public health issue = YES
- Abuse-/Dependence-focused = NO
- RISK-oriented = YES

*Focused on health-related outcomes that are particularly important as we age!*

---

---

---

---

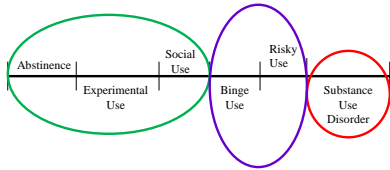
---

---

---

---

## The SBIRT Model → A Continuum of Substance Use



*Lots of variation in patterns of use between abstinence and substance use disorder!*

---

---

---

---

---

---

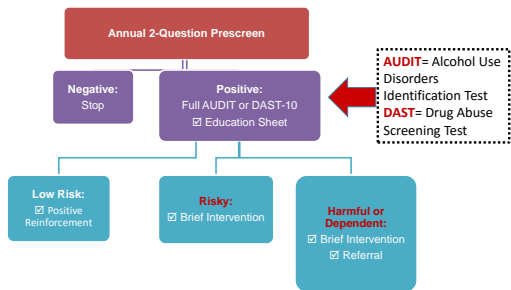
---

---

---

---

## SBIRT PLUS (+) Process




---

---

---

---

---

---

---

---

---

---

→ UI branded prescreening form for alcohol and drug use; aka **Annual Questionnaire**

→ Note that drinking limits are adjusted for those aged 65 years and older

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**The UNIVERSITY OF IOWA**  
SCHOOL OF PUBLIC HEALTH AND COMMUNITY MEDICINE

**Annual Questionnaire**

Drinking alcohol and using drugs other than those required for medical reasons can affect your health. These activities can also affect the medications you take. Please help us provide you with the best possible medical care by answering the questions below.

**AUDIT: ONE DRINK**

12 oz. beer      5 oz. wine      1.5 oz. liquor

Anyone over 65 years old: How many times in the past year have you had 4 or more drinks in a day? None 1 or more

Under 65 Male: How many times in the past year have you had 5 or more drinks in a day? None 1 or more

Under 65 Female: How many times in the past year have you had 4 or more drinks in a day? None 1 or more

Examples of drugs may include: cannabis (marijuana, pot), methamphetamine (speed, crystal), stimulants (power, amphetamines, Adderall), benzodiazepines (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD), mushrooms, narcotics (opioids), or synthetic cannabinoids (K2, Spice) and cathinones (bath salts)

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? None 1 or more

© Iowa Consortium for Substance Abuse Research and Evaluation

---

---

---

---

---

---

---

---

---

---



→ Back to the Annual Questionnaire

→ Note that most examples are illicit drugs, which are not as often used by older adults


Name: \_\_\_\_\_ Date: \_\_\_\_\_

**THE UNIVERSITY OF IOWA**  
RESEARCH, MEDICAL EDUCATION, AND HEALTH CARE

**Annual Questionnaire**

Drinking alcohol and using drugs other than those required for medical reasons can affect your health. These activities can also affect the medications you take. Please help us provide you with the best possible medical care by answering the questions below.

**ALCOHOL ONE DRINK**



12 oz beer    1 oz wine    1.5 oz liquor

Anyone over 60 years old: How many times in the past year have you had 4 or more drinks in a day? None    1 or more

Under 60 Male: How many times in the past year have you had 5 or more drinks in a day? None    1 or more

Under 60 Female: How many times in the past year have you had 4 or more drinks in a day? None    1 or more

**Examples of drugs may include:** cannabis, marijuana, pot, methamphetamine (speed), crystal methamphetamines (crack), cocaine, benzodiazepines (Valium), barbiturates, cocaine, acetaminophen (Tylenol), opiates, narcotics (opoids), or synthetic cannabinoids (K2, spicers) and catinones (bath salts).

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? None    1 or more

© 2013 Hazard Prevention for Substance Abuse Research and Evaluation

---

---

---

---

---

---

---

---

---

---

---

---

## Prescription Drug Misuse

**Drug use in older adults is mostly misuse —**

- ✓ Opioids (oxycodone, hydrocodone, fentanyl, methadone)
- ✓ Benzodiazepines (lorazepam, alprazolam, diazepam)
- ✓ Stimulants (amphetamine, dextroamphetamine, methylphenidate)
- ✓ Sleep aids (zolpidem, zaleplon, eszopiclone)

**Prescreen** → *How many times in the past year have you used an illegal drug, or used a prescription medication for non-medical reasons?*

---

---

---

---

---

---

---

---

---

---

---

---

### UI branded copy of the DAST-10 form

As before, next steps depend on the score

- **0 = No Risk:** No action needed
- **1 to 2 = Low “At Risk”:** BI, monitor & reassess
- **3 to 5 = Moderate “At Risk”:** BI or refer to treatment
- **6 to 10 = “High Risk”:** Refer to treatment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**THE UNIVERSITY OF IOWA**  
RESEARCH, MEDICAL EDUCATION, AND HEALTH CARE

**DAST-10**

Using drugs other than those required for medical reasons can affect your health and some medications you take. Please help us provide you with the best possible medical care by answering the questions below.

These questions refer to the **past 12 months**.

