Objectives

- Briefly explore the rationale for integrating SBIRT in maternal care
- Describe the components of SBIRT and implementation
- Explore unique issues associated with screening pregnant and parenting women

OUD Overview
Definitions

- Substance use-consumption of alcohol or drugs
- Substance Dependence: Organism functions normally only in presence of the drug. When the drug is not present, physiologic reactions occur.
- Addiction/ Substance Use Disorder: Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. - ASAM

Opioid Use Disorder DMS V

Problematic use of opioids with at least 2 of the following in a year:

- Opioids are often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
- A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
- Craving, or a strong desire or urge to use opioids.
- Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.

- Important social, occupational, or recreational activities are given up or reduced because of opioid use.
- Recurrent opioid use in situations in which it is physically hazardous.
- Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- Tolerance, as defined by either of the following:
  - A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
  - A markedly diminished effect with continued use of the same amount of an opioid. (Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.)
Opioid Use Disorder DSM V

- Withdrawal, as manifested by either of the following:
  - The characteristic opioid withdrawal syndrome (refer to Criteria A and B of the criteria set for opioid withdrawal).
  - Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms. (Note: This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.)

Opioid Mechanism of Action

- Binds to opioid receptors in brain, gut, spine, skin, etc.
- Blocks pain signals
- Releases Dopamine
- Reinforces pleasurable experience of opioid

Short term effects of Opioid Use

- Euphoria
- Sedation
- Flushing of skin
- Dry mouth
- Mental clouding
- Decreased respiratory Drive
- Decreased heart rate
- Blockage of pain signals
- Nausea
- Vomiting
- Itching
- Reinforce drug taking behavior
Long Term Effects of Opioid Use

- Physical dependence
- Withdrawal including pain, nausea, diarrhea, anxiety, sweating, chills, flu-like symptoms, restless legs, insomnia (peak 24-48 hours)
- Post-acute withdrawal (several months)
- Structural changes in brain
- Decrease impulse control
- Dysregulation of reward pathways
- Dysregulation of motivation
- Affects decision making
- Influences response to stressful situations

Genetics

- Half of a person’s risk for addiction depends on genetic predisposition
- PSD-95 - pleasure and memory/learning
- DARPP-32 - drugs of abuse work through this protein
- Natural variations in proteins (encoded by genes) increase or decrease a person’s risk for addiction.

Trauma, the Brain, and Addiction

- Brain changes in trauma: hyperreactive to threat (amygdala); difficulty regulating emotions or anger (medial prefrontal cortex)
- Teens with a h/s abuse are three times more likely to have past or current substance misuse.
- 80% of women with addiction have experienced trauma.
- 50-65% of women with addiction meet criteria for PTSD

How does it start?

Addiction

Prescribed

Self-meditated

Recreational

Young JL, Martin PR. Psych Clinics of NA

Complications of Opioid Dependence in Pregnancy

- Miscarriage
- Preterm Labor
- Preterm Premature Rupture of Membranes
- Intrauterine Growth Restriction
- Stillbirth
- Neonatal Abstinence Syndrome
- Infectious disease exposure i.e., HIV, Hepatitis C
- Concomitant substance use
- Psychiatric co-morbidities

Young JL, Martin PR, Psych Clinics of NA
Co-use of opioids and other drugs

- Tobacco abuse is 4 times higher compared to other pregnant women. (Jones,Heil)
- Tobacco exacerbates other complications of opioid use in pregnancy.
- Alcohol misuse is seen in 14% of women with opioid dependence.
- Benzodiazepines, marijuana, cocaine, methamphetamines

Opioid Dependence and Social Risks

- High risk for unintended pregnancy
- Delayed or limited prenatal care
- Higher incidence of housing or food instability with subsequent maternal and fetal risks
- Increased rates of incarceration
- Increased medical costs and utilization of resources
- Trauma

OUD as Chronic Medical Condition

- Percentage of patients with related conditions:
  - Type 2 diabetes: 10-15%
  - Drug addiction: 20-25%
  - Hypertension: 30-35%
  - Anxiety: 30-40%
Screening—A health care professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any health care setting.

Brief Intervention—A health care professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.

Referral to Treatment—A health care professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.

