

THE EMPLOYEE ASSISTANCE PROFESSIONAL'S GUIDE TO SCREENING, BRIEF INTERVENTION AND TREATMENT

LEARNER'S GUIDE DEVELOPED BY

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Center for Clinical Social Work (CCSW)
American Academy of Addiction Psychiatry (AAAP)
American Society of Addiction Medicine (ASAM)
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Forward

The workplace is a great place to establish education, prevention and brief intervention programs to impact one of the top three avoidable killers of Americans today – unhealthy and dependent alcohol use. Few businesses use the simple, fast, inexpensive and effective workplace programs described in this training. The BIG Initiative, which stands for the Brief Intervention Group Initiative, aims to support and add new tools to the way Employee Assistance Programs (EAPs) and other workplace health and safety programs throughout North America screen and treat workers who drink in ways that increase their risk of physical and emotional health problems, disease, injury, work and social problems.

You will learn to use effective techniques designed specifically for employee assistance (EA) professionals and other health care professionals who provide services to people in the context of their workplace.

This training program is a collaboration of six national associations that represent EA and other clinical professionals treating working people with alcohol-related problems: the Employee Assistance Professionals Association (EAPA), NAADAC - The Association for Addiction Professionals, Center for Clinical Social Work, American Academy of Addiction Psychiatry (AAAP), American Society of Addiction Medicine (ASAM) and Employee Assistance Society of North America (EASNA). Drs. Eric Goplerud and Tracy McPherson from NORC at the University of Chicago facilitate the BIG Initiative and helped organize the six association collaborative that produced this training program.

The curriculum would not have been possible without funding from the National Highway Traffic Safety Administration (NHTSA)/Department of Transportation, the Center for Substance Abuse Treatment (CSAT/SAMHSA) and unrestricted educational grants from Alkermes, Inc., Diageo, Inc. and corporate sponsors of the BIG Initiative. More than 150 employers, business coalitions, employee assistance and behavioral healthcare companies, substance use treatment programs, professional associations, researchers, benefits consultants and workplace wellness experts who actively participate in the BIG Initiative provide the real world laboratories for the tools and techniques presented in this training program. We are grateful for the outpouring of encouragement, advice and support we receive from these organizations and, especially, from the clinicians who have tested, probed and improved everything in this training program.

Employee Assistance Professionals Association (EAPA)
NAADAC - The Association for Addiction Professionals
Center for Clinical Social Work
American Academy of Addiction Psychiatry (AAAP)
American Society of Addiction Medicine (ASAM)
Employee Assistance Society of North America (EASNA)
NORC at the University of Chicago

Training Program Learning Objectives

By the end of this training program, you will be able to use Screening, Brief Intervention and Referral to Treatment (SBIRT) to:

- Screen EAP clients for unhealthy alcohol use with brief, valid questionnaires such as the AUDIT-C and the AUDIT;
- Deliver effective brief counseling informed by Motivational Interviewing and Cognitive-Behavioral techniques;
- Link clients to medical or specialty addiction treatment services as needed, and work with physicians and other specialists in ongoing care coordination; and
- Provide follow-up and recovery supports to help clients to remain productive at work.

You will also walk away knowing how to:

- Better understand the dynamics of the alcoholic family in order to support both the family members, as well as the EAP client, with alcohol-related issues;
- Assess and treat older workers whose use of alcohol or prescription pain medications may create health and work-related problems;
- Assess and treat young adult and adolescent employees whose drinking patterns are unhealthy;
- Recognize special considerations for following SBIRT protocols with DOT-covered employees;
- Connect clients to mutual support groups; and
- Apply SBIRT techniques to other client concerns such as depression, anxiety disorders, drug use, medication misuse and tobacco addictions.

Module One

Unhealthy Drinking: A Workplace Issue

Unhealthy Alcohol Use and the Workplace

More than half of the U.S. population over age 12 drinks alcohol.¹ The majority of Americans who drink do so without negative consequences. For some, alcohol use leads to physical, emotional, family and work problems. The World Health Organization (WHO) has identified four general patterns of alcohol use:²

- **No Risk:** Those who never drink alcohol. These individuals have no risk of experiencing alcohol-related problems with their health, work or family. Approximately 40% of the population fit into this category.
- **Low Risk:** Drinkers who never exceed the recommended daily, weekly and occasion limits for alcohol consumption. These individuals have a low risk of experiencing alcohol-related problems with their health, work or family. Approximately 35% of the population fit into this category.



