



Trainer's Name:
Trainer's Email:


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SBIRT:
Screening, Brief
Intervention
and Referral to
Treatment

LEARNING OBJECTIVES

Participants will:

1. Gain knowledge about the prevalence and risks of domestic/intimate partner violence, mental health issues, smoking and substance use in pregnancy and early parenting, and why Home Visitors should screen for these risks.
2. Gain comfort in introducing these topics and administering several evidence-based screening tools.
3. Gain confidence in giving feedback and conducting a brief intervention with clients, using motivational interviewing skills.
4. Know how to make an effective referral for behavioral health services when indicated.



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AGENDA

8:30-9:00 Registration
9-10:15 Module 1: Review of Risk Areas and why to screen
10:15-10:30 Break
10:30-11:45 Module 2: Intro to SBIRT and Screening
11:45-1:00 Lunch on your own
1:00-2:15 Module 3: Brief Intervention
2:15-2:30 Break
2:30- 3:45 Module 4: Brief Intervention and Referral for Treatment
3:45 – 4:00 Wrap Up

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What This Course Covers

1. Why Home Visitors (HV) should screen women for substance use, intimate partner violence and mental health concerns.
2. Using screening tools - including Virginia's *Behavioral Health Risks Screening Tool for Women of Childbearing Age*
3. How to do a "brief intervention" using Motivational Interviewing techniques
4. How to make an appropriate and effective referral

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MODULE 1

Review: "Why Screen?" Concepts
Review: Behavioral Health Risk in Women Concepts
Review: How Home Visitors can Help



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Review *Why Screen?*



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Virginia's Home Visiting Services for Families and Children Prenatal to Five



- Virginia's Home Visiting programs serve families and children prenatal through age five.
- Many have difficulties that may be further compounded by mental health, substance use and/or problems with domestic/intimate partner violence.

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Behavioral Health Problems

Women are at greater risk to experience difficulties with their physical and emotional health and well-being if they also have a history of:

- Substance use,
- Emotional problems, and/or
- Intimate partner violence

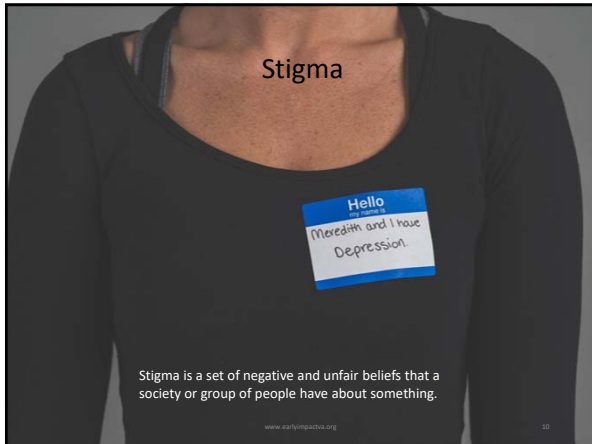
These problems impact a woman's health and well-being and can also affect the health of her children and her efforts to parent.

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Identifying Women at Risk

- Substance abuse, emotional problems and intimate partner violence threaten the health and safety of women.
- Women who experience one or more of these problems are often reluctant to acknowledge it.
- These risks often co-occur - placing women and their children at even greater risk.
- The best way to identify who is "at risk" is to routinely screen all women at regular intervals.

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Pregnancy Increases Risks

Pregnant women are at greater risk to experience depression and/or domestic violence than non-pregnant women.

Pregnant women who use drugs and alcohol place their unborn infant at risk.

- 1 in 4 U.S. women report having experienced physical and/or sexual violence by a partner (Black et al, 2011)
- 10.2 % of women drank alcohol during pregnancy (PRAMS, 2013)
- 8.4% smoked during pregnancy (PRAMS, 2013)
- 15-20% of new mothers experienced depression or anxiety in the year following birth. (PSI, 2014)

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What Have You Experienced?

- While on a home visit, have you ever suspected that someone was using substances, struggling emotionally, or had been a victim of violence?
- What caused you to wonder?
- What did you do?



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What can Home Visitors do?

- Provide **routine screening** using a validated screening tool
- Give **feedback** and **education**
- Engage the parent in a **brief intervention** to support strengths and motivation for change
- **Refer** individuals for treatment if appropriate
- **Follow-up** to provide support and ensure the parent completes the referral

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Review: "Risk" in Families



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Intimate Partner Violence



- Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans.
- The term "intimate partner violence" describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.

*<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

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These Behaviors May Include:

- Physical violence – pushing, choking, shaking, etc.
- Progressive social isolation
- Stalking
- Deprivation
- Intimidation
- Psychological abuse
- Sexual violence
- Threats

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- 14% - 52% of home visited perinatal clients experienced domestic violence in the past year (Sharps et al, 2008)
- The terms "Domestic Violence," "Intimate Partner Violence," and "Interpersonal Violence" are often used interchangeably.
- African American, Native American and Hispanic women are at significantly greater risk for DV. (Silverman et al, 2006; Field & Caetano, 2005)

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Intimate Partner Violence (IPV)

- Intimate partner contact sexual violence, physical violence, and/ or stalking was experienced by 37.3% of U.S. women during their lifetime
- 1 in 9 men (11.0%) have experienced contact sexual violence, physical violence, and/ or stalking by an intimate partner in their lifetime
- In the U.S., about 1 in 3 women (36.3%) and nearly 1 in 6 men (17.1%) experienced some form of contact sexual violence (SV) during their lifetime.

<https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>
(2017)

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Why Ask about IPV?

