The Faith & Spirituality Integrated SBIRT Network

Integrating Faith in Substance Use Risk Assessment: An Inter-Professional SBIRT Training Model

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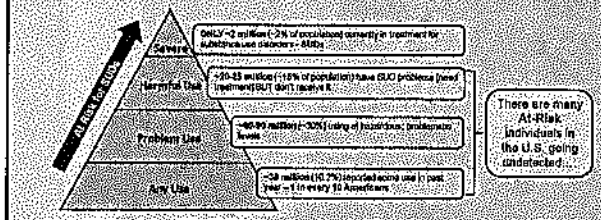
Project Overview

- Develop an inter-professional online/web-based training in faith-integrated SBIRT for students in allied health professions.
- Collaboration between psychology, nursing, and social work.
- Partnership with four other schools, Fresno Pacific, Biola, La Sierra, Concordia-Irvine and California Baptist.
- Expansion into field training settings.

The Faith & Spirituality Integrated SBIRT Network

Funded by a grant from the Substance Abuse, Mental Health Services Administration (SAMHSA, T1026021)

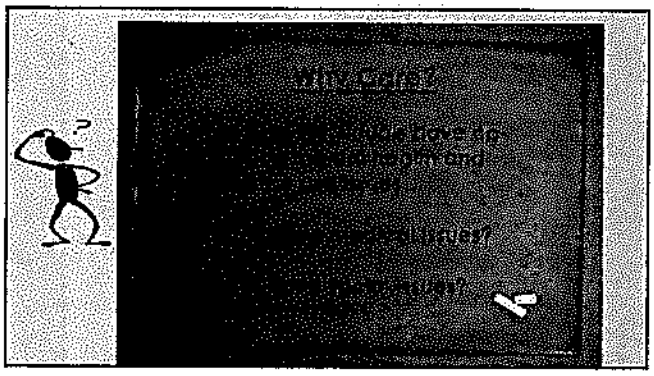
Substance Use Trends Among the General Population in the U.S.



NSDUH, 2016

Presentation Overview

- Develop a basic understanding of faith-integrated SBIRT (Screening, Brief Intervention, and Referral to Treatment).
- Strategies for integrating SBIRT in social work curriculum and practice sites.
- Examine ethical considerations and cultural humility context in SBIRT practice.
- Accessing faith integrated SBIRT resources.



Co-Occurring Substance Use and Mental Health Issues

Disorder	Respondents, % (SE)	Disorder	Respondents, % (SE)
Those With Any Alcohol Use Disorder		Those With Any Drug Use Disorder	
Any mood disorder	40.69 (4.11)	Any mood disorder	60.31 (5.86)
Major Depression	32.75 (4.01)	Major Depression	44.26 (6.28)
Any anxiety disorder	33.38 (4.17)	Any anxiety disorder	42.63 (5.97)
Social phobia	8.49 (3.48)	Social phobia	12.09 (3.48)
Specific phobia	17.24 (3.10)	Specific phobia	22.52 (4.99)
Generalized anxiety disorder	12.35 (3.01)	Generalized anxiety disorder	22.07 (5.18)
Any drug use disorder	33.05 (4.23)	Any alcohol use disorder	55.16 (6.29)

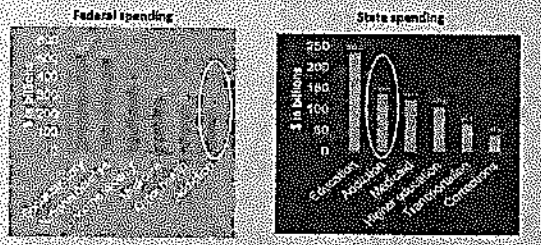
Gaps in Systems and Settings

- To date, most with unhealthy or risky patterns go undetected and unaddressed in clinical and other community based settings
- Major impediments:
  - Professionals in such settings have little to no formal training in the areas of substance use issues so lack understanding on: (1) how to identify SUD risk and (2) what to do should substance use issues come up.

