



University of Pittsburgh

Interprofessional Collaborative Partnerships to Create Healthy Environments: Understanding Fetal Alcohol Spectrum Disorders

Ann M. Mitchell, PhD, RN, FAAN

Irene Kane, PhD, RN, CNAA, EPC

Holly Hagle, PhD

Kathy Puskar, DrPH, RN, FAAN

Dawn Lindsay, PhD





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Declaration of interest

The authors report no declarations of interest.



Purpose of this presentation

To present an interprofessional practice model to educate nurses and all professions to apply interprofessional practice to implement alcohol Screening and Brief Intervention toward the prevention of Fetal Alcohol Spectrum Disorders through direct interaction or online technology education.



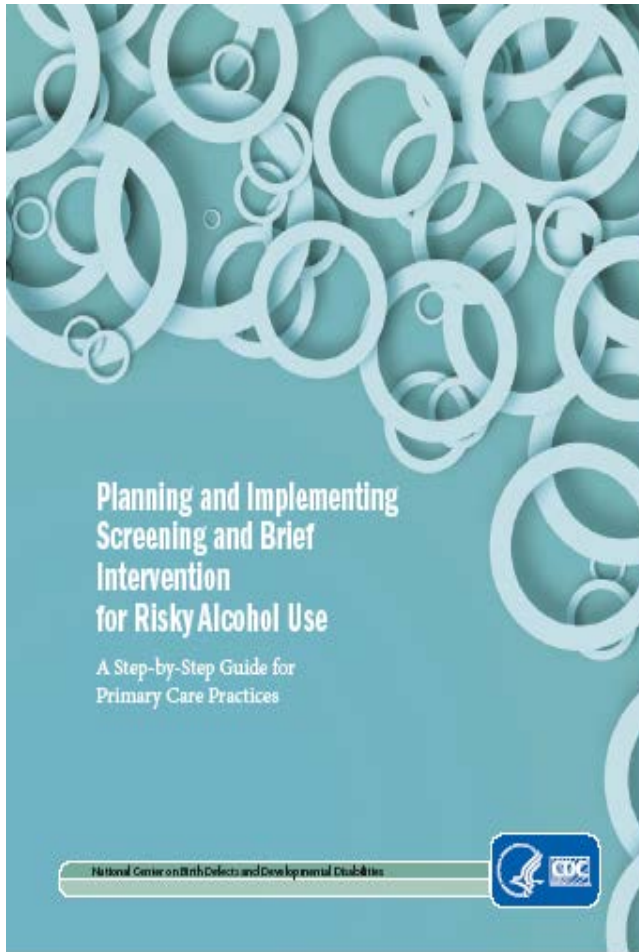
Objectives for this presentation

- Support interprofessional practice in the implementation of Alcohol Screening and Intervention (alcohol SBI) to prevent Fetal Spectrum Disorders (FASD)
- Describe reliable and valid screening tools for alcohol use
- Describe a brief intervention model for alcohol use
- Share current national partnership actions to implement alcohol SBI and prevent FASD
- Present resources, tools, and references for ready teaching and implementation in any practice setting



Learner Outcomes

Upon completion of this presentation, STTI participants will have increased knowledge about Alcohol SBI and FASD to be able to reference available resources to successfully plan, implement, & evaluate a sustainable Alcohol SBI process as outlined in the CDC Implementation Guide for Alcohol SBI.



Foundational Material

CDC's Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use

Source: Centers for Disease Control and Prevention. (2014). Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities.



The Interprofessional Partnership

- University of Pittsburgh School of Nursing
- John Hopkins University School of Nursing
- University of Alaska Anchorage Center for Behavior Health Research & Services
- University of California at San Diego



Interprofessional Collaborative Practice

Based on the Institute of Medicine (IOM) recommendations

- The goal of this interprofessional learning is to prepare all health professions and the most trusted of health professionals, nurses, to:

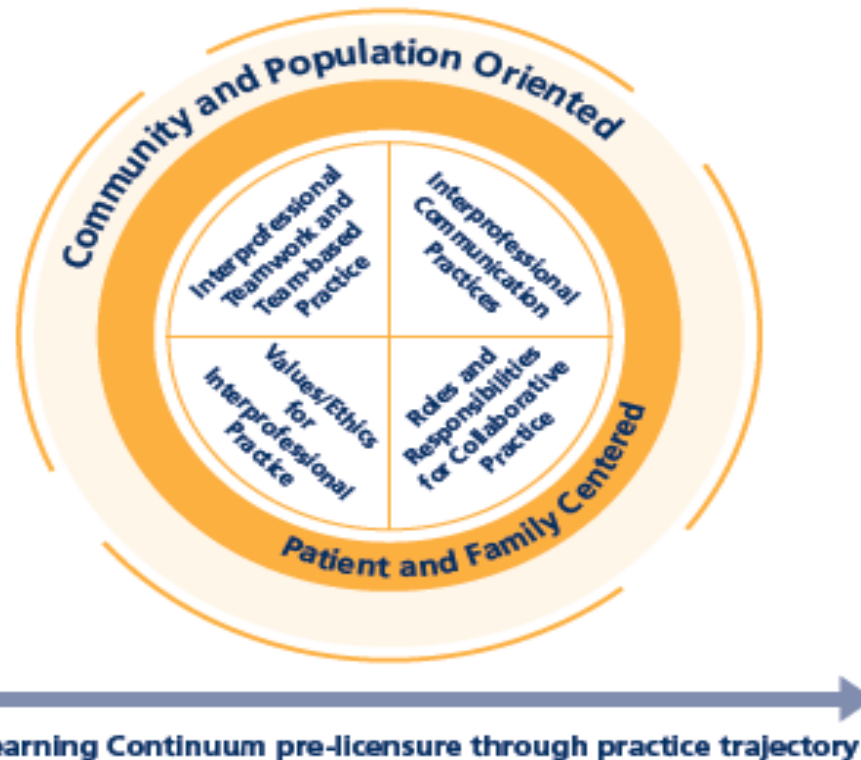
'deliberatively work together with the common goal of building a safer and better patient-centered and community/population oriented U.S. health care system'.