- Women may be too ashamed or embarrassed to bring issue up
- They may not recognize partner's behavior as problematic
- They may feel hopeless/ trapped / fearful of repercussions if report abuse
- They may not be ready to leave relationship

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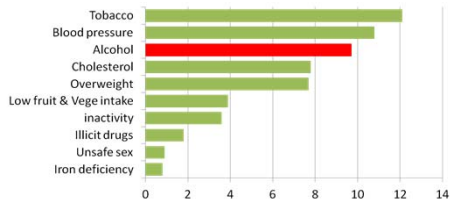
Substance Use

- Substance misuse can lead to medical, financial, legal, social and family problems.
- Excessive substance use can interfere with an individual's ability to care for and parent their children.
- More than 10 percent of U.S. children live with a parent with alcohol problems (NIAAA, 2012).
- Substance use disorders often co-occur with mental health issues and domestic violence.

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Alcohol: Public Health Impact

- Alcohol contributes to 9% of the total disease burden in developed countries
- 10 Leading Risk Factors for disease worldwide:



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Public Health Impact

• **Drinking too much can harm your health. One in 10 deaths among working-age adults aged 20–64 years are due to excessive alcohol use.**

• Excessive alcohol use shortened the lives of those who died by about 30 years. These deaths were due to health effects from drinking too much over time, such as breast cancer, liver disease, and heart disease, and health effects from consuming a large amount of alcohol in a short period of time, such as violence, alcohol poisoning, and motor vehicle crashes.

* National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, 2014

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Substance Use Disorders (S.U.D.)

7.8 % of all adults (12 and older) and 10.9% of young adults 18 to 25 meet diagnostic criteria for a substance use disorder

On average, 8.1 percent of adults need S.U.D. treatment each year but only 1 out of 10 receive it.

Approximately 2.3 million adults with an S.U.D also have a mental health disorder.

55% - 91% of women in treatment for an S.U.D. have a lifetime history of trauma.

*National Survey on Drug Use and Health, 2015

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Women Who Use Drugs or Alcohol

- Women develop substance use problems sooner than men – even if they consume less. They are also more likely to experience health problems because of their use.
- Women who use substances during pregnancy place their infant at risk



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Risks to Newborn

- Premature delivery
- Low birth weight
- Neurological and congenital problems
- Increased risk of SIDS
- Developmental delays
- Neglect or abuse
- Mental health and substance abuse problems as the child ages



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Why Ask about Substance Use?

- Many women – especially pregnant women – don't acknowledge use due to stigma and/or fear that they may lose custody of their children or experience other legal consequences.
- Screening and brief intervention for substance use may be sufficient to help a woman interrupt her use of alcohol and drugs.
- Early detection - can help individuals avoid developing a problem or enable them to keep it from getting worse.
- Interrupting substance use and providing comprehensive services for both the mother and her child is a win-win. It can significantly improve birth outcomes and a child's later development.

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Tobacco Use

Smoking during pregnancy can

- harm the baby's lungs
- cause low birth weight
- cause premature delivery
- decreased blood flow to baby through the umbilical cord

The children of parents who smoke are at increased risk for

- respiratory illness
- asthma,
- middle ear disease
- lung problems
- Sudden Infant Death



Smoking in adults causes:

- cancer, heart disease and strokes

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Marijuana Use



- Marijuana is the most commonly used illicit drug during pregnancy
- Rates of use during pregnancy range from 2-5%, but are higher (15-28%) among young, urban, disadvantaged mothers.
- Many of the same risks to fetus as tobacco use.

*ACOG, 2017

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Opioid Use and Misuse

- 23% of women enrolled in Medicaid 46 states filled an opioid prescription during pregnancy.
- Maternal opioid use during pregnancy increased nearly fivefold from 2000 to 2009.
- Opioid use in pregnancy has led to a sharp 25% increase in neonatal abstinence syndrome.
- Risks of misuse include maternal dependence, fetal growth restriction, placental abruption, preterm labor, fetal death

*ACOG, 2017



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Why Ask about Tobacco, Marijuana, Opioid Use?

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- Many individuals minimize the extent of their use – especially if they are pregnant.
- During pregnancy, women can be motivated to change unhealthy behaviors.
- Safe, effective treatment is available to help individuals stop smoking.
- Early treatment for misuse of opioids maximizes positive outcomes

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Mental Health

46% of all American adults have symptoms of a mental illness at some point in their life - 17.9% in the past year.

Mental health problems can interfere with a woman's physical health and her ability to function and care for her family.

Pregnancy can be time of joy but it is also a time of change. About 15-20% of women experience depression and/or anxiety during or following their pregnancy.

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Why Ask About Mental Health?



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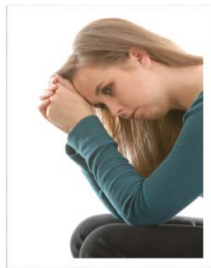
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- Women may be reluctant or afraid to admit their feelings unless they are asked.
- Women may not know or believe that help is available, or may be afraid of ramifications of admitting they are struggling.
- Early detection can help women avoid developing a problem or enable them to keep it from getting worse.

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What are Perinatal Mood and Anxiety Disorders (PMADS)?

- Perinatal mood and anxiety disorders are the most common medical problem that pregnant women and new mothers face. Many women with perinatal depression also experience anxiety.
- As many as 1 in 5 pregnant or new mothers experience PMADS during pregnancy or baby's first year
- Dads/partners can experience it too!



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Pregnancy and Medications

- Research has shown that many women may NOT need to discontinue medication during pregnancy or while breastfeeding.
- The risks to a pregnancy/baby from a depressed or anxious mother can be worse than the effects of the medication.
- Many medications used to treat depression and anxiety have been proven to be very low risk during pregnancy and breastfeeding.
- ALWAYS advise the mother to talk to her doctor - DO NOT GIVE MEDICAL ADVICE

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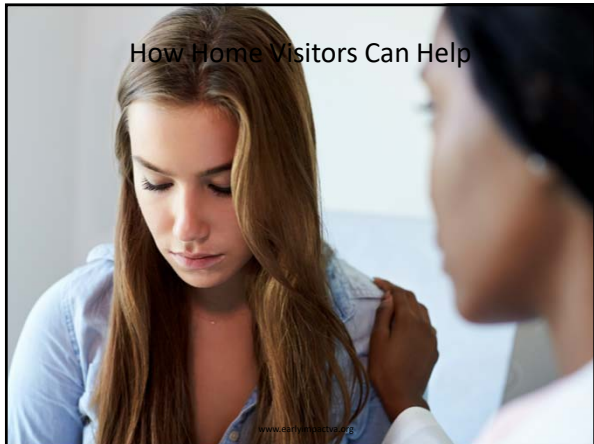
Why Ask about Perinatal Depression and Anxiety?