The identification and prevention of SUD risk has become a national priority...

Integration

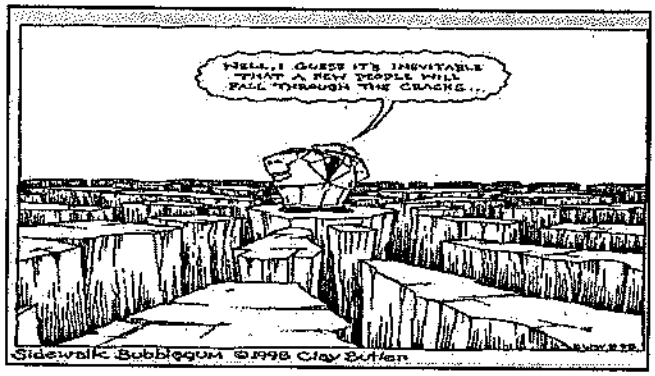
COSTLY: $467.7 billion of $4.4 trillion spent on health care is associated with substance use issues



SBIRT is a Federal and State Priority

SBIRT has been endorsed as a National Priority, as recognized by changes to Medicaid under the Affordable Care Act (ACA), aimed to:

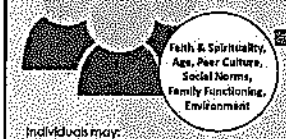
"improve access to preventive services for eligible adults" (Section 4106)"



Why Integrate Faith and Spirituality

- Patient Centered Care: Providing care that is respectful of and responsive to individual patient preferences, needs, and values. (Institute of Medicine)
- Cultural responsiveness critical to intervention effectiveness
- Holistic Approach: Bio-psycho-social-spiritual
- Faith and spirituality provide both protective and risk factors for substance use and abuse (Blakey, 2016, Gorsuch, 1995)

Religion, Spirituality, and Faith: A Protective Pathway



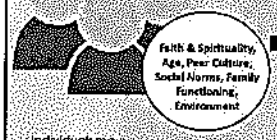
Individuals may:
- Be involved in pro-social and religious activities
- Have non-using peers
- View religion as supportive and nurturing
- Use pray or meditation to cope with stressors

Research Studies Show:
- Faith & religiousness has been found to be associated with decreased substance use initiation during adolescence (and serves as a protective factor)
- Religion has been shown to increase positive peer group interaction, moral values, and coping skills and inhibit alcohol use (Hodge, 2011)
- Taking part in weekly religious activities had an inverse relationship with alcohol, marijuana and cigarette use in adolescents (Steinman, Fortenberry, & Sahr, 2008).

Why Social Work?

- While originally designed for use by physicians, SBIRT can be integrated across social work practice sites, including for example such practice areas of domestic violence, child welfare, mental health, disability services, aging, homeless services, veterans, and school based services.
- As front line workers in the delivery of services, social workers are in an unique position to offer prevention and intervention to **persons who may not otherwise be screened for SUD.**
- Social workers currently provide 60% of mental health services across the United States (NASW.org.)
- Failure to screen for SUD may lead to missing critical opportunities for prevention, referral, and intervention.

Religion, Spirituality, and Faith: A Risk or Barrier to Care

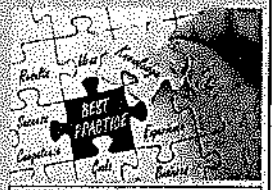


Individuals may:
- Views religion as restrictive and negativistic
- Few non-abusing peers
- Limited coping skills to manage stressors

Example:
Religion, spirituality, or faith can sometimes serve as a barrier if the individual has a negative perspective of their religion or the higher power/God (i.e. view God as condemning, judging, and distant). Gorsuch (1995) suggests that individuals like these would benefit from shifts in their belief about religion from negativistic to nurturing and supportive.