Source: Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.*



Interprofessional Collaborative Practice Model

FIGURE 6: Interprofessional Collaborative Practice Domains



Source: Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for Interprofessional collaborative practice: Report of an expert pane. Washington, D.C.: Interprofessional Education Collaborative.

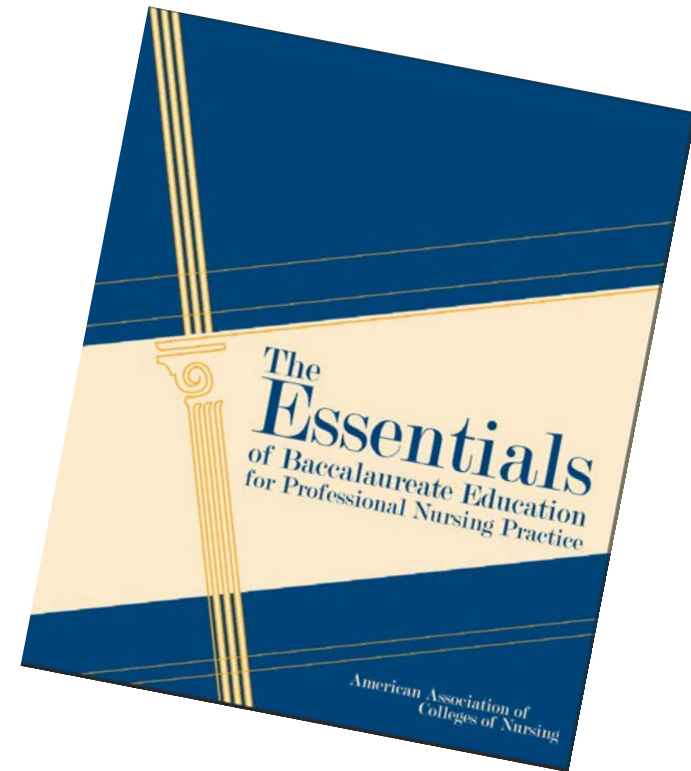


AACN Essentials for Baccalaureate Nursing Education

American Association of Colleges of Nursing (AACN)

- **Essential VI:**
Interprofessional Communication and
Collaboration for Improving Patient
Health Outcomes

- **Essential VIII:**
Professionalism and Professional Values





Alcohol

1 of the top 5 risk factors for



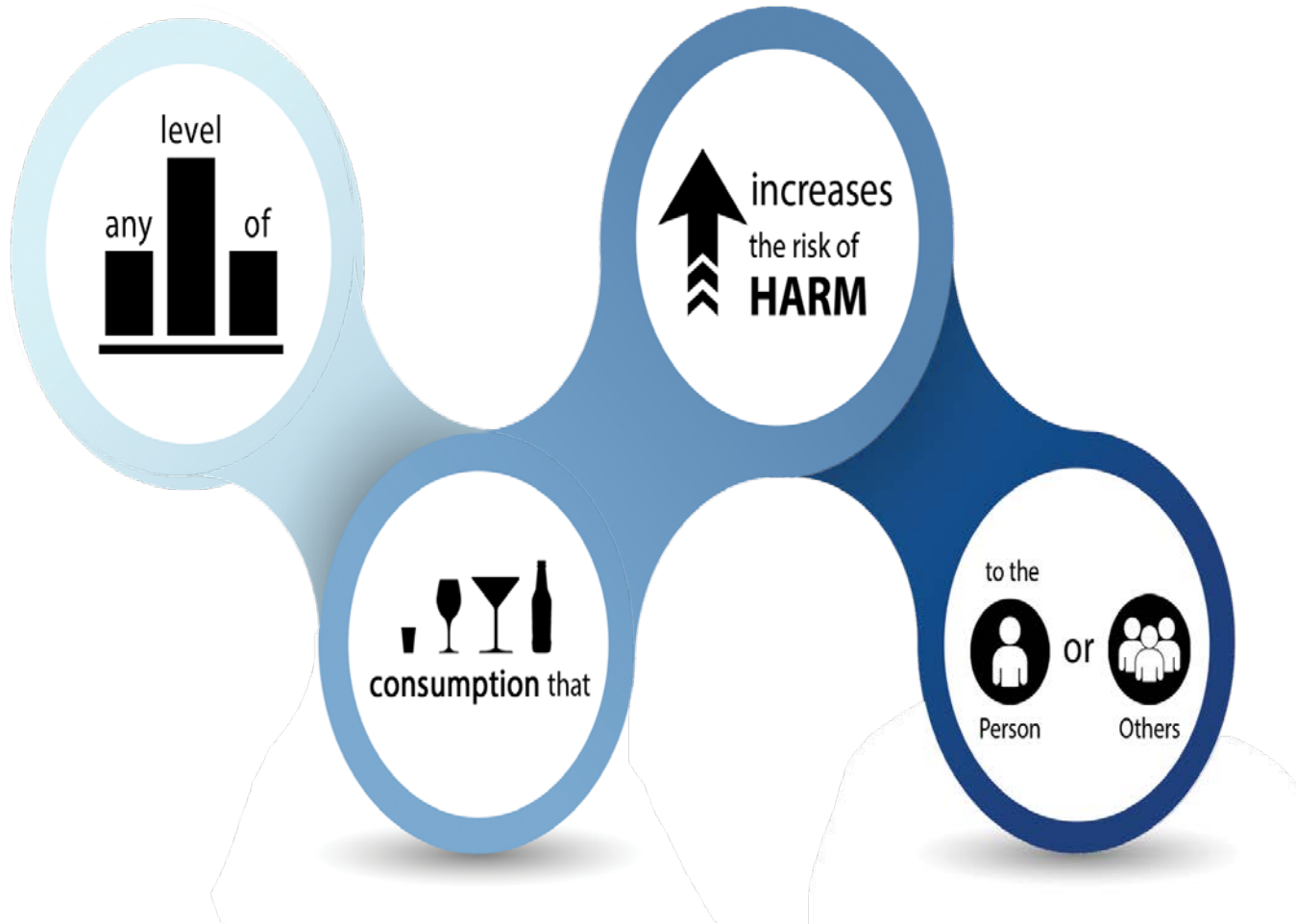
disease

disability

death



What Does “At-Risk” Mean?