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- Perinatal depression and/or anxiety can interfere with a woman's ability to function, provide for her family's basic needs, care for herself and her baby, and bond with her newborn.
 - If untreated, a woman's depression and/or anxiety may affect her own health and her baby's growth during the pregnancy.
 - Women who experience postpartum psychosis and do not receive treatment may be at risk to harm themselves or their infants.
- * Note: Postpartum psychosis is extremely rare – 1 in 1000 women – and requires immediate treatment.

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Because you see families in their homes, you are able to:

- Learn more about a family's problems and needs
- Form strong bonds with families.
- Observe possible signs and symptoms of substance use, mental health problems or domestic violence which might otherwise go unrecognized.

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What can you do?

- Screen individuals to see if they may be experiencing a problem
- If an individual's screening suggests they may be at risk, provide a brief intervention to help educate and encourage motivation to change.
- Provide information and support to link them with the appropriate services and offer additional support.

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What is Trauma?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

*SAMHSA definition 2014

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Use a Trauma Informed Approach (TIC)

- It's as important HOW you talk about these topics as WHAT you talk about.
- What does it mean to be trauma informed?
 - Trauma is prevalent
 - Assume that there are survivors among us
 - Be aware of your reactions and take care of yourself first
 - Respect confidentiality

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Trauma/Trauma-Informed Approach

Definition of trauma: the Three "E's"

- Event(s)
- Experience(s) of the event
- Effects

Definition of a trauma informed approach

- Realize
- Recognize
- Respond
- Resist re-traumatization

*Source: SAMSHA website, 2017

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Vicarious Trauma and Self Care

- Vicarious trauma is a change in one's thinking (worldview) due to exposure to other people's traumatic stories
- Self-care is essential in this work!
 - Step out and take a break
 - Talk with someone you trust
 - Do something relaxing

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How does TIC Apply to Screening for Behavioral Health risks?

- Families will be sharing intimate stories of their experiences and behaviors, some of which may include traumatic experiences.
- The way we listen and care, and the way we care for ourselves, can make all the difference in the person feeling supported.

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*"I've learned that people will forget what **you** said, people will forget what **you** did, but people will never forget how **you** made them **feel**."*
- Maya Angelou

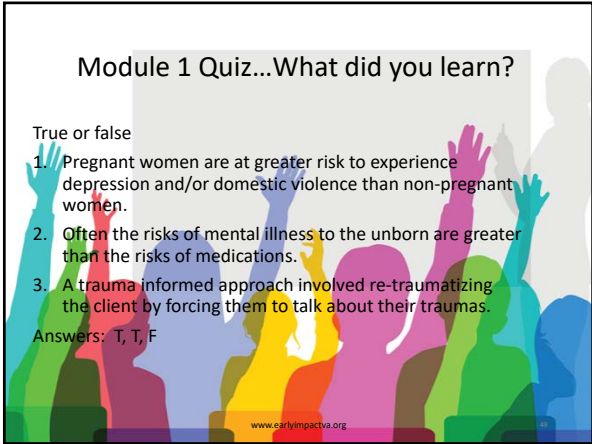
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Module 1 Quiz...What did you learn?

True or false

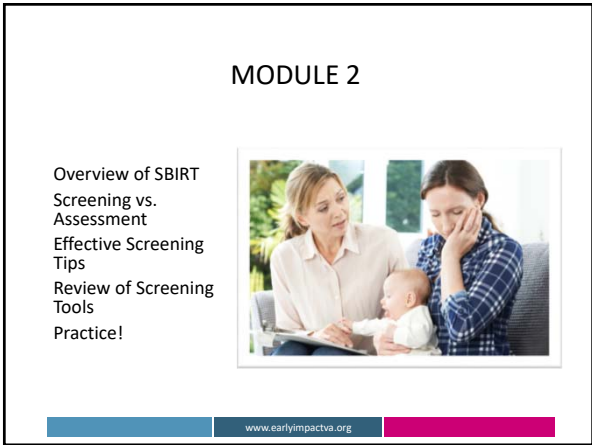
1. Pregnant women are at greater risk to experience depression and/or domestic violence than non-pregnant women.
2. Often the risks of mental illness to the unborn are greater than the risks of medications.
3. A trauma informed approach involved re-traumatizing the client by forcing them to talk about their traumas.

Answers: T, T, F



MODULE 2

Overview of SBIRT
Screening vs. Assessment
Effective Screening Tips
Review of Screening Tools
Practice!



SBIRT

Screening, Brief Intervention and Referral to Treatment



What is SBIRT (Screening, Brief Intervention and Referral to Treatment)?

- Developed for use in the world of substance use. It's primary use is still in that arena.
- Has been used by primary care, mental health, and community settings to intervene with "at-risk" substance users.
- Identifies individuals 'at risk" for substance use disorders, provides a brief intervention, and a referral if needed.



What is SBIRT (Screening, Brief Intervention and Referral to Treatment)?

- A **comprehensive, integrated, public health** approach to the delivery of early intervention and treatment services for substance use.
- Based on science about levels of problems related to substance use.
 - Some people may use with few problems.
 - Others use and have mild problems.
 - Still others (a minority) use and have significant problems, and usually, a substance use disorder diagnosis.



