Improving Access to SBIRT for Adolescents
Learning Collaborative Kick-Off
March 23, 2018
Welcome

Screening is the easy part

What do we do next?

UPMC LIFE CHANGING MEDICINE
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Facilitators</th>
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</thead>
<tbody>
<tr>
<td>12:30 - 1:30 p.m.</td>
<td>Introduction to SBIRT Learning Collaborative</td>
<td>Abigail Schlesinger, MD and Shannon Meyers (Mikita), RN</td>
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<tr>
<td>1:30 - 3:00 p.m.</td>
<td>FLO (Feedback, Listen, Options)</td>
<td>Erin Moriarty, LCSW</td>
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<td>3:00 - 3:15 p.m.</td>
<td>Break</td>
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<td>3:15 - 4:30 p.m.</td>
<td>Brief Intervention Role Play</td>
<td>Erin Moriarty, LCSW and Amy Shanahan, MS, CADC</td>
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<td>4:30 - 5:00 p.m.</td>
<td>Wrap-Up and Next Steps</td>
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<td>5:00 p.m.</td>
<td>Adjournment</td>
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Introductions

- Abigail Schlesinger, MD
- Meredith Kursmark, MD
- Shannon Meyers (Mikita), RN
- Erin Moriarty, LCSW
- Amy Shanahan, MS, CADC
- Jodi Toscolani, M.Ed., LBS
- Michele Mesiano, LCSW
- Suzanne Daub, LCSW
- Shari Hutchison, MS, PMP
- Dennis Daley, PhD
- Jonathan Brennan

Expertise: CHCS, ACAP, UCLA, IHI, Kognito
Funding: Conrad Hilton Foundation, CVS
Practices Involved

- CCP South Hills Pediatrics Associates
- CCP Bedford
- Primary Care Center
SBIRT Mission and Charter

Shannon Meyers (Mikita) RN
Dr. Abigail Schlesinger is a child and adolescent psychiatrist with an interest in increasing access to quality behavioral health and developmental services for children and families. She was instrumental in the development of the Children’s Community Pediatrics Behavioral Health (CCPBH), a service that embeds therapist and psychiatrist in pediatric primary care. CCCBH has won local, state, and national awards for efficiently improving access to care. Dr. Schlesinger has also been recognized for her own clinical and academic expertise as Physician of the Year at Western Psychiatric Institute and Clinic (WPIC) in 2013. She also formerly served as the training director of the Child and Adolescent Psychiatry and Triple Board Programs at the University of Pittsburgh Medical Center (Children’s Hospital of Pittsburgh and Western Psychiatric Institute and Clinic). She is currently leading the integration of developmental, behavioral, and community resources for Children’s Hospital of Pittsburgh, and has been appointed as the Medical Director for TiPS (Children’s Telephonic Psychiatric Consultation Service), and Medial Director of Ambulatory Integrated Behavioral Health for WPIC.

Shannon Meyers (Mikita), RN received her Associate's degree in Nursing from Community College of Allegheny County in 2009. She worked as a registered nurse at Western Psychiatric Institute and Clinic (WPIC) from 2009 – 2014. While at WPIC, Shannon worked with an adult patient population on the inpatient dual diagnosis unit. She worked alongside many experts in the field of motivational interviewing.

Shannon is currently an outpatient nurse coordinator at the Child and Family Counseling Center (CFCC). She joined Children’s Hospital of Pittsburgh Behavioral Health Services in 2014. Shannon works closely with Children's Community Pediatrics (CCP) to help implement substance use screening in over 40 CCP sites across western Pennsylvania. She is also working alongside the Center for Health Care Strategies (CHCS) and UPMC Health Plan on a 3-year SBIRT Learning Collaborative.
Collaborative. She enjoys visiting CCP practices and helping pediatricians incorporate SBIRT into their daily practice.

Abstract – Introductory
Dr. Schlesinger and Shannon will discuss the components of the SBIRT Learning Collaborative. Monthly data collection and practice phone calls will be discussed. The learning collaborative structure and learning collaborative team will be introduced to participants.