What is one standard drink?





Standard Drink: based on the concentration of absolute alcohol (0.6 oz.)

12 fl oz of regular beer

=

8–9 fl oz of malt liquor
(shown in a 12 oz glass)

=

5 fl oz of table wine

1.5 fl oz shot of 80-proof spirits
("hard liquor" — whiskey, gin, rum, vodka, tequila, etc.)



about 5% alcohol



about 7% alcohol



about 12% alcohol



about 40% alcohol



Suggested Drinking Limits for Women

- 3 or less standard drinks per occasion
- 7 or less standard drinks per week
- ***0 if pregnant, breastfeeding, planning to become pregnant, or if sexually active and not using reliable contraception***
- **Remember, during pregnancy, there is no safe time, no safe amount, no safe type of alcohol**



Why NO drinking if pregnant or planning to become pregnant?



Background



**PREGNANCY AND ALCOHOL
DON'T MIX.**

FOR MORE INFORMATION, VISIT WWW.CDC.GOV/FASD OR CALL 800-CDC-INFO.

WHEN A PREGNANT WOMAN DRINKS ALCOHOL,
SO DOES HER BABY. WHY TAKE THE RISK?

Despite years of research linking alcohol-exposed pregnancies (AEPs) and birth defects, alcohol use by pregnant women continues as a major public health issue

A fetus is shown inside a womb, surrounded by alcohol, ice cubes, and lemon slices. The scene is filled with bubbles, suggesting carbonation. The fetus is positioned in the center, with its head tilted to the right. The background is dark, making the fetus and the surrounding elements stand out.

TOO | TO YOUNG | DRINK

Drinking alcohol during pregnancy can cause
lifelong harm to the unborn child.

EUROPEAN
FASD
ALLIANCE



euroware

MAMMA **BIMBO**
BEVE **BEVE**
AZIENDA ULSS 9 TREVISO



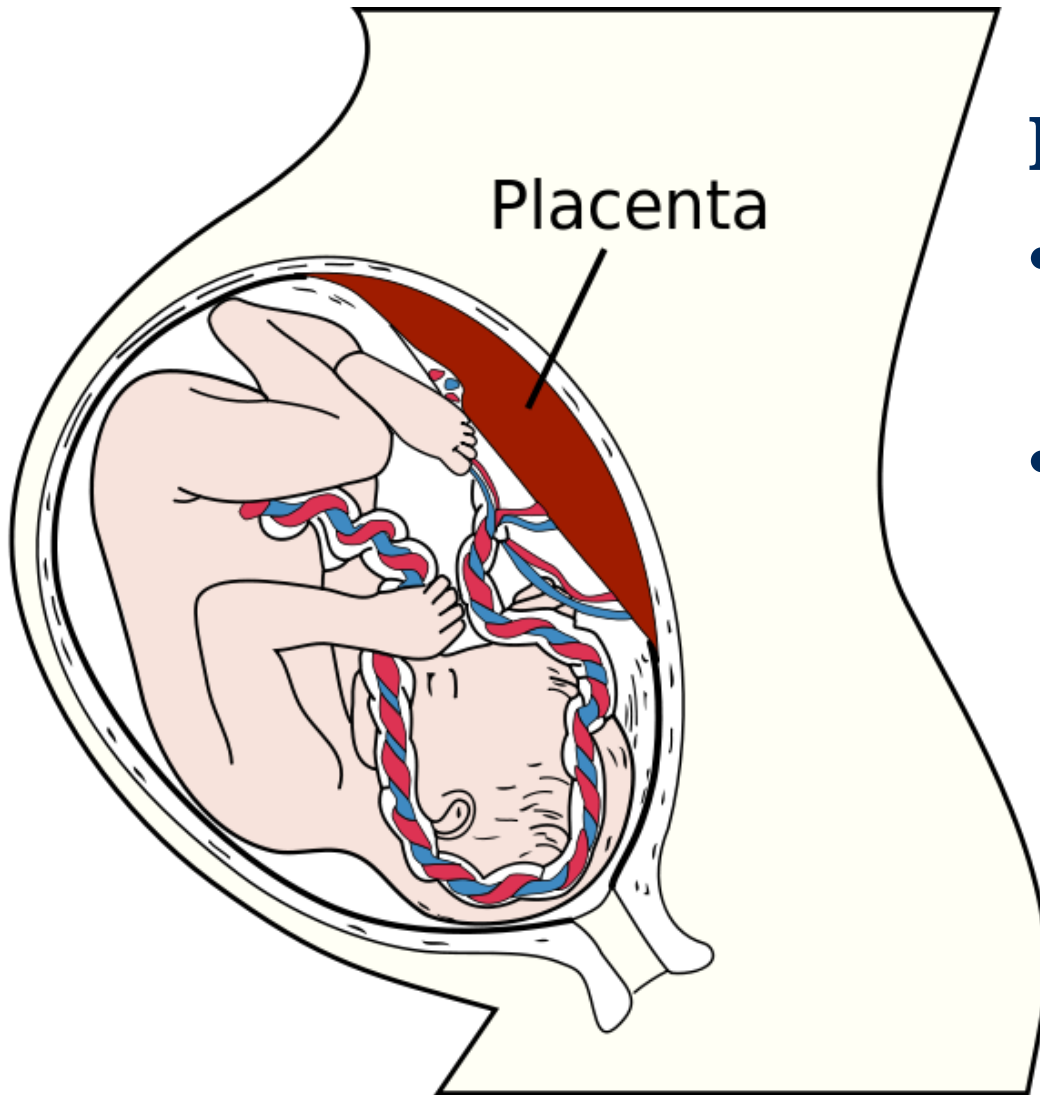
Highest Rates of Alcohol Use Among Pregnant Women

