National Screening, Brief Intervention and Referral to Treatment (SBIRT) 
ATTC

Substance Use Screening, Brief Intervention, and Referral to Treatment
TRAINERS

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WELCOME

• Please introduce yourself to the group:
  – Name
  – Current position
  – Knowledge of SBIRT
  – Knowledge of motivational interviewing
  – One thing you hope to learn
  – One thing no one knows about you

• Handouts
Online Course

• What did you take from the online course?

• As you see it, what’s the value of implementing SBIRT?
Goals and Objectives

• Compare and contrast the current system with SBIRT
• Understand the public health approach
• Understand the information screening does and does not provide
• Define brief intervention/brief negotiated interview
• Describe the goals of conducting a BI/BNI
• Understand the counselor’s role in providing BI/BNI
• Develop knowledge of Motivational Interviewing as it relates to the SBIRT model
• Describe referral to treatment
• Understand the State of Kansas Operational Policy and Procedures for providing SBIRT services for the state
• Understand how to become a Medicaid-Approved SBIRT Practitioner in Kansas
Goals and Objectives, continued

Understand the Operational Policy and Procedures of Kansas Policy Number BHS/MCO 504

• How to become a Medicaid Approved SBIRT Practitioner
• Where to submit information to become a Medicaid Approved SBIRT Practitioner

Understand the Operational Policy and Procedures of Kansas Policy Number BHS/MCO 503

• What is approved for the brief screen
• What is approved for the full screen
• What is approved for the brief intervention
SBIRT

Module One

Re-conceptualizing Our Understanding of Substance Use Problems
A New Initiative

• Substance use screening, brief intervention, and referral to treatment (SBIRT) is a systems change initiative. As such, we are required to shift our view toward a new paradigm, and;
  – Re-conceptualize how we understand substance use problems.
  – Re-define how we identify substance use problems.
  – Re-design how we treat substance use problems.
Substance Use Is a Public Health Problem

Evidence indicates that moderate-risk and high-risk drinkers account for the most problems.

SAMHSA, 2013
Learning from Public Health

• Public health *routinely* screens for potential medical problems (e.g., cancer, diabetes, hypertension, tuberculosis, renal function)

• Public Health provides *preventative* services prior to the onset of acute symptoms, and *delays* or *precludes* the development of chronic conditions.
Historically

Prevention

Non-Use/ Low-Risk Use

Risky/Harmful Use

Substance Use Disorders/Addiction

Specialized Treatment

Historic Response Leaves a Gap in Services
Substance Use Disorder

Traditional Treatment

Abstinence

No Problem

Primary Prevention

No Intervention

Drink Responsibly

Developed by, and is used with permission of Daniel Hungerford, Ph.D., Epidemiologist, Center for Disease Control and Prevention, Atlanta, GA
The Current Model
A Continuum of Substance Use

Abstinence | Responsible Use | Addiction
An Incomplete Model

• This model (paradigm) of substance use:
  – Fails to recognize a full continuum of substance use behavior.
  – Fails to recognize a full continuum of substance use problems.
  – Fails to provide a full continuum of substance use interventions.

WHY?
The current model identifies a substance use problem as...

Addiction
By **defining** the problem as addiction or dependence the current model does not recognize a full continuum of substance use behavior / problems / interventions.

As a result this model has **failed** to provide resources in the area of greatest need.

Changes in DSM-5
The SBIRT model identifies a substance use problem as...

Excessive Use
Excessive Use is Correlated to

- **Trauma** and trauma recidivism.
- Causation or **exacerbation** of health conditions.
- Exacerbation of **mental health** conditions.
- Alcohol **poisoning**.
- DUI.
- Domestic and other forms of **violence**.
- Transmission of sexually transmitted **diseases**.
- Unintended **pregnancies**.
- Substance Use Disorder.
By defining the problem as excessive use, the SBIRT model recognizes the full continuum of substance use behavior / problems / interventions.

As a result the SBIRT model can provide resources in the area of greatest need.
Substance Use Disorder
- Traditional Treatment
  - Abstinence

Excessive Use
- Brief Intervention
  - Brief Treatment

No Problem
- Primary Prevention
  - Screening and Feedback
  - Drink Responsibly

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The SBIRT Model
A Continuum of Substance Use

Abstinence | Social Use | Abuse
---|---|---
Experimental Use | Binge Use | Substance Use Disorder
Drinking Behavior

- 75% Low Risk or Abstinence
- 20% Hazardous, Harmful, Symptomatic
- 5% Substance Use Disorder

Intervention Need

- No Intervention or screening and Feedback
- Brief Intervention or Brief Treatment
- Brief Intervention and Referral for additional Services

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U.S. Population

Concept developed by Daniel Hungerford, PhD, Centers for Disease Control and Prevention (Used with Permission).
Excessive

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The Costs of Substance Use

- Bulk of societal, personal, and health care costs are not a result of addiction but rather excessive substance use.
- Until we acknowledge this fact, and address it appropriately, we are unlikely to make significant progress towards a solution.

Consider This
If we could provide a 100% cure to every substance dependent person in the United States we wouldn’t be close to solving most of the substance related problems in our country.
The SBIRT Model – A Continuum of Interventions

**UNIVERSAL SCREENING**

- Screening
- Brief Intervention
- Brief Treatment
- Specialty Services

**Non-Use/ Low-Risk Use**

**Risky/Harmful Use**

**Substance Use Disorders/Addiction**
Primary Goal

Identify those who are at
– moderate or
– high risk
for psycho-social or health care problems related to their substance use choices.
# NIAAA Low Risk Guidelines

<table>
<thead>
<tr>
<th></th>
<th>Per Day Limit</th>
<th>AND No More Than Per Week Limit</th>
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<tbody>
<tr>
<td><strong>Men</strong></td>
<td>4 drinks per day</td>
<td>14 drinks per week</td>
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<tr>
<td><strong>Women</strong></td>
<td>3 drinks per day</td>
<td>7 drinks per week</td>
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<tr>
<td><strong>Everyone Age 66+</strong></td>
<td>3 drinks per day</td>
<td>7 drinks per week</td>
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</tbody>
</table>

