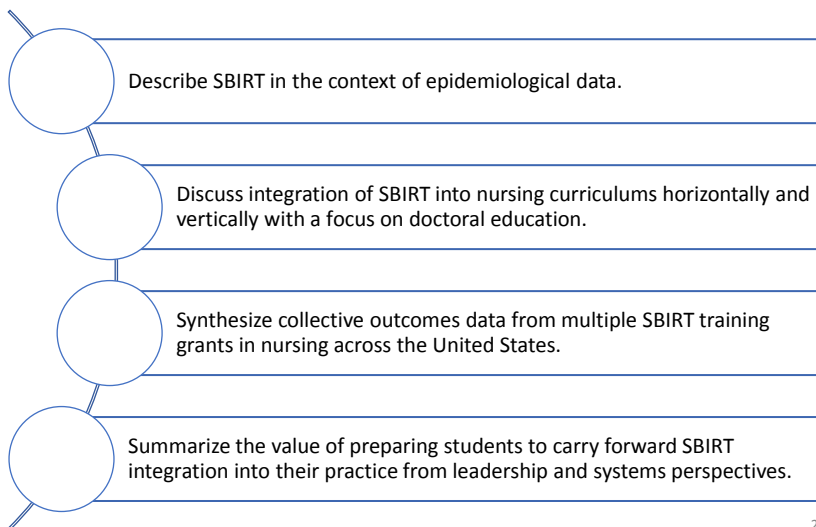


## A Value-Added Approach to Screening Brief Intervention and Referral to Treatment (SBIRT) Integration within Doctoral Level Nursing Programs

Lora E. Peppard, Deborah S. Finnell, Ann M. Mitchell,  
Khadejah F. Mahmoud, Yovan Gonzalez, Whitney Spear, Elizabeth Idris

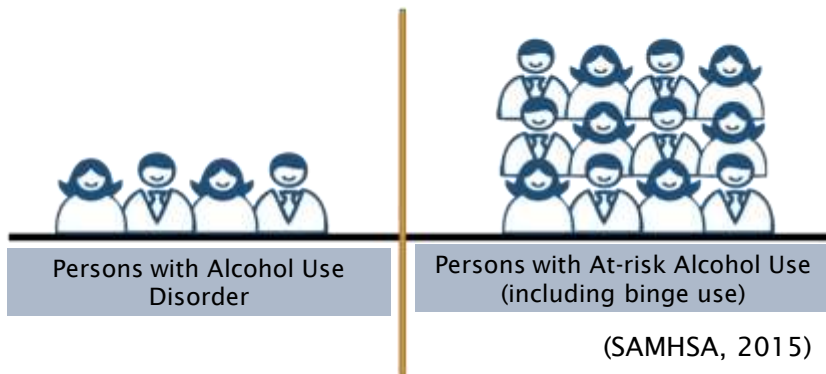
1

## Objectives

- 
- Describe SBIRT in the context of epidemiological data.
  - Discuss integration of SBIRT into nursing curriculums horizontally and vertically with a focus on doctoral education.
  - Synthesize collective outcomes data from multiple SBIRT training grants in nursing across the United States.
  - Summarize the value of preparing students to carry forward SBIRT integration into their practice from leadership and systems perspectives.

2

## Rethinking Substance Use Problems From a Public Health Perspective



3

## Shifting the Paradigm

From detection of  
substance use  
disorders

To identification  
of substance-  
related health  
risk



4

Screening, brief intervention, and referral to treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services.

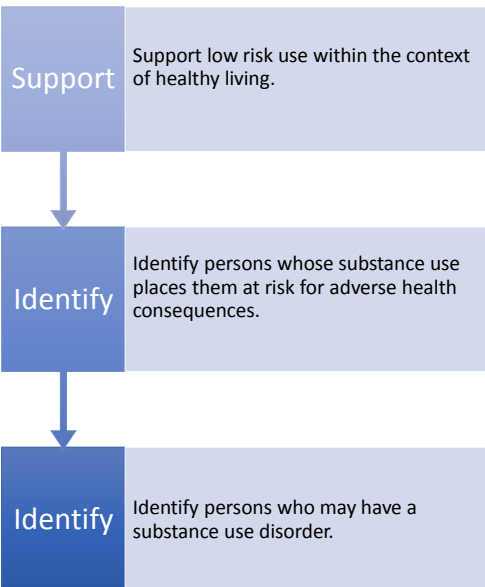
(Substance Abuse and Mental Health Services Administration; SAMSHA, 2015)

---

## What is SBIRT?

5

## SBIRT is Used To



6

## Components of SBIRT

**Screening:** Universal screening for at-risk substance use including alcohol, drugs and nonprescription use of psychoactive medication.

