

Screening, Brief Intervention and Referral to Treatment (SBIRT)



KWA

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SBIRT Overview:

New Public Health Approach to Substance Use

Module One



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

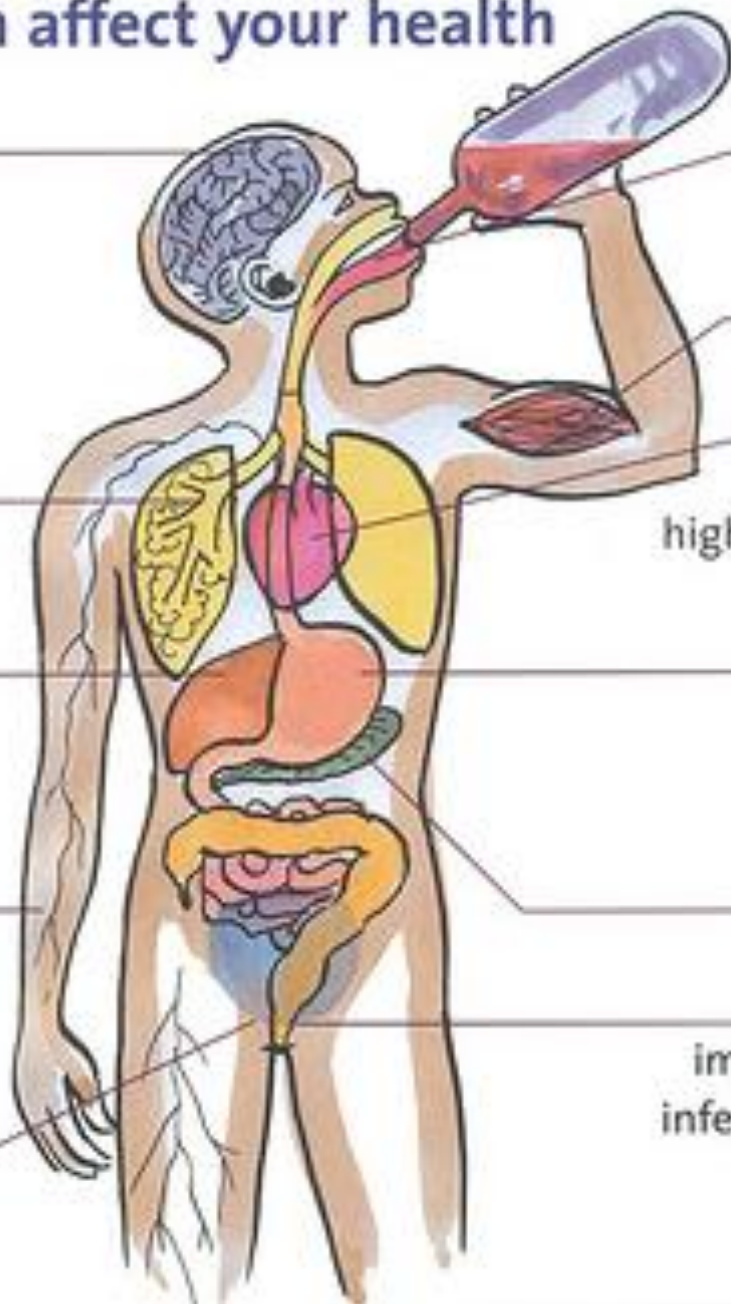
loss of muscle

enlarged heart
high blood pressure
irregular pulse

ulcers
gastritis
vomiting blood

pancreatitis

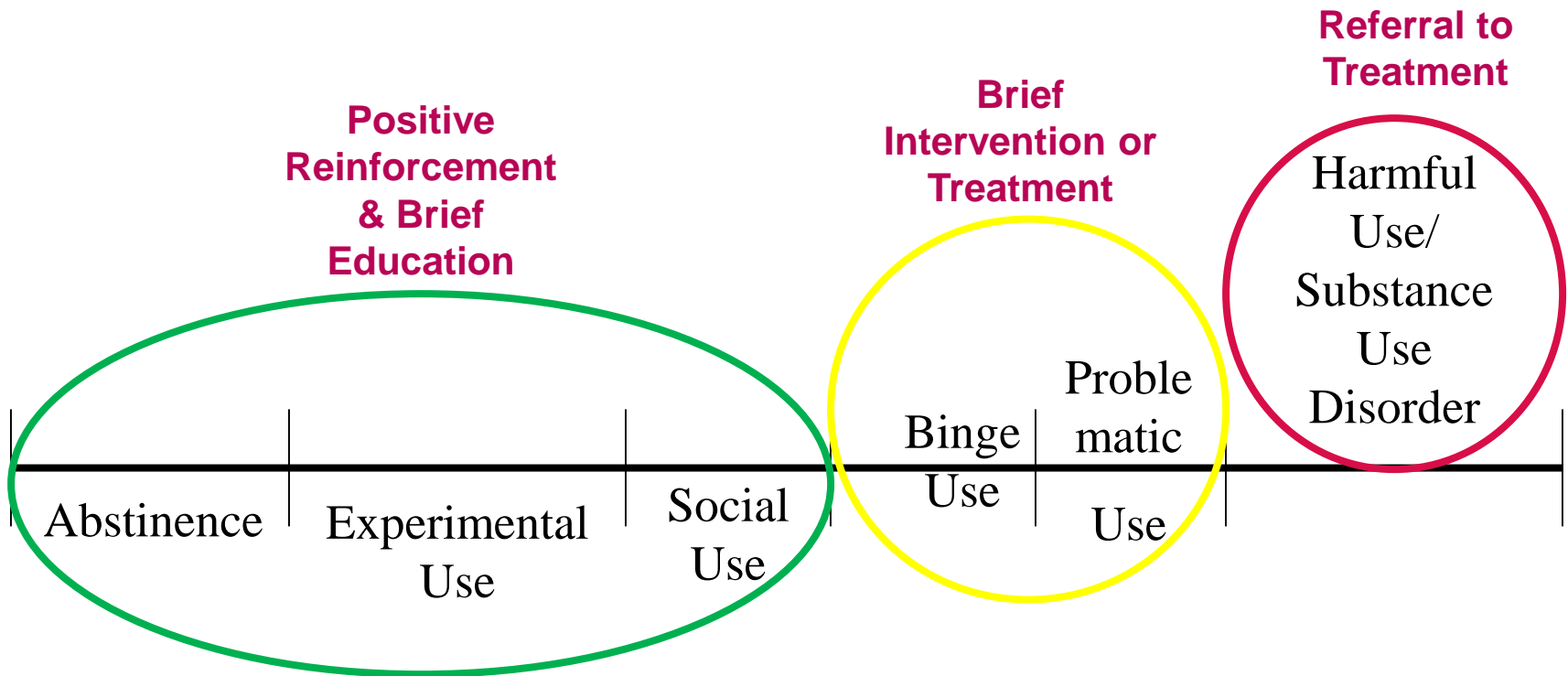
impotence in men
infertility in women



Excessive Alcohol Use is also correlated with:

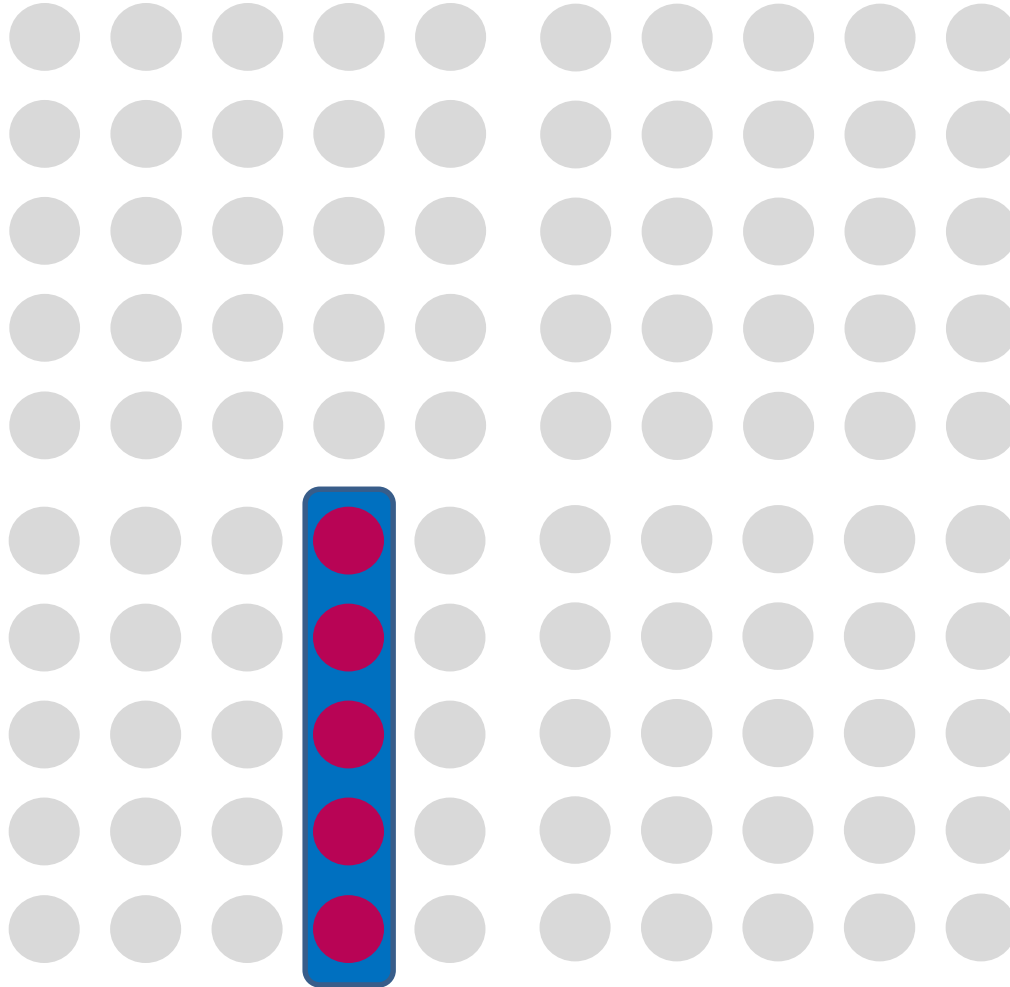
- ❖ Trauma and trauma recidivism
- ❖ Exacerbation of mental health conditions
- ❖ Alcohol poisoning
- ❖ DUI
- ❖ Domestic and other forms of violence
- ❖ Transmission of sexually transmitted diseases
- ❖ Unintended pregnancies
- ❖ Substance Use Disorder