ACOG (2017) Opioid Use and Opioid Use Disorder in Pregnancy
SBIRT Model

- Institute of Medicine (now known as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine)
- Evidence based model used to:
  - Identify
  - Reduce, and
  - Prevent problematic use and dependence on alcohol and other substances

SBIRT Step 1: Screening
Universal Substance Use Disorder Screening

Utilization of a Validated Screening Tool

Universal SUD Screening: WHY

- Early identification
- Allows for early intervention and education

Universal Screening

“Screening for substance use should be part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman. Screening based only on factors, such as poor adherence to prenatal care or prior adverse pregnancy outcome, can lead to missed cases, and may add to stereotyping and stigma. Therefore, it is essential that screening be universal.”

Impact of Untreated Substance Use During Pregnancy

For Mother
- Alcohol use: major preventable cause of birth defects
- Lack of prenatal care:
- Poor nutrition, self care
- Increased complication rates
- Injection drug use
- DVT
- Endocarditis
- Acute/Chronic hepatitis
- Overdose

For Baby
- Prematurity
- Low birth weight
- Fluctuating opioid concentrations unstable fetal environment
- Tobacco use disorder
- Impact of maternal stress
- Higher rates of NICU admission
- Long term effects associated with polysubstance use
- Attention problems
- Developmental delays

Universal Screening: WHO
- Who can perform Screening?
  - Usually RN: Eliminates provider bias and assumptions
  - Physicians, NPs, CNM, PA, RN, Health or Substance Use Counselor, Prevention Specialist, Behavioral Health

Universal SUD Screening: WHAT
- Screen and evaluate all pregnant women with OUD for commonly occurring co-morbidities
  - Infectious disease
    - HIV
    - Hepatitis B and C
    - STIs
- Ensure screening for polysubstance use
Universal SUD Screening: WHAT

Utilize a validated screening tool to ID drug and alcohol use

Non-judgmental approach

Open-ended

Universal SUD Screening: Limitations

- Healthcare professional hesitant to inquire d/t perceptions that patients will be insulted
- Limited time for screening, advise, referral
- Under reporting by patients
- Reluctance to disclose
- Legal sanctions
- Child custody
- Stigma

Screening Tool | Description | Pros | Cons | Sensitivity | Specificity
--- | --- | --- | --- | --- | ---
NIDA Quick Screen* | 2 questions  Approximately 3-5 minutes  Scripted tool to support provider standardization of substance use screening  Existing online tool developed by NIDA  Free  SMFM recommended  Not specific to pregnancy  No training available  Manuscript evaluating use in pregnancy in press | 90-100% sensitive for low risk patients | 48% sensitive for high risk patients |
Substance Use Risk Pregnancy Scale* | 4 questions  Approximately 2 minutes  Affiliated with MIECHV  Free  Specific to prenatal patients  Recently tested with prenatal patients  90-95% sensitive for low risk patients  80-85% sensitive for high risk patients |
<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Description</th>
<th>Pros</th>
<th>Cons</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Validated tool for pregnant patients</td>
<td>+ Copyrighted</td>
<td>+ 87% sensitive</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Approved for identification of tobacco, alcohol, and illicit drugs</td>
<td>- Licensing fee required</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Additional questions related to domestic violence and depression can be included</td>
<td>- Not specific to substance use</td>
<td>- 87% sensitive</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Labeled in ACOG bulletin</td>
<td>- Validated tool for pregnant patients</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Approved for identification of tobacco, alcohol, and illicit drugs</td>
<td>- Not specific to substance use</td>
<td>- 87% sensitive</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Additional questions related to domestic violence and depression can be included</td>
<td>- Labeled in ACOG bulletin</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Validated tool for pregnant patients</td>
<td>- Copyrighted</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Approved for identification of tobacco, alcohol, and illicit drugs</td>
<td>- Licensing fee required</td>
<td>- 87% sensitive</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Additional questions related to domestic violence and depression can be included</td>
<td>- Not specific to substance use</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Labeled in ACOG bulletin</td>
<td>- Validated tool for pregnant patients</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Approved for identification of tobacco, alcohol, and illicit drugs</td>
<td>- Licensing fee required</td>
<td>- 87% sensitive</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Additional questions related to domestic violence and depression can be included</td>
<td>- Not specific to substance use</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Labeled in ACOG bulletin</td>
<td>- Validated tool for pregnant patients</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Approved for identification of tobacco, alcohol, and illicit drugs</td>
<td>- Licensing fee required</td>
<td>- 87% sensitive</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Additional questions related to domestic violence and depression can be included</td>
<td>- Not specific to substance use</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Labeled in ACOG bulletin</td>
<td>- Validated tool for pregnant patients</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Approved for identification of tobacco, alcohol, and illicit drugs</td>
<td>- Licensing fee required</td>
<td>- 87% sensitive</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Additional questions related to domestic violence and depression can be included</td>
<td>- Not specific to substance use</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Labeled in ACOG bulletin</td>
<td>- Validated tool for pregnant patients</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Approved for identification of tobacco, alcohol, and illicit drugs</td>
<td>- Licensing fee required</td>
<td>- 87% sensitive</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Additional questions related to domestic violence and depression can be included</td>
<td>- Not specific to substance use</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Labeled in ACOG bulletin</td>
<td>- Validated tool for pregnant patients</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Approved for identification of tobacco, alcohol, and illicit drugs</td>
<td>- Licensing fee required</td>
<td>- 87% sensitive</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Additional questions related to domestic violence and depression can be included</td>
<td>- Not specific to substance use</td>
<td>- 79% specific</td>
</tr>
<tr>
<td>4Ps Plus*</td>
<td>5 questions with follow-up if positive</td>
<td>2-5 minutes</td>
<td>Labeled in ACOG bulletin</td>
<td>- Validated tool for pregnant patients</td>
<td>- 79% specific</td>
</tr>
</tbody>
</table>
Example: 5 Ps