1. Have you used drugs other than those required for medical reason?	Yes	No
2. Do you abuse more than one drug at a time?	Yes	No
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer “Yes.”)	Yes	No
4. Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5. Do you ever feel bad or guilty about your drug use? (If never use drugs, answer “No.”)	Yes	No
6. Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7. Have you neglected your family because of your use of drugs?	Yes	No
8. Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9. Have you ever experienced withdrawal symptoms (feels sick) when you stopped taking drugs?	Yes	No
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No

---

---

---

---

---

---

---

---

---

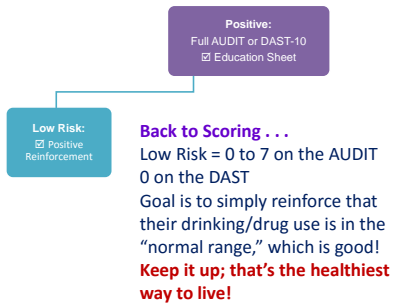
---

---

---



## Low Risk: Positive Reinforcement



---

---

---

---

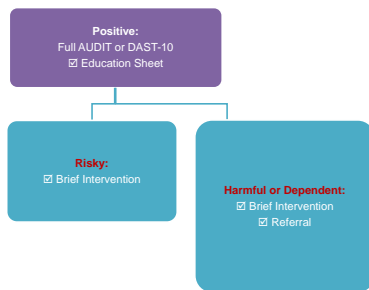
---

---

---

---

## Risky or Harmful: Brief Intervention



---

---

---

---

---

---

---

---

## In Summary . . .

- Screening is the **first step of the SBIRT process** and determines the severity and risk level of the patient's substance use
- The result of a screen allows the provider to determine if a **Brief Intervention** or **referral to treatment** is a necessary next step for the patient

---

---

---

---

---

---

---

---

## Practice Screening: Work in Pairs

### What you need for each pair →

- Case Studies, Beth & Steve: 1 copy of each
- AUDIT Scale: 2 copies
- DAST Scale: 2 copies



---

---

---

---

---

---

---

---

## Practice Screening: Work in Pairs

### Instructions →

- One person plays “Beth” using case answers
- The other person is the “interviewer”
- Read the “History” out loud
- Apply both AUDIT and DAST
- Check your score against the answers in the case
- Reverse roles for “Steve”

---

---

---

---

---

---

---

---

## Part 2: Brief Intervention

- **Brief Intervention:** What is it, and how does it work?

---

---

---

---

---

---

---

---



## Acknowledgment

Content in this educational program was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) under grant to the University of Iowa with permission to adapt and use in training.

Grant #1H79TI025939-01

---

---

---

---

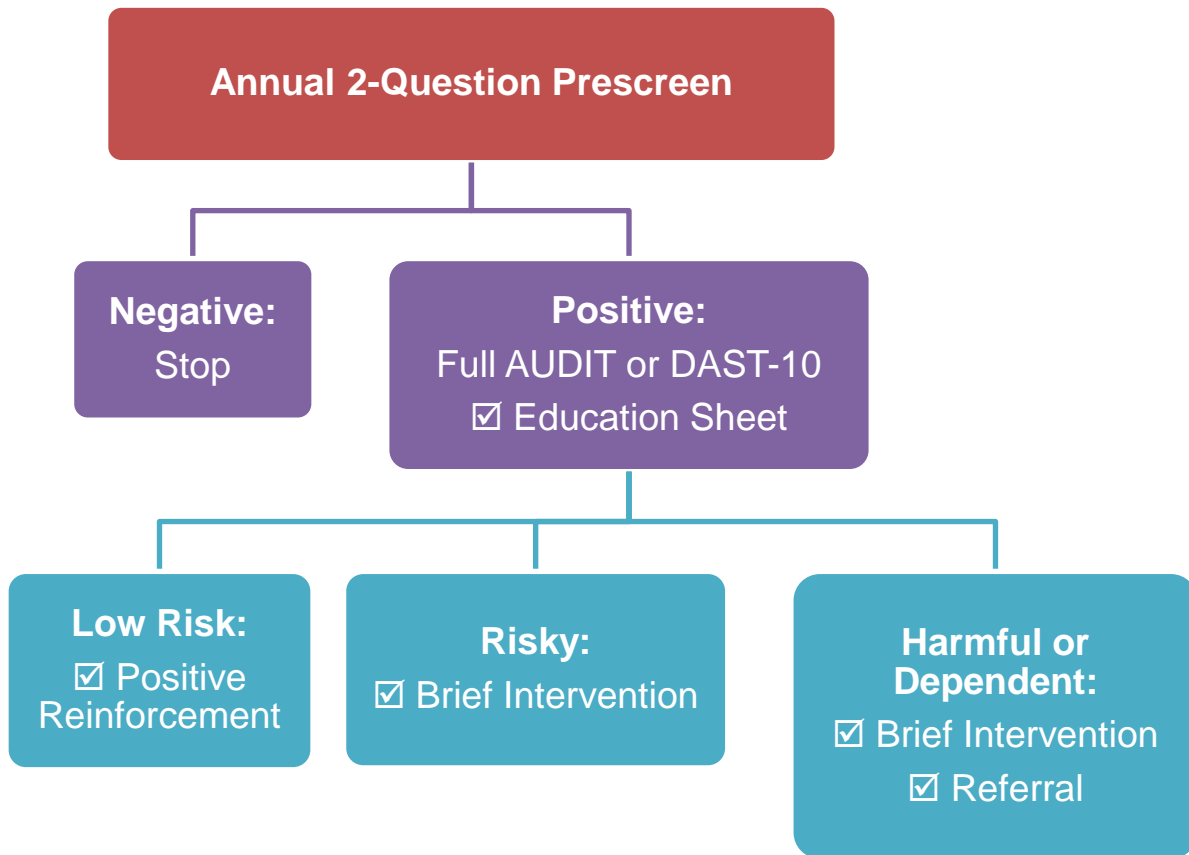
---

---

---

---

## SBIRT Process Overview



Step:	Who:	What you need:
Annual 2-Question Prescreen	Everyone	Annual Prescreen Form
Full Screen	If Prescreen is Positive	AUDIT (Alcohol) or DAST-10 (Drugs) or Both
		Patient Education Sheet
Action	Risky	Brief Intervention
	Harmful or Dependent	Brief Intervention & Referral or Treatment Locator

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Annual Questionnaire

Drinking alcohol and using drugs other than those required for medical reasons can affect your health. These activities can also affect the medications you take. Please help us provide you with the best possible medical care by answering the questions below.



Anyone over 65 years old	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more
Male – 65 years old or younger	How many times in the past year have you had 5 or more drinks in a day?	None	1 or more
Female – 65 years old or younger	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more

**Examples of drugs** may include: cannabis (marijuana, pot); methamphetamines (speed, crystal); inhalants (paint thinner, aerosols, glue); benzodiazepines (Valium); barbiturates; cocaine; ecstasy; hallucinogens (LSD, mushrooms); narcotics (opioids); or synthetic cannabinoids (K2, spices) and cathinones (bath salts).