**Brief Intervention:** Brief intervention aimed at reduction of at-risk substance use using motivational interviewing techniques

**Referral to Treatment:** Referrals for further assessment and treatment for the person with a possible substance use disorder.

(National Institute on Alcohol Abuse and Alcoholism; NIAAA, 2015)

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## The Steps of SBIRT

Use a set of questions to screen all patients for how much and how often they drink alcohol or use other drugs.

Counsel patients about the adverse health consequences of at-risk substance use across the life span.

Refer only those few patients who may need specialized treatment for a substance use disorder.

(Centers for Disease Control and Prevention; CDC, 2014; SAMHSA, 2015)

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# Global Burden of Disease

Globally alcohol and drug use are associated with increased risk for adverse health consequences.

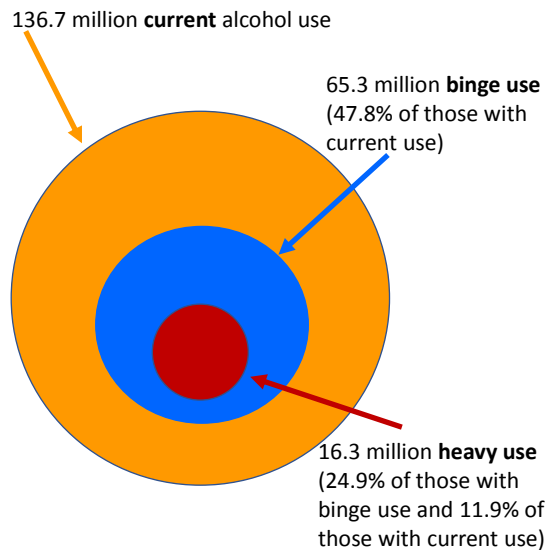
Alcohol is one of the top three risk factors for preventable deaths and accounts for 5.4% of the global burden of disease.

(World Health Organization; WHO, 2014)

(United Nations; UN, 2014)

9

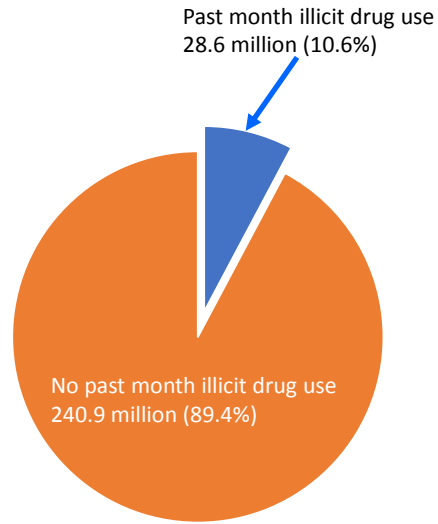
# Alcohol Use, Past 30 Days 2016 Survey of 12 years and older



(Substance Abuse and Mental Health Services, 2017)

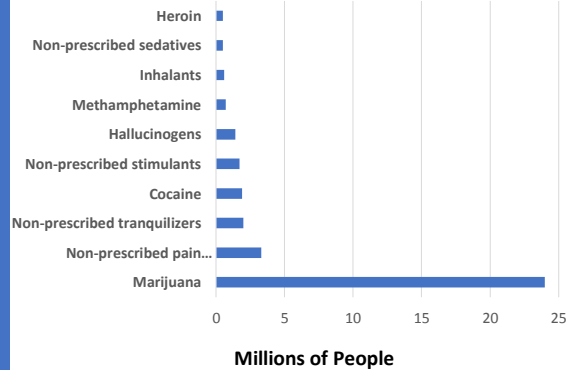
10

# Drug Use, Past 30 Days 2016 Survey of 12 years and older



(Substance Abuse and Mental Health Services, 2017)