Learning Objectives
By the completion of this session, participants should be able to:

1. Identify the key components of the learning collaborative structure.
2. Discuss the monthly requirements necessary to track SBIRT related progress.
3. Identify data that will be discussed during monthly phone calls with other participating practices and SBIRT Learning

Resources
UPMC’s Insurance Services Division and Children’s Community Pediatrics (CCP) have joined a three-year quality improvement initiative

Cosponsored by Center for Health Care Strategies (CHCS) and Association for Community Affiliated Plans (ACAP)

Use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to improve access to screening, early intervention, and treatment services for all adolescents with or at risk for substance use disorders (SUDs) regardless of insurance type
SBIRT Project

• Build provider capacity to implement and sustain a protocol for substance use screening among youths between the ages of 11-20 years old

• 3 CCP practices implemented SBIRT in year 1

• 3 additional practices to implement SBIRT in year 2

• Expansion to additional practices over the 3 year project
Develop Charter

• The mission of this Learning Collaborative is to support UPMC practices in a quality improvement effort to operationalize and implement best practices for SBIRT

• Each primary care practice will identify a lead clinician to be the champion of SBIRT learning collaborative and a train the trainer model will be implemented within each practice
Develop Charter

• SBIRT Learning Collaborative
  – Provide expert facilitators to teach and coach participants
  – Guide the work through monthly webinar-style coaching calls
  – Establish aims against which to measure the impact of quality improvement efforts, track each organization’s progress toward the stated aims, and provide aggregate and individual feedback
  – Evaluate the overall impact of the quality improvement effort both at the organizational level and at the aggregate level of the entire collaborative
Develop Charter

- Learning collaborative participants:
  - Establish an internal leadership team
  - Will identify a lead clinician to be the champion of the SBIRT learning collaborative.
  - Implement SBIRT
  - Commit to full participation in face-to-face meetings and monthly coaching calls between April 2018 through March 2019
  - Overall participation involves:
    - 2 more face-to-face meetings within a year (fall 2018 & spring 2019)
    - Monthly calls 1 hour per call
Learning Collaborative Process

Shannon Meyers (Mikita) RN
Why use the IHI model?

- Proven quality improvement record
- Supports skill development of clinical staff
- Promotes mutual learning among participants
- Increases use of data to inform decisions and practice
- Develops infrastructure to sustain improvement
- Changes the culture of the practice
What is a Learning Collaborative?

- Structured approach for change
- Adopt best practices in multiple settings
- Uses adult learning principles & techniques
- Time-limited learning process
- Shared learning & collaboration
Establish a process for continuous quality improvement

- Use of information
  - Process, milestones, and progress (implementation)
  - Outcomes (impact)
  - Plan, Do, Study, Act (PDSA) cycles

- Feedback and support
  - Monthly regional support calls
  - Learning sessions
Process Aims

• By April 2019, 100% of youth, between the ages 11-20 years, are screened for risk for substance use at well-child visits

• By April 2019, 100% of the youth at high-risk for substance use, receive a Brief Intervention

• By April 2019, 100% of the youth at high-risk for substance use are offered treatment options

• By April 2019, 100% of the youth with moderate-risk for substance use, receive Brief Advice
PDSA Cycle

- Plan-Do-Study-Act
- Small tests of change
- Conduct one or more each month
- Measure impact of small test of change
- Review Data with producer
- Review in monthly regional collaborative calls
Introduction to SBIRT

Abigail Schlesinger MD
Introduction to SBIRT

**Screening**

**Brief Intervention**

**Referral to Treatment**
Motivational Interviewing

- Spirit
  - Patient Centered
  - Collaborative
  - Evocative

- Skills
  - Open questions
  - Affirmations
  - Reflections
  - Summaries

Miller and Rollnick, 2012
1. PRECONTEMPLATION STAGE
2. CONTEMPLATION STAGE
3. PREPARATION STAGE
4. ACTION STAGE
5. MAINTENANCE STAGE
Screening

Assessment

Preventative Services (Action Plan)

Goal: Delay or preclude chronic condition
Traditional Continuum of Substance Use

Abstinence | Responsible Use | Addiction
SBIRT Model: Continuum of Substance Use

- Abstinence
- Experimental Use
- Binge Use
- Abuse
- Substance Use Disorder
RED FLAGS

1. Binge episodes
2. Use while driving(either while they are driving or someone else)
3. Injecting drugs
4. Mixing drugs
5. High risk behaviors/danger while using
6. Daily or almost daily use of any drug
Binge Drinking Levels for Youth

BOYS

Ages 9-13 ---- 3 drinks
Ages 14-15 --- 4 drinks
Ages 16+ ------ 5 drinks

Girls

9-17 ---- 3 drinks
18+ ----- 5 drinks
Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

Do you ever use alcohol or drugs while you are by yourself, alone?

Do your ever forget things you did while using alcohol or drugs?