What is SBIRT (Screening, Brief Intervention and Referral to Treatment)?

- Those with few problems or mild problems who are "at risk" may benefit from a brief intervention with a non-substance use specialist (YOU!)
- Those with significant problems usually need specialty care, like addiction treatment services. (Home visitors do not provide this service!)

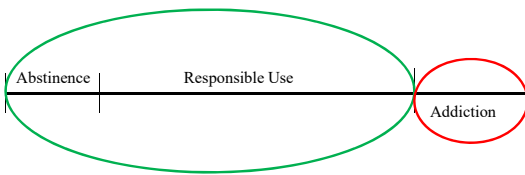


Learning from Public Health

The public health system of care **routinely** screens for **potential** medical problems (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function), provides **preventative** services prior to the onset of acute symptoms, and **delays** or **precludes** the development of chronic conditions

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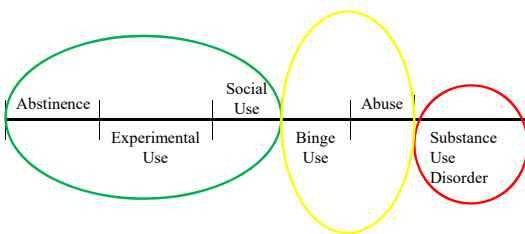
The Current Model: A Continuum of Substance Use



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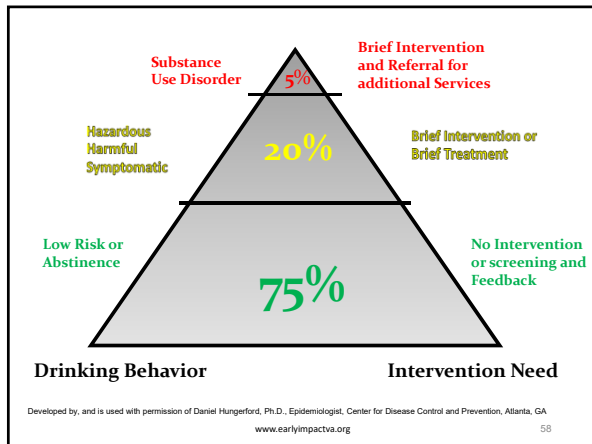
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The SBIRT Model: A Continuum of Substance Use



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SBIRT's Core Components

- **Screening:** Administer a brief screening tool that can identify if an individual may have a substance related problem.
- **Brief Intervention:** If she screens as "at risk", in 3-5 minutes, elicit woman's perspective on her current use and what risks she may experience if she continues to use at her current pattern. The intervention is matched to her level of knowledge and motivation. Only bits of information are provided to supplement what she knows. No pushing or arguing is involved. Invite her to discuss again at next visit.
- **Referral to Treatment:** If she screens extremely high, Refer individuals who may need treatment and are receptive to being referred.

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How Does SBIRT Fit in with Home Visiting?

Early Impact Virginia wants home visitors to use the SBIRT model to:

- identify and help women "at risk" for substance use **as well as** intimate partner violence, perinatal mood and anxiety disorders, and/or who may have a mental health disorder.
- improve linkages between home visitors, health care services and other appropriate resources.
- help home visitors support women's efforts to make important changes in their lives.

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SBIRT "Screen"

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Screening Versus Assessment

Screening:

- A set of questions you ask – not a medical test or exam
- Indicates whether a thorough assessment is needed.
- Does not determine a diagnosis or what type of treatment is needed
- Can be completed by a variety of service providers

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Screening versus Assessment

Assessment

- Must be completed by a qualified service provider (QSP) in that field
- In order to determine an individual's diagnosis and develop an initial treatment plan, the QSP obtains a comprehensive history of their
 - past and current functioning
 - other related problems and risks
 - social supports and motivation

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“Screening Tool”

- A brief instrument or set of questions that is intended to detect the possibility of a problem
- Cannot diagnosis a problem but can indicate if further assessment is needed
- Ideally, it should be:
 - Brief and easy to use
 - Inexpensive
 - Non-intrusive
 - Tested (validated) on the population its to be used with
 - Within the expertise of a wide range of professionals

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Screening Best Practices

- Screen **all clients** (“universal” screen)
- Screen periodically
- Utilize a standard tool or protocol
- Ask questions in a health context
- Use everyday language; be honest and direct
- Use a positive, non-judgmental and non-confrontational approach

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When Using a Screening Tool

- Ask the questions in order.
- Allow women time to elaborate on their answers if they need it .
- It's okay to ask clarifying questions but stay on track.
- Provide your “brief intervention” after you complete the screen. Use motivational interviewing skills to determine and decide how you will respond.

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Before You Screen

- Select a tool that has been tested with the population you serve, e.g. women.
- Find out if your HV program requires that you use specific tools. If not, select tools you are comfortable with and will use.
- Learn about services and treatment resources in your community so you are prepared to make a referral if its needed.
- Learn about laws e.g. child abuse, confidentiality etc. that affect your practice.

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Create and Maintain a Respectful Environment for Screening

- Find a time and place where you won't be disturbed or will have the fewest disruptions
- To be sure a woman is comfortable and can answer questions honestly, interview her alone.
- If its difficult to obtain privacy, try to schedule a time/place when its more available.
- If you have trouble arranging any of the above, consult with your supervisor for ideas.

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Use a Trauma Informed Approach

- Approach each participant in a manner that would be safe and engaging to a trauma survivor
- Explain why these screening questions are important and relevant for all women
- Give participants as much information and as many choices as possible to help them feel safe about revealing information
- Address confidentiality and be sensitive to legal implications

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When You Screen

- Remember that all women want to give birth to a healthy baby.
- Be empathetic, nonjudgmental and supportive.
- Many women feel ashamed, fearful and/or guilty about the problems they experience.
- Ask questions in a health context – this lessens the stigma. It also conveys that you are concerned about her health and that of her baby.

