



# Massachusetts SBIRT News



Winter 2012, Issue 4

Screening, Brief Intervention, Referral and Treatment (SBIRT)

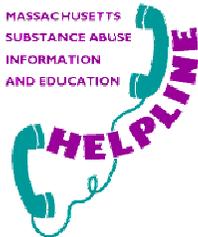
## In This Issue

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## SBIRT PATIENT MATERIALS AVAILABLE

Health care providers can now order/download SBIRT patient materials directly from the Massachusetts Health Promotion Clearinghouse

[www.maclearinghouse.com](http://www.maclearinghouse.com)



Toll Free Helpline  
1-800-327-5050

TTY (Toll Free):  
1-888-448-8321

[www.helpline-online.com](http://www.helpline-online.com)

## SBIRT Early Screening and Intervention Approach Endorsed by American Psychiatric Nurses Association

Falls Church, VA (PRWEB) September, 2012 -- The American Psychiatric Nurses Association (APNA), as a part of its commitment to health and wellness promotion, adopted a position in support of Screening, Brief Intervention, and Referral to Treatment.

In a position paper adopted by the its Board of Directors, the APNA states that implementation of this evidence-based approach will facilitate and standardize screening and early intervention practices in psychiatric-mental health nursing. Further, adopting this Intervention has the potential to reduce population risk for medical and psychiatric illnesses subsequent to excess alcohol consumption.

**SBIRT enables clinicians in any setting to quickly determine a person's level of risk related to alcohol and other drug use,** provide brief motivational counseling about the risk, and refer the person to appropriate treatment. The prevention of disease and the reduction of harm related to mental health and substance use disorders are integral to practice of psychiatric-mental health nursing.

SBIRT provides an opportunity for psychiatric-mental health nurses at generalist and advanced practice levels to strengthen a prevention approach through direct practice and the education of colleagues in the techniques and effectiveness of SBIRT.

"There is a great amount of evidence to support the effectiveness of the SBIRT approach," says APNA President Marlene Nadler-Moodie, APRN, PMHCNS-BC. "Psychiatric mental health nurses are in a strong position to use and teach others about this approach, which can only benefit the people we serve, their families, and their communities."



"Nurses specializing in addictions and psychiatric/mental health nursing have the knowledge and skills to respond to the whole spectrum of substance use and comorbid mental health disorders," says Al Rundio PhD, DNP, RN, APRN, CARN-AP, President of the International Nurses Society on Addictions (IntNSA). "We are committed to developing a nursing workforce that is equipped and motivated to actively and collaboratively respond to the spectrum of substance use across practice levels and across practice settings."

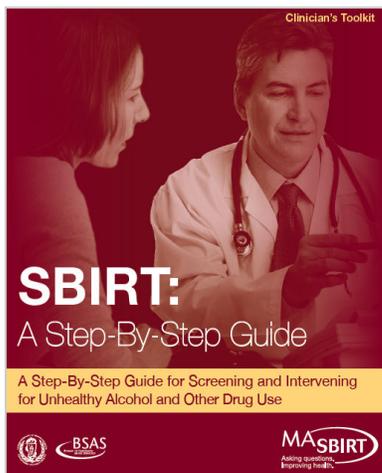
To read APNA's SBIRT position paper go to:

<http://www.prweb.com/releases/2012/SBIRTPositionPaper/prweb9943525.htm>

The American Psychiatric Nurses Association is a national professional membership organization committed to the specialty practice of psychiatric-mental health nursing and wellness promotion, prevention of mental health problems and the care and treatment of persons with psychiatric disorders. APNA serves as a resource for psychiatric mental health nurses to engage in networking, education, and the dissemination of research.

**NOW AVAILABLE  
FOR  
MASSACHUSETTS PRIMARY CARE PROVIDERS**

**SBIRT: A Step by Step Guide Toolkit**



This toolkit, developed with input from primary care physicians and nurse practitioners, provides a rationale for SBIRT. It then lays out two screening approaches, pointers on providing feedback and eliciting change talk through brief interventions, and suggested resources for making referrals and obtaining consents.

