SBIRT Practice Cases

Michael Weaver, MD

**Practice Case #1: “Drowning your worries”**

**FOR THE CLINICIAN**

You are seeing a patient of yours who is 35 years old and complains of recurrent stomach discomfort. The patient is married, lives with spouse, and is working as an accountant. The patient is worried that income and savings are not adequate in the current economy.

The patient would like to continue taking omeprazole (Prilosec), which has helped significantly with the patient’s stomach symptoms.

*Playing the clinician:*

Stress may be a cause of some of the patient’s symptoms, but they may also be caused by drinking alcohol (alcohol-induced gastritis). Ask the patient about job stress and ways the patient is coping. Ask if the patient has used drinking as a way to cope.

Try to use open-ended questions and display a non-judgmental attitude.

Your task is to try to help the patient drink less. Reasons to do so may be:

* Alcohol is a probable cause of stomach discomfort (gastritis)
* Alcohol may be affecting the patient’s relationship with his or her spouse
* Alcohol may be affecting the patient’s performance at work
* Alcohol may be affecting the patient’s sleep
* The patient may be at risk for an alcohol-related motor vehicle collision

Try to use some of the 5 A’s: Ask, Advise, Assess, Assist, Arrange.

Try to use some FRAMES elements: Feedback, Responsibility, Advice, Menu, Empathy, Self-efficacy.

SBIRT Practice Cases

Michael Weaver, MD

**Practice Case #1: “Drowning your worries”**

**FOR THE PATIENT**

You are a 35-year-old patient with recurrent stomach discomfort.

You live with your spouse and you are working as an accountant. You are worried because your income and savings have been inadequate to cover all your expenses in the current economy.

You would like to continue taking omeprazole (Prilosec), which has helped significantly with your stomach discomfort symptoms.

*Playing the patient:*

When asked, tell the clinician that you are under significant stress at work. Your supervisor is dissatisfied with your recent productivity, but you blame the problem on an expanding number of clients without a corresponding expansion in support or the most recent software. You have also been late to work, and this has been occurring more often.

When asked, admit that you have been drinking beer most days over the past two months. You stop at a bar with friends on the way home from work. You state it is 3-4 drinks/day, but the truth is 5-6 drinks/day. You may also have an additional shot or two of brandy at night if it is difficult to get to sleep.

Your spouse has been angry with your drinking, especially that it takes you away from your time together. Your spouse is concerned that you are driving home after drinking at the bar; you recognize that this is a cause for concern.

If your primary care physician displays a non-judgmental attitude, answer questions honestly and fully.

If asked, you have a family history of alcoholism. Your father died of alcoholic cirrhosis of the liver. He was abusive and could not hold down a respectable job; you would feel very insulted by any comparison between you and your father.

If the clinician is understanding and nonjudgmental, admit you are concerned about your drinking. You are willing to cut down, but alcohol helps you relax and you enjoy the time at the bar with your friends. However, you value your marriage above all else.SBIRT Practice Cases

Michael Weaver, MD

**Practice Case #1: “Drowning your worries”**

**FOR THE OBSERVERS**

Checklist to help evaluate Clinician in Practice Cases:

⁪ Displayed non-judgmental attitude toward patient with addiction

⁪ Asked open-ended questions

⁪ Asked about use of specific substance(s)

⁪ Amount used and frequency of use

⁪ Pattern of use

⁪ Reasons for use

⁪ Used at least 2 of FRAMES elements:

⁪ Feedback

⁪ Responsibility

⁪ Advice

⁪ Menu

⁪ Empathy

⁪ Self-efficacy

⁪ Used some of the 5 A’s:

⁪ ASK about alcohol and drug use

⁪ ADVISE all patients to quit

⁪ ASSESS willingness to change

⁪ ASSIST patients in quitting

⁪ ARRANGE for follow-up

⁪ Allowed patient to ask questionsSBIRT Practice Cases

Michael Weaver, MD

**Practice Case #2: “Prescription opioid abuse”**

**FOR THE CLINICIAN**

You are seeing a patient of yours who is 42 years old.

Your patient has been on OxyContin (extended-release oxycodone, an opioid analgesic) for chronic low back pain for several years with minimal problems. However, the patient recently ran out early and is requesting more OxyContin for increased pain after doing yardwork.

On examination, the patient’s blood pressure is low. The patient tells you that this is unusual, because the patient has high blood pressure for which the patient takes 2 different blood pressure medications. Other laboratory values are within normal limits.

*Playing the clinician:*

Find out more about your patient’s use of OxyContin: how much, how often, why. Try to use open-ended questions and display a non-judgmental attitude.

You also remember that your patient had an alcohol problem 10 years ago.

