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Spring 2010, Issue 2

Screening, Brief Intervention, Referral and Treatment (SBIRT)

MASBIRT program completes 100,000 screens

The MASBIRT program reached its 100,000th patient encounter with over 80,000 unique patients screened.

The team has delivered over 17,500 brief interventions, and continues to provide feedback and recovery support for patients who did not report unhealthy substance use.

The program continues to expand to reach new clinical sites and new patients.

Substance Abuse in a Changing Environment

Thursday, June 10
Sheraton Framingham Hotel & Conference Center

An opportunity to gain greater understanding of parity, healthcare reform, performance monitoring and performance contracting, and how the state and providers can adapt and thrive in this changing environment.

To register and learn more

Register link
Massachusetts link on AlcoholScreening.org

Massachusetts residents can now link directly to the Helpline from www.AlcoholScreening.org.

This free, confidential web-based screening tool helps those who use it understand *How Much is Too Much* for them. It is based on the validated Alcohol Use Disorders Identification Test (AUDIT) and provides users with feedback based on their responses to questions.

A recent expansion also provides brief intervention techniques that have been proven to work in clinical settings to help people change their behavior and get on a new track.

AlcoholScreening.org features the BSAS logo and provides a direct link to the Helpline on its Get Help page when a Massachusetts resident inputs his or her zip code.

AlcoholScreening.org was developed by Join Together, a project of the Boston University School of Public Health and has been used by over 1 million people to date.

Join Together’s newer www.DrugScreening.org asks about tobacco, alcohol and other drug use. Like AlcoholScreening.org, it provides feedback and information on local resources.

‘I was a little caught off-guard. She just went right into the questions; could see how some people might feel cornered. It's a really great program...a lot of people wouldn’t be able to network on their own, sometimes all it takes is someone asking a question.’

MASBIRT patient

‘No one ever asked me about my alcohol use before. It’s good that I was asked about this.’

MASBIRT patient

Aging with Dignity XV

A conference on preventing and responding to alcohol and other drug problems among older people

Tuesday June 8

College of the Holy Cross
Hogan Campus Center
Worcester


Discussion on the importance of and barriers related to detecting substance use and reviews appropriate tools for screening pregnant women.
**Brief Intervention (BI) in Medical Settings:**

The definition of Brief Intervention varies from ‘simple advice’ to ‘brief counseling.’ MASBIRT staff use a model based on the Brief Negotiated Interview - Active Referral to Treatment (BNI-ART) developed in 1994 by Drs. Edward Bernstein, Judith Bernstein and Gail D’Onofrio, in consultation with Dr. Stephen Rollnick, for the then-SAMHSA-funde Project ASSERT, and still used in the emergency department at Boston Medical Center.

The BI is used with patients whose alcohol and drug screening reveals a level of risk. We set a respectful tone by asking permission to provide feedback about screening results, and continue to use a non-judgmental tone throughout the conversation.

**Three Step Guide for Providing a BI**

Try to engage the patient in a conversation about their substance use by avoiding “yes/no” questions. This format can be used with patients to address a range of health problems with behavioral components.

1. **Provide Feedback.** When screen is positive, inform the patient about health risks of alcohol/drugs and discuss the NIAAA risky drinking guidelines.

   - Are you aware of any health risks related to using [X]?
   - If YES: Which ones are you aware of?
   - If NO: Indicate general medical problems associated with unhealthy use

2. **a. Enhance Motivation.** Explore pros and cons. Emphasize negative consequences, while acknowledging the pro’s of using.

   - I’d like to know more about your use of [X].
   - Help me to understand what you enjoy about using [X]?
   - Now tell me what you enjoy less about [X] or regret about your use.
   - So, on the one hand you say you enjoy [X] because… but on the other hand you said….Where does this leave you?

3. **b. Explore Readiness** to change by asking,

   - If you were going to make a change in your use of X, on a 1-10 scale, how important is making that change?
Updates:
The Massachusetts ED SBIRT continues to perform at full capacity, screening over 3000 patients and conducting over 700 brief interventions in the four months between November, 2009 and March, 2010. The program welcomes a new part-time health promotion advocate, Anthony Martin, at Baystate Medical Center who screened over 200 patients in his first month on the job.

Selling Treatment:
Referral means more than making an appointment

The foundation of “selling treatment” is to motivate patients to seek it rather than to tell them what they need.

Based on motivational interviewing, the Brief Negotiated Interview (BNI) strives to help patients resolve ambivalence around seeking treatment for substance abuse.

The model evokes the patient’s own reasons for change and strengthens his/her motivation and commitment. Individuals can then choose treatment and embrace the process of self-initiated recovery.

The BNI begins with a discussion about how substances fit into the patient’s life, and then explores ambivalence by verbalizing advantages and disadvantages of his/her alcohol and/or drug use. During the conversation, an exchange of information around the effects of substances on health occurs.

The provider elicits a response from the patient and builds their readiness to change, concluding with the patient’s own ideas for actions steps to improve their health. This may mean cutting back on quantity or frequency, reducing environmental risk factors such as unhealthy social contacts, or seeking the appropriate treatment.

Treatment, in essence, sells itself.

An “active” referral in which the provider works with the patient to make an appointment or find a placement affirms a patient’s decision to seek treatment and supports their plan for change while removing some of the isolating feelings of having to go through the process alone.

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Brief Treatment

The MASBIRT project, like other SAMHSA-funded SBIRT projects around the country, refers some patients to Brief Treatment - an outpatient treatment protocol that uses motivational interviewing and cognitive behavioral therapy techniques in 6 -12 sessions.

This structured process uses a manual, and focuses on building client skills to positively change behaviors and maintain those changes.

Recent research has found that brief treatment approaches that emphasize client motivation, cognition, and behavior are effective for treating a broad range of substance use disorders.

SBIRT projects initially saw Brief Treatment as a way to help people who might not meet criteria for dependence or addiction, but who needed more than a few 15-30 minute brief intervention conversations.

In MASBIRT’s experience this approach may also be appropriate for people who do not want to go to traditional treatment for a variety of reasons, but who are to speak with someone for a shorter period of time. Some have decided that they need to continue beyond their final week, and are then open to considering further treatment options.

MASBIRT is offering a training series for some of its SBIRT treatment providers this spring, and plans to open up this series to other specialty treatment providers during the coming year.

Recent Articles on SBIRT


MASBIRT  Continued from page 3

3. Negotiate and Advise. Help the patient develop a plan for change and think through obstacles that might challenge the stated goal. Close on good terms and thank the patient for his/her willingness to discuss the topic.

What challenges can you anticipate/imagine?
How have you handled similar challenges in the past?
What is the next step for you? What can you do to stay healthy & safe?

Thanks for taking the time to discuss this with me ....or...Thanks for being so open with me.
A recent example occurred when a middle-aged woman presented in a local ED with stomach pain. She reported drinking regularly and called herself an “alcoholic.” During the BNI, she expressed remorse about how her young daughter worried and cared for her when she became sick after a night of heavy drinking. The provider explored the discrepancy between her drinking behaviors and the mother she wanted to be. The conversation empowered her with the desire to seek treatment and, when options were discussed, she could identify treatment she not only wanted to go to, but would be committed to stick with.

She enrolled in an outpatient treatment program tailored specifically for women and mothers. Because she came to the decision herself, she was more willing to take responsibility for taking action than if the interventionist had ‘planted’ the idea.