*Approximately 75% of the population either abstain completely from alcohol or drink well within the recommended daily, weekly and occasion limits.

- **Moderate Risk:** Those who regularly exceed one of the recommended daily, weekly or occasion limits for alcohol consumption. These individuals have a moderate risk of experiencing alcohol-related problems with their health, work or family. Approximately 20% of the population fit into this category.
- **High Risk:** Those who regularly exceed 2 or more of the recommended daily, weekly or occasion limits for alcohol consumption. This population is at much higher risk of experiencing alcohol-related problems with their health, work or family. They are also at greater risk of developing the medical disease of alcohol dependence, if they have not already. Approximately 5% of the population fit into this category.

Recommended Low-Risk Drinking Guidelines³⁰

Men (under the age of 65): 2 - 14 - 5

No more than 2 drinks per day, 14 drinks per week, 5 drinks per occasion

Women (and men over the age of 65): 1 - 7 - 4

No more than 1 drink per day, 7 drinks per week, 4 drinks per occasion

There are many reliable Recommended Guidelines for Low Risk Drinking developed by government agencies and private organizations. These *Recommended Guidelines* were selected based on current research, consistency and for inclusion of alcohol-related problems to health, job or family, as opposed to only risk of alcohol dependence. A comparison summary is located in Appendix A of this Learner's Guide.

Costs of Unhealthy Drinking Patterns

The federal government estimates that 18.7 million Americans drink alcohol in ways that are potentially unhealthy. Their alcohol use puts them at risk of developing the medical illness of alcohol dependence. Sadly, only 3 million people get help.³ The costs of failing to help the 15.7 million people with untreated alcohol problems are staggering. According to the Office of National Drug Control Policy (ONDCP), alcohol dependence and alcohol-related problems cost at least \$185 billion annually. Further, the annual medical bill for alcohol-related problems exceeds \$24 billion, with four-fifths of that amount going to treat the injuries and illnesses caused or complicated by alcohol use.⁴

Alcohol use impacts work, even if no one actively drinks on the job. Nearly 80% of adults who have diagnosable **alcohol use disorders** are employed.⁵ Unhealthy drinking costs American employers and employees approximately \$552 per worker per year in excess health care use. Alcohol use costs businesses in other ways too:

- lost productivity due to missed work (**absenteeism**);
- lost productivity due to reduced or impaired work functioning (**presenteeism**);
- more accidents, resulting in increased workers' compensation and disability claims;
- extra hospital, emergency and other medical costs by employees and their family members; and
- higher rates of job turnover.⁶

Many more working people drink in unhealthy ways than drink at dependent levels. Because there are so many more unhealthy drinkers than dependent drinkers (at least 5 to 1), the unhealthy drinkers are responsible for 60% of alcohol-related missed work, poor work quality and other work limitations. Together, unhealthy drinkers and dependent drinkers may cause up to 40% of industrial fatalities and 47% of industrial injuries. Twenty percent of employees in a recent survey reported being injured, forced to cover for a co-worker or required to work harder because of a colleague's drinking. Further, misuse of alcohol is linked to almost 50% of all trauma and injury visits to hospital emergency rooms, which drives up employers' health insurance costs and employees' premiums.⁷

alcohol use disorder

a medical disease characterized by the excessive consumption of alcoholic beverages, leading to physical and psychological harm and impaired social and/or vocational functioning

absenteeism

not being at the worksite or at work; an "objective" number typically measured in hours absent from work

presenteeism

being at work but with diminished performance due to personal distractions

Employee Assistance Programs (EAPs) and Unhealthy Alcohol Use

Unhealthy alcohol use can be effectively managed and addressed by workplace programs such as **Employee Assistance Programs (EAPs)** – if the drinking pattern is identified. One of the biggest obstacles to effective screening and treatment is the failure to ask about unhealthy drinking during opportunities where asking, offering brief advice and counseling can make a huge difference. During this training program, you will learn how to introduce the topic of unhealthy alcohol use and what questions to ask. You will also learn about brief, solution-focused, motivational counseling, called brief intervention, which provides the framework and techniques for helping clients choose and act to reduce risks associated with unhealthy alcohol use.

employee assistance program (EAP)
worksite-based programs designed to assist organizations in addressing productivity issues by helping employees (and often their family members) identify and resolve personal concerns that are affecting job performance

Reimbursement for SBI

The American Medical Association (AMA) has approved several billing codes that will allow you to be reimbursed for providing screening and brief intervention services. More information on how billing codes can be used in a variety of settings can be found in the Ensuring Solutions SBI Reimbursement Guide, which is located at:

http://www.ensuringsolutions.org/resources/resources_show.htm?doc_id=385233.