Understanding SBIRT Practice

- The practice of SBIRT entails **three evidence based strategies** that are relatively easy to learn and engage in within diverse health care, mental health and other community settings:
  - **Screening** for Alcohol and Drug use to *identify Risk Patterns*
  - *Triaging risk* using a **Brief Intervention** based on behavior change principles
  - Coordinating **Referrals to Treatment** to ensure *high risk* folks are further assessed.



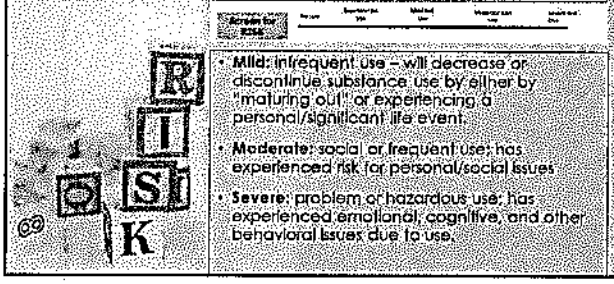
Together, SBIRT is a comprehensive practice for **preventing and reducing risk** for Substance Use Disorders (SUD)

Despite a scientific view supporting the development of SUDs, other views exist:

- Addiction is a demon possession (evil spirits)
- Addiction is a moral failing
- Addiction is a choice stemmed from a social/bad habit
- Addiction is an acute physiological problem that can be cured with short-term treatment.

These views are worth considering given that they are related to certain beliefs and thoughts about alcohol/drug use...

What is Meant by Substance Use *Risk*?



- **Mild:** infrequent use – will decrease or discontinue substance use by either by "maturing out" or experiencing a personal/significant life event.
- **Moderate:** social or frequent use; has experienced risk for personal/social issues
- **Severe:** problem or hazardous use; has experienced emotional, cognitive, and other behavioral issues due to use.

SCREENING: Identification of Risk

- **Alcohol Use Disorders Identification Test (AUDIT)**
  - Screens for alcohol use only
  - 10-items; *AUDIT-C is a shortened, 3-item screen*
- **Drug Abuse Screening Tool (DAST)**
  - Screens for drug use only
  - 10-items
- **CRAFFT (Car, Relax, Alone, Forget, Friends/Family, Trouble)**
  - 6 items
  - Screens for substance use broadly with integration of risky behaviors/issues
- **Screening to Brief Intervention (S2BI)**
  - 7 items
  - Screens for alcohol and drug use in terms of frequency of use

Validated for Screening Tools to Use in SBIRT Practice

S2BI

Given the complex SUD behaviors among youth, we need sensitive tools to capture information on the type of substance, consumption, and use severity…

NIDA posted the electronic S2BI at https://www.drugabuse.gov/tool/s2bi/#/

The AUDIT - Alcohol Use Disorders Identification Test

The AUDIT-C

AUDIT Score: 7

AUDIT-C Score: 4

*Questions focus on Consumption, Severity, Consequences that

Drug Abuse Screening Tool - DAST

DAST Score: 3 — DAST Score based on answers to 10 questions

The CRAFFT

No = 0 points; Yes = 1 point

Score: 1

Use Screening Score to determine Risk Level and Appropriate Response

Screening Considerations

Federal Drinking Guidelines for "At Risk or Low Risk" Drinking

- **How may drinks per week?**
  - **Men:** No more than 14 drinks per week (2 per day)
  - **Women:** No more than 7 drinks per week (1 per day)
- **How may drinks per day? "binging definition**
  - **Men:** No more than 4 drinks on any day
  - **Women:** No more than 3 drinks on any day

CDC, NIAAA, 2011

Addiction ⇒ Abuser
Alcoholism ⇒ Dependency
Addict ⇒ Alcoholic
Druggie ⇒ Junkie
Dope head ⇒ Criminal

It is important to understand biased terms/stereotypes have negative implications for individual and professionals helping to address substance use issues