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Remember

- Screen all women, not just those you think may have a problem. Screen early and often!
- When using a screening tool, ask each question as it is written. Don't skip or change questions on the tool.
- Screening gets easier and quicker! - the more often you screen individuals, the more comfortable you will become doing so, and clients are more at ease as well.

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Before Starting

I would like to ask you some personal questions that I ask all my patients. These questions will help me to provide you with the best care possible. As with all medical information your responses are confidential. If you feel uncomfortable just let me know.

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Activity

Spend a few minutes writing, in your own words, the introduction to screening you might say to a client, using the four components we just talked about.

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Suggested Screening Tools

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Suggested Screening Tools for Pregnant and Parenting Women

- **Substance use, mental health (including perinatal depression) and tobacco use:** Virginia's Behavioral Health Screening Tool
- **Substance Use:** 4 P's or 5 P's; AUDIT if not Pregnant
- **Mental Health:** Edinburgh, PHQ2_or PHQ9
- **Perinatal Depression:** Edinburgh Depression Scale or Edinburgh 3
- **Intimate Partner Violence :** AAS or WEB/RAT

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Virginia Behavioral Health Risks Screening Tool

- Simple, effective way to screen women for high risk behaviors, tobacco use and perinatal depression all at one time.
- Combines validated screening tools
 - The "5Ps" screens for substance use in women
 - The "Edinburgh 3" screens for perinatal depression
 - Questions on intimate partner violence (IPV)

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Virginia's Behavioral Health Risks Screening Tool

- Intended for service providers who work with women of child bearing age (15-44). Is used by MIECHV's centralized intake programs
- Also available in self-complete format
- Reimbursable by the Department of Medical Assistance Services fee-for-service programs (Medicaid, FAMIS, FAMIS Plus and FAMIS MOMS) under the female enrollee's benefit as well as the infant enrollee's benefits, depending on the billing codes.

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The 5 P's

- Explores substance use by the woman's **Parents, Partners, Peers**, as well as her own **Past** and **Present** use and tobacco use.
 - ▶ A women's substance use is often influenced by those around her – **Parents, Partners and Peers**. Research shows that women are more likely to use if their parents or partners use. Past use is also the best indicator of future use. Women may minimize or not acknowledge their own substance use due to stigma. Encouraging them to talk about these relationships and their past use can help identify their risks to abuse substances.
 - ▶ Identifies if a woman is at risk to have an S.U.D. but cannot diagnosis an S.U.D.

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Each of these drinks has the same equivalents of pure alcohol



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Edinburgh Postnatal Depression Scale (EPDS)

- Designed to detect perinatal and postpartum depression
- A set of 10 screening questions that can indicate whether a woman has symptoms that are common in women with depression and anxiety during pregnancy and in the year following the birth of a child
- Three questions (the ePDS-3A) have been found to identify women struggling with anxiety.

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The Edinburgh 3

- Shortened version – consists of the 3 emotional health questions from the EPDS. Research suggests that, by themselves, these questions may be sufficient to identify perinatal depression.
- This tool is part of the Virginia tool. If a woman scores positive on one of the 3 questions, further screening may be necessary. Administer the Edinburgh if she's pregnant or up to one year postpartum.

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Questions About Intimate Partner Violence

- Two popular tools are the Abuse Assessment Screen (AAS) and the Relationship Assessment Tool (RAT), formerly known as the WEB.
- The Virginia tool also asks about IPV and recommends using the AAS or WEB/RAT if a problem is suspected.

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What If She Doesn't Identify Any Risk Areas?

- Recognize and support her accomplishments
- Educate her regarding the importance of remaining "risk " free.
 - "Based on what you've said today, it seems like you are not at high risk of substance use problems. This could change, and if it does, let me know if you want to talk about it."
- Let her know that help is available if something changes.

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Practice 1: Screening Session



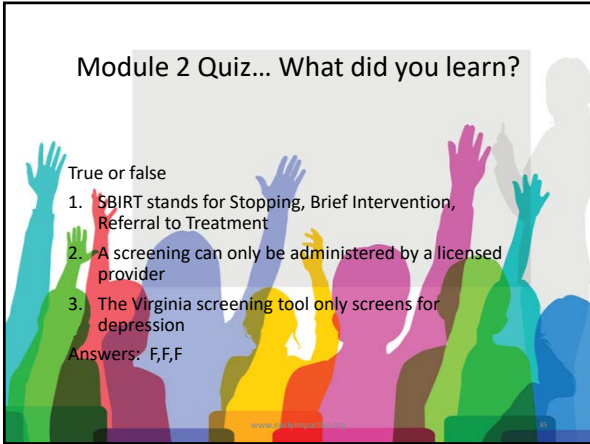
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Module 2 Quiz... What did you learn?

True or false

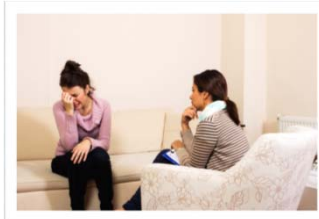
1. SBIRT stands for Stopping, Brief Intervention, Referral to Treatment
2. A screening can only be administered by a licensed provider
3. The Virginia screening tool only screens for depression

Answers: F,F,F



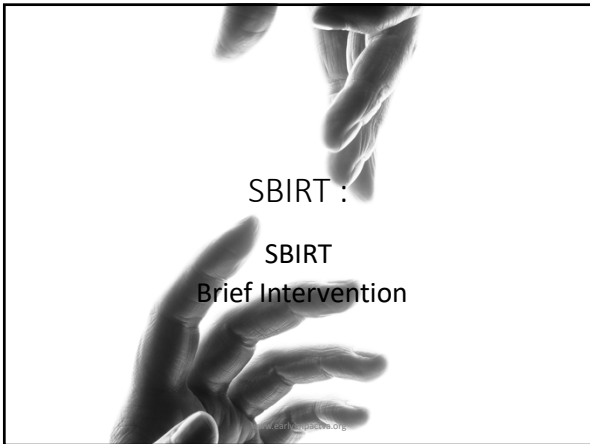
MODULE 3

Brief Intervention
Overview
Motivational
Interviewing
Providing Feedback
Listening and
Understanding



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SBIRT :
SBIRT
Brief Intervention



Brief Intervention

- The SBIRT model incorporates Motivational Interviewing (MI), a method to have a constructive conversation about change.
- MI is based on the belief that:
 - People are ambivalent about change and continue harmful behaviors because of their ambivalence.
 - MI helps people resolve their ambivalence and increase their motivation to change.
 - Motivation for change can be fostered by an accepting, empowering, and safe atmosphere.

