


 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

**SBIRT + Recovery Management:
Managing Substance Use Disorders
in Health Care Settings**

42nd Annual Educational Conference
International Nurses Society on Addictions (IntNSA)
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No conflicts of interest to declare

National
Recovery Month
Prevention, Treatment & Education - People Recover
september 2018

**JOIN THE VOICES
FOR RECOVERY**



invest in **health**, **home**,
purpose, and **community**

TERMINOLOGY: SBIRT + RM

- **SBIRT:** Screening, Brief Intervention and Referral to Treatment
- **SBIRT + RM:** Traditional SBIRT PLUS Recovery Management

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Background-Screening & Brief Intervention

- **1990:** Improved alcohol screening recommended (*IOM, Broadening the Base of Treatment for Alcohol Problems, 1990*)
- **2003-present:** Federally-funded SBIRT projects
- **2007:** **5th decade of evidence**, yet **under-implemented** in primary care (*Saitz, 2007*)
- **2012-2014:** SBIRT-related measures endorsed
 - National Institute on Drug Abuse (*Tai, Wu & Clark, 2012*)
 - The Joint Commission (2014)
 - The National Quality Forum (2014)
- **2018:** **6th decade of evidence, still under-utilized**

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2014: “Those two studies in JAMA”

(Saitz et al., and Roy-Byrne et al.)

- *Claimed that brief interventions were **not effective for decreasing drug use** among primary care patients identified through screening;*
- *But was it really fair to claim that widespread adoption of screening and brief intervention for drug use was **not warranted??***

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2017: Rethinking Brief Interventions

(McCambridge & Saitz)

- **Stronger scrutiny of the evidence:**
Discussion content and counseling micro-skills associated with improved outcomes
- **Alcohol screening:** *Not isolated from other risky behaviors and mental health questions*
- **More clarity:** *Remaining questions about unmet needs of people with alcohol problems*
- **Brief interventions as guiding principle:**
Reduction of substance use and consequences (not defined by time or # of sessions)

Unanswered Questions: Absence of Evidence is Not Evidence of Absence

	Alcohol Misuse	Alcohol Dependence	Drug Use	Drug Dependence
S CREENING	✓	✓	✓	✓
B RIEF I NTERVENTION	✓	?	?	?
R EFERRAL	?	?	?	?
T REATMENT	✓	✓	✓	✓

SBIRT has many moving parts, and its measurement is tricky (Lindsay, 2014)

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Analysis of Theoretical Framework

- **Purpose for Examining Middle-Range Theories**
 - To conceptualize clinical problems and outcomes
 - To delineate effective interventions and methods of outcome measurement *(Donaldson, 1995)*
- **Utilized Smith and Liehr’s Evaluation Framework for Middle Range Theory**
 - Substantive foundations
 - Structural integrity
 - Functional adequacy *(Smith & Liehr, in Gaubard & Rosen, 2008)*

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Two SBIRT-related Middle Range Theories

- **Wagner’s Chronic Care Model (CCM)**
 - Featured prominently in early SBIRT literature
(Bodenheimer, Wagner & Grumbach, 2002; Coleman, Austin, Branch & Wagner, 2009)
- **White’s Recovery Management (RM) Model**
 - Component of the Ecology of Addiction Recovery Model;
 - Adapted from Bronfenbrenner’s Ecologic Framework Model *(William White, 2008)*

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Wagner’s Chronic Care Model (CCM)

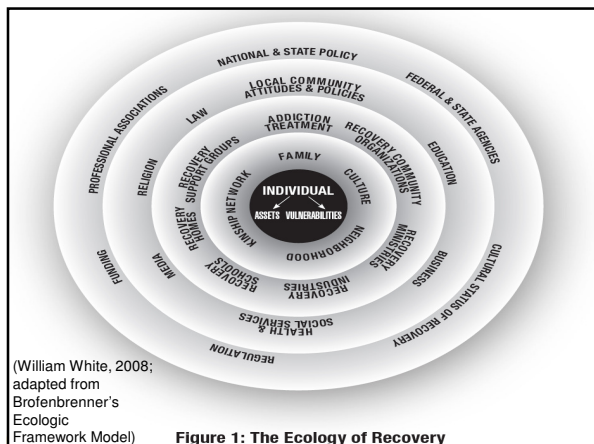
- CCM is associated with changes in:
 - Provider expertise & skill;
 - Patient education & support
 - Team-based care delivery; and
 - Better use of information systems
- CCM does not articulate how it can be used to improve **substance use disorder outcomes**