The guide's supplement walks providers through several considerations for practice implementation, and provides further information on brief interventions and motivational interviewing, sample forms, and considerations for special populations.

The toolkit also includes the NIAAA Clinician's Guide which gives further in-depth information, along with basic information on prescribing for alcohol addiction.

[Visit the MA Clearinghouse website to order](#)

**Chief Resident Immersion Training (CRIT)**

**May 1-4, 2013**

**Addiction Medicine: Improving Clinical and Teaching Skills for Generalists**

CRIT is a four-day immersion training for incoming chief residents and their faculty mentors on state-of-the-art methods to diagnose, manage, and teach about substance use disorders.

This training equips chief residents with essential skills to teach addiction medicine and will help faculty mentors assist their chiefs with incorporating addiction issues into teaching.

**Applications due  
February 11, 2013**

Learn more at <http://www.bumc.bu.edu/care/education-and-training-programs/crit/>

**MASBIRT Training and Technical Assistance** staff work with sites to develop customized implementation plans that include:

- **Guidance through clinical protocol development**, including recommendations for screening instruments, screening methods, brief intervention strategies and referral resources and procedures.
- **Staff training and on-going skills coaching** for all staff levels, including professional and administrative staff. Train-the-trainer programs are also available to ensure sustainability.
- **Technical assistance with administrative components**, including identification of data needs and data collection strategies, incorporating documentation protocol and revenue generation potential.
- **Identification and development of resources for patients who need specialty care**, including medication assisted treatment for alcohol and opioids, and development of referral and communication protocols for co-located, integrated medical homes.
- **Expert guidance for working with special populations**, such as people with HIV, women of childbearing age/pregnant women, people who identify as LGBTQ, adolescents, people who are homeless, older adults, and individuals with co-occurring disorders (such as mental health issues or trauma).



**To learn more or discuss bringing SBIRT to your practice, contact:**

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## A BRITE Future: SBIRT for the Older Population

BRIEF Intervention and Treatment for Elders (BRITE) was developed in Florida for people 55+ and is based on the SBIRT model. There are seven pre-screen questions on tobacco and alcohol use, prescription drug misuse and depression. If a person screens in, the ASSIST (Alcohol, Smoking, and Substance Involvement Screening Test) and/or the PHQ-9 (Patient Health Questionnaire 9-item) is used for further screening.



In early 2012, Advocates, Inc. and Marlborough Hospital partnered to implement a local foundation grant to provide BRITE services on an in-patient medical unit.

While a masters-level clinician is not required by the model, we hired an MSW from the Advocates' Psychiatric Emergency Services (PES) team who was already known to the hospital. The advantage is that, when a serious depression is uncovered, the Health Educator can "put on her PES hat" and can do a full evaluation right then and there. The medical staff, physicians and administrators are very pleased with this process. The disadvantage is that it is not financially sustainable.

We are tracking two age groups:

- 55 - 59; and
- 60+.



As expected about 20% of the 60+ age group has screening scores that indicate the need for a full ASSIST, for education about depression risk or unhealthy substance use, and for referral. Of the 55 - 59 year-old age group, however, close to 28% have scores at this level. While the screening threshold is rather low (4 drinks/week for female and 7 for male) compared with many standard norms, we believe this early data indicates a strong need and an opportunity for education regarding health consequences as metabolism slows and health issues increase due to age.

Our most important lessons learned:

- 1) collaborators should have an established working relationship;
- 2) the project must enhance each partners' goals; and
- 3) the project needs to have one or more "champions" from each organization to initiate and sustain it.

## Alcohol Dependence Deadlier Than Smoking Among Women

From Join Together at  
[ThePartnership@drugfree.org](mailto:ThePartnership@drugfree.org)

Alcohol dependence is more likely than smoking to increase death rates among women, a new study finds. German researchers found deaths rates were 4.6 times higher among women who were alcohol dependent, and 1.9 times higher among alcohol-dependent men, compared with the general population.

Lead researcher Ulrich John said smoking-related deaths are more due to cancers, which seem to occur later in life than many alcohol-related deaths. He added that drinking can contribute to other risky behaviors, such as smoking and obesity.