- Parents: Did any of your parents have a problem with alcohol or other drug use?
- Peers: Do any of your friends (peers) have problems with alcohol or drug use?
- Partner: Does your partner have a problem with alcohol or drug use?
- Past: in the past, have you had difficulties in your life because of alcohol or other drugs, including prescriptive medications?
- Present: In the past month, have you drank any alcohol or used other drugs?

Scoring: Any “yes” should trigger further questions

<table>
<thead>
<tr>
<th>Answers</th>
<th>Zone</th>
<th>Indicated Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>“No” to all substance use questions</td>
<td>Low Risk</td>
<td>Positive reinforcement</td>
</tr>
<tr>
<td>“Yes” to Parents</td>
<td>Risky</td>
<td>Perform brief intervention or referral</td>
</tr>
<tr>
<td>“Yes” to Peers questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Yes” to Partner, Past, or Present questions</td>
<td>Harmful or Severe</td>
<td>Refer for further assessment and possible specialized treatment</td>
</tr>
</tbody>
</table>
Example: Substance Use Risk Profile–Pregnancy (SURP-P)

- Have you ever smoked marijuana?
- In the month before you knew you were pregnant, how many beers, how much wine, or how much liquor did you drink?
- Have you ever felt that you needed to cut down on your drug* or alcohol use? (including non-medical use of prescription medications)

Score:
- 0 = low risk
- 1 = moderate risk
- 2 = high risk

Example: NIDA Quick Screen

- In the past year, how often have you:
  1. Had 4 or more drinks a day?
  2. Used tobacco products?
  3. Used prescription drugs for nonmedical reasons?
  4. Used illegal drugs?

Responses:
- Never
- Once or Twice
- Weekly
- Monthly
- Daily or Almost Daily
CRAFFT: Adolescents and Young Adults

- C: Have you ever ridden in a car driven by someone (including self) who was high or had been using alcohol or drugs?
- R: Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
- A: Do you ever use alcohol or drugs while you are by yourself or alone?
- F: Do you ever forget things you did while using alcohol or drugs?
- F: Do your family and friends ever tell you that you should cut down on your drinking or drug use?
- T: Have you ever gotten in trouble while you were using alcohol or drugs?

Scoring: 2 or more positive items indicates the need for further assessment.

Screening vs. Testing

- Screening based only on factors, such as poor adherence to prenatal care of prior adverse pregnancy outcomes, can lead to missed cases and may add to stereotyping and stigma.
  - A positive UDS result is not in itself diagnostic of SUD/OUD or its severity.
  - UDS only assesses for current or recent substance use; therefore, a negative UDS does not rule out sporadic substance use.
  - UDS may not detect many substances including some synthetic opioids, some benzodiazepines, and designer drugs.