SBIRT Model: Continuum of Substance Use



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

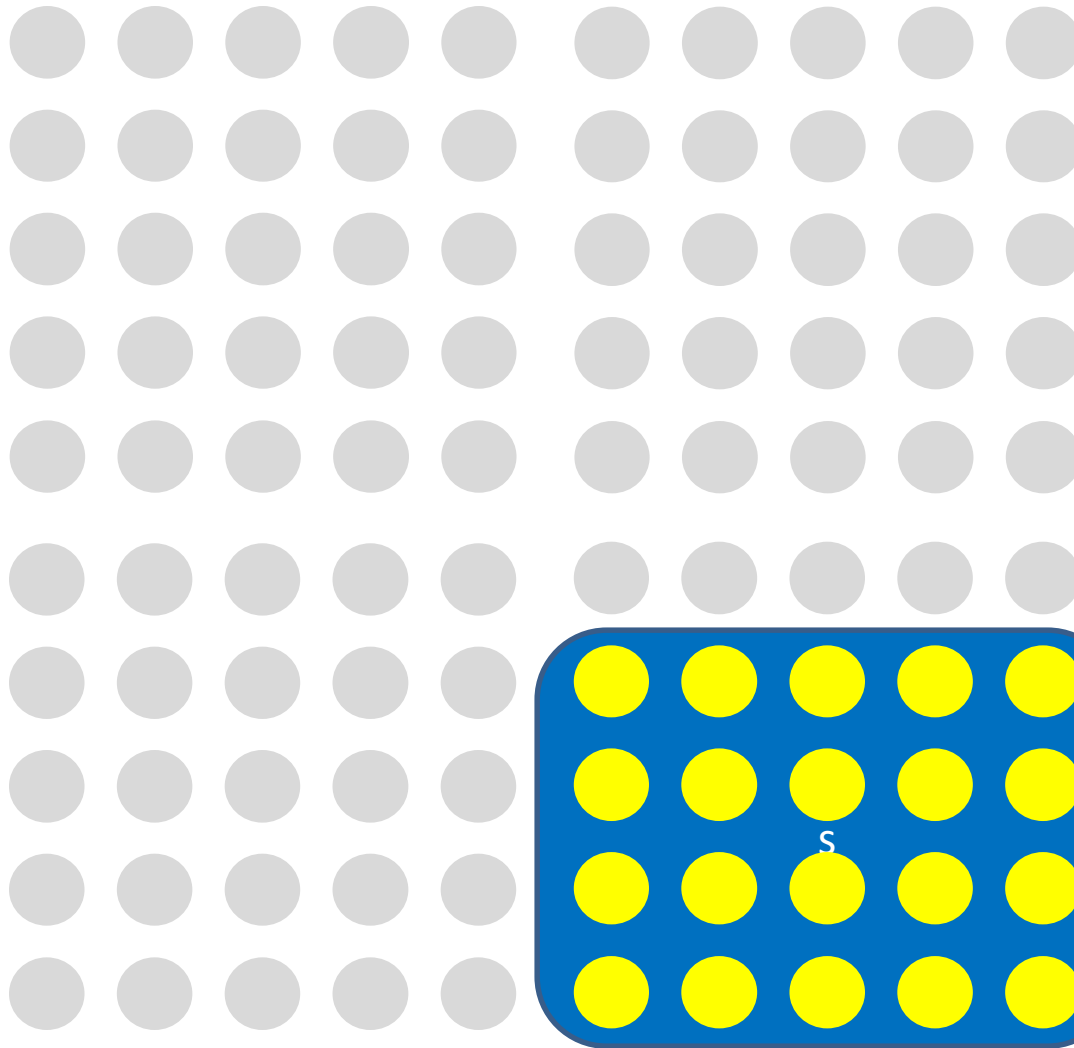
Substance Use Disorder



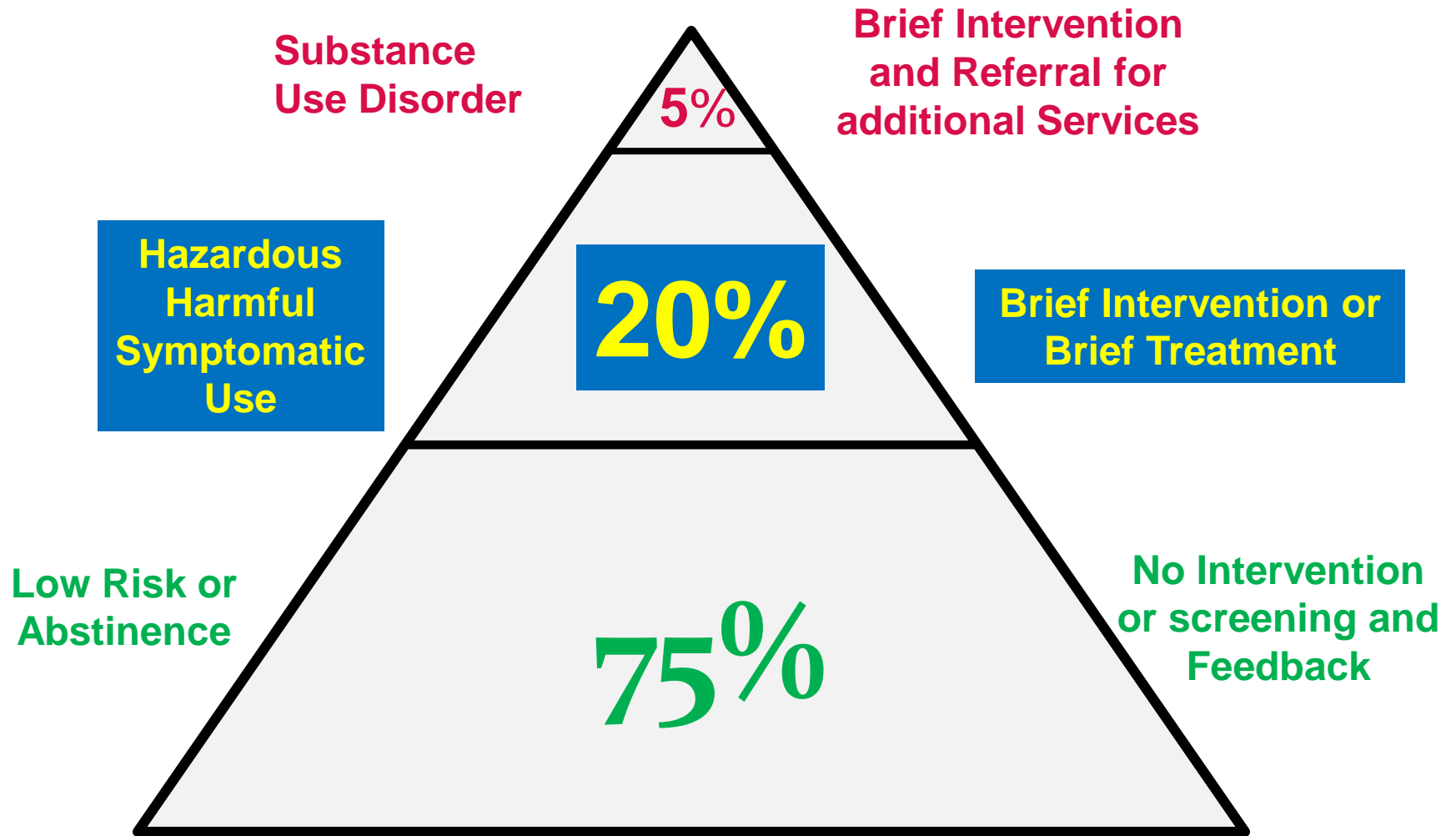
20
/
1

of US Population

Excessive/ Problematic Use



5
/
1
of US Population



Drinking Behavior

Intervention Need

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



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 \neq 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

Example of Script Before Pre-Screen or Full Screen