*Women who are pregnant or may become pregnant should not drink.*
• Research has shown that the NIAAA limits accurately reflect the amount of alcohol at which
  – psychomotor and cognitive impairment is notably increased
  – risk increases for:
    • unintentional injuries
    • deaths from external causes
    • being a target of aggression or taking part in aggression
    • alcohol use disorders
    • negative medical, work, legal, and social consequences

• As the frequency of exceeding NIAAA’S guidelines increases, the likelihood of developing these problems increases.
The SBIRT Parts

1. Everyone
   - Universal Screening

2. Those with positive universal screening:
   - Full Screen (AUDIT, DAST, CRAAFT)

3. Those who score in at-risk or harmful level
   - Brief Intervention
   - Extended Brief Interventions
   - Brief Treatment

4. Those who score in severe category
   - Brief Intervention with follow-up
   - Extended brief intervention
   - Brief Treatment and/or Specialty Treatment after Assessment (those who are willing to engage)
SBIRT is a . . .

- systems change initiative and a public health approach
- Requires re-conceptualize, re-define, and re-design approaches to substance use problems and services.

SBIRT recognizes . . .

- a continuum of substance use behavior,
- a continuum of substance use problems
- continuum of substance use interventions.
Screening

Module Two

Re-defining the Identification of Substance Use Problems

Annas
A Diagnosis
Two Levels of Screening

Screening

**Universal** (screen everyone)
- Provide to **all** adult patients*
- Rule-out patients at **low** or **no-risk**
- Do **at intake** or **triage**
- **Positive** = **proceed** with full screen

**Targeted** (screen patients who score positive on universal screen)
- Provide to **just those** patients who score **positive** on the universal screen

*There are different universal screening questions for adolescents
Screening Provides

- Immediate **rule-out** of low/no risk users.
- Immediate **identification** of level of risk.
- A **context** for a discussion of substance use.
- Information on the level of **involvement** in substance use.
- Insight into areas where substance use may be **problematic**.
- Identification of patients who are most likely to **benefit** from brief intervention.
- Identification of patients who are most likely in need of **referral** to a higher level of care.
4 Types of Intervention

• Feedback only.
• Brief Intervention.
• Extended Brief Intervention or Brief Treatment.
• Referral to a higher level of care.
Validated Screening Tools

- **AUDIT**: Alcohol Use Disorder Identification Test.
- **DAST**: Drug Abuse Screening Test.
- **POSIT**: Problem Oriented Screening Instrument for Teenagers.
- **CRAFFT**: Car, Relax, Alone, Forget, Family or Friends, Trouble (for adolescents).
- **ASSIST**: Alcohol, Smoking, and Substance Abuse Involvement Screening Test.
- **GAIN** or **GAIN-SS**: Global Appraisal of Individual Needs.
A Standard Drink is:

- 41 Annas
- One 12-ounce can of beer
- One 5-ounce glass of wine
- One shot of hard liquor (1 ½ oz)
Universal Screening / Adult Brief Screen

These are the 2 Adult Brief Screen questions required by Kansas DADS Policy BHS/MCO 504.

NIAAA Single Question

• How many times in the past year have you had 5 or more drinks in a day (Men) or 4 (Women)?
  – Any response greater than zero (0) indicates the need to conduct a full screen

NIDA Single Question

• How many times in the past year have you used a recreational drug or a prescription drug for nonmedical reasons?
  – Any response greater than zero (0) indicates the need to conduct a full screen
Positive Adult Brief Screen

If a client has a positive brief screen, the SBIRT practitioner will proceed to a full screen using one of the following tools:

- **AUDIT** – The Alcohol Use Disorders Identification Test
- **DAST** – The Drug Abuse Screening Test
- **ASSIST** – The Alcohol, Smoking and substance Involvement Screening Test
- **CRAFFT** – Adolescent Screening Tool

These are the 4 Full Screens allowed by Kansas DADS Policy BHS/MCO 504.
Before starting the screening, prepare a “normalizing script

I would like to ask you some questions about your use of alcohol and/or other drugs. I ask all my patients these same questions. Your responses will help me to provide you with the best care possible. As with all medical information your responses are confidential.
Full Screen AUDIT
(Alcohol Use Disorders Identification Test)

- Developed by the World Health Organization
- 10 multiple-choice questions
- Addresses alcohol only
- Accurately across many cultures/nations
- Publicly available in multiple languages
- Scores range from 0 - 40
## Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

**One drink equals:**
- **12 oz. beer**
- **5 oz. wine**
- **1.5 oz. liquor (one shot)**

### Questions

1. **How often do you have a drink containing alcohol?**
   - Never
   - Monthly or less
   - Two to four times a month
   - Two to three times a week
   - Four or more times a week

2. **How many drinks containing alcohol do you have on a typical day when you are drinking?**
   - Zero to two
   - Three or four
   - Five or six
   - Seven to nine
   - Ten or more

3. **How often do you have six or more drinks on one occasion?**
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

4. **How often during the last year have you found that you were not able to stop drinking once you had started?**
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

5. **How often during the last year have you failed to do what was normally expected of you because of drinking?**
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

6. **How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?**
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

7. **How often during the last year have you had a feeling of guilt or remorse after drinking?**
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

8. **How often during the last year have you been unable to remember what happened the night before because of your drinking?**
   - No
   - Yes, but not in the last year
   - Yes, in the last year

9. **Have you or someone else been injured because of your drinking?**
   - No
   - Yes, but not in the last year
   - Yes, in the last year

10. **Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?**
    - No
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<td>9. Have you or someone else been injured because of your drinking?</td>
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<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
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Alcohol screening questionnaire (AUDIT)
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One drink equals:

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2. How many drinks containing alcohol do you have on a typical day when you are drinking?

| Zero to two | Three or four | Five or six | Seven to nine | Ten or more |

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4. How often during the last year have you found that you were not able to stop drinking once you had started?

| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |

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9. Have you or someone else been injured because of your drinking?

| No | Yes, but not in the last year | Yes, in the last year |

10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

| No | Yes, but not in the last year | Yes, in the last year |
## AUDIT Scores and Zones

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
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<tbody>
<tr>
<td>14+</td>
<td>Zone 4: Severe Use, Probable Substance Use Disorder</td>
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<tr>
<td>10-13</td>
<td>Zone 3: Harmful Use</td>
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<tr>
<td>4-9</td>
<td>Zone 2: Risky Use</td>
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<tr>
<td>0-3</td>
<td>Zone 1: Low Risk Use</td>
</tr>
</tbody>
</table>

### Risk Levels

- **IV** Severe
- **III** Harmful
- **II** Risky
- **I** Low Risk or Abstain
# Domains and Item Content of AUDIT

<table>
<thead>
<tr>
<th>Domains</th>
<th>Question Number</th>
<th>Item Content</th>
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<tbody>
<tr>
<td>Hazardous Alcohol Use</td>
<td>1</td>
<td>Frequency of drinking</td>
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<td>2</td>
<td>Typical quantity</td>
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<td>3</td>
<td>Frequency of heavy drinking</td>
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<td>Substance Use Disorder Symptoms</td>
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<td>Impaired control over drinking</td>
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<td>5</td>
<td>Increased salience of drinking</td>
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<td>6</td>
<td>Morning drinking</td>
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<tr>
<td>Harmful Alcohol Use</td>
<td>7</td>
<td>Guilt after drinking</td>
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<td></td>
<td>8</td>
<td>Blackouts</td>
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<td>9</td>
<td>Alcohol-related injuries</td>
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</table>
Targeted Screen for Drugs = DAST

• DAST (Drug Abuse Screening Test)
• Addresses drugs only
• Validated for screening adults
• Ten “Yes/No” questions
• Provides information on level of use
• Scores range from 0-10
Scoring the DAST

- Each question has yes or no answer
- Answers assigned points and totaled in the same fashion as the AUDIT

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Have you neglected your family because of your use of drugs?</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Have you engaged in illegal activities in order to obtain drugs?</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?</td>
<td>No</td>
<td>Yes</td>
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</thead>
</table>
Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

In the following questions, "drug abuse" refers to:

- Using prescription pain, anxiety, or sleep medications more than directed by, or not prescribed by, your doctor or medical provider.
- Using recreational drugs.

Please check which recreational drugs you have used in the past year:

- methamphetamines (speed, crystal)
- cocaine
- cannabis (marijuana, pot)
- narcotics (heroin, oxycodone, methadone, etc.)
- inhalants (paint thinner, aerosol, glue)
- hallucinogens (LSD, mushrooms)
- tranquilizers (valium)
- other ________

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
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<tr>
<td>2. Do you abuse more than one drug at a time?</td>
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<td>3. Are you unable to stop using drugs when you want to?</td>
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<td>4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
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<td>5. Do you ever feel bad or guilty about your drug use?</td>
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<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
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<td>7. Have you neglected your family because of your use of drugs?</td>
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<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0 1 3 6

I II III IV
<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td><strong>Zone 1:</strong> Low risk. The patient is abstaining or very rarely using.</td>
<td>Reinforce positive choices and educate about risks of drug use.</td>
</tr>
<tr>
<td>1-2</td>
<td><strong>Zone 2:</strong> Risky - The patient is at risk of health or behavior problems because of using drugs or medications in excess.</td>
<td>Brief intervention aimed at abstaining from use and continued monitoring.</td>
</tr>
<tr>
<td>3-5</td>
<td><strong>Zone 3:</strong> Harmful - The patient may have experienced repeated negative consequences, failed to fulfill major obligations, and continues to use despite persistent problems.</td>
<td>Brief Intervention to consider engaging in Brief Treatment, and specific follow-up appointment</td>
</tr>
<tr>
<td>6-10</td>
<td><strong>Zone 4:</strong> Severe. The patient likely has a substance use disorder.</td>
<td>Brief Intervention to accept referral to specialist treatment for diagnostic evaluation</td>
</tr>
</tbody>
</table>
DAST - Questions 1 and 2

• Have you used drugs other than those required for medical reasons?
  • Rule out question - If the answer is no screen stops here.

• Do you abuse more than one drug at a time?
  • Involvement question - Implies deeper use history.
DAST Questions 3 and 4

- Are you unable to stop using drugs when you want to?
  - Severe level question – Loss of control.

- Have you ever had blackouts or flashbacks as a result of drug use?
  - Severe level question – Psychological problems caused or exacerbated by substance use.
DAST Questions 5 and 6

• Do you ever feel bad or guilty about your drug use?
  • Implies awareness of negative results of substance use/use consequences.

• Does your spouse (or parents) ever complain about your involvement with drugs?
  • Abuse question – Recurrent social or interpersonal problems.
DAST Questions 7 and 8

- Have you neglected your family because of your drug use?
  - Harmful use question – Failure to meet role obligations.

- Have you engaged in illegal activities in order to obtain drugs?
  - Involvement question – Implies changes in social norms.
DAST Questions 9 and 10

- Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
  - Severe use question – Implies high frequency/high dose exposure.

- Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?
  - Severe use question – Physical problems caused or exacerbated by substance use.
Adolescents Brief Screen

**Elementary (9-11 years old)**

**Friends: Any Drinking**

*Do you have any friends who drank beer, wine, or any drink containing alcohol in the past year?*

**Patient: Any Drinking**

*How about you – have you ever had more than a few sips of drink containing alcohol? *(Positive screen = Yes)*

Adolescent Brief Screen or CRAFFT Screening Interview Part A is required by Kansas DADS Policy BHS/MCO 504.
Adolescents Brief Screen

Middle School (11-14 years old)

Friends: Any Drinking

*Do you have any friends who drank beer, wine, or any drink containing alcohol in the past year?*

Patient: Any Drinking

*How about you – in the past year, on how many days have you had more than a few sips of drink containing alcohol?* *(Positive screen = Yes)*

Adolescent Brief Screen or CRAFFT Screening Interview Part A is required by Kansas DADS Policy BHS/MCO 504.
Adolescents Brief Screen

High School (14-18 years old)

Patient: Any Drinking

*In the past year, on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol? (Positive screen = Yes)*

Friends: How Much

*If your friends drink, how many drinks do they usually drink on an occasion? (Binge drinking by friends heightens concern.)*

Adolescent Brief Screen or CRAFFT Screening Interview Part A is required by Kansas DADS Policy BHS/MCO 504.
CRAFFT Screening Interview

Part A:

• Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.) (Yes – Positive, ask all six CRAFFT questions)

• Smoke any marijuana or hashish? (Yes – Positive, ask all six CRAFFT questions)

• Use anything else to get high? (“Anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or huff.) (Yes – Positive, ask all six CRAFFT questions)

Adolescent Brief Screen or CRAFFT Screening Interview Part A is required by Kansas DADS Policy BHS/MCO 504.
CRAFFT 6 Screening Questions

C – Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

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

A – Do you ever use alcohol/drugs while you are by yourself, ALONE?

F – Do you ever FORGET things you did while using alcohol or drugs?

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

T – Have you gotten into TROUBLE while you were using alcohol or drugs?
TARGETED SCREENING TOOLS

• **AUDIT**: Alcohol Use Disorder Identification Test.
• **DAST**: Drug Abuse Screening Test.
• **POSIT**: Problem Oriented Screening Instrument for Teenagers.
• **CRAFFT**: Car, Relax, Alone, Forget, Family or Friends, Trouble (for adolescents).
• **ASSIST**: Alcohol, Smoking, and Substance Abuse Involvement Screening Test.
• **GAIN** or **GAIN-SS**: Global Appraisal of Individual Needs.
Screening does not provide a diagnosis.

Screening provides:
- **Immediate** rule-out of no risk/low risk users.
- **Immediate** identification of level of risk.

There are 2 levels of screening:
- Universal.
- Targeted.

There are 4 types of intervention:
- Feedback.
- Brief Intervention.
- Extended Brief Intervention or Brief Treatment.
- Referral to specialty care.
Rules for Role Plays

Conducting a Screening Using the AUDIT
Conducting a Screening Using the AUDIT

Form Dyads

- Therapist/counselor.
- Patient

http://timer.onlineclock.net/
Conducting a Screening Using the AUDIT and/or DAST-10

- Each role play should be approximately 3-5 minutes.
- At the end of each role play spend a minute or 2 discussing your experience.
- First practice the AUDIT, then switch roles and practice the DAST-10. When you have experienced both roles, discuss how it felt from each perspective.
- After completing the cycle we will have an open large group discussion.
Brief Intervention and Brief Negotiated Interview
Motivational Interviewing and 4 BI Options

Module Three

Re-designing How We Treat Substance Use Problems
SBI DECISION TREE

Alcohol Screen Complete
Administer the AUDIT
Administer the DAST-10
Other Drug Screen Complete

Low/No Risk:
Alcohol = 0 – 7
Other drugs = 0

At Risk:
Alcohol = 8 – 15
Other drugs = 1 – 2

Mod/High Risk:
Alcohol = 16 – 19
Other drugs = 3 – 5

High/Severe Risk:
Alcohol = 20 – 40
Other drugs = 6 – 10

Reinforce behavior; Monitor
Brief Intervention
Goal: LowerRisk; Reduce use to acceptable levels

BI/Referral to tx/BT
Goal: Encourage pt. to accept a referral to tx, or engage in BT

Referral to tx.
Goal: Encourage pt. to accept referral to tx, or engage in BT
What is BI/BNI?

A Brief Intervention or Brief Negotiated Interview is a time limited, individual counseling session.
What are the Goals of BI/BNI?  
(BI/BNI = a time-limited, counseling session)

- The general goal of a BI/BNI is to:
  - **Educate** the patient on safe levels of substance use.
  - **Increase** the patients **awareness** of the consequences of substance use.
  - **Motivate** the patient towards **changing** substance use behavior.
  - **Assist** the patient in making **choices** that reduce their risk of substance use problems.

- The goals of a BI are **fluid** and are dependent on a variety of factors including:
  - The patients screening **score**.
  - The patients **readiness** to change.
  - The patients specific **needs**.
What is Your Role?

- **Provide** feedback about the screening results.
- **Offer** information on low-risk substance use, the link between substance use and other lifestyle or healthcare related problems.
- **Understand** the client’s viewpoint regarding their substance use.
- **Explore** a menu of options for change.
- **Assist** the patient in making new decisions regarding their substance use.
- **Support** the patient in making changes in their substance use behavior.
- **Give** advice if requested.
Ask Yourself

Who has the best idea in the room?