- Aged 35-44 years (14.3%)
- White (8.3%)
- College graduates (10.0%)
- Employed (9.6%)



Alcohol Screening and Brief Intervention a Response to Alcohol and Women of Childbearing Age

- **7.6% of pregnant women reported drinking alcohol in the past 30 days.**
- **1.4% of pregnant women reported binge drinking in the past 30 days.**
- **12% of women continue drinking during pregnancy**



Facts

- Alcohol is a teratogen
- Alcohol readily crosses the placenta and the blood-brain barrier



What are FASDs?

- Umbrella term for the range of brain injuries (organic brain damage) that can result from prenatal exposure to alcohol
- #1 known preventable cause of intellectual and behavioral impairment



FASD Terminology

- Prenatal Alcohol Exposure (PAE)
- Fetal alcohol syndrome (FAS): most commonly known- abnormal facial features, growth problems, CNS problems, problems with learning, memory, attention span, communication, vision, or hearing
- Partial fetal alcohol syndrome (pFAS): does not meet the full diagnostic criteria for FAS but has a history of prenatal alcohol exposure, some facial abnormalities as well as a growth problem or CNS abnormalities
- Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE): most prevalent- [previously referred to as alcohol-related neurodevelopmental disorder (ARND)]
- Alcohol-related birth defects (ARBD): rarely diagnosed
- structural birth defects only (e.g., kidney, heart, or brain w/o functional deficit)



<http://kottke.org/13/07/a-frog-with-an-umbrella>



Prevalence estimates

(May, 2014)

- Fetal Alcohol Syndrome:
 - 6 - 9 per 1000 births
- Full spectrum of disorders may be as high as 24 to 48 per 1000 births (2.4 – 4.8%)
 - ~96-192 thousand children per year in the U.S.
 - Children in foster care system - 10x higher
<https://depts.washington.edu/fasdpn/pdfs/screen.pdf>
 - Youth in the juvenile justice system higher





FASD prevention requires professional action





The interprofessional team with educated nurse leaders can...



Reduce the impact of at-risk use through screening and intervention

Empower any patient to reduce their risk of alcohol-related harm especially to eliminate FASD

Help manage alcohol-related health problems



Alcohol SBI – Can Make A Difference

- **Effective in primary care, ED, and other settings**
(e.g., Academic Ed Research Collaborative, 2007, 2010; Babor et al., 2007; Fleming et al., 2002)
- **SBIRT implemented by nurses is effective**
(Desy, Howard. & Perhats, 2010; Lane et al., 2008)
- **Results in reductions in mortality, alcohol use, health care costs, criminal justice involvement, and societal costs**
(Cuijpers, 2004; Academic, 2010; Gentilello, 1999; Wells-Parker, 2002)



Remember Alcohol SBI is a Critical Clinical Preventive Service

Like hypertension or tobacco screening, alcohol screening and brief intervention (alcohol SBI) is a clinical preventive service. It identifies drinking misuse to prevent health related issues and involves:

- A validated set of screening questions to identify patients' drinking problems
- A short conversation specific to the patient based upon the screen results

The entire service takes only a few minutes, is inexpensive, and may be reimbursable. It begins with an evidence-based screen...



Prevention of Alcohol-Exposed Pregnancies

- 100% preventable if women who are pregnant, trying to get pregnant, or at risk of becoming pregnancy abstain from alcohol
- Discuss and provide information about FASD
- Provide universal alcohol screening and brief intervention (Alcohol SBI)
- Discuss contraception
- Provide or refer for targeted alcohol treatment and/or promote contraception use for women at highest risk



4 Steps to Screening and Brief Intervention



What are the 4 steps that comprise a clinical approach to addressing patients who drink too much? (2014, January 1). Retrieved February 24, 2015, from <http://www.thedoctorschannel.com/view/what-are-the-4-steps-that-comprise-a-clinical-approach-to-addressing-patients-who-drink-too-much/>



Universal Alcohol Screening uses evidence based tools to identify



At-Risk Use

Often prior to alcohol-related problems being evident



How Will the Screening be Performed and Where?

Some suggestions are:

- Via computer before the patients arrives
- Via questionnaire in the practice setting





T-ACE

- Screening tool developed by obstetricians and gynecologists to detect alcohol consumption in pregnant women
- Normed only for pregnant women
- Developed after obstetrician noticed that asking women about their tolerance to alcohol did not trigger denial



T-ACE

- **4 questions, similar to the CAGE**
 - How many drinks does it **T**ake to get you high?
 - Have people **A**nnoyed you by criticizing your drinking?
 - Have you ever felt you ought to **C**ut down on your drinking?
 - Have you ever had a drink first thing in the morning to steady your nerves (**E**ye opener)?
- **Score of 2 or more is positive**
- **One point given for a yes answer to A, C or E questions**
- **Two points given for a yes answer to the T question**



How Will Screening Forms be Scored and the Results be Shared and Stored?

1. Who will score the screening instruments?
2. How will screening results be shared with staff who will provide brief interventions?
3. How will screening results be recorded in the patient's chart?
4. Where will screening forms (if used) be stored and managed?
5. How will patients who screen positive be followed during future visits? If a patient screens positive, you will need to follow up appropriately as you would with any other risk factor.



Results of Screening Make it Easy to do a Brief Intervention....