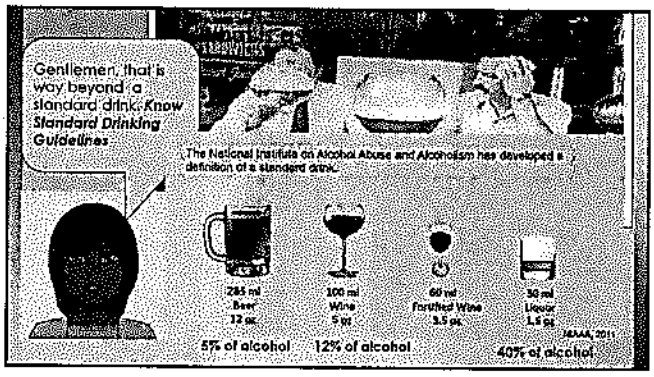
Appropriate Terms:
- Substance use/misuse
- Problem Substance use
- Substance Use Disorder

Here is a table that classifies psychoactive substances.

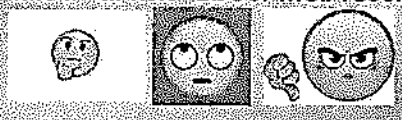
Depressants	Stimulants	Hallucinogens
Alcohol	Caffeine	LSD (acid)
Benzo/Barbiturates (Valium, Xanax, Ativan)	Nicotine	Mescaline (peyote)
Opioids (Codeine, Heroin, Morphine, Oxycodone, Hydrocodone)	Amphetamines (Adderall, Ritalin, Concerta)	Phencyclidine-PCP (angel dust); Ketamine (special K)
Inhalants / Solvents: (paint, glue, gases, nitrates)	Methamphetamine (ice, crank, crystal, speed)	Psilocybin (magic mushrooms)
Barbiturates (Nembutal, Seconal)	Cocaine (blow, rock, snow, coke)	Marijuana (high, dope)
Marijuana (in low doses)	Club drugs: MDMA (ecstasy, Adam, Molly), GHB (liquid x)	Club drugs: MDMA (ecstasy, Adam, Molly); GHB (liquid x)

Notice marijuana can be categorized as a depressant or a hallucinogen depending on the dose.

It is important to understand substance use classification and "effects" when discussing RISK with individuals.



The "BI" in SBIRT = is called a Brief Intervention that follows screening to talk with people identified "at risk" *about their results.*



BI: Risk Reduction Approach

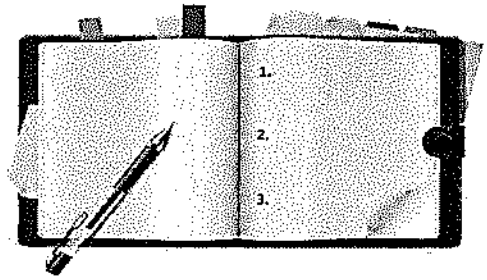
Awareness of Problem → Target Motivation → Behavior Change

Structured Screening for Risk Identification

Brief Intervention: Motivational Enhancement Strategies

Conducting a Brief intervention requires strong skills in

MOTIVATIONAL INTERVIEWING



What stood out to you about the Brief Intervention?

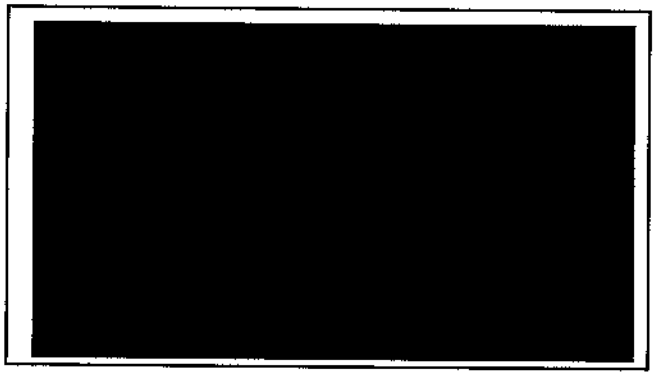
Brief Intervention (BI)