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?	None	1 or more
--	------	-----------

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## AUDIT

Drinking alcohol can affect your health and the medications you take. Please help us provide you with the best possible medical care by answering the questions below.



1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 to 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year



Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Scoring Tool

## Scoring the AUDIT

The score for each response ranges from 0 to 4, from left to right.  
Sum the scores of all responses.

---

	Low Risk (Neg)	Risky (BI)	Harmful or Dependent (BI & RT)
<b>Score</b> _____	0 – 7	8 – 15	16 +

## Scoring the DAST-10

Except for Question 3, the score for each “Yes” is 1. The score for each “No” is 0.  
For Question 3, the score for “Yes” is 0, and the score for “No” is 1.  
Sum the scores of all responses.

---

	Low Risk (Neg)	Risky (BI)	Harmful or Dependent (BI & RT)
<b>Score</b> _____	0	1 – 2	3 +

## Score Interpretation

<b>Score</b>		<b>Zone</b>	<b>Action</b>
AUDIT: 0-7	DAST: 0	Low Risk	Encouragement & Praise
AUDIT: 8-15	DAST: 1-2	Risky	Brief Intervention
AUDIT: 16+	DAST: 3+	Harmful or Dependent	Brief Intervention & Referral to Treatment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## DAST-10

Using drugs other than those required for medical reasons can affect your health and some medications you take. Please help us provide you with the best possible medical care by answering the questions below.

These questions refer to the **past 12 months**.

---

1. Have you used drugs other than those required for medical reasons?	Yes	No
2. Do you abuse more than one drug at a time?	Yes	No
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	Yes	No
4. Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5. Do you ever feel bad or guilty about your drug use? (If never use drugs, answer "No.")	Yes	No
6. Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7. Have you neglected your family because of your use of drugs?	Yes	No
8. Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No



## Lower risk drinking limits

	Daily	Weekly
Anyone over 65 years old	3	7
Men (≤ 65)	4	14
Women	3	7

### AVOID alcohol if you:

- Have a health condition made worse by drinking.
- Plan to drive a vehicle or operate machinery.
- Take medications that interact with alcohol.

## Standard drink amount

Any drink containing about 14 grams of alcohol\*

Alcohol: One drink =



12 oz. beer

5 oz. wine

1.5 oz. liquor  
(one shot)

\* NIAAA ([www.rethinkingdrinking.niaaa.nih.gov](http://www.rethinkingdrinking.niaaa.nih.gov))

## Risks of unhealthy drinking

10  
9  
8  
7  
6  
5  
4  
3  
2  
1

Depression. Anxiety.  
Aggressive behavior.

Alcohol dependence.  
Insomnia. Memory loss.

Cancer of the  
throat and mouth.

Premature aging.

Frequent colds.  
Reduced resistance  
to infection. Increased  
risk of pneumonia.

Hypertension.  
Heart failure. Anemia.  
Blood clotting.

Liver damage.

Vitamin deficiency.  
Bleeding. Stomach  
inflammation. Diarrhea.  
Malnutrition.

Men:  
Erectile dysfunction.  
Women:  
Breast cancer.

Inflammation of  
the pancreas.

Painful nerves.  
Numb or tingling toes.

Impaired sensation  
leading to falls.

Failure to fulfill obligations at  
work, school, or home. Car  
accidents, legal problems.

**SBIRT Standardized Patient  
Beth Sorenson**

**History**

Beth is a 67-year-old female who presents with repeating bladder infections as well as an increased discomfort when she coughs or lifts. Beth is a mother of four and recently retired office manager from a plumbing supply company.

*Note to Actor: If the student practitioner does not evoke empathy, become resistant to their questioning and express that you do not want to answer their questions.*

**AUDIT:**

1. How often do you have a drink containing alcohol? (1)  
*"Once a month maybe."*
2. How many drinks containing alcohol do you have on a typical day when you are drinking? (2)  
*"Five or six."*
3. How often do you have six or more drinks on one occasion? (0)  
*"Never."*
4. How often during the last year have you found that you were not able to stop drinking once you had started? (0)  
*"Never."*
5. How often during the last year have you failed to do what was normally expected of you because of drinking? (0)  
*"Never."*
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? (0)  
*"Never."*
7. How often during the last year have you had a feeling of guilt/remorse after drinking? (0)  
*"Never."*
8. How often during the last year have you been unable to remember what happened the night before because of your drinking? (0)  
*"Never."*
9. Have you or someone else been injured because of your drinking? (0)  
*"No."*
10. Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down? (0)  
*"Never."*



**DAST-10:**

1. Have you used drugs other than those required for medical reasons? (1)  
*"Yes." Used my sister's pills a few times to sleep.*
2. Do you abuse more than one drug at a time? (0)  
*"No."*
3. Are you always able to stop using drugs when you want to? (0)  
**\*\*Score as 0 even if yes (see scoring instructions on DAST)**  
*"Yes."*
4. Have you had blackouts or flashbacks as a result of drug use? (0)  
*"No."*
5. Do you ever feel bad/guilty about your drug use? (0)  
*"No."*
6. Does your spouse/parents ever complain about your involvement with drugs? (0)  
*"No."*
7. Have you neglected your family because of your use of drugs? (0)  
*"No."*
8. Have you engaged in illegal activities in order to obtain drugs? (0)  
*"No, I'm not like that."*
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? (0)  
*"No."*
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? (0)  
*"No."*

<p><b>AUDIT Score:</b> 3 (Low Risk) <b>DAST Score:</b> 1 (Low Level)</p>
--

*\*\* Note: Do not indicate the score to the student practitioner until they have completed the entire SBIRT protocol.*

**SBIRT Standardized Patient  
Steve Harrison**

**History**

Steve is a 70-year-old male who arrives at his primary care office for a routine diabetes visit. He expresses that he is concerned with his blood sugar levels as he has experienced some sweating, dizziness, and numbness in his feet. He is particularly worried about these symptoms as his grandfather (who also had diabetes) had to get his leg amputated.