The Patient
1. **Precontemplation**
   - **Definition:** Not yet considering change or is unwilling or unable to change.
   - **Primary Task:** Raising Awareness

2. **Contemplation**
   - **Definition:** Sees the possibility of change but is ambivalent and uncertain.
   - **Primary Task:** Resolving ambivalence/Helping to choose change

3. **Determination**
   - **Definition:** Committed to changing. Still considering what to do.
   - **Primary Task:** Help identify appropriate change strategies

4. **Action**
   - **Definition:** Taking steps toward change but hasn’t stabilized in the process.
   - **Primary Task:** Help implement change strategies and learn to eliminate potential relapses

5. **Maintenance**
   - **Definition:** Has achieved the goals and is working to maintain change.
   - **Primary Task:** Develop new skills for maintaining recovery

6. **Recurrence**
   - **Definition:** Experienced a recurrence of the symptoms.
   - **Primary Task:** Cope with consequences and determine what to do next
## Stages of Change: Intervention Matching Guide

<table>
<thead>
<tr>
<th>Stage</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pre-contemplation</td>
<td>Offer <strong>factual</strong> information</td>
</tr>
<tr>
<td></td>
<td>Explore the <strong>meaning of events</strong> that brought the person to treatment</td>
</tr>
<tr>
<td></td>
<td>Explore <strong>results of previous efforts</strong></td>
</tr>
<tr>
<td></td>
<td>Explore <strong>pros and cons</strong> of targeted behaviors</td>
</tr>
<tr>
<td>2. Contemplation</td>
<td>Explore the person’s <strong>sense of self-efficacy</strong></td>
</tr>
<tr>
<td></td>
<td>Explore <strong>expectations</strong> regarding what the change will entail</td>
</tr>
<tr>
<td></td>
<td><strong>Summarize</strong> self-motivational statements</td>
</tr>
<tr>
<td></td>
<td>Continue exploration of <strong>pros and cons</strong></td>
</tr>
<tr>
<td>3. Determination</td>
<td>Offer a <strong>menu of options</strong> for change</td>
</tr>
<tr>
<td></td>
<td>Help identify <strong>pros and cons</strong> of various change options</td>
</tr>
<tr>
<td></td>
<td>Identify and <strong>lower barriers</strong> to change</td>
</tr>
<tr>
<td></td>
<td>Help person <strong>enlist social support</strong></td>
</tr>
<tr>
<td></td>
<td>Encourage person to <strong>publicly announce plans</strong> to change</td>
</tr>
<tr>
<td>4. Action</td>
<td>Support a <strong>realistic view</strong> of change through <strong>small steps</strong></td>
</tr>
<tr>
<td></td>
<td>Help identify <strong>high-risk situations</strong> and develop <strong>coping strategies</strong></td>
</tr>
<tr>
<td></td>
<td>Assist in <strong>finding new reinforcers</strong> of positive change</td>
</tr>
<tr>
<td></td>
<td>Help access family and social <strong>support</strong></td>
</tr>
<tr>
<td>5. Maintenance</td>
<td>Help identify and try <strong>alternative behaviors</strong> (drug-free sources of pleasure)</td>
</tr>
<tr>
<td></td>
<td>Maintain <strong>supportive contact</strong></td>
</tr>
<tr>
<td></td>
<td>Help develop <strong>escape plan</strong></td>
</tr>
<tr>
<td></td>
<td>Work to set new short and long term goals</td>
</tr>
<tr>
<td>6. Recurrence</td>
<td>Frame recurrence as a <strong>learning opportunity</strong></td>
</tr>
<tr>
<td></td>
<td>Explore possible behavioral, psychological, and social <strong>antecedents</strong></td>
</tr>
<tr>
<td></td>
<td>Help to develop <strong>alternative coping strategies</strong></td>
</tr>
<tr>
<td></td>
<td>Explain Stages of Change &amp; encourage person to <strong>stay in the process</strong></td>
</tr>
<tr>
<td></td>
<td>Maintain <strong>supportive</strong> contact</td>
</tr>
</tbody>
</table>

*Annas*
AMBIVALENCE

All change contains an element of ambivalence.

We “want to change and don’t want to change”

Patients’ ambivalence about change is the “meat” of the brief intervention.

Video demonstrations of a Brief Intervention: http://www.sbirtoregon.org/

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Motivational Interviewing
Motivational Interviewing

Is a person-centered, evidence-based, goal-oriented method for enhancing intrinsic motivation to change by exploring and resolving ambivalence with the individual.
Why Motivation

• Research has shown that motivation-enhancing approaches are associated with greater participation in treatment and positive treatment outcomes.

  (Landry, 1996; Miller et al., 1995a)

• A positive attitude and commitment to change are also associated with positive outcomes.

  (Miller and Tonigan, 1996)
  (Prochaska and DiClemente, 1992)
Dyad Exercise 1: Speaker’s Topic

Something about yourself that you
— want to change
— need to change
— should change
— have been thinking about changing but you haven’t changed yet

... in other words - something you’re ambivalent about - willing to talk about
Dyad Exercise 1: Role of Listener

Find out what change the person is considering making, and then:

• Give the person a few good reasons to make the change

• Tell the person how they could change

• Emphasize how important it is to change

• Persuade if you meet resistance, repeat

This is NOT motivational interviewing
Dyad Exercise 1: Debrief

• What was it like for you when you were talking about a behavior change you think you should make?

• What was it like for you when you were in the listening role?
### Common Reactions to Righting Reflex

<table>
<thead>
<tr>
<th>Angry</th>
<th>Afraid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agitated</td>
<td>Helpless, overwhelmed</td>
</tr>
<tr>
<td>Oppositional</td>
<td>Ashamed</td>
</tr>
<tr>
<td>Discounting</td>
<td>Trapped</td>
</tr>
<tr>
<td>Defensive</td>
<td>Disengaged</td>
</tr>
<tr>
<td>Justifying</td>
<td>Not come back – avoid</td>
</tr>
<tr>
<td>Not understood</td>
<td>Uncomfortable</td>
</tr>
<tr>
<td>Procrastinate</td>
<td>Not heard</td>
</tr>
</tbody>
</table>
Dyad Exercise 2: Taste of Motivational Interviewing

• How would you make this change?
• What are the three best reasons to do it?
• On a scale from 0 to 10, how important would you say it is for you to make this change?
• Follow-up: Why are you not a zero?
• Give a short summary
  Then ask: “So what do you think you’ll do?”
  . . . and just listen.
## Dyad Exercise 2: Debrief

