

THE ADDICTION PROFESSIONAL'S GUIDE TO SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)

LEARNER'S GUIDE DEVELOPED IN COLLABORATION WITH:

NAADAC, the Association for Addiction Professionals

Employee Assistance Professionals Association (EAPA)

Center for Clinical Social Work (CCSW)

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

The BIG Initiative

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Forward

This Learner's Guide was adapted for addiction professionals and based on a training program developed in collaboration with six national associations that represent addiction and other behavioral health professionals treating people with alcohol-related problems: NAADAC, the Association for Addiction Professionals; Employee Assistance Professionals Association (EAPA); Center for Clinical Social Work (CCSW); American Academy of Addiction Psychiatry (AAAP); American Society of Addiction Medicine (ASAM); and Employee Assistance Society of North America (EASNA). In addition, Drs. Eric Goplerud and Tracy McPherson from NORC at the University of Chicago facilitate the BIG Initiative and helped organize the six associations collaborative that produced the original training program.

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Training Program Learning Objectives

Through the core components of this Learner's Guide, you will be able to use Screening, Brief Intervention and Referral to Treatment (SBIRT) to:

- Screen 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 reduce the negative effects of unhealthy alcohol consumption.

By reading the supplemental materials in this Learner's Guide, you will also:

- Better understand the dynamics of the alcoholic family in order to support both the family members, as well as the client, with alcohol-related issues;
- Assess and treat older adults whose use of alcohol or prescription pain medications may create health, social and/or work-related problems;
- Assess and treat young adults and adolescents whose drinking patterns are unhealthy; and
- Connect clients to mutual support groups.

Module One

SBIRT for Addiction Professionals Explained

Why Addiction Professionals Care about SBIRT

Addiction Professionals and SBIRT

The therapeutic setting 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. Screening, Brief Intervention and Referral to Treatment (SBIRT) is the leading evidence-based protocol to identify clients who drink in ways that increase their risk of physical and emotional health problems, disease, injury, work, family and social problems and help them reduce its impact.

SBIRT is widely used in outpatient medical clinics, hospital emergency departments and trauma centers, community health centers and the Veterans Administration, and it is taking hold in the addiction profession. Increasingly, addiction treatment and prevention settings are building SBIRT into practice routines and expecting that all clinicians be skilled in SBIRT. Luckily, since many addiction professionals already incorporate screening for alcohol use into their practice, as well as Motivational Interviewing (MI) techniques and referral to other professionals, utilizing the SBIRT protocol does not require much change in workflow.

SBIRT can be an effective and efficient method within the total delivery system of addiction prevention and treatment. Granted, often times in an addiction treatment setting, the individual coming in for services has already self-identified his or her “drug of choice” and associated treatment needs. However, there may be other entry points within the system of care for addiction professionals to use the SBIRT protocol, such as private practice sessions, community mental health center settings, hospitals, primary care clinics, community support center settings, emergency departments or homeless shelters.

Some of the components of the system of care, such as hospitals, primary care clinics, community mental health and other community support centers, may not find it efficient to provide SBIRT services themselves, and therefore, look to addiction professionals to contract them externally. Addiction professionals can create additional revenue streams by providing these services (screening, brief intervention, referral to treatment and follow-up) through contract work, as well as by partnering with another component of the system of care in the community to receive referrals for those individuals identified as needing specific addiction counseling and/or treatment.

Overview from “35,000 Feet”

There are three core components 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-C¹) 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 3 – 5 minutes or longer, and may take place in one or several sessions. Alcohol may be your client's primary problem and may become the focus of your interaction, or unhealthy alcohol use may be a factor that complicates the problems that your client came 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*

When alcohol problems are more serious or complicated, more intensive and specialized 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 organization'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 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.² 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.

For some addiction 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

SBIRT and Adolescents

It is not uncommon for addiction 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 is the recommended screening tool for those under the age of 21 instead of AUDIT. The CRAFFT is located in Appendix B of this Learner's Guide.

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

same – you have to ask. Everything else flows from simply asking in a sensitive manner about your clients' alcohol use.

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.

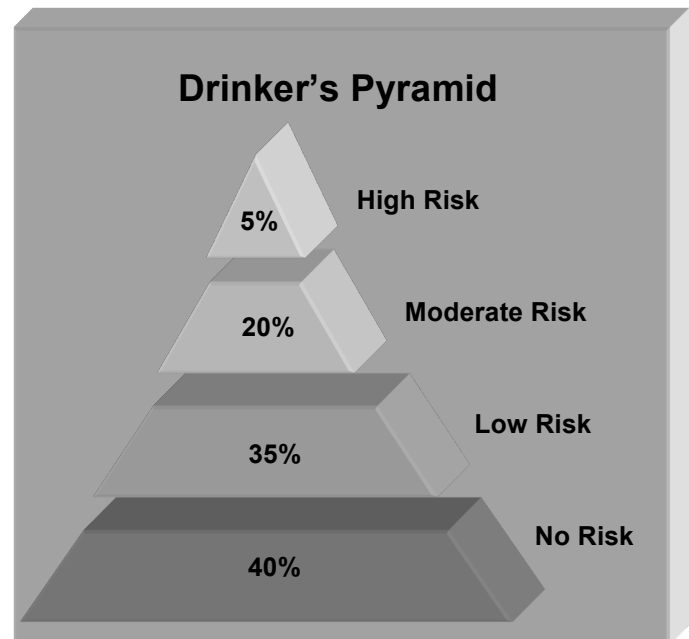
Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$33.41
Commercial Insurance	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 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

Using these billing codes can enable third-party reimbursement for these services and generate revenue. To provide SBIRT services without the inconvenience of a billing system, contract with organizations that already have third-party or Medicaid reimbursement systems in place.

Unhealthy Alcohol Use

More than half of the U.S. population over age 12 drinks alcohol.³ 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:⁴

- **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.
- **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.



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

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.

Unhealthy alcohol use can be effectively managed and addressed 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 significant 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.

What is a Drink?

It may seem obvious what your client's answer means to the question: "How many drinks containing alcohol do you have on a typical day of drinking?" But, to understand how much your client actually drinks and the risks to which the client may be exposed, it can be helpful to explain what counts as a drink.⁵

<p>12 oz. of beer or cooler</p>	<p>8-9 oz. of malt liquor 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor</p>	<p>5 oz. of table wine</p>	<p>3-4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown</p>	<p>2-3 oz. of cordial, liqueur, or aperitif 2.5 oz. shown</p>	<p>1.5 oz. of brandy (a single jigger)</p>	<p>1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer*</p>
 <p>12 oz.</p>	 <p>8.5 oz</p>	 <p>5 oz.</p>	 <p>3.5 oz.</p>	 <p>2.5 oz.</p>	 <p>1.5 oz.</p>	 <p>1.5 oz.</p>