Screening, Brief Intervention and Referral to Treatment (SBIRT)

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https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wasbirt-pci
SBIRT Overview:
*New Public Health Approach to Substance Use*

Module One

https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wasbirt-pci
Rethinking Substance Use

Let’s:

- **Re-conceptualize** how we understand substance use problems.

- **Re-define** how we identify substance use problems.

- **Re-design** how we treat substance use problems.

What are the 3 stages of prevention?
Historically

Substance Use Services have focused on two areas only:

- Primary Prevention – Precluding or delaying the onset of substance use.

- Tertiary Treatment – Providing time, cost, and labor intensive care to patients who are acutely or chronically ill with a substance use disorder.
Previous Model: Categorical Definition of Substance Abuse/ Addiction

Previous model identified substance use problem as ADDICTION
SBIRT identifies substance use problem as **EXCESSIVE USE**

SBIRT model recognizes a full *continuum* of substance use behavior and problems, and provides a continuum of substance use interventions. SBIRT model can provide resources in the *area of greatest need*.

Consistent with **shift from DSM IV to DSM V**
Learning from Public Health

The public health system of care **routinely screens** for **potential** medical problems (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function), provides **preventative** services prior to the onset of acute symptoms, and **delays** or **precludes** the development of chronic conditions.

What are some ways in which alcohol increases your risk for chronic disease or cancer?
alcohol can affect your health

- brain damage
- loss of memory
- hallucinations
- fits
- dementia
- risk of chest infection
- swollen liver
- hepatitis
- cirrhosis
- tingling nerves
- numbness
- trembling hands
- risk of STI and HIV/AIDS
- poor control of diabetes
- loss of muscle
- enlarged heart
- high blood pressure
- irregular pulse
- ulcers
- gastritis
- vomiting blood
- pancreatitis
- impotence in men
- infertility in women
Excessive Alcohol Use is also correlated with:

- **Trauma** and trauma recidivism
- Exacerbation of **mental health** conditions
- Alcohol **poisoning**
- **DUI**
- Domestic and other forms of **violence**
- Transmission of sexually transmitted **diseases**
- Unintended **pregnancies**
- Substance Use Disorder
SBIRT Model: Continuum of Substance Use

Positive Reinforcement & Brief Education

Abstinence | Experimental Use | Social Use

Brief Intervention or Treatment

Binge Use | Problematic Use

Referral to Treatment

Harmful Use/Substance Use Disorder

About what % of patient can we identify and intervene earlier through SBIRT (yellow circle)?
Substance Use Disorder

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

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

Intervention Need

Developed by, and is used with permission of Daniel Hungerford, Ph.D., Epidemiologist, Center for Disease Control and Prevention, Atlanta, GA
SBIRT’s Public Health Approach to Screening

1. Immediate rule out non-problem users (through pre-screen)
2. Identify levels of risk and co-occurring risk (through full screen)

3. Identify patients who would benefit from brief intervention
4. Identify patients who would benefit from further assessment and referral to treatment

5. Progressively offer levels of clinical interventions based on need and motivation for change.
Screening: How Does It Work in a Clinical Setting?

Module Two

https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wasbirt-pci
A. Two Stages of Screening

1. Universal: **PRE-SCREEN**
   - Provided to all adult patients (developing guidelines for youth 12+ years old)
   - Serves to rule-out patients who are at no or low risk.
   - Can (should) be done at intake or triage.

2. Targeted: **FULL-SCREEN**
   - Provided to patients who score positive on any of the pre-screen.
B. Four Types of Intervention

1. Feedback & Positive Reinforcement (no to low risk)
2. Brief Intervention (low to medium risk)
3. Extended Brief Intervention or Brief Treatment (medium to high risk)
4. Referral for further assessment (high to severe risk)

So how do we determine what level of intervention is appropriate?
Remember:

**Screening ≠ Diagnosis**

- Beauty of SBIRT is ability of medical providers to conduct brief interventions without a diagnosis.
- For mental health or substance use diagnosis, please refer to a licensed behavioral health provider.
I would like to ask you some personal questions that I ask all our patients. These questions will help me to provide you with the best care possible. As with all medical information your responses are confidential. If you feel uncomfortable, just let me know.
A1. WASBIRT’s Pre-Screen for Men

For MEN (18-65 years)

<table>
<thead>
<tr>
<th>ONE DRINK EQUALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 oz. beer</td>
</tr>
<tr>
<td>5 oz. wine</td>
</tr>
<tr>
<td>1.5 oz. liquor (one shot)</td>
</tr>
</tbody>
</table>

Please answer the questions below.