Steve is married and drinks the occasional beer during the week. He adds that a few times a month he will watch sports with friends and lose track of his drinking. There have been several periods in Steve's life where he has decided to stop drinking but was only able to do that for a 2-3 month period.

*Note to Actor: If the student practitioner does not evoke empathy, become resistant to their questioning and express that you do not want to answer their questions.*

**AUDIT:**

1. How often do you have a drink containing alcohol? (4)  
*"Four times a week."*
2. How many drinks containing alcohol do you have on a typical day when you are drinking? (1)  
*"One to two during the week, four or more on the weekends."*
3. How often do you have six or more drinks on one occasion? (3)  
*"Once a week."*
4. How often during the last year have you found that you were not able to stop drinking once you had started? (0)  
*"Never."*
5. How often during the last year have you failed to do what was normally expected of you because of drinking? (2)  
*"Each month when we go to friends' houses my wife has to be the designated driver, and she is giving me an earful about that."*
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? (0)  
*"Never."*
7. How often during the last year have you had a feeling of guilt/remorse after drinking? (2)  
*"Once a month? I am tired of fighting with my wife about the driving thing."*
8. How often during the last year have you been unable to remember what happened the night before because of your drinking? (1)  
*"Two times."*
9. Have you or someone else been injured because of your drinking? (0)  
*"No."*
10. Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down? (4)  
*"My wife mentions things on occasion."*

**DAST-10:**

1. Have you used drugs other than those required for medical reasons? (1)  
*"Yeah, on different occasions."*
2. Do you abuse more than one drug at a time? (1)  
*"Just pot once in a while."*
3. Are you unable to stop using drugs when you want to?" (0)  
*"No."*
4. Have you had blackouts or flashbacks as a result of drug use? (0)  
*"No."*
5. Do you ever feel bad/guilty about your drug use? (0)  
*"Not really since I don't do it often."*
6. Does your spouse/parents ever complain about your involvement with drugs? (1)  
*"My wife hates it when I smoke pot because she says it makes me paranoid and also I eat too much junk food."*
7. Have you neglected your family because of your use of drugs? (0)  
*"No."*
8. Have you engaged in illegal activities in order to obtain drugs? (0)  
*"No."*
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? (0)  
*"No."*
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? (0)  
*"No."*

<p><b>AUDIT Score:</b> 17 (Harmful Use) <b>DAST Score:</b> 3 (Moderate Level)</p>
---

*\*\* Note: Do not indicate the score to the student practitioner until they have completed the entire SBIRT protocol.*

**Readiness Ruler:**

On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your drinking?

*"One or zero? My drinking is in check."*

## SBIRT PLUS (+)

Screening, Brief Intervention,  
and Referral to Treatment *for the  
Special Needs of Older Adults*

Part 2: Introduction to the Brief Intervention

---

---

---

---

---

---

---

---

### Goals for Today . . .

- Discuss what the Brief Intervention is and how it works
- Examine principles of Motivational Interviewing used in the Brief Intervention
- Consider the goals of the Brief Intervention

---

---

---

---

---

---

---

---

### What is the Brief Intervention?

- Brief Intervention (BI)
  - ✓ Is a motivational and awareness-raising intervention used with risky or problematic substance users
  - ✓ Uses Motivational Interviewing (MI) principles
  - ✓ Follows the same basic steps each time it is used (semi-structured)
  - ✓ Takes from 5 to 15 minutes



---

---

---

---

---

---

---

---

## Motivational Interviewing Shift

Away from feeling responsible for changing the person's behavior



To supporting them in thinking and talking about their own reasons and means for behavior change

*Applies to lots of health-related behaviors, not just substance use!*

---

---

---

---

---

---

---

---

## How Does It Work?

- Focuses on competencies and strengths
  - ✓ Affirms the client
  - ✓ Emphasizes free choice
  - ✓ Supports self-efficacy
  - ✓ Encourages optimism that changes can be made
- Is individualized and client-centered
- Does not label → “use” vs. abuse, addiction, alcoholic/alcoholism, dependency

---

---

---

---

---

---

---

---

## How Does It Work?

- Creates therapeutic partnerships
  - ✓ Encourages active partnerships where the person and provider work together to establish goals and strategies
- Uses empathy, not authority
  - ✓ Emphasizes warm supportive listening by providers
- Based on Motivational Interviewing
  - ✓ **O**pen-ended questions, **A**ffirmation, **R**eflection, **S**ummary = OARS

---

---

---

---

---

---

---

---

## Open-Ended Questions

- Encourages engagement
- Opens the door for exploration
- Often starts with words such as—
  - ✓ “How...”
  - ✓ “What...”
  - ✓ “Tell me about...”
- Avoids the question-answer trap
- Provides opportunities to explore ambivalence



OARS

---

---

---

---

---

---

---

---

## Affirmations



- Compliments or statements of appreciation and understanding
  - ✓ Praise positive behaviors
  - ✓ Support the person as they describe difficult situations
- For example →
  - ✓ “You are determined to get your health back.”
  - ✓ “I appreciate your efforts despite the discomfort you’re in.”
  - ✓ “Thank you for all your hard work today.”

---

---

---

---

---

---

---

---

## Reflective Listening

- Involves listening and understanding the meaning of what the person says
- Demonstrates that you have accurately heard and understood the person
- Encourages further exploration of problems and feelings

---

---

---

---

---

---

---

---

## Levels of Reflection

**Simple Reflection stays close:** repeating, rephrasing

**Person:** "I hear what you are saying about my drinking, but I don't think it's such a big deal."

**Clinician:** "So, at this moment you are not too concerned about your drinking."

---

---

---

---

---

---

---

---

## Levels of Reflection

**Complex Reflection makes a guess:** paraphrasing, inferring meaning, "continuing the paragraph"

**Patient:** "Who are you to be giving me advice? What do you know about drugs? You've probably never even smoked a joint!"