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$33.41
Commercial Insurance	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$29.42
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
Medicaid	H0050	Alcohol and/or drug service, brief intervention, per 15 min	\$48.00

Current EAP Practice

EAPs help employees (and often their family members) resolve problems that may affect their job performance. Nationally, about 1 in 20 employees receive EAP counseling services for help solving a wide range of problems that are affecting their work. Of those, about 4 in 100 employees have a concern severe enough to warrant referral to intensive treatment and have care that is managed by an EA professional.⁸

Employee assistance professionals (EA professionals) routinely ask about a wide range of issues that could impact job performance. They ask about:

- ✓ medical concerns;
- ✓ worksite stresses;
- ✓ marital and family problems;
- ✓ financial issues;
- ✓ legal concerns;
- ✓ mental health; and
- ✓ substance use problems.

employee assistance professionals (EA professionals)

experts on management of behavior and emotional health issues in the workplace and have knowledge and experience including assessment and treatment of behavioral health problems and addictions, personnel management, resource identification and provision of consultation for workplace leaders. Often, they have a background in fields such as social work or counseling and may be drug and alcohol counselors

EA professionals help working people and their families solve personal concerns that affect or could adversely impact employees' job performance. From an EA professional's perspective, job performance contains three elements:

- 1) Is the employee at work when expected and working when at work for all the time expected?
- 2) Is the employee working up to his/her potential?
- 3) Is the employee working well with co-workers (including supervisors and direct-reports)?

A wide variety of personal concerns can impact job performance. Almost 75% of full-time employees have access to an EAP.⁹ If screening and brief intervention for unhealthy alcohol use were a routine part of EAP assessments, many of the 15.7 million adults and adolescents with untreated alcohol problems could get help.¹⁰

The techniques demonstrated in this training program may simply organize and systematize what many EA professionals already do. Screening EAP clients for unhealthy alcohol use and intervening with effective Motivational Interviewing, Cognitive-Behavioral and medical management techniques fit easily into routine EAP practice. Six leading professional associations

representing EA professionals and addiction medicine specialists collaborated to create this curriculum. They are convinced that the approaches in this training program will help EA professionals to better assist their clients whose use of alcohol is risky and/or unhealthy.

EAP Service Delivery Models

EAPs today provide a broad range of services to work organizations. Common to all are a set of core services or “Core Technologies” delivered in a variety of service delivery models. (More contextual information about employee assistance programs is located in Appendix B of this Learner’s Guide.) Whether you consider yourself to be an EA professional or a **mental health professional (MHP)** in private practice who sees EAP clients, you are performing a role within one of these models. Understanding the context in which you provide EAP services will assist you as you progress through this training program. For purposes of simplicity, we will use the term EA professional to describe anyone involved in the delivery of services within an EAP service delivery model as an EA professional. (See Appendix C for more information about *EAP Core Technologies* and Appendix D for *EAP Service Delivery Models* in this Learner’s Guide.)

mental health professional (MHP)
a state-licensed professional who offers services for the purpose of improving an individual's bio-psycho-social-spiritual functioning

There are four basic EAP service delivery models currently in use today:

- 1) **Internal staff model** - EA professionals are employees of the work organization or specially designated labor representatives. Services are provided on-site at the work organization. They may be MHPs or specially trained paraprofessionals.
- 2) **External staff model** – EA professionals are employed by an external vendor, which is a company that provides EAP services to multiple employers.
- 3) **External network model** – The EA professionals are employed by an external vendor, and the vendor contracts with MHPs in private practice to provide EA assessment and/or short-term problem resolution services to EAP clients.
- 4) **Hybrid model** - This model brings on-site services back to the work organization while retaining the accessibility and geographic advantages of an external network model. The onsite EA professional(s) may be employed by the work organization or the external vendor.