<table>
<thead>
<tr>
<th>Question</th>
<th>None (0)</th>
<th>1 or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many times in the past year have you had <strong>5 or more drinks in a</strong> day?</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>2. How many times in the past year have you used a <strong>recreational drug</strong> or used a <strong>prescription medication</strong> for non-medical reasons?</td>
<td>●</td>
<td>○</td>
</tr>
</tbody>
</table>

**Examples of drugs include but are not limited to:** marijuana, solvents like paint thinners, tranquilizers like Valium, barbiturates, cocaine, methamphetamine, hallucinogens like LSD, ecstasy, or narcotics like heroin.

Proceed with full screen if any of the pre-screens are positive. Record results in EHR.

Stop if all pre-screens are negative. Record results in EHR, then rescreen annually.
A1. WASBIRT’s Pre-Screen for Women and 66+ Years Old

For **WOMEN** (18-65 years) and **ANYONE** (66 years and older)

<table>
<thead>
<tr>
<th>ONE DRINK EQUALS</th>
<th>None (0)</th>
<th>1 or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 oz. beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 oz. wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 oz. liquor (one shot)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer the questions below.

1. How many times in the past year have you had **4 or more drinks in a day**?  
   - None (0)  
   - 1 or More

2. How many times in the past year have you used a **recreational drug** or used a **prescription medication for non-medical reasons**?  
   - None (0)  
   - 1 or More
A1. Consider AUDIT–C
To Expand Alcohol Related Pre-Screen Questions

AUDIT-C Questionnaire

Patient Name ___________________________ Date of Visit ______________

1. How often do you have a drink containing alcohol?
   □ a. Never
   □ b. Monthly or less
   □ c. 2-4 times a month
   □ d. 2-3 times a week
   □ e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?
   □ a. 1 or 2
   □ b. 3 or 4
   □ c. 5 or 6
   □ d. 7 to 9
   □ e. 10 or more

3. How often do you have six or more drinks on one occasion?
   □ a. Never
   □ b. Less than monthly
   □ c. Monthly
   □ d. Weekly
   □ e. Daily or almost daily
SBIRT Pre-Screen Follows NIAAA’s Alcohol Guidelines

- **Low Risk:**
  - Healthy Men < 65
    - ≤ 4 drinks per day AND NOT MORE THAN 14 drinks per week
  - Healthy Women & Men ≥ 65
    - ≤ 3 drinks per day AND NOT MORE THAN 7 drinks per week

- **Hazardous:**
  - Pattern that increases risk for adverse consequences.

- **Harmful:**
  - Negative consequences have already occurred.
Sometimes, a Patient’s Idea of a Drink is Different from the Standard Drink

<table>
<thead>
<tr>
<th>12 oz. of beer or cooler</th>
<th>8-9 oz. of malt liquor</th>
<th>5 oz. of table wine</th>
<th>3-4 oz. of fortified wine</th>
<th>2-3 oz. of cordial, liqueur, or aperitif</th>
<th>1.5 oz. of brandy</th>
<th>1.5 oz. of spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 oz.</td>
<td>8.5 oz.</td>
<td>5 oz.</td>
<td>3.5 oz.</td>
<td>2.5 oz.</td>
<td>1.5 oz.</td>
<td>1.5 oz.</td>
</tr>
</tbody>
</table>

Note: People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25 oz (750 ml.) bottles that hold five standard drinks.
Can use SBIRT Card to Talk to Patients About Their Level of Alcohol Use

Risk Levels
- I: Low Risk or Abstain (78%)
- II: Risky (9%)
- III: Harmful (8%)
- IV: Severe (5%)

Low Risk Drinking Limits:
- MEN 18-65: No more than 14 drinks per week AND no more than 4 drinks per day
- WOMEN 18-65: No more than 7 drinks per week AND no more than 3 drinks per day
- ALL AGE 66+: No more than 7 drinks per week AND no more than 3 drinks per day

A drink is:
- A 12 ounce can of beer
- A 5 ounce glass of wine
- A shot of hard liquor (1 1/2 oz)
A1. Consider PHQ-2 If Want to Include Mental Health in Pre-Screen

The Patient Health Questionnaire-2 (PHQ-2)