**Clinician:** "It's hard to imagine how I could possibly understand."

---

---

---

---

---

---

---

---

## Levels of Reflection

**Complex Reflection:** reflects on feelings

**Patient:** "My wife decided not to come today. She says this is my problem, and I need to solve it or find a new wife. After all these years of my using around her, now she wants immediate change and doesn't want to help me!"

**Clinician:** "Her choosing not to attend today's meeting was a big disappointment for you."

---

---

---

---

---

---

---

---

## Levels of Reflection

**Double-sided Reflection:** reflects on both sides of the ambivalence the patient experiences

**Patient:** "But I can't quit drinking. I mean, all my friends drink!"

**Clinician:** "You can't imagine how you could not drink with your friends, and *at the same time* you're worried about how it's affecting you."

**Patient:** "Yes. I guess I have mixed feelings."

---

---

---

---

---

---

---

---

## Summaries

Periodically summarize what has been said

*"So, let me see if I've got this right..."*

*"So, you're saying... is that correct?"*

*"Let me make sure I'm understanding exactly what you've been trying to tell me..."*

---

---

---

---

---

---

---

---

## Goals of the Brief Intervention

- **Educate** the person on safe levels of substance use
- **Increase awareness** of the consequences of substance use
- **Motivate** the person towards changing substance use behavior
- **Assist** the person in making choices that reduce their risk of substance use problems

---

---

---

---

---

---

---

---



## Goals of the Brief Intervention

- NOTE → Goals are fluid and depend on a variety of factors
  - ✓ The person's screening score
  - ✓ The person's **readiness** to change
  - ✓ The person's specific needs
- As before, approaches are consistent with **Person-Centered Care!** Let the older adult guide the discussion of how they can best be helped to make changes!

---

---

---

---

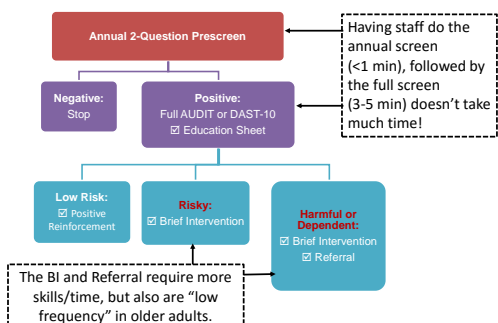
---

---

---

---

## Summary




---

---

---

---

---

---

---

---

## Summary

- The 2-question **Annual Questionnaire**: On admission to the service, then once a year afterwards (or if change in status warrants!)
- **AUDIT** +/- **DAST**: Use the score to guide next steps
  - ✓ **Low Risk** → Reinforce positives
  - ✓ **Risky/Moderate** → Have a discussion following the Brief Intervention format using MI principles
  - ✓ **Harmful/High** → Use Brief Intervention but also consider referral to treatment

---

---

---

---

---

---

---

---

### Part 3: Brief Intervention Steps & Referral

- **Brief Intervention:** Semi-structured interview following a step-wise set of steps
  - ✓5-15 minutes for busy providers
  - ✓Follow-ups with older adults may be helpful
- **Referral to treatment:** Individualized approach to person and services available

---

---

---

---

---

---

---

---

### Acknowledgment

Content in this educational program was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) under grant to the University of Iowa with permission to adapt and use in training.  
Grant #1H79TI025939-01

---

---

---

---

---

---

---

---

## SBIRT PLUS (+) Screening, Brief Intervention, and Referral to Treatment *for the Special Needs of Older Adults*

### Part 3: Brief Intervention and Referral to Treatment

---

---

---

---

---

---

---

---

### Goals for Today . . .

- Describe the key parts of the Brief Intervention
- Practice using the Brief Intervention
- Discuss key principles of making a referral for substance use treatment

---

---

---

---

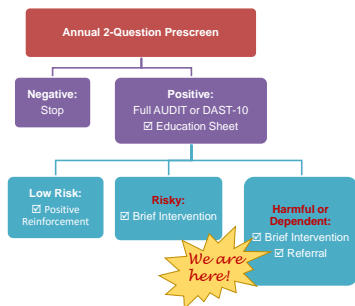
---

---

---

---

### SBIRT PLUS (+) in Practice Settings



---

---

---

---

---

---

---

---

## Quick Review

- Brief Intervention (BI)

- ✓ Is a motivational and awareness-raising intervention used with risky or problematic substance users
- ✓ Uses Motivational Interviewing (MI) principles
- ✓ Follows the same basic steps each time it is used (semi-structured)
- ✓ Takes from 5 to 15 minutes



---

---

---

---

---

---

---

---

## Quick Review

- NOTE → Goals are fluid and depend on a variety of factors
  - ✓ The person's screening score
  - ✓ The person's **readiness** to change
  - ✓ The person's specific needs
- As before, approaches are consistent with **Person-Centered Care!** Let the older adult guide the discussion of how they can best be helped to make changes!

---

---

---

---

---

---

---

---

## Steps in the Brief Intervention

- Build rapport—raise the subject
- Explore the pros and cons of use
- Provide information and feedback
- Assess readiness to change with the “readiness ruler”
- Negotiate an action plan



---

---

---

---

---

---

---

---



## 2. Discuss the Pros and Cons

### Use open-ended questions

- Requires more than a simple yes/no response
- Gathers broad descriptive information
- Encourages engagement
- Opens the door for exploration
- *You learn more about the person's view about their use – which helps in making any plans for change!*



---

---

---

---

---

---

---

---

## 2. Discuss the Pros and Cons

### Summarize

- Reinforces what has been said
  - ✓ Double checks your understanding
  - ✓ Puts information in a balance →  
“On the one hand, you enjoy . . .  
But on the other hand, drinking  
is causing some problems with . . .”
- Shows careful listening



---

---

---

---

---

---

---

---

## 3. Provide Information & Feedback

### Main tasks . . .

- Ask permission to give information
- Discuss screening findings
- Link substance use behaviors to any known consequences
- Check perceptions/view



---

---

---

---

---

---

---

---

### 3. Provide Information & Feedback

- **Ask:** “I have some information on low-risk guidelines; would you mind if I shared them with you?”
- **Explain:** Talk about risks, using the Patient Education Handout



---

---

---

---

---

---

---

---

### 3. Provide Information & Feedback

**Explain:**

- Discuss their scale results
  - Link risk information to the person; e.g.,  
“We know that drinking can put you at risk for falling, plus it can complicate problems with your heart.”
- Ask:** “What are your thoughts on that?”