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Recovery Management (RM) Model

- Specifically addresses the needs of individuals with **substance use disorders**, their families and communities
- Outperforms the CCM in terms of describing, explaining and interpreting the phenomenon of interest (**recovery**)


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Phenomenon of Recovery

WORKING DEFINITION: (SAMHSA, 2011)

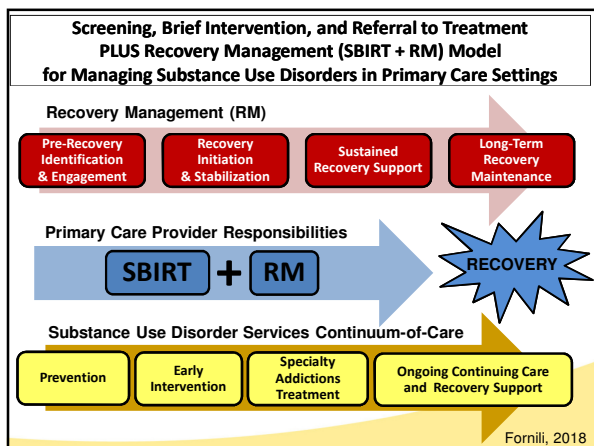
- “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

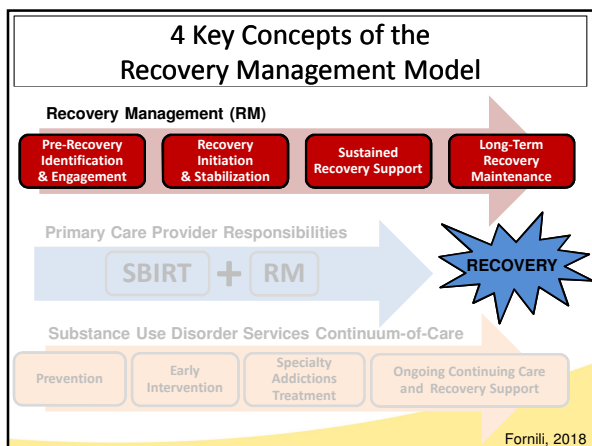


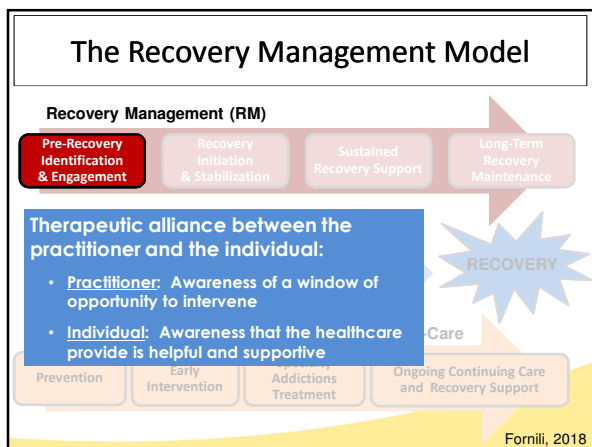
CORE RECOVERY MEASURES: (SAMHSA, 2014)

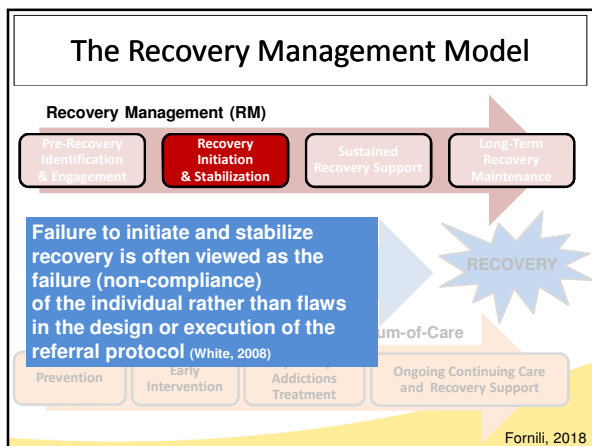
- **Health**—Overcoming or managing disease process; physical/emotional well-being;
- **Home**—Stable and safe place to live
- **Purpose**—Meaningful daily activities (job, school); and
- **Community**—relationships and social networks that provide support, friendship, love and hope.