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)

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

ONE DRINK EQUALS



12 oz. beer



5 oz. wine



1.5 oz. liquor (one shot)



Please answer the questions below.

1. How many times in the past year have you had **5 or more drinks in a day?**



2. How many times in the past year have you used a **recreational drug** or used a **prescription medication for non-medical reasons?**



Stop if all pre-screens are negative. Record results in EHR, then rescreen annually

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.

A1. WASBIRT's Pre-Screen for Women and 66+ Years Old

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

ONE DRINK EQUALS



12 oz. beer



5 oz. wine



1.5 oz. liquor (one shot)

Please answer the questions below.

**None
(0)**

**1
or More**

1. How many times in the past year have you had **4 or more drinks in a day?**



2. How many times in the past year have you used a **recreational drug** or used a **prescription medication for non-medical reasons?**



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.

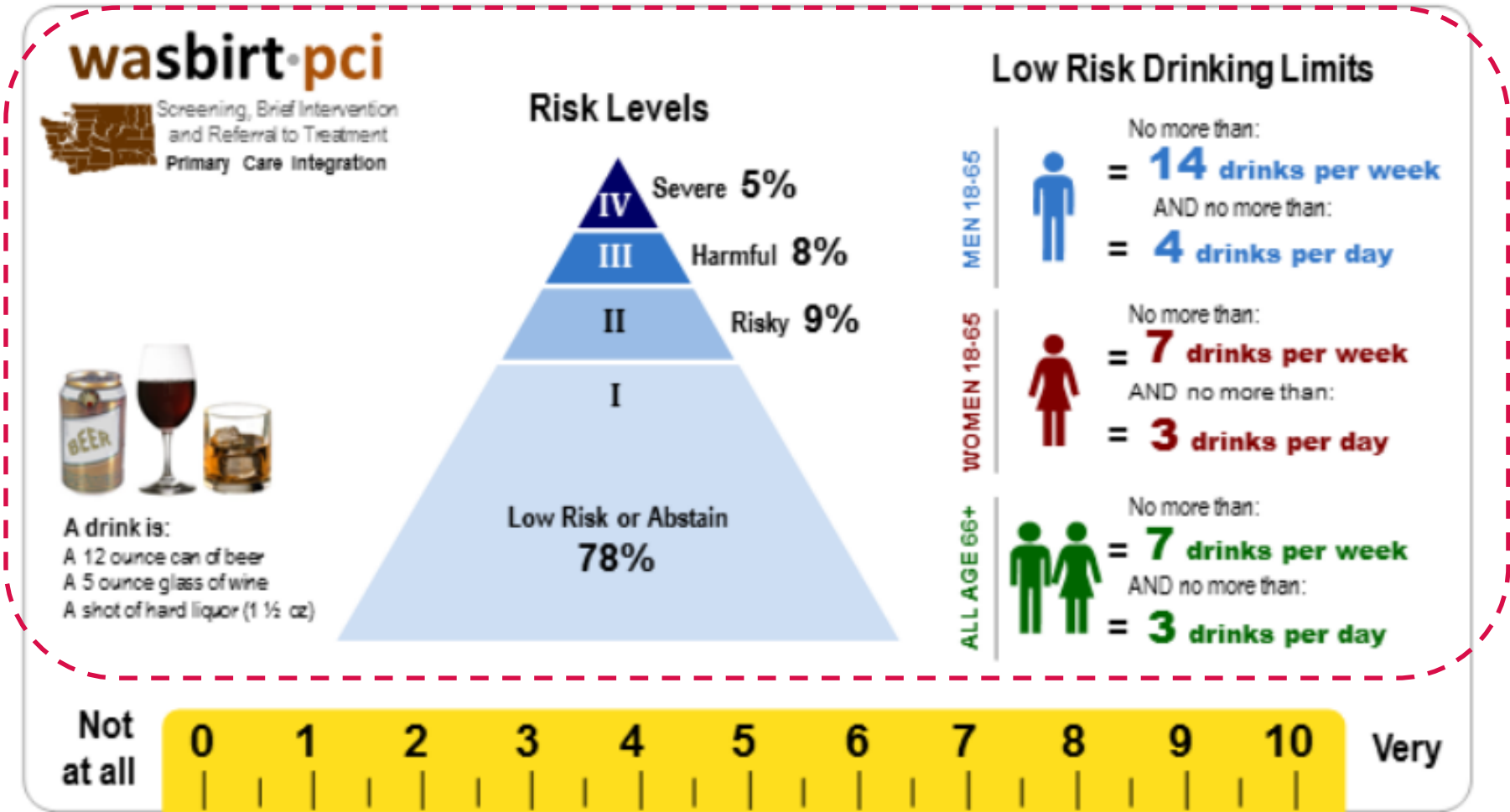
❖ Harmful:

✓ Negative consequences have already occurred.

Sometimes, a Patient's Idea of a Drink is Different from the Standard Drink

<p>12 oz. of beer or cooler</p>  <p>12 oz.</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>8.5 oz.</p>	<p>5 oz. of table wine</p>  <p>5 oz.</p>	<p>3-4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown</p>  <p>3.5 oz.</p>	<p>2-3 oz. of cordial, liqueur, or aperitif 2.5 oz. shown</p>  <p>2.5 oz.</p>	<p>1.5 oz. of brandy (a single jigger)</p>  <p>1.5 oz.</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>1.5 oz.</p>
<p>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.</p>						

Can use SBIRT Card to Talk to Patients About Their Level of Alcohol Use



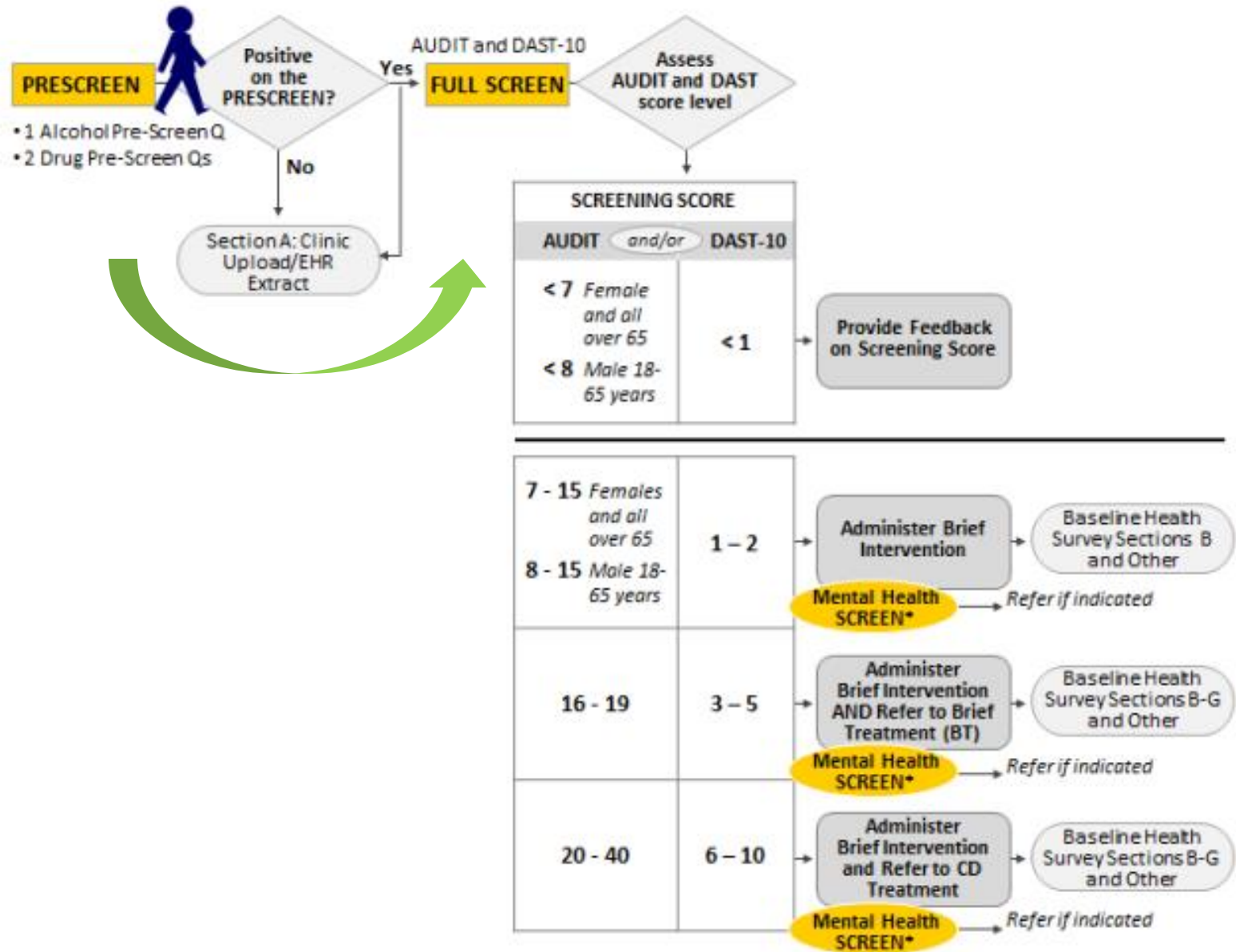
A1. Consider PHQ-2 If Want to Include Mental Health in Pre-Screen

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

CLINIC FLOW | Screening and Data Collection Flowchart



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.

<p>One drink equals:</p>	 12 oz. beer	 5 oz. wine	 1.5 oz. liquor (one shot)
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Place an X in one box that best describes your answer to each question.

In the past 12 months...	0	1	2	3	4
AU1. How often do you have a drink containing alcohol?	<input type="radio"/> Never	<input type="radio"/> Monthly or less	<input type="radio"/> 2 to 4 times a month	<input type="radio"/> 2 to 3 times a week	<input type="radio"/> 4 or more times a week
AU2. How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="radio"/> 1 or 2	<input type="radio"/> 3 or 4	<input type="radio"/> 5 or 6	<input type="radio"/> 7 to 9	<input type="radio"/> 10 or more
AU3. How often do you have 5 or more drinks on one occasion?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily
AU4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily

AUDIT-10 Questions (continued)

<http://wasbirt.com>

AU5. How often during the last year have you failed to do what was normally expected from you because of drinking?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily
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?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily
AU7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily
AU8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily
AU9. Have you or someone else been injured because of your drinking?	<input type="radio"/> No		<input type="radio"/> Yes, but not in the last year		<input type="radio"/> Yes, during the last year
AU10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="radio"/> No		<input type="radio"/> Yes, but not in the last year		<input type="radio"/> Yes, during the last year
Add scores by column, then across row.		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

AUDIT Scores and Zones

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

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.

SCREENING | 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.

In the past 12 months...	YES	NO
DA1. Have you used drugs other than those required for medical reasons?	<input type="radio"/>	<input type="radio"/>
DA2. Do you abuse more than one drug at a time?	<input type="radio"/>	<input type="radio"/>
DA3. Are you unable to stop using drugs when you want to?	<input type="radio"/>	<input type="radio"/>
DA4. Have you ever had blackouts or flashbacks as a result of drug use?	<input type="radio"/>	<input type="radio"/>
DA5. Do you ever feel bad or guilty about your drug use?	<input type="radio"/>	<input type="radio"/>
DA6. Does your spouse (or parents) ever complain about your involvement with drugs?	<input type="radio"/>	<input type="radio"/>
DA7. Have you neglected your family because of your use of drugs?	<input type="radio"/>	<input type="radio"/>
DA8. Have you engaged in illegal activities in order to obtain drugs?	<input type="radio"/>	<input type="radio"/>
DA9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="radio"/>	<input type="radio"/>
DA10. Have you had medical problems as a result of your drug use (such as: memory loss, hepatitis, convulsions, or bleeding)?	<input type="radio"/>	<input type="radio"/>
Each "Yes" gets a score of 1	TOTAL	