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Visit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Over the past 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not At all</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
**Clinic Flow | Screening and Data Collection Flowchart**

**Prescreen:**
- 1 Alcohol Pre-Screen Q
- 2 Drug Pre-Screen Qs

**Positive on the Prescreen?**
- Yes: **Full Screen**
- No: **Section A: Clinic Upload/EHR Extract**

**Audit and DAST-10**

**Assess Audit and DAST score level**

<table>
<thead>
<tr>
<th>Screening Score</th>
<th>Audit and/or DAST-10</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 7 Female and all over 65&lt;br&gt;&lt;8 Male 18-65 years</td>
<td>&lt; 1</td>
<td>Provide Feedback on Screening Score</td>
</tr>
<tr>
<td>7 - 15 Females and all over 65&lt;br&gt;8 - 15 Male 18-65 years</td>
<td>1 - 2</td>
<td>Administer Brief Intervention&lt;br&gt;<strong>Mental Health SCREEN</strong>&lt;br&gt;Refer if indicated</td>
</tr>
<tr>
<td>16 - 19</td>
<td>3 - 5</td>
<td>Administer Brief Intervention AND Refer to Brief Treatment (BT)&lt;br&gt;<strong>Mental Health SCREEN</strong>&lt;br&gt;Refer if indicated</td>
</tr>
<tr>
<td>20 - 40</td>
<td>6 - 10</td>
<td>Administer Brief Intervention and Refer to CD Treatment&lt;br&gt;<strong>Mental Health SCREEN</strong>&lt;br&gt;Refer if indicated</td>
</tr>
</tbody>
</table>
A2. Validated Full Screening Tools for Substance Use

- **AUDIT**: Alcohol Use Disorder Identification Test
- **DAST**: Drug Abuse Screening Test
- **CRAFFT**: Car, Relax, Alone, Forget, Family or Friends, Trouble (for adolescents)
- **GAIN** or **GAIN-SS**: Global Appraisal of Individual Needs
- **FAGERSTROM**: Nicotine Dependence
Full Alcohol Screen: AUDIT-10

- **Ten Questions**
  - Addresses frequency and level of use (Q1 – Q3)
  - Addresses harmful behavior (Q4 – Q6)
  - Address impact of drinking (Q7 – Q10)
  - Preface: In the past 12 months…..

- Provides 4 zones of risk and intervention based on score.

- Valid and reliable across different cultures. Available in numerous languages.

- Limitations: Addresses alcohol only.
**Screening | Alcohol Use Disorders Identification Test (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)

---

*Place an X in one box that best describes your answer to each question.*

<table>
<thead>
<tr>
<th>In the past 12 months...</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>AU1. How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2 to 4 times a month</td>
<td>2 to 3 times a week</td>
<td>4 or more times a week</td>
</tr>
<tr>
<td>AU2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>1 or 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 to 9</td>
<td>10 or more</td>
</tr>
<tr>
<td>AU3. How often do you have 5 or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>AU4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>AUDIT-10 Questions (continued)</td>
<td><a href="http://wasbirt.com">http://wasbirt.com</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AU5. How often during the last year have you failed to do what was normally expected from you because of drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AU6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AU7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AU8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AU9. Have you or someone else been injured because of your drinking?</td>
<td>No, Yes, but not in the last year, Yes, during the last year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AU10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No, Yes, but not in the last year, Yes, during the last year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add scores by column, then across row.</td>
<td>Each marked box gets a score of 1, Each marked box gets a score of 2, Each marked box gets a score of 3, Each marked box gets a score of 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# AUDIT Scores and Zones

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7</td>
<td>Zone 1: Low Risk Use</td>
<td>Alcohol education to support low-risk use – reinforce positive behavior</td>
</tr>
<tr>
<td>8-15</td>
<td>Zone 2: At Risk Use</td>
<td>Brief Intervention (BI), provide advice focused on reducing hazardous drinking</td>
</tr>
<tr>
<td>16-19</td>
<td>Zone 3: High Risk Use</td>
<td>Brief Treatment (BT) – Extended Brief Intervention / Brief Treatment with possible referral to treatment</td>
</tr>
<tr>
<td>20-40</td>
<td>Zone 4: Very High Risk, Probable Substance Use Disorder</td>
<td>Referral to specialist for diagnostic assessment and treatment</td>
</tr>
</tbody>
</table>
Full Drug Screen: DAST-10

- Ten Questions
  - Addresses problematic use and impact
  - Preface: In the past 12 months.....
  - Yes/No Answers

- Provides 4 zones of risk and intervention based on score.