Basic EAP Workflow

To see how screening and brief intervention for unhealthy alcohol patterns fits into EAP practice, it is useful to review your¹ role in the EAP and how services are typically provided. Most often, employees and/or eligible family members voluntarily seek help from the EAP on their own. The following workflow applies to these voluntary self-referred situations:

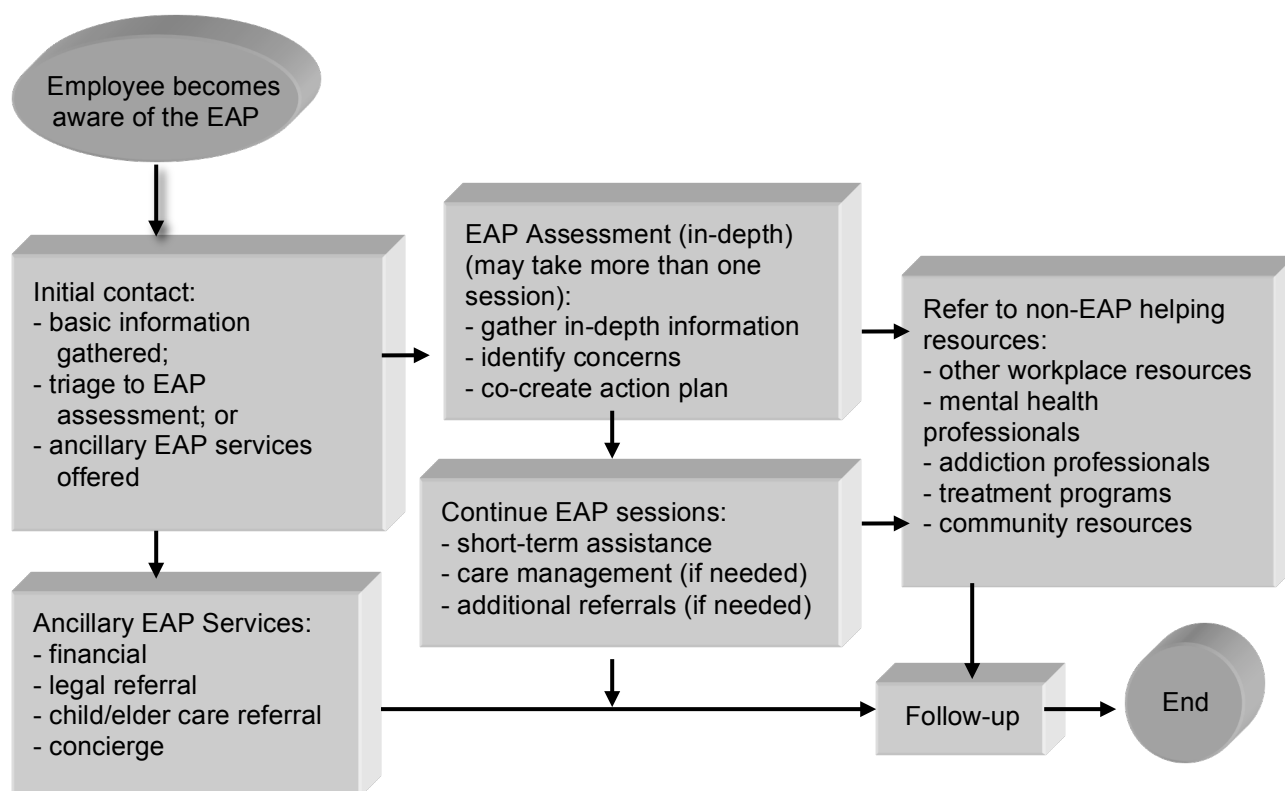
- 1) **Initial contact** - An employee or a family member contacts the work organization or union-sponsored EAP for help with a work-related or personal concern. This contact is typically made via telephone. The EAP gathers basic information, and an initial triage is done to determine which services provided by the EAP are most appropriate to the caller's reason for contacting the program. When appropriate, a recommendation is made for an in-depth EAP assessment or the caller may be immediately transferred to ancillary EAP services such as legal/financial resources, concierge services or child/eldercare referral services.
- 2) **EAP assessment** – During the EAP assessment, the EA professional (including network affiliates contracted by EAPs) gathers information about the EAP client's presenting concern and asks additional questions to help the EA professional identify the most appropriate resources to address the concerns identified during the assessment. This assessment includes, among other things, questions about job performance, alcohol, drug and medication use. Together, the EA professional and the EAP client develop an action plan for addressing the identified concerns.
- 3) **Continued EAP sessions and/or referral to helping resources** – The EA professional offers help through resources that match the identified concerns. These helping resources may include short-term counseling available through the EAP. In cases where intensive hospitalization is involved or in cases of non-DOT positive alcohol or drug cases, the EAP may provide intensive care management. This may or may not be carried out by the EA professional who completed the initial assessment, depending upon the EAP service model.