- **It's intended to be Brief:** 5-15 minute session *(could span longer depending on situation)*
- It follows a **structured protocol:**

Step 1: Raise the Subject
Step 2: Provide Feedback
Step 3: Enhance Motivation
Step 4: Negotiate a Plan

Step 1: Raise the Subject

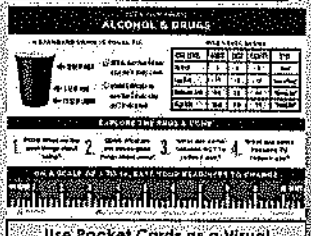
- ✓ **Ask permission:** Be mindful that talking about alcohol/drug use can cause discomfort. Asking to review screening results is courteous.
- ✓ **Ensure confidentiality:** alcohol and drug use can cause fear so ensure privacy protection (and limits).
- ✓ **Normalize screening:** alcohol and drug use can cause feelings of social shame/stigma so remind them that screening for alcohol and drug use as a health issue is part of routine practice at the setting.



Step 2: Provide Feedback

Key aspects of this step:

- ✓ **Be objective:** show them screening results ("score") in context of national standards of "risk"
- ✓ **Personalize the risk:** inform them on how their substance use is placing them at an unhealthy "risk level"
- ✓ **Elicit reaction:** Ask their thoughts about the results (their use and risk level)
- ✓ **Explore connections:** Ask if there is any possible connection between use and presenting health/social problem



Step 3: Enhance Motivation

MI Exercises that have been shown to elicit change talk.

1. ***Decisional Balance (values exploration):*** explores pros and cons of using substance use AND reasons (personal values) for changing.
2. ***Readiness Ruler:*** explores stage of change – readiness- using a 10-point scale and evokes critical thought about selection.

Step 4: Negotiate a Plan

Use Results from Step 3 to Guide next steps...

What is success?

- It's all about the relationship
- Listening to what matters/works for them
- Planting a seed

1. ***Summarize:*** provide a re-cap of where they are at with changing/readiness and pros/cons with reasons (values)...
2. ***Personal Reflection:*** given them opportunity to react...and then ask them about "what change looks like for them now or in the future"?
3. ***Offer Information/Referral:*** give resources and provide referral to necessary services

What does making a referral entail?

Decisional Balance Exercise

Decisional Balance for Using:

Prompted to think about (list) benefits and costs of using alcohol or drugs

Personal Values for Changing:

Prompted to explore reasons for changing / not changing

Brief Intervention: Considerations

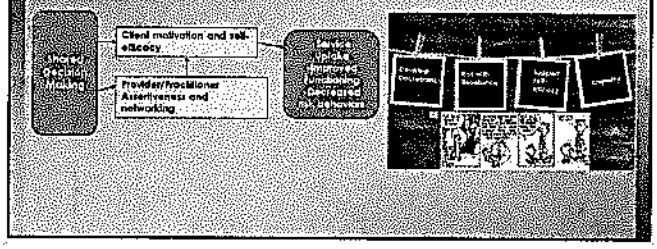
Readiness Ruler Exercise

1	2	3	4	5	6	7	8	9	10

On a scale of 1 to 10, how ready are you to make a change?

After response, ask "why they didn't you select a lower number?"

Active Use of MI is key



MI Skill: Develop Discrepancy

Person expresses ambivalence for change.

- Use results that contradict from Decisional Balance and Readiness Ruler Personalized

Example: "You said earlier that when you drink too much, you can't get out of bed the next day. Last month, you missed an important event because of it. Is this important for you in terms of thinking or planning to change?"

MI Skill: Empathy

Person has no desire to change.