Which Substance Screening Tool Do You Use?
Universal SUD Screening: **WHEN**

**Outpatient:** First OB visit

**Inpatient:** Admission to hospital

- Antepartum
- Intrapartum
- Postpartum

Universal SUD Screening: **HOW**

**START THE CONVERSATION**
- Reassuring and compassionate
- Emphasize the importance of your commitment to help her have a healthy pregnancy
- Examples
  - “When was the last time you used drugs” vs. “You don’t use drugs do you?”
  - “Can I ask you about drug and alcohol use? This information is important to working with you to have a healthy pregnancy.”

Universal SUD Screening: **HOW**

**DO THE SCREENING**
- Use the screening tool that works best for your practice and your population.
- Tool
  - EHR
  - Tablet
  - Paper
Legal and Ethical Issues: Informed Consent

- Urine drug testing has been used to detect or confirm suspected opioid use, but should be performed only with the woman’s consent and in compliance with state laws. Pregnant women should be informed of the potential ramifications of a positive test result, including any mandatory reporting requirements.  


Legal and Ethical Issues: Hospital Policy

- Consent unless unconscious
- Consider:
  - Obstructed or unconscious
  - Patient is falling asleep mid-sentence or shows other evidence of being intoxicated
  - No prenatal care at time of delivery
  - Recent physical evidence of injection use
  - Unexplained soft tissue infections or endocarditis
  - As part of the management plan when prescribing MAT to evaluate for any continued separate use of opioids or other substances
  - At time of delivery in a woman previously ID as having used certain illicit drugs, inappropriately used prescription medications, at any point in pregnancy
  - Acute clinical complications (e.g., abruption, unexplained severe hypertension)
Legal and Ethical Issues: Hospital Practices

- Admission form
- Policy

When Casey Shehi checked into Gadsden Regional Medical Center in Etowah County to deliver her son in August 2014, her admissions paperwork totaled 17 pages. The consent forms covered everything from potential medical complications to the photographing of Shehi’s newborn and hospital visitation rules.

No one at Gadsden Regional orally informed her that she would be drug tested. When traces of benzodiazepine were found in Shehi’s urine — from a Valium she had taken to help her sleep — she was turned over to child welfare and law enforcement authorities, then charged with chemical endangerment. The case was eventually dismissed.

Legal and Ethical Issues

- U.S. Supreme Court Ferguson v. Charleston (2001)
- Policy to involuntary test women (in this case, almost exclusively Black) and turn positive results over to law enforcement solely for prosecution purposes violated the Fourth Amendment protections against search and seizure.

“The reasonable expectation of privacy enjoyed by the typical patient undergoing diagnostic tests in a hospital is that the results ... will not be shared with nonmedical personnel without her consent,”

Justice Anthony Kennedy
Other Screening

- Infectious Disease
  - Hepatitis B
  - Hepatitis C
  - HIV
  - Other as determined by history and assessment

Psych-Mental Health Screening

- 2 fold increase in the odds of opioid use during pregnancy in women with depression or anxiety disorders
- Untreated/undertreated mental health disorders increase the risk of OUD

Table 1. Depression Screening Tools

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Number of Items</th>
<th>Time to Complete (Minutes)</th>
<th>Sensitivity</th>
<th>Specificity</th>
<th>Validated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edinburgh Postnatal Depression</td>
<td>10</td>
<td>Less than 5</td>
<td>90 - 98%</td>
<td>89 - 98%</td>
<td>Yes</td>
</tr>
<tr>
<td>Depression Screening Scale</td>
<td>26</td>
<td>5 - 10</td>
<td>90 - 98%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Patient Health Questionnaire D</td>
<td>6</td>
<td>Less than 5</td>
<td>90 - 85%</td>
<td>89 - 95%</td>
<td>Yes</td>
</tr>
<tr>
<td>Beck Depression Inventory</td>
<td>21</td>
<td>5 - 10</td>
<td>90 - 95%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Beck Depression Inventory II</td>
<td>21</td>
<td>5 - 10</td>
<td>90 - 95%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Center for Epidemiologic Study</td>
<td>35</td>
<td>5 - 10</td>
<td>90 - 85%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Short Depression Scale</td>
<td>35</td>
<td>5 - 10</td>
<td>90 - 90%</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

ACOG (2018)
Barriers to Universal Screening?