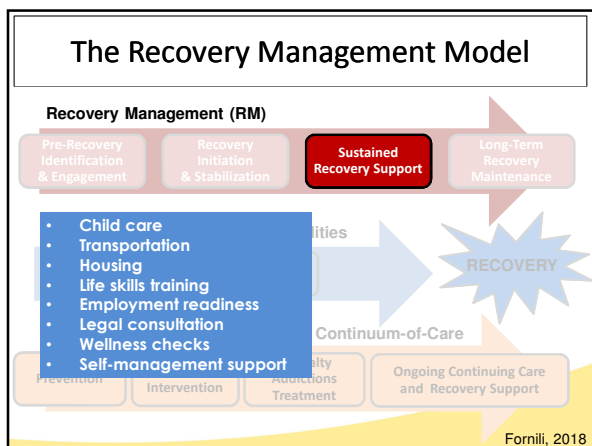
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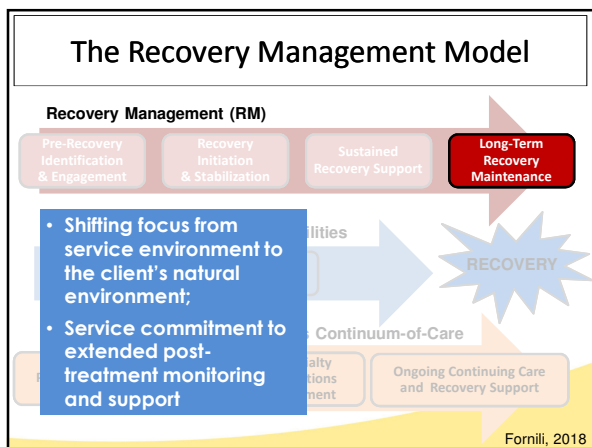