Use the 5 A’s: Ask, Advise, Assess, Assist, Arrange.

Use FRAMES elements: Feedback, Responsibility, Advice, Menu, Empathy, Self-efficacy.

Suggest that your patient have the spouse keep the OxyContin pills instead of the patient and give them out to the patient one day at a time.

SBIRT Practice Cases

Michael Weaver, MD

**Practice Case #2: “Prescription opioid abuse”**

**FOR THE PATIENT**

You are a 42-year old patient who has chronic low back pain.

You have been taking extra OxyContin (extended-release oxycodone, an opioid analgesic) for the past several weeks due to increased back pain from doing yardwork around the house. You tried to take less after that, but were unable to reduce your use of OxyContin. This caused you to run out early.

You are here to discuss why you ran out early.

*Playing the patient:*

You found that taking the higher dose of OxyContin makes you feel “really good,” like you used to feel when you had a drinking problem years ago and would drink alcohol to get high.

You were able to quit drinking 10 years ago with the help of Alcoholics Anonymous.

You are concerned about how OxyContin makes you feel now and you do not want to abuse it or go back to drinking again.

If the Clinician displays a non-judgmental attitude, answer questions honestly and fully.

You are willing to have your spouse keep your OxyContin pills and give them out to you one day at a time. You are also willing to go to Alcoholics Anonymous meetings again if the Clinician suggests it.SBIRT Practice Cases

Michael Weaver, MD

**Practice Case #2: “Prescription opioid abuse”**

**FOR THE OBSERVERS**

Checklist to help evaluate Clinician in Practice Cases:

⁪ Displayed non-judgmental attitude toward patient with addiction

⁪ Asked open-ended questions

⁪ Asked about use of specific substance(s)

⁪ Amount used and frequency of use

⁪ Pattern of use

⁪ Reasons for use

⁪ Used at least 2 of FRAMES elements:

⁪ Feedback

⁪ Responsibility

⁪ Advice

⁪ Menu

⁪ Empathy

⁪ Self-efficacy

⁪ Used some of the 5 A’s:

⁪ ASK about alcohol and drug use

⁪ ADVISE all patients to quit

⁪ ASSESS willingness to change

⁪ ASSIST patients in quitting

⁪ ARRANGE for follow-up

⁪ Allowed patient to ask questions

SBIRT Practice Cases

Michael Weaver, MD

**Practice Case #3: “Getting forgetful”**

**FOR THE CLINICIAN**

You are a primary care physician and you are seeing a long-time patient of yours who 68 years old.

Your patient has been having trouble sleeping due to stress. You prescribed lorazepam (Ativan) several months ago. The patient has continued to take it regularly and has been calling to request additional refills of this.

The patient now presents with a complaint of memory problems as well as insomnia. The patient is very worried.

*Playing the provider:*

Find out more about your patient’s use of medication to help with sleep. Also find out more about any underlying issues that may be contributing to anxiety. Try to use open-ended questions and display a non-judgmental attitude.

The forgetfulness may be due to lorazepam intoxication. Taking less may improve the patient’s memory problems.

Use FRAMES elements: Feedback, Responsibility, Advice, Menu, Empathy, Self-efficacy.

Suggest that your patient try to take less lorazepam (Ativan). Possible options include having your patient gradually reduce the dose, and/or supplementing with sleep hygiene techniques. Other options include starting an antidepressant such as citalopram (Celexa). Provide encouragement that your patient is likely to be successful if your patient takes responsibility to make a change in taking the medication.

SBIRT Practice Cases

Michael Weaver, MD

**Practice Case #3: “Getting forgetful”**

**FOR THE PATIENT**

You are a 68-year-old patient and you are seeing your long-time primary care physician.

You have been having trouble sleeping for a while due to stress, especially worrying about your granddaughter’s upcoming wedding. You have been taking lorazepam (Ativan) prescribed by your primary care physician.

Now you are getting more forgetful and you are worried about your memory problems as well as your difficulty sleeping.

*Playing the patient:*

You have been taking extra doses of lorazepam (Ativan) for a while because of anxiety. You notice that you are becoming more forgetful. You are also more anxious during the daytime, and have been taking some doses of lorazepam (Ativan) during the day.

You are really worried that the memory problems are serious, perhaps even a sign of Alzheimer’s disease. This makes you even more anxious.

If your primary care physician displays a non-judgmental attitude, answer questions honestly and fully.

You are willing to reduce the dose of lorazepam(Ativan) if it will help with your memory issues. You are also willing to try alternatives for your anxiety and your insomnia. You would consider trying sleep hygiene techniques for insomnia. You would also be willing to try a different medication for anxiety, such as citalopram (Celexa) or something similar.