Do your family or friends ever tell you that you should cut down on your drinking or drug use?

Have you ever gotten into trouble while you were using alcohol or drugs?
Moving Towards a Plan

Assessment

• Change Talk
Sustain Talk (Anti-Change)

- “I love how smoking weed makes me feel.”
- “It’s not a big deal to have a few beers with my friends”
- “My boyfriend would break up with me if I stopped drinking”
- “Smoking helps me relax”
Change Talk (Pro-Change)

• “I didn’t like it when I got really drunk.”

• “I know drinking is not good for me.”

• “I don’t play soccer as well after I have a drink.”

• “My mom would be disappointed if she found out.”
Risk and General Approach

- No Risk: Congratulate & Support
- Low Risk: Brief Statement about Abstaining or Cutting Back
- Moderate Risk: Negotiate a Behavior Change (Action Plan)
- High Risk: Talk about treatment, warm-hand-off to next provider (Action Plan)
Confidentiality

• ADOLESCENTS
  – have a right to a confidential conversation about substance use

• BUT
  – Confidentiality should be broken when there is a concern about the safety of a child or adolescent

• UNFORTUNATELY
  – Most situations are not as clear cut as acute danger

• AND
  – There is evidence to support that the involvement of parents can improve outcomes (with caveats related to the family unit)
## General Guidelines for Informing Parents

<table>
<thead>
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<th></th>
<th>Any substance use</th>
<th>Some mild problems</th>
<th>Significant problems or probable dependence</th>
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<tbody>
<tr>
<td><strong>Elementary School</strong>&lt;br&gt;Ages 9 - 11</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Middle School</strong>&lt;br&gt;Ages 11 - 14</td>
<td>MAYBE</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td><strong>High School</strong>&lt;br&gt;Ages 14-18</td>
<td>MAYBE</td>
<td>MAYBE</td>
<td>YES</td>
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Derived from NIAAA Guidelines
Positive Screen - Flow

Create action plan & make referral

1 Month

Therapist Evaluation
Follow up on action plan

Pediatrician Office Visit
Follow up on action plan

Psychiatrist Evaluation
If indicated

3 Months s/p referral

At any point the adolescent could be referred to specialized services
Screening ➔ Assessment

Brief Intervention (Action Plan)

Behavioral Health Assessment

Extended Brief Intervention

Traditional Treatment
FLO (Feedback, Listen, Options)

Erin Moriarty LCSW
“FLO (Feedback, Listen, Options)”

Erin Moriarty, LCSW
Clinical Supervisor, Addiction Medicine Services
Center for Psychiatric & Chemical Dependency Services
Western Psychiatric Institute and Clinic of UPMC

Erin Moriarty, LCSW earned her Master of Social Work degree from the University of Pittsburgh and maintains her clinical license in the State of Pennsylvania. Erin currently serves as Clinical Supervisor at the Center for Psychiatric and Chemical Dependency Services (CPCDS) of Western Psychiatric Institute & Clinic of UPMC, which provides integrated outpatient treatment for adults and adolescents with co-occurring substance use and mental health disorders. She has personally delivered individual and group therapy to consumers across the treatment continuum, including prevention education with high school students, brief interventions with at-risk adolescents, and intensive treatment with adults with severe addictions. In addition to providing direct care, Erin enjoys supervising clinical staff, combating systemic barriers to treatment, and disseminating recovery principles in behavioral health. She has also trained on a range of topics related to substance use such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), supporting recovery in primary care, co-occurring treatment principles, and Dialectical Behavior Therapy (DBT).

Abstract – Introductory
Erin Moriarty will discuss the use of FLO (Feedback, Listen, Options) for providing patients with brief interventions. She will discuss the importance of brief interventions and review the basic principles of motivational interviewing. She will also explain how to use a readiness ruler to build discrepancy and elicit motivation for change.

Learning Objectives
By the completion of this session, participants should be able to:

1. Recognize the importance of providing brief interventions to patients at moderate or high risk for a substance use disorder.
2. Explain how to implement FLO (Feedback, Listen, Options) during brief interventions.
3. Identify the basic principles of motivational interviewing (MI).
Resources


The “BI” of SBIRT

• The natural “next step” after screening

• Incorporates the “Spirit of MI”

• Fundamentally the opposite of advice-giving

• Requires roles of healthcare provider and patient to shift subtly
Encounter #1
What went well?