---

---

---

---

---

---

---

---

### 4. Use a Readiness Ruler

- On a scale from 1 to 10...
  - ✓ How **ready** are you to make a change?
  - ✓ How **important** is it?
  - ✓ How **confident** are you?

1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready

---

---

---

---

---

---

---

---

## 4. Use a Readiness Ruler

- **Ask:** “Could we talk for a few minutes about your interest in making a change?”

- **Explain:**

- ✓ “This Readiness Ruler is like the Pain scale that we use to rate pain . . .”

- ✓ “On a scale from 1 to 10 . . .”

- Reinforce positives

- “You marked \_\_. That’s great!”



---

---

---

---

---

---

---

---

## 5. Negotiate an Action Plan

- A plan for reducing use to low-risk levels

OR

- An agreement to follow-up with specialty treatment services

- **Note:** It’s also possible that help is not wanted at this time and they “turn you down” on making changes



---

---

---

---

---

---

---

---

## 5. Negotiate an Action Plan

**Main steps:**

- **Introduce change**

- ✓ “What are some steps/ options that will work for you to stay healthy?”

- ✓ “What will help you reduce the things you don’t like about drinking/effects of drugs?”

- **Emphasize strengths**

- ✓ “From our conversation I believe you . . . [list strengths]. What do you think will most help you make this change?”



---

---

---

---

---

---

---

---



## 5. Negotiate an Action Plan

- Identify supports
  - ✓ "What supports do you have for making this change?"
  - ✓ "Tell me about a challenge you overcame in the past. What most helped in that situation?"
- Write down steps
  - ✓ "Those are great ideas! Is it okay for me to write down your plan, to keep with you as a reminder?"
- Offer appropriate resources
  - ✓ "I have some additional resources that people sometimes find helpful. Would you like to hear about them?"
- Thank the patient

---

---

---

---

---

---

---

---

## Use OARS Throughout!

- Open-ended questions
  - ✓ Generate ideas
- Affirmations
  - ✓ Support ideas
  - ✓ Focus on strengths
  - ✓ Thank the patient
- Reflective listening
  - ✓ Shows you're engaged
  - ✓ Can stimulate additional ideas
- Summaries
  - ✓ Pros and cons
  - ✓ Action plan
  - ✓ Overall session



---

---

---

---

---

---

---

---

## Summary

- **Brief Intervention** relies on
  - ✓ Building the relationship
  - ✓ Being non-judgmental
  - ✓ Listening carefully
  - ✓ Asking permission to discuss, share information
  - ✓ Showing care, compassion, interest
  - ✓ Giving advice in limited situations (e.g., if the person refuses to engage; asks for your thoughts)

*Follows a structure, but there is rarely ONE "right" way!*



---

---

---

---

---

---

---

---



## Sally's Case Study

- Sally is a 68-year-old female that you asked to complete a DAST form
  - ✓ DAST Score: 3 (at risk)
- BI completed, but what now?
  - ✓ Depending on the BI, she might need a referral to treatment

---

---

---

---

---

---

---

---

## Questions to Ask Yourself . . .

- What agency/service is readily available? Are they “friendly” to older adults?
- Who will be on the other side of the referral?
- What will the process be like? What information do I need to provide to them?
- What do I need to know about the agency/service and payment process so I can explain it to Sally?

---

---

---

---

---

---

---

---

## Questions to Ask Yourself . . .

- How will I engage and guide Sally?
  - ✓ What information will she need?
  - ✓ How can I increase her comfort level?
  - ✓ What printed materials might I offer her?
- What kind of follow-up plan is best?
  - ✓ How soon?
  - ✓ What type? (phone, visit, email?)

---

---

---

---

---

---

---

---

## No One "Right" Answer!

- Each provider will have different answers to those questions
  - ✓ Services vary from place to place
  - ✓ Older persons' preferences and needs are not all the same
- The important part is know "the landscape" before the client needs your help
- Being prepared is the key!

---

---

---

---

---

---

---

---

## Our Best Advice: Check SAMHSA!

- SAMHSA's National Treatment Facility Locator <http://findtreatment.samhsa.gov>
- Easy to use source → Screenshot of steps follows

---

---

---

---

---

---

---

---

**Behavioral Health Links**

- Federal Government
- Health and Human Services Agencies
- Behavioral Health Agencies
- Informational Websites
- Self-Help, Peer Support, and Consumer**
- Self-Help Groups (Addiction)
- Peer Support (Mental Health)
- Mental Health Consumer Assistance
- Consumer Advocates
- Children
- Veterans, Active Duty Military, and Military Families
- Clinical Trials
- Drug-Free Workplace
- Service Provider Associations
- Professional Associations
- Data and Publications
- International Agencies

**Behavioral Health Treatment Services Locator**

Welcome to the Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.

**PLEASE NOTE:** your personal information and the search criteria you enter into the Locator is secure and anonymous. SAMHSA does not collect or maintain any information you provide.

**Enter a starting location:**

Des Moines

Go

Or Call **SAMHSA's National Helpline**  
1-800-662-HELP (4357)  
1-800-487-4889 (TDD)

Or Watch **Video Tutorial**

Click here for instructional help using the Locator.

Free and confidential information in English and Spanish for individuals and family members facing substance abuse and mental health issues. 24 hours a day, 7 days a week.