Step 1: Raise the Subject

Step 2: Provide Feedback

Step 3: Enhance Motivation

Step 4: Negotiate and Advise



Basics of a Brief Intervention

- Identify a real or potential alcohol use problem and to motivate an individual to do something about it
- Provide education about alcohol use especially related to pregnancy, including potential risks – health education approach
- Match patient's Stage of Change – no arguing, pushing, or dragging



Discuss the Pros and Cons of Use—Applying MI

Using open-ended questions—

- Enables the patient to convey more information
- Encourages engagement
- Opens the door for exploration

Using reflections

- Reflective listening
- Thinking reflectively





Brief Intervention

- **Two main issues:**
 - **Who will deliver the interventions?**
 - Time Availability
 - Knowledge and Experience
 - Interpersonal Skills
 - Willingness
 - **What will the basic elements of your intervention system be?**
 - When will interventions be delivered?
 - How will you introduce the intervention for patients who screen positive?
 - What elements will you include in the intervention?
 - How long will interventions typically take?
 - How will you intervene with patients who are likely to be dependent on alcohol?
 - How will you follow patients who receive an intervention?
 - How will the intervention be documented?





Establish Referral Procedures

Three Available Resources:

1. The Substance Abuse and Mental Health Services Administration (SAMHSA.gov)
2. Your practice's contacts
3. Alcoholics Anonymous (AA)

(CDC, 2014)





Treatment Challenges for Women

- Stigma of substance use
- Fear of loss of child custody
- Few resources for women with children
- Lack of collaboration among social service systems
- Lack of culturally responsive programming
- Limited options for pregnant women



Moving forward with Alcohol SBI

I. Laying the Groundwork

1. Familiarize the planning team with alcohol SBI – why it is an important medical service and how it works
2. Ensure that practice leaders are committed to implementing alcohol SBI

II. Adapting Alcohol SBI to Your Practice

3. Plan Screening procedures
4. Plan brief intervention procedures
5. Establish procedures to refer patients with severe problems

III. Implementing Alcohol SBI in Your Practice

6. Train staff for their specific roles
7. Pilot test and refine your plan
8. Manage initial full implementation so it succeeds

IV. Refining and Promoting

9. Monitor and improve your alcohol SBI plan over time
10. Publicize your efforts so that others can learn from your experience

(CDC,2014)

Picture via:

<http://www.kinshipenterprise.com/blog/Post/how-social-australian-business-adapt-to-survive/#.VV86jE9VhBc>





**The current study... Fetal
Alcohol Spectrum Disorders
(FASD) *Prevention and Practice*
IS MOVING FORWARD Through
National Partnerships**



Purpose

Collaborate with national nursing organizations to increase the number of nurses using **Alcohol SBI** to *prevent FASD*

- Alcohol SBI is *not* a routine standard of care, therefore driving policy to promote practice change is essential



Methods

An environmental scan was completed to identify evidence-based information and training materials on AEPs and FASDs and reviewed:

- existing literature;
- position papers and policy statements of national nursing organizations
- Information related to psychiatric mental health and women's health nursing
- training curricula and training practice guidelines



Methods

A sample of 125 documents were rated on metrics related to:

- nursing
- FASD competencies
- hierarchy of evidence
- relevance and sustainability



Environmental Scan Resource Rating Tool

Variable Name	Initial Rating Criteria/Labels	Secondary Rating Criteria
Year	2010-2015	Earlier articles considered
Resource Type	journal article, existing training, practice guidelines, policy or position statements, conference presentations, other	--
Nurse Specific	Yes/No	--
Alcohol Specific	Yes/No	--
Prevention Specific	Yes/No	--
FASD Competencies 1-7	Yes/No	--
Audience; Provider using the resource	List healthcare provider disciplines that resource targeted as the users	Identify practice settings (potential adopters); implementation feasibility; acceptability/burden to providers
Hierarchy	Meta Analysis; Systematic Review; RCT; Cohort Longitudinal Study; Case Control Studies; Cross-sectional or Observation studies; Single Descriptive and/or Qualitative studies; Editorials, Opinions; Other	External validity of studies conducted: i.e., effectiveness or implementation studies reporting on adoption, implementation, maintenance, and outcomes
Reach potential (patients)	Universal; Selected; Indicated	Number and representativeness of patients reached (and groups not reached?); Effectiveness of resource to change patient behavior
Sustainability potential	Present/Absent	Cost, potential to be used by nurses with continued fidelity and to influence their practice behaviors long-term
Endorsed or Recommended	List agency or professional organizations	--
Relevance to goal	Directly (i.e., nurse, alcohol, and prevention-specific); Somewhat (i.e., meets 2 of the above); Not Directly (i.e., meets 1 or none of the above)	Extent that the resource reflects current U.S. health recommendations for alcohol, is high quality; practical and relevant to nursing professionals; and usable as is (i.e., will it require costly adaptation; user testing)



Results

Our findings point to areas where improvements nurses' knowledge, skills, attitudes, and behaviors for addressing alcohol misuse and the evidence for intervention effectiveness can be improved with training.



Results

Policy implications for nursing include:

- advocating for inclusion in nursing curricula nationally
- providing continuing education (CEU) programs for practicing nurses in numerous settings
- encouraging for inclusion of specific questions on NCLEX



Conclusions

Policy implications for prevention and treatment (practice change) include:

- Advancing policies at the federal, state, and local levels to prevent FASD and to benefit individuals and families living with the condition
- Implementing public health policies related to universal screening approaches for prevention can be used to protect entire populations



Conclusions (continued...)