The study followed 4,000 adults for 14 years. The average age of death for those who were alcohol dependent was about 20 years lower than the average age of death among the general population.

"Women seem to develop alcohol-attributable disease faster than men do," John said in a news release.

The study appears in *Alcoholism: Clinical & Experimental Research*

<http://www.drugfree.org/join-together/alcohol/alcohol-dependence-has-deadlier-consequences-than-smoking-among-women-study>

## BIG (Brief Intervention Group)



... is a national organization, that engages many leading benefits consultants, EAP (employee assistance program) professionals and vendors.

The group offers on-line curricula and webinars to expand SBIRT knowledge and practice.

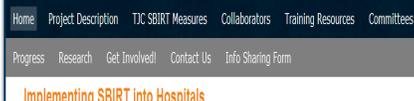
It has also produced a hardcover handbook:

*The EAP and Behavioral Health Professional's Guide to Screening, Brief Intervention and Treatment.*

<http://bigsbirteducation.webs.com/sbirttraining.htm>

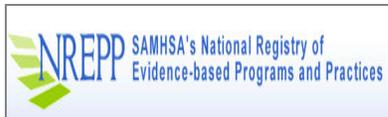
## HOSPITAL SBIRT

### Expanding SBIRT to Hospitals



Prepares US hospitals to screen, prevent and treat patients' unhealthy alcohol, drug and tobacco use.

<http://hospitalsbirt.webs.com>



## National SBIRT ATTC Center Announced

from IRETA Announcement

The Institute for Research, Education & Training in Addictions – IRETA – starts a five-year SAMHSA grant to serve as a National Screening, Brief Intervention and Referral to Treatment (SBIRT) Focus Center.

### SBIRT Efforts Continue at These Hospital Emergency Departments

**Boston Medical Center Pediatric ED**

**Heywood Hospital**

**Mercy Medical Center**

**South Shore Hospital**

**St. Anne's Hospital**

Project ASSERT is a key component of the BNI-ART Institute

[www.ed.bmc.org/sbirt/](http://www.ed.bmc.org/sbirt/)

Funded through a BSAS contract with the BNI-ART Institute, Boston University School of Public Health

**SAVE THE DATE**  
**Friday May 13, 2013**

***Innovations in Addictions: Integrating Systems and Services***

Highlighting new and emerging innovations in prevention, intervention, treatment, research and recovery in Massachusetts

### The N-SBIRT ATTC is part of the National Addiction Technology Transfer Center

The SBIRT National Focus Center will help ensure coordination of multiple national SBIRT initiatives and produce SBIRT suite of services to advance the adoption of SBIRT practices within systems. This work will have a strong basis in the latest implementation science using the ATTC Network's technology transfer model.



**The National SBIRT ATTC** aims to:

- Serve as the national SBIRT expert and key resource;
- Broaden implementation practices for SBIRT by creating an SBIRT suite of services; and
- Develop strategies to expand the workforce(s) that use SBIRT and work toward the consistent application of the SBIRT model to ensure fidelity and sustainability.

**SBIRT is a timely public health model.** It is an evidence-based practice that promotes integration between primary and specialty care and reduces healthcare spending by identifying harmful substance use before it escalates and causes illness or injury.

The addiction treatment workforce can have a vital role in the SBIRT model and can be used to extend services in a variety of settings.

IRETA's partner on the N-SBIRT ATTC is NORC (National Opinion Research Center) at the University of Chicago which currently oversees two SBIRT implementation projects: the Hospital Initiative and the BIG Initiative. These two initiatives illustrate SBIRT's wide ranging application from employee assistance programs to hospital settings.

The Institute for Research, Education, and Training in Addictions (IRETA) is a 501 (c) (3) organization that works with national, state, and local partners to improve recognition, prevention, treatment, research and policy related to addiction and recovery.

<http://iretablog.org/2012/10/12/iretas-new-grants-spur-sbirt-advancement/>

[www.mass.gov/dph/bsas](http://www.mass.gov/dph/bsas)

**Find SBIRT under Prevention Information**

**To learn more contact:**

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