Provider: Meet them where they are at

- Praise them for sharing information with you.
- Thank them for being honest.
- Affirm that you are taking a support role and understand they are not ready.
- Use Step 4 to revisit the discussion via a follow-up.

MI Skill: Roll With Resistance

Person expresses resistance to change.

- Affirm and Acknowledge where they are at and leverage in results from Decisional Balance – personal reasons to change

Provider: I understand that you are in a place where you don't have a need for changing. Sounds like from the pro's – that there is a lot to like from use. I also hear you saying that there may be some reasons to change but they may not be important for you right now. Does this sound right?

RT: Referral to Treatment

MI Skill: Support Self-Efficacy

Expresses they can't change – they have tried in the past and they failed.

Provider: Encourage client to think about a time when they did something they thought they couldn't do. Ask them what helped them be successful at it. Ask them if that could apply to the current situation.

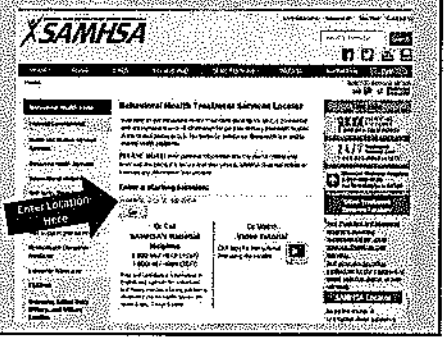
Referral Network

Know the SUD services in the community

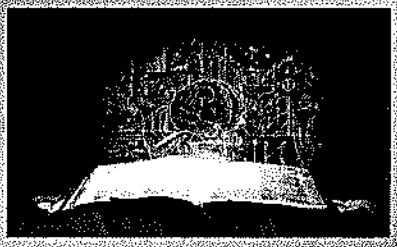
- ☐ Outpatient Centers
- ☐ Intensive Outpatient Centers
- ☐ Residential Treatment Centers
- ☐ Detoxification Services
- ☐ Medication Assisted Treatment Services
- ☐ Mental Health Clinics
- ☐ Hospitals and Physicians
- ☐ 12-Step Groups
- ☐ Faith/Spirituality-Based Treatment Centers
- ☐ Halfway houses/Sober Living

SAMHSA Treatment Locator

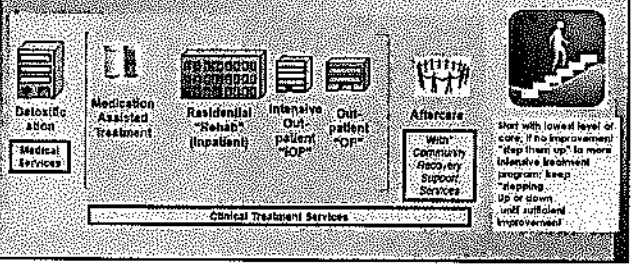
You can also visit SAMHSA's website to access a national directory of SUD treatment programs linked to geographic locations.



Faith Integration Foundation for BI-RT Practice



Making a Referral into SUD Specialty System of Care...



Interactive Reflection Questions

- If you developed a substance use problem, what religious or spiritual practices would be helpful to you?
- Is there any way that your faith or spirituality might be unhelpful for substance use problems?

Making a Referral: The Warm Handoff

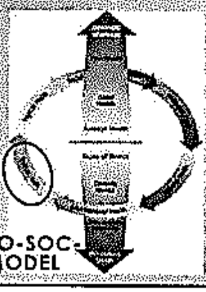
- Remember your scope of practice; referral is key
- Be proactive: learn about services in your local community before the information is needed
- Establish positive relationships with these resources
- Be there for the affected person by calling and
- Possibly visiting the agency with the person or family
- Be willing to be on treatment teams
- Consider ways to promote wellness over the pulpit and within your churches

Debriefing

- As you might have just experienced, providing an opportunity to reflect on faith and spirituality brings resources to mind that might be helpful to you
- The clinician does not have to be a pastor or chaplain, they only need to ask open-ended questions to help the person identify helpful practices and resources
  - Open-ended questions are the foundation of Motivational Interviewing – which is the central approach of SBIRT

How do you integrate faith & spirituality into SBIRT Practice?