- Selecting programs and prevention methods, such as Alcohol SBI, may also be designed and directed toward high risk groups
- Intervening, treating, and case review/management must be provided for parents and children who have experienced problems related to FASDs
- Ongoing monitoring and utilizing current research findings can be used to effectively increase nurses awareness of AEPs and FASDs with the goal of standard of practice assessment and implementation

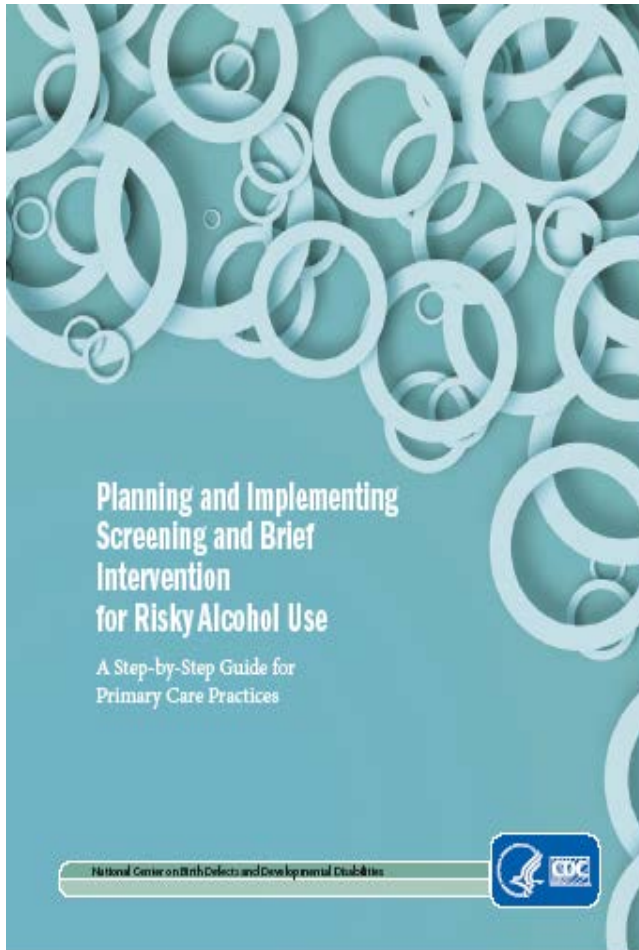


National Partner Actions

- Policy development
- Education and training
- Publications
- Presentations
- Resources
- Champions



Resources



CDC's Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use

Source: Centers for Disease Control and Prevention. (2014). Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities.



SBIRT* Teaching Resources

*Screening, Brief Intervention and Referral to Treatment (SBIRT)
More than 10% of Americans aged 12 or older report being current or former
of active. 2% report current use of a tobacco product, and 5% report past drug
use. Substance Abuse and Mental Health Services Administration (SAMHSA,
2010). Nurses treating patients in a variety of healthcare settings will encounter
individuals who use alcohol, tobacco, and other drugs.

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a universal

- Continuing Education
- PHN Nursing CE calendar
- Becoming a Preceptor
- PHN Preceptor activities
- Enduring Clinical Activities
- SBIRT* Teaching Resources
- PHN Preceptor

Substance Use Education for Nurses

(SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT)

University of Pittsburgh
School of Nursing



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rotations. It is now required to chart alcohol screening results, as well as information regarding brief intervention/referral to treatment.

Pitt SoN has made available the following online SBIRT teaching resources: a trainer's manual, numerous PowerPoint presentations, handouts, and case studies-- all available to the public.

Ring of Knowledge (ROK) cards were designed and can be used as a reference for the following: the AUDIT, DAST, or CAGE, brief intervention techniques, standard drink sizes, and local resources.

Nurse Practitioner students at Pitt SoN utilize Typhon charting during their clinical

For more information, please contact Ann Mitchell at ammi@pitt.edu



ALCOHOL + YOUR BABY

THE EFFECTS OF DRINKING ALCOHOL WHILE PREGNANT

Drinking alcohol during pregnancy can cause Fetal Alcohol Spectrum Disorder (FASD). Some of the life-long effects on your baby include:

- Uncommon facial features, a small head, and below average height
- Learning problems at school and difficulties paying attention
- Heart problems
- Hyperactive behavior
- Vision or hearing problems
- Speech and language difficulties, poor memory

DEVELOPMENT OF YOUR BABY



THE BRAIN

Your baby's brain is developing throughout your pregnancy. Drinking alcohol can be very dangerous, and cause major problems.



THE BODY

Your baby's heart, arms, legs, and other body parts are developing throughout your pregnancy. Drinking alcohol can be very dangerous and cause major problems.

THERE IS NO SAFE AMOUNT OF ALCOHOL DURING PREGNANCY!

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Pitt SoN developed this infographic in order to highlight the adverse effects of alcohol use during pregnancy. The infographic discusses signs and symptoms of Fetal Alcohol Spectrum Disorder (FASD) and can be disseminated to the general public in order to increase knowledge and awareness, thus promoting healthy choices in women of childbearing age.

In order to ensure the availability of SBIRT training across a variety of professions,

modules were created specifically for Nurse Informatics students, Clinical Nurse Leader students, and Nurse Administrator students.



Teaching Resources



SBIRT* Teaching Resources

*Screening, Brief Intervention and Referral to Treatment (SBIRT)

More than half (52%) of Americans aged 12 or older report being current drinkers of alcohol, 27% report current use of a tobacco product, and 9% report illicit drug use (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Nurses treating patients in a variety of healthcare settings will encounter individuals who use alcohol, tobacco, and other drugs.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a universal screening and prevention approach. An evidence-based practice, SBIRT targets individuals who use alcohol, tobacco, and other drugs but are not yet dependent on those substances. Any level of drinking or drug use may complicate an individual's health condition, work, and family life (Centers for Medicare and Medicaid Services [CMS], 2013). SBIRT is an approach nurses can use to provide effective risk reduction and intervention prior to a patient's need for more extensive treatment.

The *Substance Use Education for Nurses: SBIRT* curriculum has been used to successfully train over 500 undergraduate student nurses at the University of Pittsburgh. We provide the following resources to you free of charge with the hope you will utilize them in training and education of student and professional nurses, along with other healthcare professionals.