What went wrong?
Brief Intervention

Brief dialogues with patients that help them realize negative consequences of their substance use and attempt to motivate positive behavior change.
Goal of Brief Intervention

Negotiate behavior change to reduce substance use.
## Brief Intervention

**Benefits**

- Brief
- Cost-Effective
- Minimizes resistance
- Long-term harm reduction

**Challenges**

- Patient is the expert, not the healthcare professional
- Respects patient autonomy
- Non-judgmental attitude
I can help, but first you must admit you have a problem!

SHRINK'S SUMMER JOB
High Risk

Brief intervention, consider referral to treatment

Moderate Risk

At least brief advice, preferably brief intervention

Low Risk

Reinforce safe choices, brief advice on risky behaviors

No Risk

Reinforce safe decisions
Brief Intervention Should “FLO”

Feedback
• Make a simple, factual statement about risk, then *pause*

Listen
• Prompt patient to “think out loud,” listening curiously

Options
• Encourage expanded thinking about alternatives
Feedback

• Introduce the topic

• Disclose concern and explain rationale
  – Risk level and justification

• Signal transition to collaborative process by asking permission
“I would like to talk a bit about the results of the screening you filled out in the waiting room. Is that okay with you?”
Expect Resistance

• Use “universal precautions” against opposition

• Resist the urge to debate or “lecture”

• Try linking the problem to their reason for visit

• Pausing for a moment often leads patients to elaborate on their initial statement
“I’d like to hear your thoughts about…”

“What you do with this information is up to you.”
“I’m not going to push you to change anything you don’t want to change. I’d just like to give you some information.”
Brief Interventions Should “FLO”

Feedback
• Make a simple, factual statement about risk, then *pause*

Listen
• Prompt patient to “think out loud,” listening curiously

Options
• Encourage expanded thinking about alternatives
Listen

- Patient does the talking
- Provider keeps conversation focused with prompts and general direction
- Use active listening to convey respectful collaboration
Things to Listen For

- **Ambivalence** – *desire to change*
- **Importance** – *need to change*
- **Confidence** – *ability to make a change*
- **Options** – *ideas for taking action*
“Tell me about your alcohol use.”

“That must be very difficult, to keep your grades up when your friends want to party every weekend.”

“You wonder if there is a way to keep your friends and get A’s, too.”
Brief Intervention Should “FLO”

- **Feedback**
  - Make a simple, factual statement about risk, then *pause*

- **Listen**
  - Prompt patient to “think out loud,” listening curiously

- **Options**
  - Encourage expanded thinking about alternatives
Options

- Tasks the patient identifies as the ones they are most ready to address

- Specific, relevant, and realistic

- Planning to reduce harm does not necessarily condone substance use
Measure Motivation

• Use rulers to determine importance, confidence, and readiness for change

• Ask why they didn’t choose a lower number to help them reinforce their own motivation

• Ask what it would take to increase by 1 to identify motivating factors

• Ask what a higher number would look like to translate motivation into behavioral terms
Assess Confidence for Change

• “On a scale of 1-10, how confident are you in your ability to change your substance use?”

• “Why did you choose a 7, and not a lower number like a 3?”
Assess Readiness for Change

- “On a scale of 1-10, how ready are you to change your substance use?”

- “Why did you choose a 3, and not a lower number like a 1?”

- “What does a 4 look like to you?”
Action Plan

- Elicit options from patient
- Offer guidance
- Affirm autonomy and strengths
- Provide *relevant* educational materials
  - teens.drugabuse.gov
“What do you see as your options?”

“I could tell you what has worked for other people, if you’d like.”

“You’ll be the best judge of what works for you.”
Developing a Goal

• Formulate an action plan
  – Identify a pertinent, attainable goal
  – Referral to therapist

• What the patient wants to do, not what you think they should do
“I heard you say you feel anxious at parties. We have a therapist here who has helped others with that problem. Would you like to meet them?”
Assure Follow Up

• Following up reinforces the importance of making a change

• Follow ups are flexible
  – Phone call
  – Referral to therapist
  – Nurse outreach
  – Return visit
Give Advice When...

- It is something the patient doesn’t already know
  and
- You have permission from the patient
  and
- It is going to be helpful to the patient
Referral to Treatment

- Brief intervention still can be used with the highest risk patients
- Aim intervention at accepting referral to treatment rather than trying to change on own
- [https://findtreatment.samhsa.gov/](https://findtreatment.samhsa.gov/)
- SAMHSA HelpLine 1-800-662-HELP (4357)
Encounter #2
What went well?