### Reaction When Humans are Heard

<table>
<thead>
<tr>
<th>Understood</th>
<th>Engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Want to talk more</td>
<td>Able to change</td>
</tr>
<tr>
<td>Liking the counselor</td>
<td>Safe</td>
</tr>
<tr>
<td>Open</td>
<td>Empowered</td>
</tr>
<tr>
<td>Accepted</td>
<td>Hopeful</td>
</tr>
<tr>
<td>Respected</td>
<td>Comfortable</td>
</tr>
<tr>
<td>Want to return</td>
<td>Interested</td>
</tr>
<tr>
<td>Cooperative</td>
<td></td>
</tr>
</tbody>
</table>
Ambivalence

Change Talk

Sustain Talk
The MI Shift

From feeling responsible for changing patients’ behavior to supporting them in thinking & talking about their own reasons and means for behavior change.
Rate the BI/BNI

• How would you rate this providers motivational interviewing skills?
• Imagine you are the patient….How do you feel?
• Is this approach:
  – Helpful?
  – Harmful?
  – Neutral?
How willing do you think this patient will be to change her use or decrease her risk as a result of this intervention?
MI Tools

- DARN CAT
- EARS
- OARS
Types of Change Talk

• **Desire:** I want to…. I’d really like to….I wish....

• **Ability:** I would....I can....I am able to....I could....

• **Reason:** There are good reasons to... This is important...

• **Need:** I really need to....

• **Commitment:** I intend to....I will....I plan to....

• **Activation:** I’m doing this today....

• **Taking Steps:** I went to my first group....
Responding to Change Talk

• **E**: Elaborating - asking for more detail, in what ways, an example, etc.

• **A**: Affirming – commenting positively on the person’s statement.

• **R**: Reflecting – continuing the paragraph, etc.

• **S**: Summarizing – collecting bouquets of change talk.
Other MI Tools

• Repeating: Reflect what is said.
• Rephrasings: Alter slightly.
• Altered/Amplified: Add intensity or value.
• Double-sided: Reflect Ambivalence.
• Metaphor: Create a picture.
• Shifting Focus: Change the focus.
• Reframing: Offer new meaning.
• Paradoxical: Siding with the negative.
• Emphasize personal choice: “It’s up to you”.

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• **Repeating:**
  - *Patient:* I don't want to quit smoking.
  - *Counselor:* You don't want to quit smoking.

• **Rephrasing:**
  - *Patient:* I really want to quit smoking.
  - *Counselor:* Quitting smoking is very important to you.

• **Altered/Amplified:**
  - *Patient:* My smoking isn't that bad.
  - *Counselor:* There's no reason at all for you to be concerned about your smoking. *(Note: it is important to have a genuine, not sarcastic, tone of voice).*

• **Double-Sided:**
  - *Patient:* Smoking helps me reduce stress.
  - *Counselor:* On the one hand, smoking helps you to reduce stress. On the other hand, you said previously that it also causes you stress because you have a hacking cough, have to smoke outside, and spend money on cigarettes.
• **Metaphor:**
  - *Patient:* Everyone keeps telling me I have a drinking problem, and I don’t feel it’s that bad.
  - *Counselor:* It’s kind of like everyone is pecking on you about your drinking, like a flock of crows pecking away at you.

• **Shifting Focus:**
  - *Patient:* What do you know about quitting? You probably never smoked.
  - *Counselor:* It's hard to imagine how I could possibly understand.

• **Reframing:**
  - *Patient:* I've tried to quit and failed so many times.
  - *Counselor:* You are persistent, even in the face of discouragement. This change must be really important to you.
• **Paradoxical:**
  – *Patient:* My smoking isn't that bad.
  – *Counselor:* Smoking is a good choice for you so why would you want to change? (*Note:* it is important to have a genuine, not sarcastic, tone of voice).

• **Emphasize Personal Choice:**
  – *Patient:* I've been considering quitting for some time now because I know it is bad for my health.
  – *Counselor:* You're worried about your health and you want to make different choices
Importance Ruler

- On a scale of 1-10 how important is it for you to change your drinking, drug use, substance use?
- Why not a lower number?
- What would it take to move to a higher number?
Readiness Ruler

• On a scale of 1-10 how ready are you to make a change in your drinking, drug use, substance use?

• Why not a lower number?

• Why would it take to move it to a higher number?
Confidence Ruler

- On a scale of 1-10 how confident are you that you could change your drinking, drug use, substance use?
- Why not a lower number?
- Why would it take to move it to a higher number?
The Keys to Readiness

Readiness

Importance  Confidence

Rate the BI/BNI

• How would you rate this provider's motivational interviewing skills?

• Imagine you are the patient....How do you feel?

• Is this approach:
  – Helpful?
  – Harmful?
  – Neutral?
• How willing do you think this patient will be to change her use or decrease her risk as a result of this intervention?
Resistant Language

• Push back, Resistance, Denial, Excuses:
  – Look, I don’t have a drinking problem.
  – My dad was an alcoholic; I’m not like him.
  – I can quit anytime I want to.
  – I just like the taste.
  – That’s all there is to do in Watertown!!!!
Responses to Resistance

• I’m not going to push you to change anything you don’t want to change.

• I’m not here to convince you that you have a problem/have a problem with alcoholism.

• I’d just like to give you some information.

• I’d really like to hear your thoughts about....

• What you decide to do is up to you.
Brief Interventions for Patients at Risk for Substance Use Problems
Four BI Model Options

- **FLO** (Feedback, Listen and understand, Options explored)
- **4 Steps of the BNI** (Raise the Subject; Provide Feedback; Enhance Motivation; Negotiate and Advise)
- **Brief Negotiated Interview (BNI) Algorithm** (Build Rapport; Pros and Cons; Information and Feedback; Readiness Ruler; Action Plan)
- **FRAMES** (Feedback; Responsibility; Advice; Menu of options; Empathy; Self efficacy)
Option 1: Conducting a Brief Intervention

FLO: THE 3 TASKS OF A BI

Feedback
Listen & Understand
Options Explored

Avoid Warnings!
(that’s it)
How Does It All Fit Together?