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Foundation of Motivational Interviewing (MI)

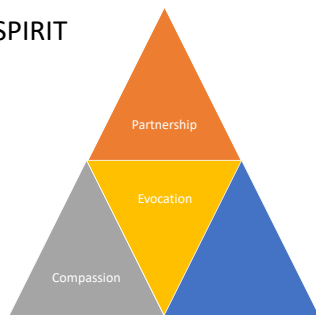
Key Concepts:

- MI Spirit
- Empathy
- Reflective Listening
- Ambivalence

No matter whether you're addressing substance use, intimate partner violence or a mental health concern, the same MI principles apply.

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MI SPIRIT

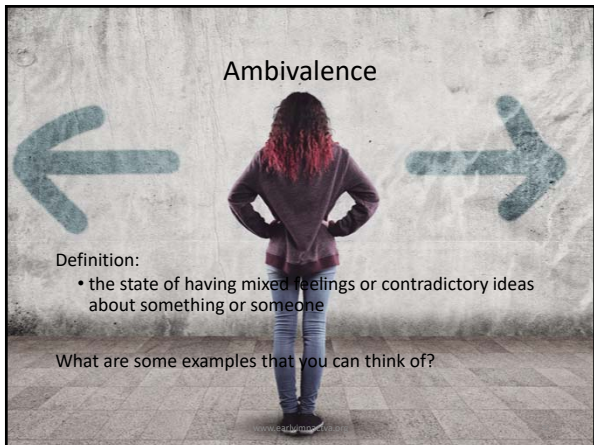


Miller & Rollnick, 2013

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MI Key Skills

OARS: What DO YOU REMEMBER?

- O**pen-questions (elicit exploration of topics)
- A**ffirmations/Appreciations (focusing on client strengths, efforts, patience, etc.)
- R**eflections of client point of view and ambivalence
- S**ummarize (capture “essence,” link topics, transition conversation)

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MI Key SKILLS Encouraging Change

DARN – CAT

Preparatory Change Talk

- **D**esire (I want to change)
- **A**bility (I can change)
- **R**eason (It's important to change)
- **N**eed (I should change)



Implementing Change Talk

- **C**ommitment (I will make changes)
- **A**ctivation (I am ready, prepared, willing to change)
- **T**aking steps (I am taking specific actions to change)

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Practice 1: MI Scripted Refresher

- Use the following script to explore whether a mom wants to do something about her smoking, drinking, or weight.
- While you don't have a lot of time, you are relaxed and interested in what she is thinking.
- While you aren't a "therapist", you are a competent home visitor with a good relationship with the client, and the time is right for this conversation.

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- *We've touched on some concerns about your weight, your smoking, and your drinking. Which of these would you prefer to talk about today?*
- *What change might you make in _____?*
- *Why would you want to make this change?*
- *If you did decide to make this change, how might you go about it in order to succeed?*
- *What are the three best reasons for you to do it?*
- **After you have listened carefully to the answers to these questions, give back a short summary of what you heard, of the person's motivations for change. Then ask one more question:**
- **So what do you think you'll do? and listen with interest to the answer.**

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Debrief Practice 1: MI Scripted Refresher

- What do you now remember are core skills in MI?
- Which came pretty naturally to you?
- Which do you still need to practice or fine-tune?



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Can a Brief Intervention Really Help?

- Brief interventions can trigger change.
- 1 or 2 sessions can yield much greater change than no counseling.
- A little counseling can lead to significant change.
- Brief interventions can yield outcomes that are similar to those of longer treatments.

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Moving from “S” to “BI” to “RT”

- **Step 1:** Provide Feedback!
 - All of the recommended screening tools are quick and easy to score
- **Step 2:** Listen and Understand
 - Listen for change talk
- **Step 3:** Explore Options for Change
- **Step 4:** the (“RT” in SBIRT) – Making a Referral

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Step 1 : Provide Feedback

ENGAGEMENT

- Ask women about their own concerns
 - "What are some things you enjoy about smoking? (listen and reflect) then "What about the other side, things you are concerned about? (listen and reflect).
- Provide non-judgmental information
- Ask women about their hopes for the pregnancy.
 - "What are your hopes for the baby? What are you already doing to help the baby have a healthy gestation? What else are you considering doing?"
- Asking questions can be helpful because it encourages women to think about their behavior
- Let her decide

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Practice 2: Let's Practice!

- Home Visitor, use OARS to engage the woman in a Brief Intervention
- Use one of the screeners. Pick one of the "hits" and use it to begin the following conversation:
 - **O:** Tell me about some of your own concerns about x.
 - **A:** Affirm her thoughts, actions, or feelings about x so far
 - **O:** Tell me more.
 - **R:** Reflect what you hear
 - **S:** Summarize the main points about x

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Practice 2: Debrief

Your job:

- Deliver nonjudgmental feedback! – that's all you need to do!
- Let the woman decide where to go with it.