# Drug Use, Past 30 Days 2016 Survey of 12 years and older



(Substance Abuse and Mental Health Services, 2017)

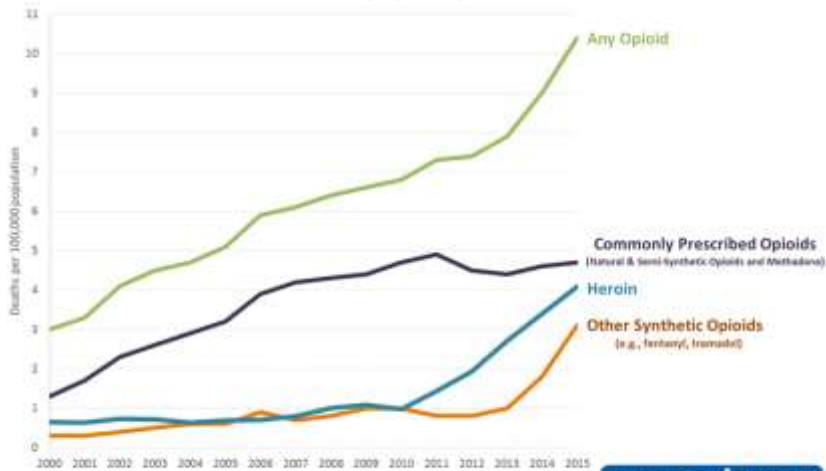
33,091  
deaths  
in 2015 from  
prescription  
and illicit  
opioids



**91**  
AMERICANS

die every day from  
an **opioid overdose**  
(that includes prescription  
opioids and heroin).

Overdose Deaths Involving Opioids, United States, 2000-2015



SRM12; CDC/NCHS, National Vital Statistics System, Mortality; CDC WONDER, Atlanta, GA; US Department of Health and Human Services, CDC, 2016. <https://wonder.cdc.gov/>



## Harms Related to Substance Use

Injury/Trauma

Criminal Justice  
Involvement

Social Problems

Mental Health  
Consequences

Increased Absenteeism  
and Accidents in the  
Workplace

> 200 diseases/injuries  
associated or caused by  
harmful use of alcohol

(Saitz, 2014; US DHHS, 2013; WHO, 2014)

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## Alcohol Use Among Women 2013

- 47.5 % of women aged 12 and older reported current drinking.
- Women aged 18-25
  - 56.9% reported current alcohol use
  - 33.2 % reported binge drinking
- Women aged 25 or older
  - 50.1% of reported current alcohol use
  - 14.7% reported binge drinking

(SAMHSA, 2014)

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## Alcohol Use Among Pregnant Women (2012-2013)

- 9.4% of pregnant women aged 15 to 44 reported alcohol use and 2.3% reported binge drinking
- Lower alcohol use during the second and third trimesters than during the first trimester (5.0% and 4.4% vs. 19.0%)

(SAMHSA, 2014)