- Valid and reliable across different cultures. Available in numerous languages.

- Limitations: Addresses drugs only.
**Drug Abuse Screening Test (DAST-10)**

*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.*

*Drugs include marijuana, solvents like paint thinners, tranquilizers like Valium, barbiturates, cocaine, stimulants like speed, hallucinogens such as LSD, or narcotics like heroin. Drug use also includes using prescription or over-the-counter medications more than directed.*

<table>
<thead>
<tr>
<th>In the past 12 months...</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>DA1. Have you used drugs other than those required for medical reasons?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>DA2. Do you abuse more than one drug at a time?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>DA3. Are you unable to stop using drugs when you want to?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>DA4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>DA5. Do you ever feel bad or guilty about your drug use?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>DA6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>DA7. Have you neglected your family because of your use of drugs?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>DA8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>DA9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>DA10. Have you had medical problems as a result of your drug use (such as: memory loss, hepatitis, convulsions, or bleeding)?</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Each “Yes” gets a score of 1

**TOTAL**
# DAST-10 Scores and Zones

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Zone 1: No risk</td>
<td>Simple advice: Congratulations this means you are abstaining from excessive use of prescribed or over-the-counter medications, illegal or non-medical drugs.</td>
</tr>
<tr>
<td>1-2</td>
<td>Zone 2: At Risk Use - “low level” of problem drug use</td>
<td>Brief Intervention (BI). You are at risk. Even though you may not be currently suffering or causing harm to yourself or others, you are at risk of chronic health or behavior problems because of using drugs or medications in excess; and continued monitoring</td>
</tr>
<tr>
<td>3-5</td>
<td>Zone 3: “intermediate level”</td>
<td>Extended BI (EBI) and RT – Your score indicates you are at an “intermediate level” of problem drug use. Talk with a professional and find out what services are available to help you to decide what approach is best to help you to effectively change this pattern of behavior.</td>
</tr>
<tr>
<td>6-10</td>
<td>Zone 4: Very High Risk, Probable Substance Use Disorder</td>
<td>Referral to Assessment &amp; Treatment. Considered to be at a “substantial to severe level” of problem drug use. Refer to specialist for diagnostic evaluation and treatment.</td>
</tr>
</tbody>
</table>
A2. Validated Full Screening Tools for Mental Health

You can include mental health pre-screen questions and provide full screens to those who score positive on those questions…

… or hand out full mental health screens for everyone who scores positive on any question

- **PHQ-9**: Depression Screening (Patient Health Questionnaire)
- **GAD-7**: Anxiety Screening (General Anxiety Disorder)
### PHQ-9 Depression Scale

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>SEVERAL DAYS</th>
<th>MORE THAN HALF THE DAYS</th>
<th>NEARLY EVERY DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>O 0</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>O 0</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>O 0</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>O 0</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>O 0</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>O 0</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>O 0</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>O 0</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way</td>
<td>O 0</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
</tbody>
</table>

**TOTAL**

---

10. If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th></th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O 0</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
</tbody>
</table>
### GAD-7 Anxiety Scale

Over the Last 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at All</th>
<th>Several Days</th>
<th>More than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL**

8. If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*If the total score is 10 or more, this could indicate a clinically significant problem and should trigger referral to a mental health program or enrollment in the Mental Health Integration Program.*
WASBIRT-PCI Standard Clinical Workflow
Example of KWA’s Customized Clinical Workflow

- **Alcohol** (1 question)
  - Added Nicotine question to pre-screen

- **Nicotine** (1 question)
  - Added PHQ2 (depression) questions to pre-screen
  - Provided GAD-7 (anxiety) full screen to those who scored positive on any pre-screen question

- **Drug** (1 question)

- **PHQ-2** (2 questions)

- **AUDIT + GAD-7**

- **Fagerstrom’s Nicotine Dependence + GAD-7**

- **DAST + GAD-7**

- **PHQ-9 + GAD-7**
Video: SBIRT Clinical Workflow
https://www.sbirtoregon.org
Brief Intervention: Using Motivational Interviewing

Module Two

https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wasbirt-pci
Bad Example of Brief Intervention

http://youtu.be/_V1vanBFkvI

Motivational Interviewing: A Bad Example
(Presenter: Alan Lyme)
Brief Intervention is a **time limited, individual counseling** session.