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Screening and Providing
Feedback
VIDEO DEMO

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A.K.A:
**“How to Do a Bad Screening
and Brief Intervention”**
versus
**“How to Do a Good Screening
and Brief Intervention”**

Merlo Labs You Tube Videos:
The Ineffective and the Effective Physician

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Step 2: Listen and Understand

- Ambivalence is normal
- You know individuals are starting to think about change when they make statements that indicate they:
 - *See the issue as a problem*
 - *Express a concern about the problem*
 - *Make statements that indicate a desire or intention to change*
 - *Express optimism about being able to change*

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Step 2: Listen and Understand

Listen for the change talk. It may sound like this...

- *Maybe I'm just making excuses for him.*
- *If I wasn't using, this never would have happened.*
- *It's not really much fun anymore.*
- *I can't afford to be in this mess again.*
- *The last thing I want to do is hurt someone else.*
- *I know I can quit because I've stopped before.*
- *I'm tired of feeling this way.*
- *I don't want to harm my baby/children.*

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Step 2: Tips

Ask open questions like:

- I would really like to hear your opinions about...
- What are some things that bother you about your (drinking/use/smoking, etc)?
- What role do you think alcohol/drugs played?
- How would you like your (life/substance use/smoking/etc) to be 5 years from now?

Summarize what you heard her say.
Say it again so she hears it twice.

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Step 2: Listen and Understand

There are several techniques you can use to help individuals look at their motivation to change:

- *Weighing the pros and cons*
- *Importance and Confidence Ruler*
 - *Importance + Confidence = Readiness*

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Step 2: Listen and Understand

"Importance and Confidence Scale" Exercise

- Ask women, on a scale of 1–10, about changing...
 - How **important** is it for you to change your drinking/drug use?
 - How **confident** are you that you can change your drinking/ drug use?
 - How **ready** are you to change your drinking/use?

(You can explore her motivation to change other behaviors by asking these same questions)

- For each response, explore her answer..
 - What made it an X and not a zero?
 - What would it take to raise that number just a bit?

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Topic: _____

IMPORTANCE RULER

- ⇒ For a moment, forget about everyone else. How important is it to you to make a change around _____?
- ⇒ On a scale of 0-10, with "0" being "NOT AT ALL IMPORTANT" and "10" being "EXTREMELY IMPORTANT," where are you on the ruler?



CONFIDENCE RULER

- ⇒ If you decide that you do want to make a change around _____, how confident are you that you would be successful in achieving your goals?
- ⇒ On a scale of 0-10, with "0" being "NOT AT ALL CONFIDENT" and "10" being "EXTREMELY CONFIDENT," where are you on the ruler?



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Step 2: Listen and Understand

"Weighing the pros and cons" Exercise

Ask your client to identify what's good and what are her concerns about the identified behavior.

For example:

- "What do you like about ... (insert the identified behavior)?"
- "What do you see as the downside of ... (insert the identified behavior)?"
- "What Else?"

Then summarize both the pros and cons...

- "On the one hand you said..,
- and on the other hand you said...."

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MI Decisional Matrix

What do you like about.....?	What is the downside of?
What would you like if you changed.....?	What would be the downside of changing.....?

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Step 2: Listen and Understand

"Weighing the pros and cons..." (continued)

- Next, reflect back what she said.
 - "Sounds like the good things about this are...."
 - "Sounds like the bad parts are....."
 - "On the other hand you....."

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Discussion

- Screening
 - What's easy?
 - What's hard?
 - What else do you notice?
- Brief Intervention
 - What's easy?
 - What's harder?
 - What do you need to practice more?

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Practice 3: Listen and Understand

Home Visitor, use **OARS** to **FOCUS**:

- Tell me about the one part you are most interested in changing now
- Affirm her thoughts, actions, or feelings about the change so far
- Tell me more/explore values related to the one part
- Reflect what you hear
- How would things be different once you've made this change? What would life look like then?
- Summarize the main points
- Ask: Where does this leave you now?

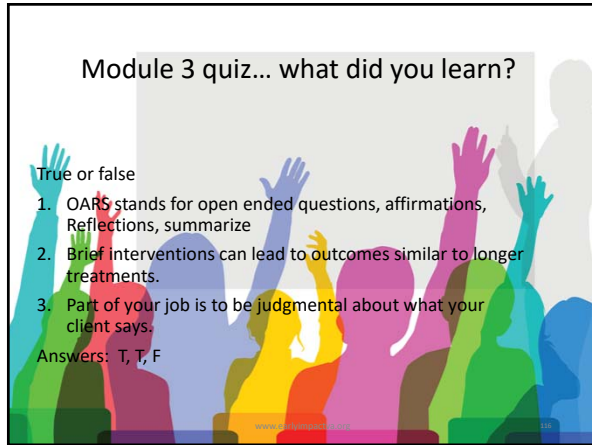
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Module 3 quiz... what did you learn?

True or false

1. OARS stands for open ended questions, affirmations, Reflections, summarize
2. Brief interventions can lead to outcomes similar to longer treatments.
3. Part of your job is to be judgmental about what your client says.

Answers: T, T, F



MODULE 4

Exploring Options for Change
Making Effective Referrals



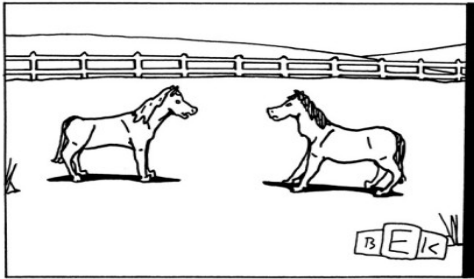
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What Does Work...

"People are better persuaded by the reasons they themselves discover than those that come into the minds of others"

- Blaise Pascal

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"Really, only you can tell yourself to giddyup."

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What Doesn't Work

- Challenging
- Warning
- Finger-wagging
- Moralizing
- Giving unwanted advice
- Guilt tripping
- Shaming
- Labeling
- Confronting
- Being Sarcastic
- Playing expert
- Getting angry

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When All Else Fails.....