SBIRT STEP 2: Brief Intervention

Brief Intervention

- Brief
- Empathetic
- Evidence-Based
- Designed for primary care setting
- Initially used in tobacco cessation
- Most evidence is around alcohol use
- Designed to motivate those at risk to stop or reduce behavior
- Encourage those with dependence to seek treatment
- 5-15 minutes ranging from advice to brief counseling
Stages of Change

- **Abstainer**: Education (particularly important for youth, pregnancy)
- **Light or Moderate User**: Enhance insight into possible consequences and educate on warning signs for dependency
- **At Risk User**: Address level of use, encourage moderation or abstinence, educate about risks
- **Person with Substance Use Disorder**: Encourage treatment or return to treatment

Brief intervention Models

- Brief Negotiated Interview and Active Referral to Treatment: Provider training algorithm
- Brief Negotiated Interview Steps
- The FLO Model
- The FRAMES Model
- WHO ASSIST Linked RI
Example of a BI: FRAMES Model

F = feedback of personal risk, e.g. that drinking may contribute to medical problem such as hypertension;
R = responsibility of the patient, i.e. emphasizing that drinking is by choice, and the patient has personal control;
A = advice to change, e.g. to stop drinking or reduce drinking to safe levels;
M = menu of alternative goals and strategies to reduce drinking;
E = empathic counseling style is more effective than confrontation;
S = self-efficacy; encourage patients' optimism that the chosen goals can be achieved.

Example of a BI: WHO ASSIST-linked BI

- Asking clients if they are interested in seeing their questionnaire scores
- Providing personalized feedback to clients about their scores using the ASSIST Feedback Report Card
- Giving advice about how to reduce risk associated with substance use
- Allowing clients to take ultimate responsibility for their choices
- Asking clients how concerned they are about their scores
- Weighing up the good things about using the substance against the less good things about using the substance
- Summarize and reflect on clients' statements about their substance use with emphasis on the 'less good things'
- Asking clients how concerned they are by the 'less good things'
- Giving clients take-home materials to bolster the brief intervention
Motivational Interviewing

- Overall goal: Reduce the risk of harm from continued use of substances
- Specific goals: Individualized and will depend on person, substance, history, consequences, and pattern of use
- Intermediate goals: Allow for more immediate successes
- Examples of intermediate goals: Quitting one substance, attending a meeting, attending prenatal visits

Let’s Practice

- Pick a partner
- Pick a BI model to use
- Scenario A: 22 year old G2P1 at 8 weeks gestation at first prenatal visit. Screening is positive for alcohol use in the past month.
- Scenario B: 30 year old G1P0 who presents to L&D with no prenatal care. Screening is positive for daily marijuana use.

SBIRT STEP 3: Referral to Treatment
Referral to Treatment

- Assistance with access to specialized treatment
- Selection of treatment facilities
- Help with navigation of barriers to treatment
- Woman centered
- Trauma informed

Know your local resources

- Institutional resources (SW, case managers, etc.)
- Case Managers for HCO's
- StrongWell
- Community Mental Health Clinics
- Outpatient treatment clinics
- Intensive Outpatient Programs
- Partial Hospitalization Programs
- Residential Treatment Facilities
- Inpatient Medically Managed Treatment

ASAM Levels of Service

Figure 2.3

American Society of Addiction Medicine (ASAM) Patient Treatment Criteria

ASAM has developed client placement criteria for the treatment of substance-related disorders (SRD). ASAM delineates the following levels of service:

- Level I: early intervention
- Level II: intensive outpatient services
- Level III: residential inpatient treatment services
- Level IV: medically managed intensive inpatient services
Tips for successful Referral to Treatment

- Give options
- Warm handoffs when possible
- Give overview of what to expect
- Consider touring or meeting with local facilities
- Assist with referral when possible
- Release of Information Consents
- Review barriers to referral with patient

Common Barriers to Treatment

- Cost
- Insurance Coverage
- Housing
- Distance/Transportation
- Hours
- Childcare
- Family, partner, friends
References

Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocol (TIP) Series, No. 34. Center for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999.

Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocol (TIP) Series, No. 34. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999.


http://www.integration.samhsa.gov/clinical-practice/sbirt/referral-to-treatment