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.
You Can Use AUDIT and DAST Scores to Recommend Length and Number of Brief Interventions

Steps of Brief Intervention

I. Low Risk or Abstain
   - AUDIT: 0-6 (women), 0-7 (men)
   - DAST: 0
   - Raise the subject
   - Establish rapport
   - Ask permission to have a discussion about the patient’s alcohol/drug use
   - Explain your role and set the agenda
   - Provide feedback
   - Review the patient’s alcohol drug use patterns
   - Share the patient’s AUDIT/DAST score & review NIAAA low-risk guidelines
   - Explore possible connection between health problems and alcohol/drug use

II. Risky
   - AUDIT: 7-15 (women), 8-15 (men)
   - DAST: 1-2
   - Enhance motivation
   - Assess Readiness to Change – use readiness/confidence ruler
   - Explore the person’s reasons for change and ability to change

III. Harmful
   - AUDIT: 16-19
   - DAST: 3-5
   - Negotiate plan
   - Provide a summary / Ask a key question “What do you think you will do?”
   - Offer a menu of choices for change, provide recommendation, secure agreement

IV. Severe
   - AUDIT: 20+
   - DAST: 6+

24-hour help for substance abuse, mental health and problem gambling
Brief Intervention is Effective When Using Motivational Interviewing (MI)

- MI creates therapeutic partnerships:
  - Motivational Interviewing encourages an active partnership where the client and counselor work together to establish treatment goals and develop strategies.

- MI uses empathy not authority:
  - Research indicates that positive outcomes are related to empathy and warm and supportive listening.
“People are better persuaded by the reasons they themselves discovered than those that come into the minds of others.”

*Blaise Pascal*

Ah-Ha of Motivational Interviewing: Ambivalence is Normal and GOOD!

- All change contains an element of ambivalence. We want to change and don’t want to change, at the same time.

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

Underlying Assumptions of MI

- Less is better; Not pushy sales pitch or demands
- Elicit versus Impart; Not directive
- Care-frontation; Not shocking or aggressive confrontation
- Non-Judgmental
- Avoid the righting reflex; Harping endlessly about the negatives of substance use or automatically dismissing patients’ reasons for using can lead to righting reflex by the patient
- Acceptance/ Autonomy/Choice
- Remember, patients have a choice in whether they come back for another session, or how actively they want to engage with you
Enhance Motivation by Eliciting Change Talk

- Ask **O**pen-ended Questions
- Provide **A**ffirmation
- Try **R**eflective Listening
- Give **S**ummary
MI: Ways to Help Patients Tap Into Their Inner Motivation

- **Repeating**: Reflect what is said.
  - Patient: I don't want to quit smoking.
  - Counselor: You don't want to quit smoking.

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

- **Reframing**: Accentuate the positive.
  - 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.
MI: Ways to Help Patients Tap Into Their Inner Motivation

❖ **Double-Sided**: Reflect Ambivalence
  ✓ *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.

❖ **Shifting Focus**: Change the focus
  ✓ *Patient*: What do you know about quitting? You probably never smoked.
  ✓ *Counselor*: It's hard to imagine how I could possibly understand.
MI: Ways to Help Patients Tap Into Their Inner Motivation

- **Metaphor**: Create a picture.
  - *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.

- **Altered/Amplified**: Add intensity or value.
  - *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).

- **Emphasize Personal Choice**: “It's up to you”.
Zingers (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!!!!

Handling Zingers

- 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/are an alcoholic.
- 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.
Principles of Motivational Interviewing (MI)

- **Motivation is fluid** and can be influenced.
- Motivation is influenced in the context of **provider-patient relationship**
- Work with (not against) **ambivalence** and **resistance**.
- Help **amplify discrepancy** between patient’s current behavior versus goals and desires.
- Help patients understand **cognitive dissonance** between where one is and where one wants to be.
Use the Ruler to Help the Patient Vocalize Where They Are in Confidence and Readiness

- On a scale of 1-10 how confident/ ready are you to make a change in your drinking, drug use, substance use?
- Why not a lower number?
- What would it take to move it to a higher number?
Use SBIRT Card to Talk to Patients About Their Levels of Readiness & Confidence

Risk Levels

- **IV** Severe 5%
- **III** Harmful 8%
- **II** Risky 9%
- **I** Low Risk or Abstain 78%