- I care about you.
- I am concerned about you.
- I will be here for you.

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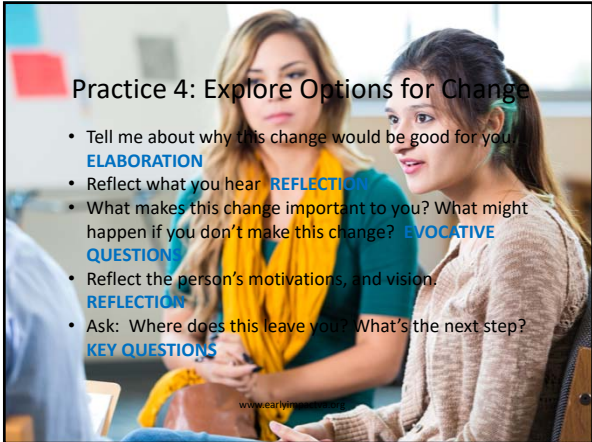
Step 3: Explore Options for Change

Explore what your client thinks about trying to change.
Ask your client questions like...

- *What do you think you will do?*
- *What changes are you thinking about making?*
- *What are your options?*
- *Who will provide support? What resources are available?*
- *What happens next?*
- *What roadblocks do you see? How can you avoid them?*

Help her identify and develop a plan

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Practice 4: Explore Options for Change

- Tell me about why this change would be good for you. **ELABORATION**
- Reflect what you hear. **REFLECTION**
- What makes this change important to you? What might happen if you don't make this change? **EVOCATIVE QUESTION**
- Reflect the person's motivations, and vision. **REFLECTION**
- Ask: Where does this leave you? What's the next step? **KEY QUESTIONS**

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Step 3: Explore Options for Change Practice:

- Tell me about why this change would be good for you. **ELABORATION**
- Reflect what you hear **REFLECTION**
- What makes this change important to you? What might happen if you don't make this change? **EVOCATIVE QUESTIONS**
- Reflect the person's motivations, and vision **REFLECTION**
- Ask: Where does this leave you? What's the next step? **KEY QUESTIONS**

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SBIRT "Referral to Treatment"

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Step 4: Make a Referral



Know Your Community Resources

- Learn what resources are available in your community and how to access them.
- Maintain an updated list of important resources, contacts and numbers. Call each of them to ensure they are current. Keep your list handy so you can refer to it when the need arises.
- Learn about the federal confidentiality regulations and any state legislation that may impact on your clients/patients.

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Slide 126

JMD10 Suggest un-bolding font

Janis Dauer, 11/9/2010

Make a Referral

Funding for Treatment

- DMAS and many insurance providers cover treatment for substance use and mental health disorders. DMAS also covers smoking cessation counseling for pregnant patients.
- CSBs provide public services. They also accept Medicaid, FAMIS, FAMIS Plus and FAMIS MOMS, 3rd party reimbursement and offer sliding fee scales.

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When Making a Referral

- Let your client know that the first step is for them to be assessed by a professional who will determine what type of problem they have and what kind of treatment will be most helpful. Explain that they will be asked about
 - Past and current difficulties they've had in this area
 - Other problems that might be related
 - Their feelings about making changes in their life
 - What type of support they have to do so

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When Making a Referral (Be Trauma informed)

- Explain the referral process, the importance of sharing information and your role coordinating their treatment with the new provider
- Explore and address any questions or concerns your client might have about the referral as well as how it will or won't affect your role with them.
- Discuss confidentiality. Have your client sign a release so you can make the referral and share critical information. Encourage them to sign a release for the new provider so they can share information with you as well
- Assist the client and help them make their appointment. Provide support and encouragement.

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When Making a Referral

- Help individuals overcome barriers they may experience related to transportation, child care and/or funding.
- Follow up to be sure they contacted the organization, received necessary services and were helped.
- If needed, work with parents to develop a safety plan for their children.

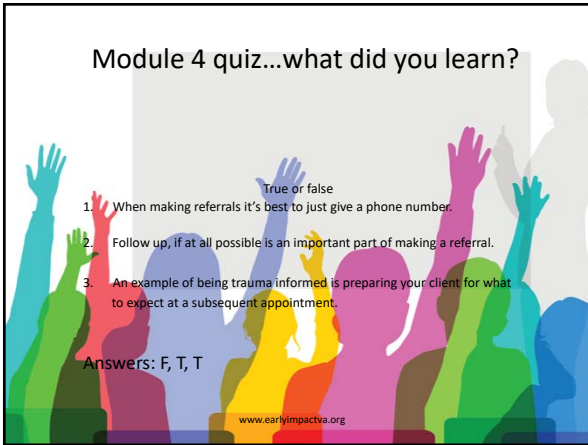
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Module 4 quiz...what did you learn?

- True or false
1. When making referrals it's best to just give a phone number.
 2. Follow up, if at all possible is an important part of making a referral.
 3. An example of being trauma informed is preparing your client for what to expect at a subsequent appointment.

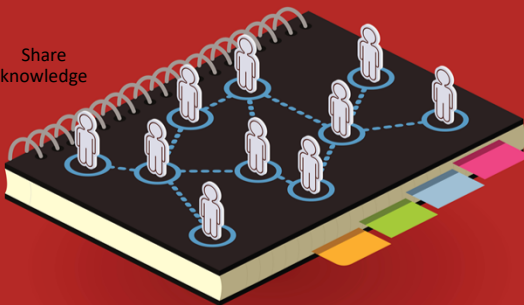
Answers: F, T, T

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Talk About Local Resources

Share knowledge



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Wrap Up

Items for discussion?
Areas of your own strength?
Areas for your to develop?

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Thank You!

Please watch your email for the online evaluation and your Certificate of Completion.

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FOR MORE INFORMATION ABOUT THE
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