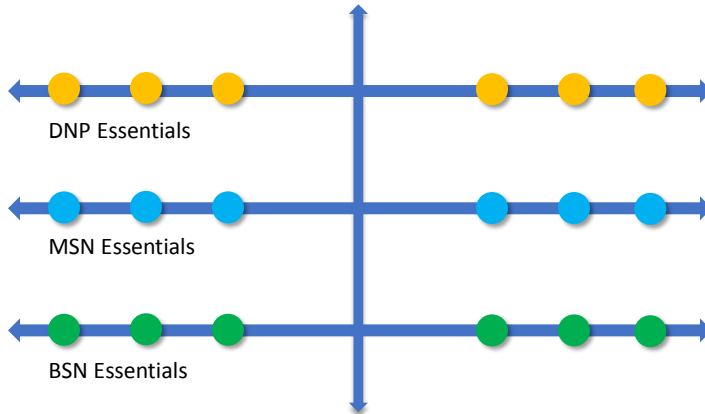
17

## Endorsement for SBI

- U.S. Preventative Services Task Force (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care>)
- Centers for Medicare & Medicaid Services ([https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT\\_Factsheet\\_ICN904084.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf))
- Centers for Disease Control and Prevention (<https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf>)
- American Society of Addiction Medicine ([https://asam.org/docs/default-source/public-policy-statements/1screening-for-addiction-rev-10-97.pdf?sfvrsn=60a18272\\_0](https://asam.org/docs/default-source/public-policy-statements/1screening-for-addiction-rev-10-97.pdf?sfvrsn=60a18272_0))
- National Institute on Alcohol Abuse and Alcoholism (<https://www.niaaa.nih.gov/guide>)
- National Institute on Drug Abuse (<https://www.drugabuse.gov/publications/resource-guide/preface>)
- American College of Obstetricians and Gynecologists (<https://www.acog.org/About-ACOG/ACOG-Departments/Tobacco--Alcohol--and-Substance-Abuse>)
- American Academy of Pediatrics (<http://pediatrics.aappublications.org/content/early/2011/10/26/peds.2011-1754?rss=1>)
- VA/DOD (<https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGRevised22216.pdf>)

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## Vertical and Horizontal Integration into Curricula

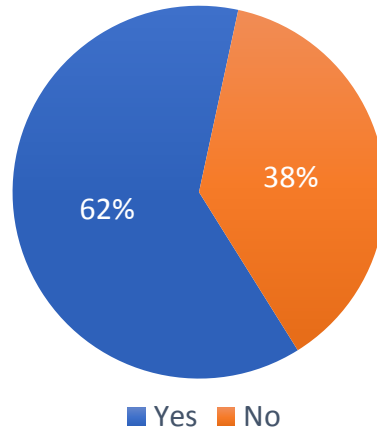


## SAMHSA Training Grant Data

- Between FY2012 and FY2017, 9836 nurses have been trained through the SAMHSA Training Grant Program
- Nurses represent 18% of the total health professionals trained
- Demographics of nurses trained:
  - 85% Female
  - 73% White; 10% African American; 9% Asian; 8% Other
  - 11% Latino

## SAMHSA – GPRA Follow-Up Data

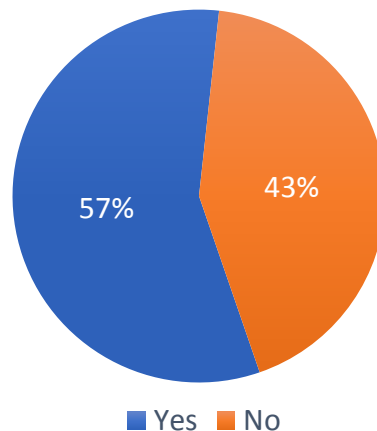
- Overall 30-day response rate: 56% (n=5259)
- “Have you applied any of what you learned in the training to your work?”



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## University of Pittsburgh – GPRA Follow-Up Data

- Overall 30-day response rate: 36% (n=71)
- “Have you applied any of what you learned in the training to your work?”



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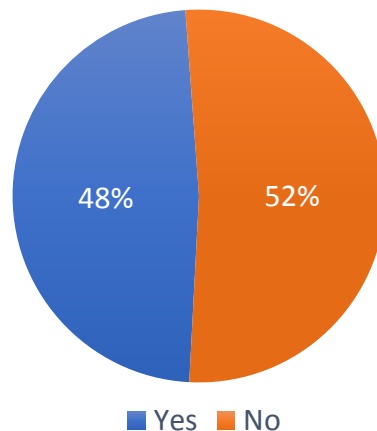
## University of Pittsburgh 6-Month Graduate Follow-Up Data

- Overall 6-month response rate: 33% (n=28)
- Setting:
  - 52% Hospital
  - 26% Outpatient
  - 22% Community/Other

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## University of Pittsburgh 6-Month Graduate Follow-Up Data (n=28)

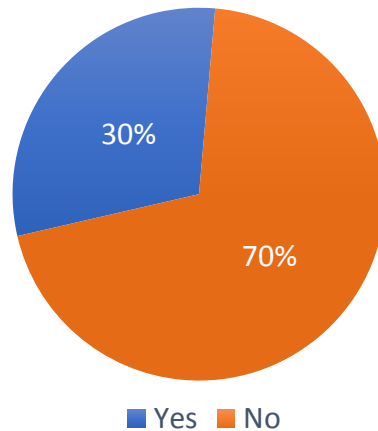
- “Have you utilized any of the NP-SBIRT training in your practice?”