Low Risk Drinking Limits

- **MEN 18-65**
  - No more than: 14 drinks per week
  - AND no more than: 4 drinks per day
- **WOMEN 18-65**
  - No more than: 7 drinks per week
  - AND no more than: 3 drinks per day
- **ALL AGE 66+**
  - No more than: 7 drinks per week
  - AND no more than: 3 drinks per day

A drink is:
- A 12 ounce can of beer
- A 5 ounce glass of wine
- A shot of hard liquor (1 1/2 oz)

Not at all

0 1 2 3 4 5 6 7 8 9 10 Very
Miller & Rollnick coined the phrase “Motivational Interviewing” – building on the principles of person-centered therapy.

The book “Motivational Interviewing” explains the concept of MI very well, and is a good investment.
Good Example of Brief Intervention

https://www.youtube.com/watch?v=67I6g1I7Zao
Billing & Reimbursement:  
For SBIRT

Module Three

https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wasbirt-pci
## Certification Required to Bill for SBIRT

| Step | Description | Action
|------|-------------|--------|
| 1.   | Complete a minimum of 4-Hour SBIRT Training delivered by an approved SBIRT Trainer | You’re Doing it Now
| 2.   | Receive certificate of completion of training | Will receive after completing satisfaction survey
| 3.   | Email a copy of the certificate of training along with your NPID to Provider One/ Health Care Authority | DSHS and KWA will do this on your behalf if you’ve provided your NPID during registration or check-in

Contact Suzanne Pak (spak@kwacares.org) or Eric Osborne (osborel@dshs.wa.gov) with for questions or assistance
Providers That Can Conduct SBIRT and Providers Who Can Bill for SBIRT

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>SBIRT Provider</th>
<th>SBIRT Biller</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ARNP</strong> Advanced registered nurse practitioner</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>CDP</strong> Chemical dependency professional</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>D</strong> Dentist</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>DH</strong> Dental hygienist</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>LICSW</strong> Independent and advanced social worker</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>LPN</strong> Licensed practical nurse</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>LMFT</strong> Marriage and family counselor</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>LMHC</strong> Mental health counselor</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>P</strong> Physician, any specialty</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>PA</strong> Physician’s assistant</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>CP</strong> Psychologist</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>RN</strong> Registered nurse</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

Source for Billing Related Information:

http://www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf
https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wasbirt-pci
<table>
<thead>
<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
<th>Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance, Medicaid</td>
<td>99408</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min</td>
<td>$33.41</td>
</tr>
<tr>
<td>Commercial Insurance, Medicaid</td>
<td>99409</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min</td>
<td>$65.51</td>
</tr>
<tr>
<td>Medicare</td>
<td>G0396</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min</td>
<td>$29.42</td>
</tr>
<tr>
<td>Medicare</td>
<td>G0397</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min</td>
<td>$57.69</td>
</tr>
<tr>
<td>Medicaid</td>
<td>H0049</td>
<td>Alcohol and/or drug screening (code not widely used)</td>
<td>$24.00</td>
</tr>
<tr>
<td>Medicaid</td>
<td>H0050</td>
<td>Alcohol and/or drug service, brief intervention, per 15 min (code not widely used)</td>
<td>$48.00</td>
</tr>
</tbody>
</table>
Resource Websites and Questions to Consider

Module Four

https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wasbirt-pci
SBIRT Is Endorsed By the White House & CMS

The White House Office of National Drug Control Policy, 2012 National Drug Control Strategy: "Screening, Brief Intervention, and Referral to Treatment services continue to reach more Americans in the health care system, and more patients in health centers across the Nation were provided access to substance disorder treatment services."

Centers for Medicare and Medicaid Services (CMS)
CMS has determined there is adequate evidence to conclude that adult screening and behavioral counseling to reduce alcohol misuse in primary care settings is reasonable and necessary for the prevention or early detection of illness or disability. CMS will cover annual alcohol screening and, for those that screen positive, up to four brief, face-to-face interventions per year for Medicare beneficiaries.

https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/why-sbirt
SAMHSA & CDC Have SBIRT Guides

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

SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.

About SBIRT

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Coding for Reimbursement

Reimbursement for screening and brief intervention is available through commercial insurance, Current Procedural Technology (CPT), Medicare G codes, and Medicaid Healthcare Common Procedure Coding System (HCPCS).