Taking a bio-psycho-social-spiritual model allows provider to attend to the individual holistically and not ignore important aspects religion and spirituality – personal values & beliefs.



Goal: Explore if faith/spirituality play a role in driving behavior change. No one size fits all Model.

A BIO-PSYCHO-SOC-SPIRITUAL MODEL

Overcoming Religious Barriers

- Stigma/Shame
  - Substance use might be implicitly perceived as a greater sin than others
  - Substance use might put them beyond help (e.g., God has forsaken them)
- Anti-Intellectual Attitudes
  - Assumption that treatment, outside of the church, is doomed to fail
  - Rejection of medication and psychotherapy as they are not spiritual solutions
- Ignorance
  - A person's entrenchment in a religious group can hinder their knowledge of treatment resources

What is Faith Integrated SBIRT?

- Raising appropriate questions about faith and spirituality
- Context of cultural humility
- Ethical practice standards

For more information:

https://www.youtube.com/watch?v=hM2QtrEe4U&list=PL1EuKncX88-pD2yoUYp-ItdAIDGw53&index=3

https://www.youtube.com/watch?v=8kkqLZr3pM&index=4&list=PUEuKncX88-pD2yoUYp-ItdAIDGw53

Using MI to Address Religious Barriers

✓ Show openness and respect for the client's beliefs, even those that conflict with the desired changes

✓ Affirm the client for their commitment to their beliefs, practices, and/or their religious community

✓ Reflect back the client's mixed feelings so the client gains awareness of their own ambivalent feelings about change

✓ Help the client derive positive meaning and purpose by clarifying the values that are important to them.

Ask questions about how the client perceives their faith and spiritual community to better understand mixed feelings.

Appropriate Questions: Engaging in Brief Interventions

1. Raise the Subject	Ask permission; ensure confidentiality; normalize conversation
2. Provide Feedback	Personalize risk according to standards; elicit reaction; explore connections with presenting problem
3. Enhance Motivation	OARS: open ended questions; affirmation, reflective listening; summary statements Empathy; Explore Discrepancy; Roll with Resistance; Support Self-Efficacy
➤ Decisional Balance	Pros & Cons of use AND values exploration for changing
➤ Readiness to Change	Readiness Ruler; change talk
Faith Integration	Does faith/spirituality play a role in your decision to change?
4. Negotiate a Plan	Summarize. Elicit response; Schedule referral or follow-up
Faith Integration	How can faith/spirituality serve as a support for you?

Referral to Treatment

- Knowledgeable of available faith integrated treatment resources.
- Make faith considerations known in warm handoff
- Respect clients desire to not have faith as part of intervention
- Client self-determination

Cultural Humility

- Openness and willingness to yield to life long learning and critical self-reflection
- Each of our clients is a "guide" to us
- Striving to mitigate power imbalances
- Institutional accountability

Jennifer Payne, PhD, LCSW (Faith and Spirituality in SBIRT practice video series, 2017)

SBIRT Practice is Critical in Field Settings

- Professional bodies (psych, nursing, SW) endorses SBIRT as a Standard of Practice because:
  - SBIRT practice **is evidence based** - supported by research to effectively identify and help address substance use risk issues among individuals 12 and older who seek services in a variety of clinical and community settings.
  - SBIRT practice **is brief** - it takes no more than 5-15 minutes to complete in practice settings.
  - SBIRT practice **is cost-effective** as substance use is costly to the system and communities.
  - SBIRT practice **is valuable** – it is important to identify and address substance use issues early. Before they become more serious issues that plague lives and communities.