Feedback

Setting the stage

Tell screening results

Listen & understand

Explore pros & cons

Explain importance

Assess readiness to change

Options explored

Discuss change options

Follow up

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The 3 Tasks of a BI

F - Feedback
L - Listen & Understand
O - Options Explored
The 1st Task: Feedback

The Feedback Sandwich

- Ask Permission
- Give Advice
- Ask for Response
The 1st Task: Feedback

What you need to cover.
1. Ask permission; explain how the screen is scored
2. Range of scores and context
3. Screening results
4. Interpretation of results (e.g., risk level)
5. Substance use norms in population
6. Patient feedback about results
Risky drinking means going above (3 women, anyone 65+; 4 men) drinks per day, (7 women, anyone 65+; 14 men) drinks per week.

Ask: Does that make sense to you?

Normal (low risk) drinkers never drink above (3 women, 4 men) drinks per occasion.

Give feedback: You said that you sometimes exceed these limits. This places you at higher risk for future injury or other types of harm.

Elicit Response: What do you make of that?
The 1st Task: Feedback

What do you say?

1. **Range of score and context** - Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8.

   **Results** - Your score was 18 on the alcohol screen.

2. **Interpretation of results** - 18 puts you in the moderate-to-high risk range. At this level, your use is putting you at risk for a variety of health issues.

3. **Norms** - A score of 18 means that your drinking is higher than 75% of the U.S. adult population.

4. **Patient reaction/feedback** - What do you make of this?
Informational Brochures

National Institute on Alcohol Abuse and Alcoholism. (2013). Rethinking Drinking: Alcohol and your health (NIH Publication No. 10-3770)  
www.rethinkingdrinking.niaaa.nih.gov
The 1st Task: Feedback

Handling Resistance

• Look, I don’t have a drug problem.
• My dad was an alcoholic; I’m not like him.
• I can quit using anytime I want to.
• I just like the taste.
• Everybody drinks in college.

What would you say?
The 1st Task: Feedback

To avoid this…

LET GO!!!
The 1st Task: Feedback

Easy Ways to Let Go

• 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.

• What you do is up to you.
The 1st Task: Feedback

Finding a Hook

• Ask the patient about their concerns
• Provide non-judgmental feedback/information
• Watch for signs of discomfort with status quo or interest or ability to change
• **Always ask this question:** “What role, if any, do you think alcohol played in your (getting injured)?
• Let the patient decide.
• Just asking the question is helpful.
Role Play

Let’s practice F:

Role Play Giving Feedback Using Completed Screening Tools

• Focus the conversation
• Get the ball rolling
• Gauge where the patient is
• Hear their side of the story

http://timer.onlineclock.net/
## AUDIT Results

<table>
<thead>
<tr>
<th>Score</th>
<th>Level</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>Low</td>
<td>Encouragement</td>
</tr>
<tr>
<td>4-9</td>
<td>Risky</td>
<td>BI</td>
</tr>
<tr>
<td>10-13</td>
<td>Harmful</td>
<td>BI/BT</td>
</tr>
<tr>
<td>14+</td>
<td>Severe</td>
<td>BT/RT</td>
</tr>
</tbody>
</table>
The 3 Tasks of a BI

F
Feedback

L
Listen & Understand

O
Options Explored
The 2nd Task: Listen & Understand

Ambivalence is Normal
2nd Task: Listen & Understand

Start by Asking Patient for “Pros”

“What is it that you most like about drinking (drug use)?”

Then Ask Patient for “Cons”

“What are some things you don’t like about your drinking (drug use)?”
The 2nd Task: Listen & Understand

Summarize Pros and Cons

“On the one hand you said.. “PROS”, and on the other you said…. “CONS”
The 3rd Task: Options for Change

The Advice Sandwich

Ask Permission

Give Advice

Ask for Response
The 2nd Task: Listen & Understand

Listen for the Change Talk

— Maybe drinking did play a role in what happened.
— If I wasn’t drinking this would never have happened.
— Using is not really much fun anymore.
— I can’t afford to be in this mess again.
— The last thing I want to do is hurt someone else.
— I know I can quit because I’ve stopped before.

Summarize, so they hear it twice!

Pat
“On a scale of 0 - 10, how ready are you to make a change in your drinking (drug use)?”

“Why did you choose that number and not a ______ (lower one)?”

A strategy that helps the patient identify what motivation already exists towards making change
Role Play

Let’s practice **L**: Role Play Listen & Understand
Using Completed Screening Tool

- Pros and Cons
- Importance/Confidence/Readiness Scales
- Develop Discrepancy
- Dig for Change

[http://timer.onlinelock.net/](http://timer.onlinelock.net/)
The 3 Tasks of a BI

F
Feedback

L
Listen & Understand

O
Options Explored

Annas
3rd Task: Options for Change

• Cut down on quantities
• Reduce amount of days
• Change weekly pattern
• Change potency of product
• Meet NIAAA Guidelines
• Trial of abstinence
• Change friends and places you frequent
• Consider talking with a specialist
The 3rd Task: Options for Change

During MENUS you can also explore previous strengths, resources, and successes

- Have you stopped drinking/using drugs before?
- What personal strengths allowed you to do it?
- Who helped you and what did you do?
- Have you made other kinds of changes successfully in the past?
- How did you accomplish these things?
The 3rd Task: Options for Change

What now?