Resources

Visit the SAMHSA website for more information and resources on SBIRT.
WASBIRT-PCI Website

https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wasbirt-pci
WASBIRT-PCI Website: Clinical Tools

What is a standard drink?
This information sheet will help you explain to patients' standard drinks, low risk drinking limits, and ways that alcohol can affect your health. You will also find links to marijuana, methamphetamine, heroin, and prescription opioid misuse fact sheets that can be useful when discussing substance use with patients.

SBIRT Clinic Flowchart
The clinic flowchart will provide you with more information on what SBIRT looks like in the clinic.

SBIRT Implementation Guidelines (.docx)
Find information on what you should do before implementing SBIRT in your clinic using the WASBIRT-PCI Implementation Guide. The Step-by-Step Guide for SBIRT implementation developed by the Massachusetts SBIRT Initiative is another great tool for learning more about SBIRT implementation. Alcohol Screening and Brief Intervention: A Guide for Public Health Practitioners. Developed by the American Public Health Association.

Brief Interventions
This will provide you more information on the four steps of a brief intervention, as well as links to more resources on the Brief Negotiated Interview.

Referrals to Treatment
Learn more about what the referral to treatment for SBIRT is about. Find release of information forms that can be tailored to meet your clinics needs.

Motivational Interviewing
This will provide you more information on motivational interviewing, as well as links to more resources on motivational interviewing.

Clinic Posters and Fact Sheets
Get posters to hang in your clinic that normalize alcohol and drug screening. You can also find posters with quick facts about alcohol,
**WASBIRT-PCI Website: Screening Forms**

### Screening Forms

#### SBIRT Screening

Screening for drugs and alcohol in your clinic or hospital may be a new practice. Normalizing the new screening procedure may help patients understand why they are being asked about their drug and alcohol use. Develop scripts for staff to use to introduce the SBIRT screens. For example:

"To improve the care we provide our patients, we are asking all our patients about their alcohol and drug use at least once a year. Alcohol and drugs can impact your health and we want to make sure we have all the information that will help us in working with you to stay healthy. Would it be alright if I asked you a couple questions?"

Click the links below for SBIRT posters that can be hung in your clinic to normalize the SBIRT process.

<table>
<thead>
<tr>
<th>Prescreen</th>
<th>Full Screens</th>
<th>Mental Health Screens</th>
</tr>
</thead>
<tbody>
<tr>
<td>The prescreen questions are asked to patients annually. They are typically asked:</td>
<td>After prescreening positive a patient will receive a full screen. The patient will either be:</td>
<td>Because mental health issues and substance use a recognizes the importance of screening for depression</td>
</tr>
<tr>
<td>• On the new/annual patient form handed out at the front desk</td>
<td>• Handed the full screens on paper to fill out while waiting for the provider</td>
<td>For all patients who full screen positive on the AUDIT</td>
</tr>
<tr>
<td>• Annually by the Medical Assistant or Nurse while rooming the patient</td>
<td>• Verbally asked the full screens by the Medical Assistant or Nurse</td>
<td></td>
</tr>
<tr>
<td>• At triage in the Emergency Department</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prescreen (English) (Spanish)**

**AUDIT (English) (Spanish)**

Screen with the DAST 10 for DRUGS (English) (Spanish)

**PHQ9 (English) (Spanish)**

Screen with the GAD7 for ANXIETY (English) (Spanish)

[https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wasbirt-pci](https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wasbirt-pci)
Questions - as You Consider Implementing SBIRT

- Can you change your Electronic Health Record (EHR) to date stamp and capture the patients’ responses to the pre-screen and full screen questions?

- Does it make sense for you to incorporate the screening, as part of annual wellness visit or initial intake process?

- Can you assemble a inter-disciplinary team to pilot SBIRT at one site, work through clinical workflow issues, and test data entry and billing?

- Does the culture of your organization support person-centered style of Motivational Interviewing? Or are your colleagues more comfortable with a directive style of communication?
Questions - as You Consider Implementing SBIRT

- Does your clinical workflow allow for behavioral health screenings, brief interventions, and referrals?

- How does your licensed provider incorporate patient insights from supportive staff, in determining diagnosis and recommending treatment?

- Do you have an agreement with a behavioral health agency to refer patients for mental health and chemical dependency treatment? Do you have a process to provide warm referrals, or have a behavioral health provider collocated on your site?

- Is your organization paying attention to what is happening with Accountable Communities of Health and Medicaid Transformation Waiver demonstration project?