Ethical Standards

- Treat the "person", not treat as a "label" or "the problem".
- Recognize differences that shape values and clinical experiences
- No coercion-remember you are in position of power
- No proselytizing
- Confidentiality
- Non-discrimination in care
- Client self-determination

Practice Integration Strategies

- Integrate screening into routine intake procedure
- Explore option for billing Medicaid and Medicare in your state
- Train practitioners and supervisors of interns
- Utilize fidelity checklist
- Provide CE's
- Examine Practitioner attitudes

Findings: High social work interest, esp. in medical settings, system barriers require persistence and advocacy.

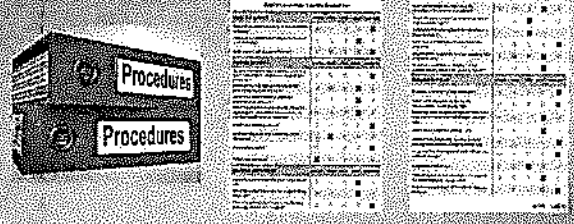
Curriculum Integration Strategies

- Appropriate for BSW and MSW curricula
- Designate specific courses and faculty "champion"
- Assign four hour online modules, and follow-up with in class practice and discussion
- Tip: Use online modules as alternative assignment for days you know you will miss class (ie conferences)

Findings:

- Very positive student response
- Very positive faculty response, generated broader discussions relative to evidenced based practice, treatment fidelity, and integrating faith in practice.

Observation Evaluation Checklist



Discussion Question:

What are some challenges in performing SBIRT at your agency/setting?

Agency Culture:
"We are mental health, medical, social work, not substance use treatment"

Limited Ownership:
"Who does it"?
"obstacles in agency protocols/ procedures"

Common Perception:
"No time... for another assessment, practice"

Lack of Interest:
"It's not relevant or within my scope of practice."

Project Summary

- Total number of students trained last year: 1,026

"I liked the way this training defined what we can do to integrate faith into practice in a way that is not coercive but opens people up to speaking about faith or considering it as a part of their recovery."

"I feel this training has allowed me to be better equipped in working with those clients and addressing the SUD to see whether or not they wish to seek help."

Systemic Challenges

- Implementing the screening tools
- Ensuring the clinician reviews the screening and conducts the BI-RT components regularly
- Knowing appropriate agencies to refer those needing treatment
- Providing quality direct supervision
  - "Just do it" doesn't do it

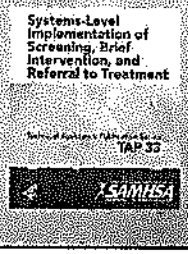
Wrap Up

- SBIRT can be rooted in a biopsychosocial-spiritual perspective that seeks to see people flourish holistically
- Religion and spirituality are often resources for change but sometimes may be a barrier
- Becoming aware of your own biases can help you be more effective in the way you interact with those with substance use problems
- Trainers are encouraged to interact with the SBIRT training and supplement the materials with appropriate resources relevant to their university setting
  - Resources are available at http://www.sbirtfaithandspirituality.org/

Solutions for Systemic Challenges

1. Engage as many staff as is feasible
2. Assign clear roles
3. Develop a staff training plan
4. Select screening instruments
5. Develop referral procedures

More info can be obtained from TAP 33: Systems-Level Implementation of SBIRT



Sign Up for Free Training and Resources!

www.sbirtfaithandspirituality.org

Case Studies

Questions, Comments, & Follow-Up

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BI Steps

BRIEF INTERVENTION STEPS

1. Raise the Subject

ALCOHOL & DRUG USE

EXPLORE THE PROS & CONS

1. PROS: What are the good things about using? 2. CONS: What are the not so good things about using? 3. What are some reasons NOT to reduce use? 4. What are some reasons TO reduce use?

ON A SCALE OF 1 TO 10, RATE YOUR READINESS TO CHANGE

The Faith & Spirituality Integrated SBIRT Network
www.sbirtfaithandspirituality.org

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