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## University of Pittsburgh 6-Month Graduate Follow-Up Data (n=28)

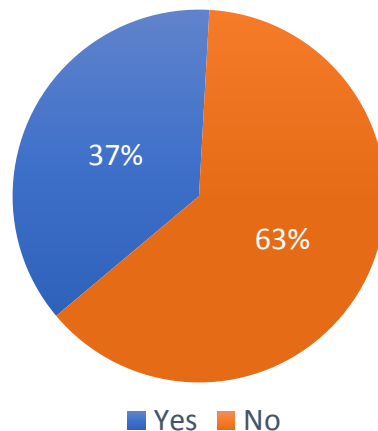
- “Have you screened patients for alcohol and other drug use with a validated screening tool (e.g., AUDIT, DAST, etc.)?”



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## University of Pittsburgh 6-Month Graduate Follow-Up Data (n=28)

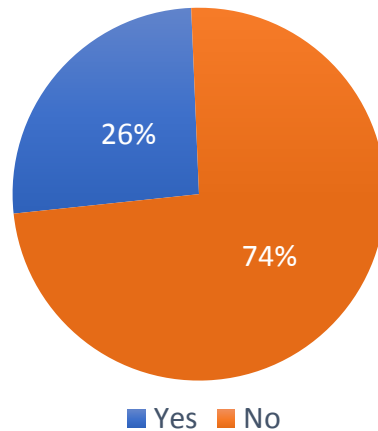
- “Have you performed brief interventions for alcohol and other drug use?”



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## University of Pittsburgh 6-Month Graduate Follow-Up Data (n=28)

- “Have you attempted to influence the use of SBIRT in your practice?”



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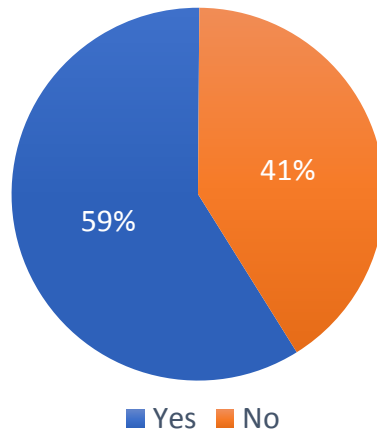
## Southeastern Consortium on Substance Abuse Training (SECSAT) – 6-Month Graduate Follow-Up Data

- Overall 6-month response rate: unreported
- Setting:
  - 30% Hospital (Inpatient or ER)
  - 48% Outpatient
  - 22% Community or Other settings

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## Southeastern Consortium on Substance Abuse Training (SECSAT) – 6-Month Graduate Follow-Up Data (n=73)

- Respondents who reported they have a standardized system in place to screen patients for alcohol use



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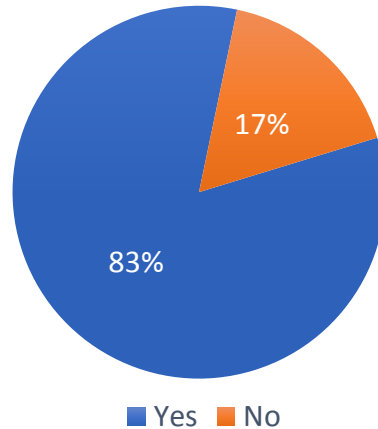
## Alcohol Brief Intervention Data from SECSAT – 6-Month Follow-Up Data

- Only 17% had not counseled any patients to cut down or quit using alcohol in the past 30 days, while about one in three had not addressed drug use with patients during this time.
- The median number of patients counseled in the past 30 days:
  - to cut down/quit using alcohol was four patients (range = 0-75).
  - to quit using drugs was three patients (range = 0-60).