Referral to helping resources includes other programs and benefits available through the employing work organization. Often, referral is made to services available through the employee's health insurance plan. This is appropriate when engaging in a clinical relationship where the client exceeds the scope of EAP services, such as for ongoing individual treatment of a mental health or substance abuse use disorder; for extensive marital counseling; medical concerns; and when facility-based treatment resources are appropriate for mental health or substance abuse diagnosis. EAPs also make referrals to community resources for a wide range of concerns beyond the scope of the employer's benefit plans.

¹ For convenience, EA professionals will be addressed as "you" throughout the training program and EAP clients will be addressed with female pronouns (her/hers/she), recognizing that a third or more of EAP clients are male.

- 4) **Follow-up** – Follow-up is appropriate after referral to ancillary EAP services to ensure the EAP client received expected services. EA professionals who provide EAP sessions when no referral is made follow-up to ensure the EAP client is doing well and has no additional need for assistance. When referral is made to a helping resource beyond the scope of the EAP, EA professionals follow-up to insure the client connected with the helping resource and obtained the intended services. For EAP clients with alcohol or other substance use disorders, periodic follow-up contacts support sustained recovery and provides an opportunity to link clients experiencing problems back into treatment.

This process is illustrated below:



Note: The EAPA Code of Ethics¹¹ provides guidance regarding best practices for EAP assessments and referral. If you are in private practice and contract with EAPs, it is important to understand your role in the model. Are you being asked to provide EAP assessment or has the EAP assessment been completed and your role is to provide clinical services? You must be clear on this point.

EAP Care Management

Care management may be needed when you determine that a client’s mental health or substance use problems require more intensive or specialized treatment than is available within the EAP. Clients are referred to addiction professionals, physicians, emergency or inpatient psychiatric services or specialty substance use treatment programs for more specialized assessment and treatment. At this point, the EAP helps manage and coordinate care, and with appropriate

releases of information, provides linkage between the work organization and the treatment provider.

Care management involves more intensive and sustained connections with some clients than others. Sometimes, managers and supervisors recommend that employees who are showing significant change in productivity or workplace behaviors to contact the EAP. Some work organizations make formal and/or mandatory management referrals to the EAP. These referrals most often occur following a positive non-DOT alcohol or drug test result, threats of violence or when the employee is observed exhibiting concerning behavior in the workplace. A supervisory referral is made to the EAP, then the EA professional conducts an assessment and refers the employee to the most appropriate treatment resource. In these cases, the employee may be placed on administrative leave until compliance with all EAP treatment recommendations have been completed.

If the situation requires the employee to be absent from work, you may, with appropriate releases of information, connect with the employee's supervisor and other appropriate individuals in the client's company to ensure any work-related concerns are addressed during treatment and reentry into work is properly coordinated. In situations where the EAP client's employment is at risk, you may be responsible for monitoring compliance with treatment recommendations.

In work organizations with non-DOT alcohol and drug testing policies, EA professionals often work with the employer in developing and implementing alcohol, illegal drug and medication use policies which demonstrate the employer's support for employee requests for assistance and employer support for employee's ongoing recovery. In cases of policy violations, EAPs often develop and/or monitor compliance with "last chance" or "return-to-work" agreements. These agreements typically include a statement reiterating the employer's support for the employee's ongoing recovery; actions the employer expects the employee to follow to support their own recovery; and any specific job performance expectations upon returning to duty. When such an agreement is made, the EA professional meets with the supervisor and the client in a "return to work" meeting to discuss the agreement and clarify expectations. The EAP may monitor the employee's compliance for weeks, months or years, depending upon the employer's policies.

In organizations where occupational health clinics operate, the EAP may coordinate with occupational health nurses in reviewing medical information related to disability management and consult regarding the employee's readiness to resume work duties.

Finally, when an EAP client is absent from work due to a psychiatric diagnosis or substance use disorder, the EAP provides the employee periodic, ongoing follow-up and support for once the acute phase of treatment has been completed and the employee has resumed working.