SAMHSA endeavors to keep the Locator current. All information in the Locator is updated annually from facility responses to SAMHSA's National Survey of Substance Abuse Treatment Services (NSATS) and National Mental Health Services Survey (NMHSS). New facilities that have completed an abbreviated survey and met all the qualifications are added monthly. Updates to facility names, addresses, telephone numbers, and services are made weekly for facilities informing SAMHSA of changes. Facilities may request additions or changes to their information by sending an e-mail to [locator@samhsa.gov](mailto:locator@samhsa.gov), by calling the Field Project Office at 1-888-301-1143 (Mon-Fri 9-5 ET), or by electronic form submission using the Locator [application](http://application.samhsa.gov) (intended for additions of new facilities).

**Find Help**

- SUICIDE** 1-800-273-TALK (2745)
- 24/7 Treatment Referral Line** 1-888-444-HELP (4357)
- Disaster Distress Helpline** 1-800-985-5999 for Text: **7811** or 68788
- Other Treatment Program Locators**
- Find activities and treatment programs providing biosonoline for opioid addiction (Dental or pain relievers).
- Find programs providing medications for the treatment of opioid addiction (Dental or pain relievers).

**SAMHSA Locator**

An on-line source of information about substance abuse and/or mental health treatment facilities in the United States.

**Enter a starting location:**

address, city, state, or zip code

---

---

---

---

---

---

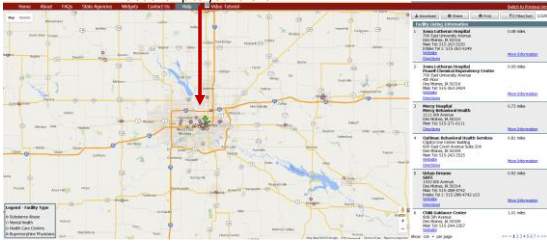
---

---

## Des Moines . . .

Map → Visualize the location in relationship to your client

Resources → Name, Location, Phone, Directions, More Information



*But this is just the starting point! Calling in advance is often critical to success!*

---

---

---

---

---

---

---

---

## Avoid Common Mistakes

- Rushing into “action” by making a treatment referral when the person isn’t interested or ready
  - ✓ Ex.: Sally doesn’t believe she has a problem
- Referring to a program that is full or does not take the person’s insurance
  - ✓ Ask Sally about insurance before you call
  - ✓ Check with the program when you call
- Not knowing your referral base
  - ✓ The client will be more confident in the process if you create a smooth transition

---

---

---

---

---

---

---

---

## Avoid Common Mistakes

- The service doesn’t match Sally’s needs
  - ✓ Youth-focused programs may be less inviting to older people
  - ✓ Distance to the service may be a barrier
- Family doesn’t support Sally to get help OR Sally needs family help, but resists asking
  - ✓ Lots to explore related to “acceptability” of treatment service!

---

---

---

---

---

---

---

---

## When Sally is Ready

- Make a plan **with** her
- **Actively participate** in the referral process
- The **warmer** the referral handoff, the **better** the outcomes!
- Your involvement lets Sally know that you care and want to help her
  - ✓ Communicate with the substance use disorder (SUD) provider
    - Become an advocate for Sally with the SUD provider
  - ✓ Confirm your follow-up plan with Sally
    - Decide which ongoing follow-up support strategies you will use

---

---

---

---

---

---

---

---

## Back to the Basics . . .

### Statistically speaking . . .

- Many **prescreens** before doing full screen
  - Even at **full screen**, many are low risk
- Being READY is the key!**
- **Brief Intervention** → Feeling comfortable following the guide/having the conversation
  - **Referral to treatment** → Knowing who/where/what is available; warm handoff

---

---

---

---

---

---

---

---

## Acknowledgment

Content in this educational program was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) under grant to the University of Iowa with permission to adapt and use in training.

Grant #1H79TI025939-01

---

---

---

---

---

---

---

---

## Brief Negotiated Interview – Substance Use

<p>1. <b>BUILD RAPPORT</b></p> <p><b>Ask permission</b></p> <p><b>Raise the subject</b></p>	<p>I appreciate you answering our health questionnaire. I'd like to take a few minutes to talk about your results. Is that okay with you?</p> <p>Tell me about a typical day in your life. Where does your current [alcohol/drug] use fit in?</p>
<p>2. <b>PROS &amp; CONS</b></p> <p><b>Summarize</b></p>	<p>Help me understand, through your eyes, the good things about using [alcohol/drugs]?</p> <p>What are some of the not-so-good things?</p> <p>So, on one hand [PROS] and on the other [CONS].</p>
<p>3. <b>PROVIDE INFORMATION &amp; FEEDBACK</b></p> <p><b>Ask permission</b></p> <p><b>Discuss screening findings</b></p> <p><b>Link substance use behaviors to any known consequences</b></p> <p><b>Elicit a response</b></p>	<p>I have some information on low-risk guidelines for drinking/drug use. Would you mind if I shared them with you?</p> <p>We know that drinking _____ [amount] . . . and/or using drugs such as _____ . . . can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert relevant medical information].</p> <p>What are your thoughts on that?</p>
<p>4. <b>BUILD READINESS TO CHANGE</b></p> <p><b>Introduce the Readiness Ruler</b></p> <p><b>Reinforce positives</b></p> <p><b>Ask about a lower number</b></p>	<p>This Readiness Ruler is like the Pain Scale we use to rate current pain. On a scale from 1 to 10, with 1 being not ready at all and 10 being completely ready, how <u>ready</u> are you to make any changes in your drinking/drug use?</p> <p>You marked _____. That's great! That means you're _____% ready to make a change.</p> <p>Why did you choose that number and not a lower one like a 1 or a 2?</p> <p>On a scale of 1 to 10, how <u>important</u> is it for you to decrease or quit drinking/drug use?</p> <p>On a scale of 1 to 10, how <u>confident</u> are you that you will be able to make this change?</p>
<p>5. <b>NEGOTIATE AN ACTION PLAN</b></p> <p><b>Emphasize strengths</b></p> <p><b>Identify supports</b></p> <p><b>Write down steps</b></p> <p><b>Offer appropriate resources</b></p> <p><b>Thank the patient</b></p>	<p>What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about using [alcohol/drugs]?</p> <p>What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now?</p> <p>Those are great ideas! Is it okay for me to write down your plan for you to keep as a reminder?</p> <p>Will you summarize the steps you'll take to change your alcohol/drug use?</p> <p>I have some additional resources that people sometimes find helpful. Would you like to hear about them?</p> <p>Thank you for talking with me today.</p>