What went wrong?
A Little Goes a LONG Way!

• Efficacy and effectiveness demonstrated in as little as 3-5 minute interventions

• Key is shifting the way you communicate with patients

• Simple, not easy (remember, change is hard!)
Brief Intervention Role-Play

Erin Moriarty, LCSW and Amy Shanahan, MS, CADC
“Brief Intervention Role-Play”

Erin Moriarty, LCSW
Clinical Supervisor, Addiction Medicine Services
Center for Psychiatric & Chemical Dependency Services
Western Psychiatric Institute and Clinic of UPMC

Erin Moriarty, LCSW currently serves as Clinical Supervisor at the Center for Psychiatric and Chemical Dependency Services (CPCDS) of Western Psychiatric Institute & Clinic of UPMC, which provides integrated outpatient treatment for adults and adolescents with co-occurring substance use and mental health disorders. In addition to overseeing day-to-day operations of the clinic, Erin conducts individual and group therapy, wherein she specializes in Dialectical Behavior Therapy. Erin also collaborates with the Child and Family Counseling Center of Children’s Hospital of Pittsburgh by facilitating Screening, Brief Intervention, and Referral to Treatment (SBIRT) for adolescents at risk for problematic substance use. Erin is a Licensed Clinical Social Worker in the State of Pennsylvania and earned a Masters of Social Work degree from the University of Pittsburgh, emphasizing on direct practice in behavioral health care.

Amy Shanahan, MS, CADC
Director of Clinical Care Services of Addiction Medicine Services
University of Pittsburgh Medical Center
Ambulatory Services
Western Psychiatric Institute and Clinic of UPMC

Amy Shanahan currently serves as the Director for Addiction Medicine Services at the University of Pittsburgh’s Western Psychiatric Institute & Clinics (WPIC). In this role, she manages facilities under the Addiction Medicine Services (AMS) including prevention & intervention programs, outpatient rehabilitation clinics that specialize in co-occurring disorders and medication assisted treatments (methadone, buprenorphine, naltrexone and others). The AMS also oversees a Peer Navigator Project that involves non-clinical, peer-based services that engage, educate, and support individuals in recovery from Substance Use Disorders (SUDs). In 2017, WPIC was awarded the state-funded Center of Excellence, where Amy was instrumental in the start-up and implementation of intervention services to meet the needs of people with opioid problems in Allegheny County. She has served on several system and state-wide workgroups including LGBTQAI, Quality Improvement, Pennsylvania Department of Drug and Alcohol Program’s American Society of Addiction Medicine (ASAM) criteria workgroup, Rehabilitation Community Providers Association Drug & Alcohol Committee, Peer Advocacy Committee and a Suicide committee. Prior to her work at WPIC, Amy served as the Training Director for the Northeast Addiction Technology Transfer Center (NeATTC) at the Institute for Research, Education and Training in Addictions in Pittsburgh, PA. Amy has provided workshops, presentations and training-of-trainers on several addiction-related topics including and not limited to the opioid epidemic, LGBTQAI, Motivational Interviewing, Clinical Supervision, and Contingency Management (Motivational Incentives) Amy is a member of the Motivational Interviewing Network of Trainers. Amy has worked in the addiction treatment field for over 20 years, first as
a clinician, and later supervisor and manager in various levels of care. In addition to certification as an Addiction Counselor in the State of Pennsylvania, she earned an undergraduate degree in Human Services – Substance Abuse Counseling from the Empire State College, University of New York, and a Masters of Creative Studies and Change Leadership degree from the International Center for Studies in Creativity at Buffalo State College.

Abstract – Introductory

Participants will role-play brief interventions with standardized patients. Patients scenarios will prompt participants to address adolescent substance use while using motivational interviewing (MI) techniques. Participants will review results of the SMART Choices Screen with the standardized patients and explain risk levels with the patient. Participants will practice FLO and incorporate the use of MI tools, such as the readiness ruler. When indicated, participants will have the opportunity to practice making referrals to substance use treatment providers.

Learning Objectives

By the completion of this session, participants should be able to:

1. Explain SMART Choices Screen results with the patient and determine substance use disorder(SUD) risk level.
2. Use FLO (Feedback, Listen, Options) when performing a brief intervention with a patient.
3. Use MI techniques to elicit motivation from within the patient to change current behaviors.

Resources

Now for Practice

- Break up into groups
- Role play scenarios to practice BI
- Use the resources you have for help!