In summary, there are many potential touch points where you may ask about and detect unhealthy alcohol use patterns. At any point, you can ask about clients' quantity and frequency of alcohol use, and if an elevated risk or alcohol use is complicating treatment, then brief alcohol-focused counseling may be useful and timely.



Self-assessment exercise: *Where does asking clients about their alcohol use best fit within your EAP's service protocols?*

Introduction to EAP SBIRT

Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) is the leading evidence-based protocol for helping employees and businesses to reduce the impact of unhealthy alcohol use. SBIRT is widely used in outpatient medical clinics, hospital emergency departments and trauma centers, community health centers and the Veterans Administration. Increasingly, EAPs are building SBIRT into practice routines and expecting that all of their clinicians be skilled in SBIRT.

Overview from “3500 Feet”

There are three core parts of SBIRT:

1) *Screening - the process of assessing risk*

Asking three simple questions about the quantity and frequency of alcohol use (the three question AUDIT-C¹²) takes 30 seconds to one minute. This is followed by the seven remaining questions of the AUDIT if responses to the first three questions suggest higher than average unhealthy use. Other good, brief screening instruments exist, but the AUDIT is the benchmark questionnaire that we recommend.

If you do not ask, clients will not tell you about unhealthy drinking.

2) *Brief Intervention - a behavior change strategy focused on helping your client reduce or stop unhealthy drinking*

If screening indicates unhealthy alcohol use, you may choose to provide immediate feedback on how her drinking compares to others her age and gender, offer simple advice, explore the pros and cons of her drinking and ask if she is willing to change. Brief intervention can take as little as 30 seconds (when providing normative behavior information or brief advice) or can extend to several sessions. Alcohol may be your client's primary problem and may become the focus of your sessions, or unhealthy alcohol use may be a factor that complicates the problems that your client came to the EAP to resolve. Brief intervention can help many, but certainly not all, clients to make changes. Some will not be ready to change or may need specialized addiction treatment.

3) *Referral to Treatment and Follow-up – linking your client to specialized addiction treatment and staying with the client to support sustained success*

EAPs generally offer brief, solution-focused services. When alcohol problems are more serious or complicated, more intensive, addiction-focused treatment may be a good option. “Referral to treatment” means connecting your client to a physician for medical treatment or a specialty addiction treatment program. “Follow-up” means care management according to your EAP's protocols, as well as supporting your client during treatment and

post-treatment follow-up contacts. Follow-up in the form of brief contact is appropriate for all EAP clients.

SBIRT is simple, brief and effective. An analysis of more than 360 controlled clinical trials of treatments for alcohol use disorders found that screening and brief intervention was the most effective treatment method of more than 40 methods studied.¹³ The U.S. Preventive Services Task Force reviewed the research literature on screening for unhealthy alcohol use and brief counseling and recommended that it be routinely provided to adolescents and adults.

Like many EA professionals, you may find this training program to be a refresher - reminding and reinforcing skills that you already know and use. Perhaps it will increase your use of skills already well honed and encourage you to use them more often. For others, the training program will fill a gap, provide new information and teach new skills. Regardless of your experience with the skills, the important first step is the same – you have to ask. Everything else flows from simply asking in a sensitive manner about your clients' alcohol use.

You will also learn how to apply SBIRT to special issues that may arise with some of your EAP clients, such as:

- Working collaboratively with physicians medically treating addicted clients and with specialty addictions treatment programs, such as intensive outpatient, co-occurring and residential treatment programs;
- Better understand the dynamics of the alcoholic family in order to support both the family members, as well as the EAP client, with alcohol-related issues;
- Assess and treat older workers whose use of alcohol or prescription pain medications may create health and work-related problems;
- Assess and treat young adult and adolescent employees whose drinking patterns are unhealthy;
- Recognize special considerations for following SBIRT protocols with DOT-covered employees;
- Connect clients to mutual support groups; and
- Apply SBIRT techniques to other client concerns such as depression, anxiety disorders, drug use, medication misuse and tobacco addictions.

SBIRT and Adolescents

It is not uncommon for EA professionals to have clients who are under the age of 21. The *Recommend Low-Risk Drinking Guideline* for this population is complete abstinence.

The CRAFFT can be useful for EAP clients under the age of 21 instead of the AUDIT. The CRAFFT is located in Appendix E of this Learner's Guide.

More information regarding SBIRT and Adolescents is located in the Specialty Topics section of this Learner's Guide.