1. Trainer's Manual
2. Ring of Knowledge (ROK) Cards
3. Substance Use Education for Nurses PowerPoint
4. Substance Use Education for Nurses Handout
5. Review/Refresher Powerpoint
6. Review/Refresher Handout

Continuing Education

Pitt Nursing CE calendar

Becoming a Preceptor

Live/Webinar Activities

Enduring/Online Activities

SBIRT* Teaching Resources

ONc-PoWER

CE Contacts

Director
Mary Rodgers Schubert, DNP, MPM, RN
Phone: 412-624-0070

Office Coordinator
Yvonne M. Janosko, BS
3500 Victoria Street
225 Victoria Building
Pittsburgh, PA 15261
conted@pitt.edu
Phone: 412-624-3168
Fax: 412-624-1215

Keep Up with CE

Free Download: <http://www.nursing.pitt.edu/continuing-education/sbirt-teaching-resources>



Training Materials: Ring of Knowledge (ROK) Laminated Cards

Addiction Training for Nurses using SBIRT Program
(SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT)

University of Pittsburgh
School of Nursing




ireta
Institute for Research, Education and Training in Addictions

The ATN SBIRT Program is a partnership with the University of Pittsburgh, School of Nursing and IRETA supported by funds from the Division of Nursing and the Office of Health Information Technology, Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS).

SUGGESTED INTERVIEW LANGUAGE

As part of a complete assessment it is important to review issues that could affect your health. This information will help us provide you with the best treatment and the highest possible standard of care. We are asking you questions that ask about your use of alcoholic beverages because alcohol use can affect your health and can interfere with certain medications. Please answer as accurately and as honestly as possible.

All information will be treated in strict confidence. In the following questions, a drink means one (12 ounce) can or bottle of beer, one glass of wine, one wine cooler, or a mixed drink with 1.5 oz. of hard liquor. Each counts as one drink; a mixed drink with double shots or a martini counts as two drinks.



Each counts as 1 drink:

3 The ATN SBIRT Program is a partnership with the University of Pittsburgh, School of Nursing and IRETA supported by funds from the Division of Nursing and the Office of Health Information Technology, Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS).

**DRUG ABUSE SCREENING TEST (DAST)
3 QUESTION VERSION**

If there is a yes response to any item please use full DAST.

In the last year have you used drugs other than those required for medical reasons?
 Yes No

In the last year, have you used prescription or other drugs more than you meant to?
 Yes No

Which drug do you use most frequently? _____

Gavin D.P., Ross H.E., Skinner R.A. (1989). Diagnostic validity of the drug abuse screening test in the assessment of dsm-ii drug disorders. *British Journal of Addiction* 84(2), 201-207.

10 The ATN SBIRT Program is a partnership with the University of Pittsburgh, School of Nursing and IRETA supported by funds from the Division of Nursing and the Office of Health Information Technology, Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS).

Please answer yes or no to each item that best describes how you have felt and behaved over your whole life.

C.A.G.E.

- Have you ever felt you should **CUT** down on your drinking?
- Have people **ANNOYED** you by criticizing your drinking?
- Have you ever felt bad or **GUILTY** about your drinking?
- Have you had an **EYE-OPENER** first thing in the morning to steady nerves or get rid of a hangover?

If there is a yes answer to any of these questions please complete the full AUDIT.

Festing J. (1984). Detecting alcoholism, the CAGE questionnaire. *Journal of the American Medical Association*, 252(14), 1905-1907.

5 The ATN SBIRT Program is a partnership with the University of Pittsburgh, School of Nursing and IRETA supported by funds from the Division of Nursing and the Office of Health Information Technology, Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS).

Pocket-sized, laminated cards facilitate and prompt use of SBIRT on clinical rotations.

3 QUESTION AUDIT

The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use). In men, a score of 4 or more is considered positive; in women, a score of 3 or more is considered positive. Generally, the higher the AUDIT-C score, the more likely it is that the patient's drinking is affecting his/her health and safety.

1. How often do you have a drink containing alcohol?	2. How many drinks containing alcohol do you have on a typical day when you are drinking?	3. How often do you have five or more drinks on one occasion?			
Never	0	1 or 2 drinks	0	Never	0
Monthly or less	1	3 or 4 drinks	1	Less than monthly	1
2 - 4 times a month	2	5 or 6 drinks	2	Monthly	2
2 - 3 times a week	3	7 to 9 drinks	3	Weekly	3
4 or more times a week	4	10 or more	4	Daily or almost daily	4

Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B., Marstein G. Monteiro, M.G. (2001). The alcohol use disorders identification test guidelines for use in primary care. *World Health Organization, Department of Mental Health and Substance Dependence.*

To reflect standard drink sizes in the United States, the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care is available online at www.who.org. Excerpted from NRI Publication No. 11-7805 | www.niaaa.nih.gov/youareguide

7 Copyright 2013 University of Pittsburgh. All Rights Reserved. This project was supported in part by funds from the Division of Nursing, DHHS, Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under grant number 5U49NR000001. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsement be inferred by the Division of Nursing, BHP, HRSA, DHHS or the U.S. Government.



Online Module

To enroll: nursing.pitt.edu/academics/ce/SBIRT.jsp

- Overview and History
- Screening Assessments
- Video Case Studies





An Educational program for evidence-based alcohol screening

Alcohol SBI Program

Welcome to the Alcohol SBI Program

This area would include information on what the program teaches, who it is designed for, and the basic parameters of the program (time, certificates, data privacy, etc.)

Program Authors & Collaborators

This program is a collaboration between University of Pittsburgh School of Nursing and Johns Hopkins University School of Nursing. Modules were created by experts at both school with grant funding support from the Centers of Disease Control (CDC) and the American Association of Colleges of Nursing (AACN).