- What do you think you will do?
- What changes are you thinking about making?
- What do you see as your options?
- Where do we go from here?
- What happens next?
The 3rd Task: Options for Change

Giving Advice Without Telling Someone What to Do

• Provide Clear Information (Advise or Feedback)
  • What happens to some people is that…
  • My recommendation would be that…

• Elicit their reaction
  • What do you think?
  • What are your thoughts?
The 3rd Task: Options for Change

Closing the Conversation (“SEW”)

- **S**ummarize patient’s views (especially the pro)
- **E**ncourage them to share their views
- **W**hat agreement was reached (repeat it)
Role Play

Let’s practice **O**: Role Play Options Explored

- Ask about next steps, offer menu of options
- Offer advice if relevant
- Summarize patient’s views
- Repeat what patient agrees to do

http://timer.onlineclock.net/
Role Play: Putting It All Together

Feedback
- Range/Score on Screening Tools

Listen and Understand
- Pros and Cons
- Importance/Confidence/Readiness Scales
- Summary

Options Explored
- Menu of Options
Brief Intervention / Kansas Medicaid Reimbursement

One to three follow-up contacts are typically provided to assess and promote progress and to evaluate the need for additional services. These services can be provided in 15 minute units, up to 16 billable units per enrollment (a total of 4 hours per client @ $24.00 per unit) per year or rolling 12 months based on plan (a Medicaid policy).

From page 3 of Kansas DADS Policy BHS/MCO 504.
Extended Brief Intervention

A Brief Treatment Model
Extended BI/Brief Treatment

- An extended BI/Brief Treatment consists of ongoing individual counseling sessions with patients scoring in AUDIT Zone III or DAST Level Moderate/High Risk.
- Generally, extended BI/BT consist of 4 to 6 sessions, up to 1 hour in duration.
- Additional tools and exercises can be used to enhance and support readiness to change.
Extended BI/BT Exercises

• Ask your patient to write down:
  – What are the good things about my drinking/drug use?
  – What are the not so good things?
  – What are the good things about changing my drinking/drug use?
  – What are the not so good things?
  – What are the obstacles that will keep me from success?
  – How can I overcome those obstacles?
  – When is it hardest to keep moving forward?
  – What can I do deal with those situations?
Let’s Review

- A brief intervention/brief negotiated interview is a time limited, individual counseling session.
- The goals of a BI/BNI are fluid depending on a variety of factors.
- The patient has the best idea in the room.
- Always listen for change talk.
- Be prepared for zingers.
- Use your MI tools when doing extended BI/BT.
- Always end on a positive note.
Referral to Treatment for Patients in Severe SUD Zone of Use
Referral to Treatment

- Approximately 5% of patients screened will require referral to substance use evaluation and treatment.
- A patient may be appropriate for referral when:
  - Assessment of the patient’s responses to the screening reveals serious medical, social, legal, or interpersonal consequences associated with their substance use.

These high risk patients will receive a brief intervention followed by referral.

Referral to Treatment

• Always:
  – **Follow** appropriate confidentiality (42, CFR-Part 2) and HIPAA regulations when sharing information.
  – Establish a **relationship** with your community provider(s) and ensure you have a referral agreement.
  – **Maintain** a list of providers, support services, and other information that may be helpful to patients.
  – **Reduce** barriers and **build** bridges.
“WARM HAND-OFF” APPROACH TO REFERRALS

Describe treatment options to patients based on available services

Develop relationships between health centers, who do screening, and local treatment centers

Facilitate hand-off by:

- Calling to make appointment for patient/student
- Providing directions and clinic hours to patient/student
- Coordinating transportation when needed
WHAT IF THE PERSON DOES NOT WANT A REFERRAL?

Encourage follow-up – at the point of contact

At follow-up visit:

- Inquire about use
- Review goals and progress
- Reinforce and motivate
- Review tips for progress
The Business of SBIRT

SBIRT Cost Effectiveness and Reimbursement
Overview

- Multiple studies have shown the cost benefits of providing SBIRT services.
  - One study (Gentilleo, Eble, Wickizer, et al. 2005) showed:
    - A cost saving of $89 for each patient screening and $330 for each patient who received a brief intervention.
    - Health expenditures decreased $3.81 for each $1.00 spent providing SBIRT services.
  - A study of Medicaid patients in Washington State (Estee, et al. 2008) showed:
    - A cost savings of $271 per member, per month for those who received at least a brief intervention.
Commercial and Medicare Reimbursement Codes

- Commercial insurance and Medicare (federal) can be billed for SBIRT services:

<table>
<thead>
<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance</td>
<td>CPT 99408</td>
<td>Alcohol and/or substance abuse screening and brief intervention services 15 to 30 minutes.</td>
<td>$33.41</td>
</tr>
<tr>
<td>Commercial Insurance</td>
<td>CPT 99409</td>
<td>Alcohol and/or substance abuse screening and brief intervention services greater than 30 minutes.</td>
<td>$65.51</td>
</tr>
<tr>
<td>Medicare</td>
<td>G396</td>
<td>Alcohol and/or substance abuse screening and brief intervention services 15 to 30 minutes.</td>
<td>$29.42</td>
</tr>
<tr>
<td>Medicare</td>
<td>G397</td>
<td>Alcohol and/or substance abuse screening and brief intervention services greater than 30 minutes.</td>
<td>$57.69</td>
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</table>
Kansas Department for Aging and Disability Services
Operational Policy and Procedures

- BHS/MCO 503
- BHS/MCO 504
Thank you for your time and attention!

We will finish the training with:
- Exam
- Course Evaluation
- NAADAC Certificates
- Certificates of Completion

Be sure to visit:
sbirt@attcnetwork.org

National Screening, Brief Intervention and Referral to Treatment
ATTC

Annas & Pat
3:30 – 4:00 p.m.

• Complete test & turn in
• Return Emily’s AUDIT (gold-colored paper)
• Complete evaluation form & turn in
• Complete Consent for Follow-up form & turn in
• Pick up NAADAC certificate
• Pick up Certificate of Completion for KDADS

(If you did not complete the online course or did not bring your certificate with you, e-mail the certificate to rockforrd@umkc.edu. Once received, both certificates for today’s training will be mailed to you.)

Annas & Pat