### Role Play: Sally

**For the Provider:** Sally is a 68-year-old female being seen for a chronic cough.

Which recreational drugs have you used in the past year? (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> methamphetamines (speed, crystal)        | <input type="checkbox"/> cocaine  |
| <input checked="" type="checkbox"/> cannabis (marijuana, pot)     | <input type="checkbox"/> narcotics (heroin, oxycodone, methadone, etc.) |
| <input type="checkbox"/> inhalants (paint thinner, aerosol, glue) | <input type="checkbox"/> hallucinogens (LSD, mushrooms)                 |
| <input type="checkbox"/> tranquilizers (valium)                   | <input type="checkbox"/> other _____                                    |

How often have you used these drugs?

- Monthly or less     
  Weekly     
  Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	Yes	No
2. Do you abuse (use) more than one drug at a time?	Yes	No
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	Yes	No
4. Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5. Do you ever feel bad or guilty about your drug use? (If never use drugs, answer "No.")	Yes	No
6. Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7. Have you neglected your family because of your use of drugs?	Yes	No
8. Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Do you inject drugs?     Yes     No

Have you ever been in treatment for a drug problem?     Yes     No

Score: \_\_\_\_\_



## **For the patient to read:**

You are a 68-year-old professional working in sales. You have been experiencing a chronic cough and are visiting your doctor to address it.

You smoke marijuana daily, and you usually have 1-2 joints per day. You keep telling yourself you need to cut down on your marijuana use, but you just can't seem to do it. You are worried that your smoking is starting to impact your performance at work. You also know that your marijuana use is likely the reason you have a chronic cough.

***These are some of your thoughts and feelings about your marijuana use. You may or may not disclose this information depending on how you are approached by your provider:***

You are working in sales, and several colleagues have been laid off over the past couple of years. You are worried you might be next. Smoking marijuana is one of the main ways you cope with your stress, and you have noticed that your use has increased over the last few years. You have never tried to quit using marijuana before.

You don't really know anything about treatment, and you haven't ever considered getting "professional" help for your marijuana use.

You are a "9" on the Readiness Ruler for being ready to change your marijuana use. You would like to just cut down, but you are not sure that will work for you. If asked how ready you are to consider seeking treatment, you put yourself at a "4" on the Readiness Ruler.

## Role Play: Sharon

**For the Provider:** Sharon is a 76-year-old widow who lives alone. She has no medical problems and takes no medications. Her son came to visit from California and noted old bruising under her right eye and that she was not herself. He was concerned, so he called and got an appointment to see the nurse practitioner. Sharon is oriented: blood pressure 140/80, heart rate 88. She is underweight, with a pale bruise under her right eye. She also has an old bruise on her right lateral chest.

**One drink equals:**



12 oz.  
beer



5 oz.  
wine



1.5 oz.  
liquor  
(one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 to 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year

Score: \_\_\_\_\_

## For the patient to read:

You are 76 years old, a widow for the past year, living independently, and very lonely. Your son moved to California 6 months ago. You have been increasing your alcohol intake in recent months and now drink about 3 times a week. On the days you drink, you usually have about 4 glasses of wine until you feel sleepy enough to go to bed. You have noticed some bruising around your eye and chest, but can't remember falling. Your son just came for an unexpected visit. He became very upset about the bruise near your eye. He insists that you go to see your primary care provider.

You are a "3" on the Readiness Ruler for making a change in your drinking.

***These are some of your thoughts and feelings about your drinking. You may or may not disclose this information depending on how you are approached by your provider:***

Pros to your drinking: It's the only thing you enjoy. It helps with the loneliness. Sometimes you can get the neighbors to come over for a short visit for afternoon drinks.

Cons to your drinking: You have not had the energy to go to your sewing class at the senior center. You are initially tired in the evening, but your sleep is interrupted multiple times during the night. You have fallen on the way to the bathroom at night, although you think this is from the slippery throw rug in the bathroom, not your balance.

The best you will agree to is 3 glasses of wine on the days you drink.

# Brief Intervention Observation Sheet

## Did the Provider ...

<b>(1) Raise the subject</b>	1) Explain role and respectfully ask permission to have a discussion about alcohol/drug use	Yes	No
	2) Review patient's alcohol/drug use patterns	Yes	No
<b>(2) Provide feedback</b>	3) Share the patient's AUDIT/DAST scores and zones	Yes	No
	4) Review low-risk guidelines relevant to his/her gender and age group	Yes	No
	5) Explore possible connection to health, social, work issues and express concern(s) (if relevant)	Yes	No
<b>(3) Enhance motivation</b>	6) Ask patient to select a number on the "Readiness Ruler"	Yes	No
	6a) What was the number?		
	7) Ask patient: <i>why didn't you pick a lower number?</i> OR Ask patient: <i>how would your drinking (drug use) have to impact your life in order for you to start thinking about cutting back?</i> OR Discuss patient's pros and cons of use	Yes	No
<b>(4) Negotiate a plan</b>	8) Provide a summary of readiness (You said ...)	Yes	No
	9) Negotiate a goal with the patient based on his/her response to: <i>What steps would you be willing to take?</i>	Yes	No
	10) Offer a menu of choices for change, provide recommendation, secure agreement?	Yes	No
<b>Motivation</b>	11) To what degree did the provider use a motivational style (open-ended questions, reflective listening, not confrontational)?		
	<p style="text-align: center;"><i>Not At All</i> <span style="float: right;"><i>Very Effectively</i></span></p> <p style="text-align: center;">1    2    3    4    5    6    7</p>		

Adapted from the BI Adherence/Competence Scale, and Oregon Brief Observation Sheet.

**12) Additional comments about provider performance:**