SBIRT Practice Cases

Michael Weaver, MD

**Practice Case #3: “Getting forgetful”**

**FOR THE OBSERVERS**

Checklist to help evaluate Provider in Practice Cases:

⁪ Displayed non-judgmental attitude toward patient with addiction

⁪ Asked open-ended questions

⁪ Asked about use of specific substance(s)

⁪ Amount used and frequency of use

⁪ Pattern of use

⁪ Reasons for use

⁪ Used at least 2 of FRAMES elements:

⁪ Feedback

⁪ Responsibility

⁪ Advice

⁪ Menu

⁪ Empathy

⁪ Self-efficacy

⁪ Used some of the 5 A’s:

⁪ ASK about alcohol and drug use

⁪ ADVISE all patients to quit

⁪ ASSESS willingness to change

⁪ ASSIST patients in quitting

⁪ ARRANGE for follow-up

⁪ Allowed patient to ask questions

SBIRT Practice Cases

Michael Weaver, MD

**Practice Case #4: “Anxious about marijuana”**

**FOR THE CLINICIAN**

You are a primary care physician and you are seeing a long-time patient of yours who is a first-year medical student.

Your patient went to the Emergency Room 2 days ago for a possible heart attack with symptoms of shortness of breath, lightheadedness, and chest pain. Your patient has had 4 similar spells over the last 2 months, but the episode 2 days ago was much more severe. The Emergency Room physician found that your patient’s physical exam and EKG were normal. He referred your patient back to see you.

You diagnose panic attacks and explain that they are spontaneous accidental discharges of the autonomic nervous system causing a ‘fight or flight’ response. In response to your questions about what may have triggered these panic attacks, your patient asks you if smoking marijuana could be related to the panic attacks.

*Playing the clinician:*

Find out more about your patient’s use of marijuana: how much, how often, how long. Try to use open-ended questions and display a non-judgmental attitude.

Use the 5 A’s: Ask, Advise, Assess, Assist, Arrange.

Use FRAMES elements: Feedback, Responsibility, Advice, Menu, Empathy, Self-efficacy.

Suggest that your patient stop smoking marijuana to make the panic attacks stop. Possible options include having your patient stop without outside help, or going to Student Health for counseling. Provide encouragement that your patient is likely to be successful if your patient takes responsibility to make a change in smoking marijuana.

SBIRT Practice Cases

Michael Weaver, MD

**Practice Case #4: “Anxious about marijuana”**

**FOR THE PATIENT**

You are a first-year medical student and you are seeing your long-time primary care physician.

You went to the emergency Room 2 days ago thinking you might be having a heart attack. You had shortness of breath, lightheadedness, and chest pain. You have had 4 similar spells over the last 2 months, but the episode 2 days ago was much more severe.

The Emergency Room physician found that your physical exam and EKG were normal. He referred you back to see your primary care physician. You have not had any episodes in the past 2 days, but are concerned about it.

Your primary care physician diagnosed panic attacks and explained that they are spontaneous accidental discharges of the autonomic nervous system causing a ‘fight or flight’ response. Your primary care physician tells you that he wants to ask you a few more questions to try to figure out why you are getting these panic attacks. You ask him, “Could smoking marijuana be related to these panic attacks that I have had?”

*Playing the patient:*

You smoked marijuana several times in your first year of college. You began smoking again just over 2 months ago to help deal with stress. You smoke 2 joints twice a week, occasionally a joint a third time a week. You are confident that your marijuana use is not causing you any problems.

You didn’t know that marijuana can cause panic attacks. You really want the panic attacks to stop.

If your primary care physician displays a non-judgmental attitude, answer questions honestly and fully.

You are willing to stop smoking marijuana if it will help your panic attacks to stop. You are willing to go to Student Health to get some counseling about marijuana, especially if you find it difficult to stop on your own.

SBIRT Practice Cases

Michael Weaver, MD

**Practice Case #4: “Anxious about marijuana”**

**FOR THE OBSERVERS**

Checklist to help evaluate Clinician in Practice Cases:

⁪ Displayed non-judgmental attitude toward patient with addiction

⁪ Asked open-ended questions

⁪ Asked about use of specific substance(s)

⁪ Amount used and frequency of use

⁪ Pattern of use

⁪ Reasons for use

⁪ Used at least 2 of FRAMES elements:

⁪ Feedback

⁪ Responsibility

⁪ Advice

⁪ Menu

⁪ Empathy

⁪ Self-efficacy

⁪ Used some of the 5 A’s:

⁪ ASK about alcohol and drug use

⁪ ADVISE all patients to quit

⁪ ASSESS willingness to change

⁪ ASSIST patients in quitting

⁪ ARRANGE for follow-up

⁪ Allowed patient to ask questions