Modules created by University of Pittsburgh School of Nursing are part of the SBI: Workforce Expansion for Nurse (Grant WIP number: 2014-N-0004) and coordinated with IRETA. Modules created by Johns Hopkins School of Nursing are funded were recipients





Alcohol SBI Core Curriculum



Alcohol SBI 101



Fetal Alcohol Spectrum Disorders



Implementation Process Basics



Medication 101



Implementing Alcohol SBI for Multiple Populations



LGBT+



Veterans



Older adults



18-20 year olds



Adults with mental health
and medical conditions



People who may become
pregnant



Program Content

Core Alcohol SBI modules

Nursing Leaders modules

Application of the Alcohol
SBI to Patient Populations
modules



Case simulation practice

Home Modules Case Simulations Practice Interprofessional Dialogues Blog FAQ

Mr. Linn (Case 3)

Video

No conflict of interest exists for the planners, presenters, content specialists and continuing education staff of this activity.


Please click the button below the video presentation after viewing.

Mr Linn case study pptx (10/14/2014)

articulate[®]

University of Pittsburgh IPCP Project

Mr. Lin



- Mr. Lin a 55 year old male Chinese business man who was recently discharged from the hospital.
- Mr. Lin had been crossing the street after a business meeting and was struck by a car. Witnesses stated that Mr. Lin appeared impaired and walked into street without looking for oncoming traffic.
- During his hospitalization, Mr. Lin was found to have sustained 3 broken ribs and had untreated diabetes mellitus.

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InterProfessional Collaborative Practice

Delivering effective, team-based substance use healthcare

The University of Pittsburgh School of Nursing, Graduate School of Public Health, and the Institute for Research, Education and Training in Addictions (IRETA) invite you to join a national project, funded by the Health Resources and Services Administration, to better address risky substance use through a collaborative intervention. No one can solve the problem alone... it takes a village.

You already serve individuals who use, abuse, or are dependent on alcohol, tobacco and other drugs. Through this project, you will expand your provision of care through an evidence-based approach to screening, intervening, and treating individuals with substance use disorders... even before patients undertake risky behavior.

This SBIRT (Screening, Brief Intervention and Referral to Treatment) project involves an interprofessional team of nurses, public health workers, and behavioral health counselors. The project aims to help you create a sustainable and replicable "Interprofessional Collaborative Practice" (IPCP) that can be implemented at the front lines of health care—particularly in those regions which lack access to appropriate services. The project seeks healthcare professionals from nursing, public health and behavioral health care to participate in this 100% online, self-paced study providing 5.5 – 8 continuing education units (depending on your profession). Through a series of online questionnaires and modules, our inter-professional team will help you identify appropriate screening tools and increase the effectiveness of your team in addressing risky substance use behavior.

- [Online Education](#)
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- [Log out](#)

I am a health care organization...what do we do?

Contact Project Director, Kathy Puskar, DrPH, RN, FAAN at krp12@pitt.edu or 412-624-8833. We will ask you to designate a "site champion" who will work with our project coordinator and interface with your staff who agree to participate.

Site Champions should expect to spend about 2 hours over the next 4 months on this project.

How do we benefit?

- Staff earn free Continuing Education Units, at no cost to your organization.
- Free laptop for Site Champion.
- Technical assistance for your administrators.
- Access to the speaker's bureau of the project.
- Improved health care practice and patient outcomes.

I am a health care professional...what will I do?

- Complete 3 online questionnaires
- Complete an online module connecting the topic of substance use and team health care.
- Complete an online case simulation practice session.
- Participate in a live, online discussion about anonymous patient cases.

We estimate that participants will spend approximately 5 hours over the next 3 months on this project.

How do I benefit?

- 5.5 to 8 free Continuing Education Units (depending on profession).
- Three \$10 Amazon gift cards.
- Learning opportunity that suits your schedule.
- Improved health care practice.

Health care practice calls for interprofessional collaboration to address health promotion and primary prevention needs related to behavioral change, as well as to create effective care environments for patients. The U.S. Health Services and Resources Administration (HRSA) created a program to involve professionals from various health fields to address Institute of Medicine (IOM) health priorities including alcohol, tobacco and other drug use. This project is a part of a national program to not only benefit patient care, but also to help train a workforce prepared to work within a multi-professional team.

[Home](#)[Modules](#)[Case Simulations
Practice](#)[Interprofessional
Dialogues](#)[Blog](#)[FAQ](#)[Your progress ?](#)

Home

This online course is approved for 5.5 ANCC Nursing CEUs, 8 SW CEUs, 8 PA CADC CEUs

[Click here for course instructions](#)

On this website, you will participate in the online **modules**, practice-based **case simulations**, and **interprofessional (IP) dialogues** with cases from your own organization.

Site visits, blog, technical assistance and **evaluation** are ongoing activities.

GIFT CARDS: Receive a \$10 Amazon.com gift card as a thank you for completing the pre-course survey, a second \$10 Amazon.com gift card for completing the online modules, the case studies, and their surveys. You'll receive a third \$10 Amazon.com gift card after completing the dialogue and survey.

CONTINUING EDUCATION CERTIFICATION: Upon completion of the full course, you will receive your continuing education certificate by email for Nursing or CADC credits, and via postal mail for Social Work credits.

As a result of your interaction with these practice-based learning activities, you and your colleagues will help to improve patient outcomes.

[Click here for project overview.](#)

Our ability to award contact hours for these activities expires April 22, 2015.

QUESTIONS? Visit our [FAQ](#) or E-mail ipcp@ireta.org - we will respond within 24 hours



Sigma Theta Tau International Honor Society of Nursing®

Evidence-Based Practice Award



- Advances evidence-based practice through work in integrating knowledge and evidence in practice.
- Influences health of individuals and communities by bringing together professionals from various disciplines and roles.
- Engages researchers, clinicians, patients and families.

Award for **SBIRT** to Puskar & Mitchell 2013



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