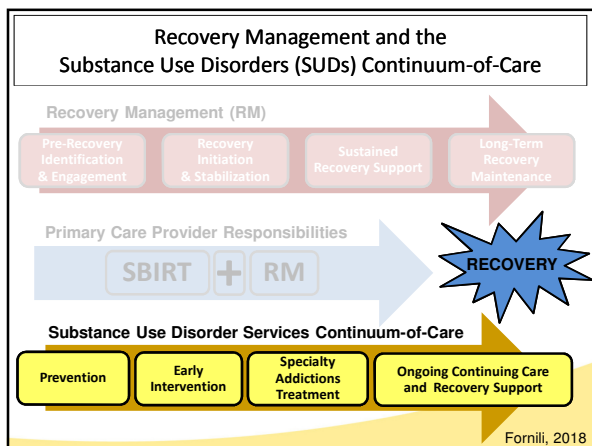


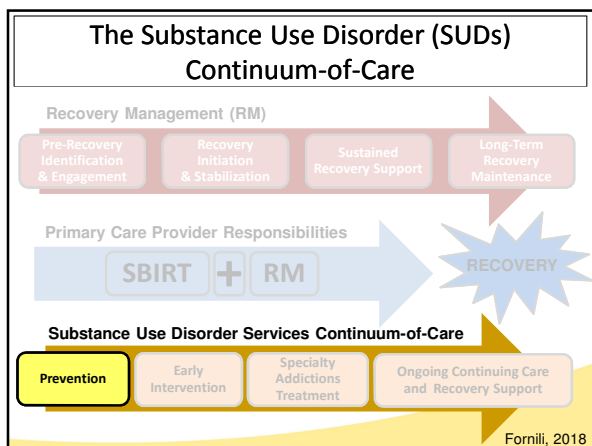


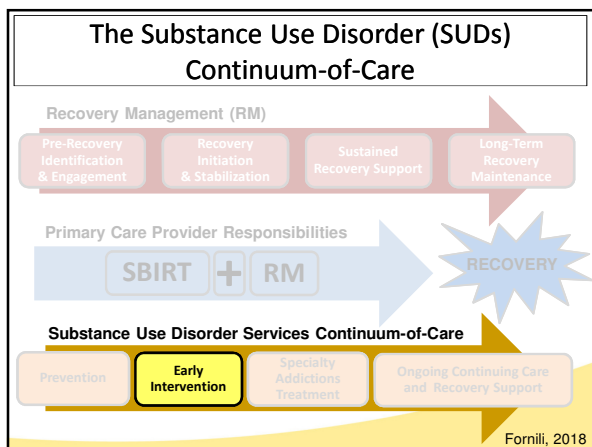


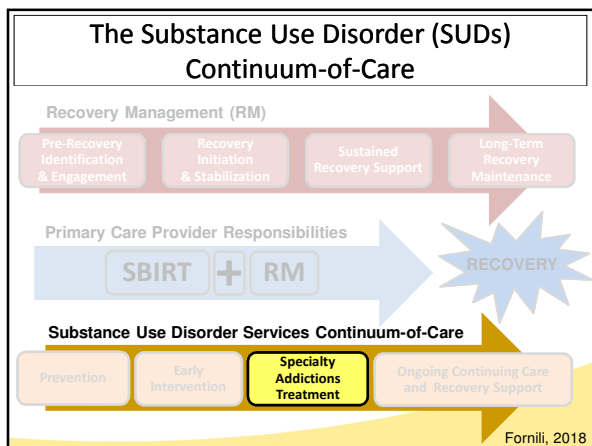


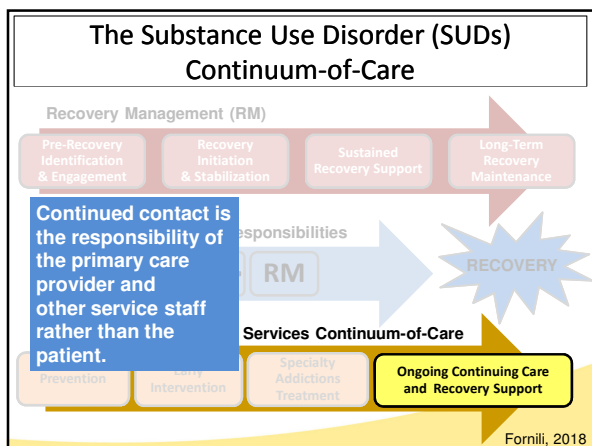


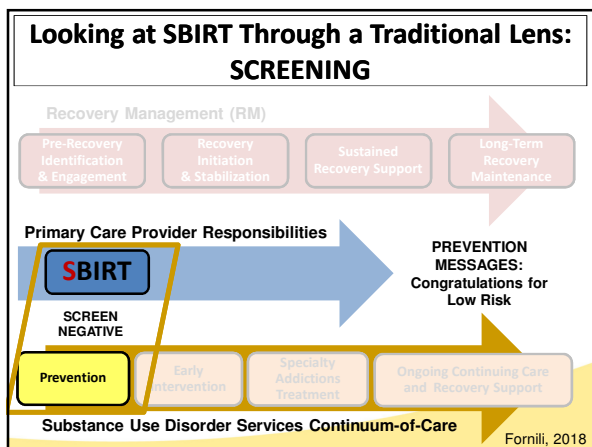


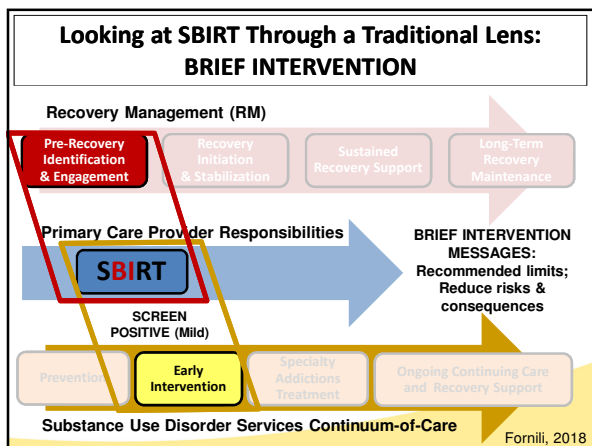


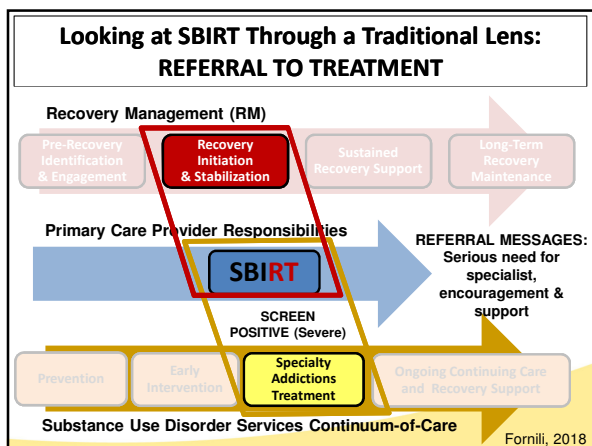












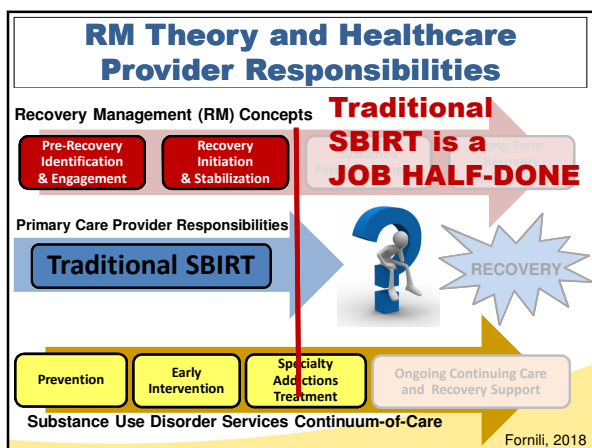
REFERRAL TO TREATMENT— “Least-studied of the three components”

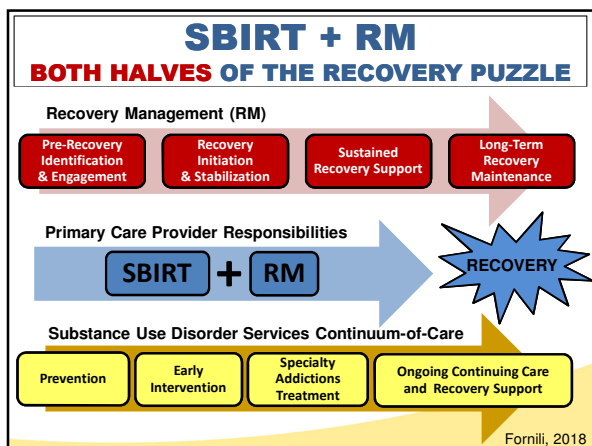
(Dr. Dawn Lindsay, IRETA, 2015)

Successful referrals depend on:

- Type of Referral
- Access to Treatment
- Follow-up Provided
- Self-help and/or Peer/Recovery Support
- How “Success” is Measured

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What if behavioral health problems and specialty referrals were addressed like other types of health care problems?

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Conclusions: The SBIRT+RM Model

- Provides insight into why **SBIRT alone** may not be effective for more serious substance use disorders (drug use, alcohol/drug dependence)
- Articulates how the proposed **SBIRT + RM Model** can enhance outcomes of substance use disorder interventions delivered within primary care settings
- Will help **individuals in recovery** lead safe, healthy, meaningful lives in the community, surrounded by people who love them and encourage them to succeed

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For More Information

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*"Knowing is not enough, we must apply. Willing is not enough, we must do."
Goethe*