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## Southeastern Consortium on Substance Abuse Training (SECSAT) – 6-Month Graduate Follow-Up Data (n=73)

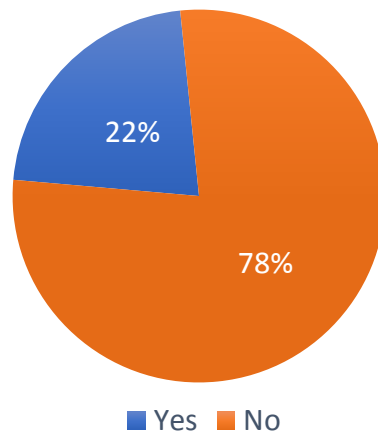
- Respondents who reported counseling patients to cut down or quit using alcohol in the past 30 days



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## Southeastern Consortium on Substance Abuse Training (SECSAT) – 6-Month Graduate Follow-Up Data (n=73)

- Respondents who reported their screening activities have increased since their arrival (therefore, they may be influencing the use of SBIRT)



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## Value for Students from a Systems Perspective

### Microsystem

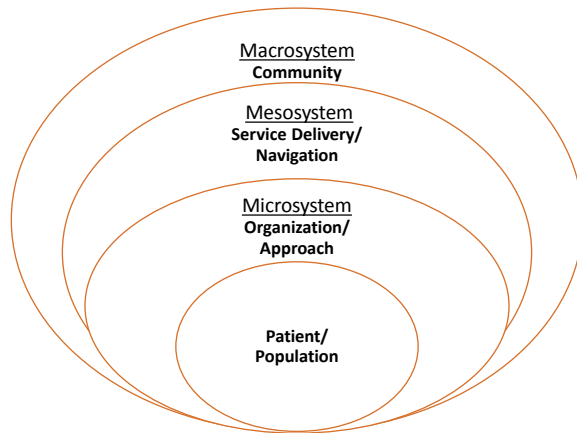
- **Leadership** in behavioral health and SBIRT integration (micro-macro)
- Team-based care / **collaboration**
- MI – Different way of **communicating** for nurses

### Mesosystem

- How patient travels through healthcare **system**
- Roles utilized for SBI
- Processes/models for service delivery/integration

### Macrosystem

- **Policies** influencing management of substance use
- RT - resource allocation, supportive services



## Doctoral Student-Led Initiatives

## Khadejah F. Mahmoud, PhD(c), MSN

University of Pittsburgh School of Nursing  
Language, Stigma, Motivation & At-Risk AOD Use



## Khadejah F. Mahmoud, PhD(c), MSN

University of Pittsburgh School of Nursing  
Language, Stigma, Motivation & At-Risk AOD Use

### • LANGUAGE

- Inconsistency in conceptual and operational definitions in the substance use field
- Language may shape AOD-related healthcare providers' stigma perceptions

### • SBIRT IMPLEMENTATION BARRIERS

- SBIRT Barriers can be divided into three Categories:
  - Patient level
  - Healthcare providers level
  - Organizational level

### • STIGMA

- Underutilization of treatment services
- Poorer patient health outcomes
- Increase economic burden on the individual and society
- Reduced quality of care

### • MOTIVATION

- A lot of nurses opt out of learning about SBIRT
- Nurses expressed unwillingness to be involved in the care of the AOD-affected patients
- Nurse champions



**Yovan Gonzalez, MSN, FNP-BC**  
Johns Hopkins School of Nursing DNP Student  
Implementing SBIRT in Primary Care

**Problem Identification**

- Lack of institutional evidence-based guidelines for identifying and addressing at-risk substance use
- Clinicians with little or no education or practice experience related to substance use
- Clinician discomfort in working with this population
- Lack of time
- Other organizational barriers

**Undertakings to Meet the AACN DNP Essentials**

- Mentorship
- Networking, advancing skills and scholarship
- Engaging stakeholders
- Development, implementation, and evaluation of DNP Scholarly Project
- Dissemination and spread



**Whitney Spear, DNP Student**  
University of Kentucky  
My SBIRT Student Experience

Faculty Supervisor: Dianna Inman, DNP, CPNP-PC, PMHS, PMHNP

- Attended a 2 day workshop on MI and SBIRT
- Completed Online Didactic Modules
- Standardized Patients
- DNP Project



## Elizabeth Idris, FNP-BC

George Mason University DNP Student

SBIRT Proposal Writing, Implementation, and Evaluation

### Proposal Writing

- Context
- Demonstrating Need
- Systems Perspective
- Innovation

### Evaluation

- Data
- Continuous Quality Improvement
- Impact

### Implementation

- Collaborative Team
- Approach
- Processes
- Sustainability



## References

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Questions?