DAST-10 Scores and Zones

Score	Risk Level	Intervention
0	Zone 1: No risk	Simple advice: Congratulations this means you are abstaining from excessive use of prescribed or over-the-counter medications, illegal or non-medical drugs.
1-2	Zone 2: At Risk Use - “low level” of problem drug use	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
3-5	Zone 3: “intermediate level”	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.
6-10	Zone 4: Very High Risk, Probable Substance Use Disorder	Referral to Assessment & Treatment. Considered to be at a “substantial to severe level” of problem drug use. Refer to specialist for diagnostic evaluation and treatment.

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)

SCREENING | PHQ-9 Depression Scale

Over the last 2 weeks, how often have you been bothered by any of the following problems?	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
1. Little interest or pleasure in doing things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Feeling down, depressed, or hopeless	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Feeling tired or having little energy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Poor appetite or overeating	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
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	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
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?			
Not difficult at all <input type="radio"/> 0	Somewhat difficult <input type="radio"/> 1	Very difficult <input type="radio"/> 2	Extremely difficult <input type="radio"/> 3

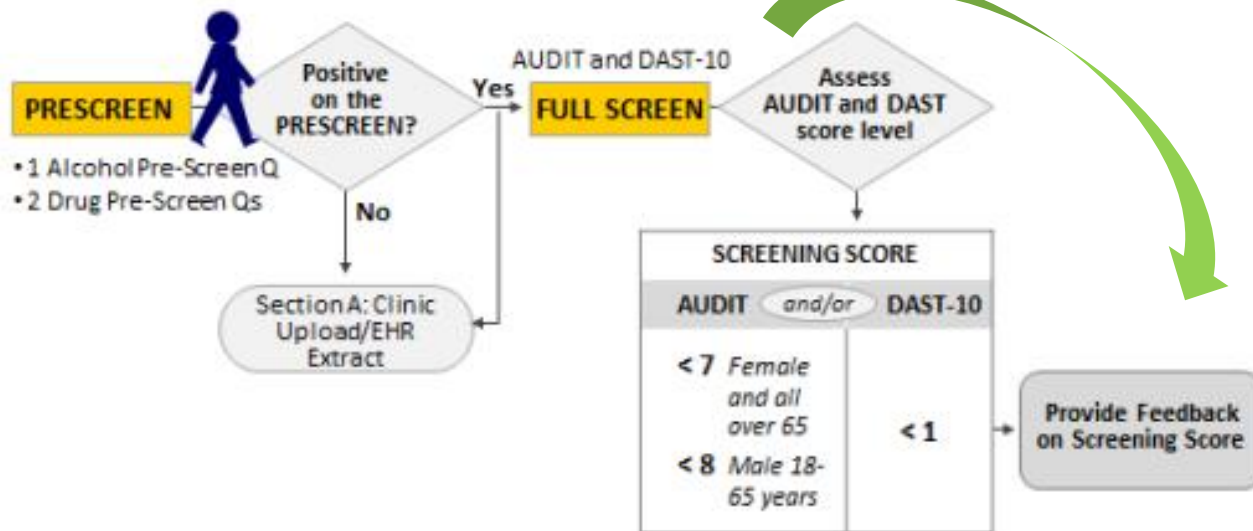
SCREENING | GAD-7 Anxiety Scale

Over the Last 2 weeks, how often have you been bothered by any of the following problems?	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
1. Feeling nervous, anxious or on edge	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Not being able to stop or control worrying	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Worrying too much about different things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Trouble relaxing	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Being so restless that it is hard to sit still	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Becoming easily annoyed or irritable	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Feeling afraid as if something awful might happen	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
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?			
Not difficult at all <input type="radio"/> 0	Somewhat difficult <input type="radio"/> 1	Very difficult <input type="radio"/> 2	Extremely difficult <input type="radio"/> 3

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.

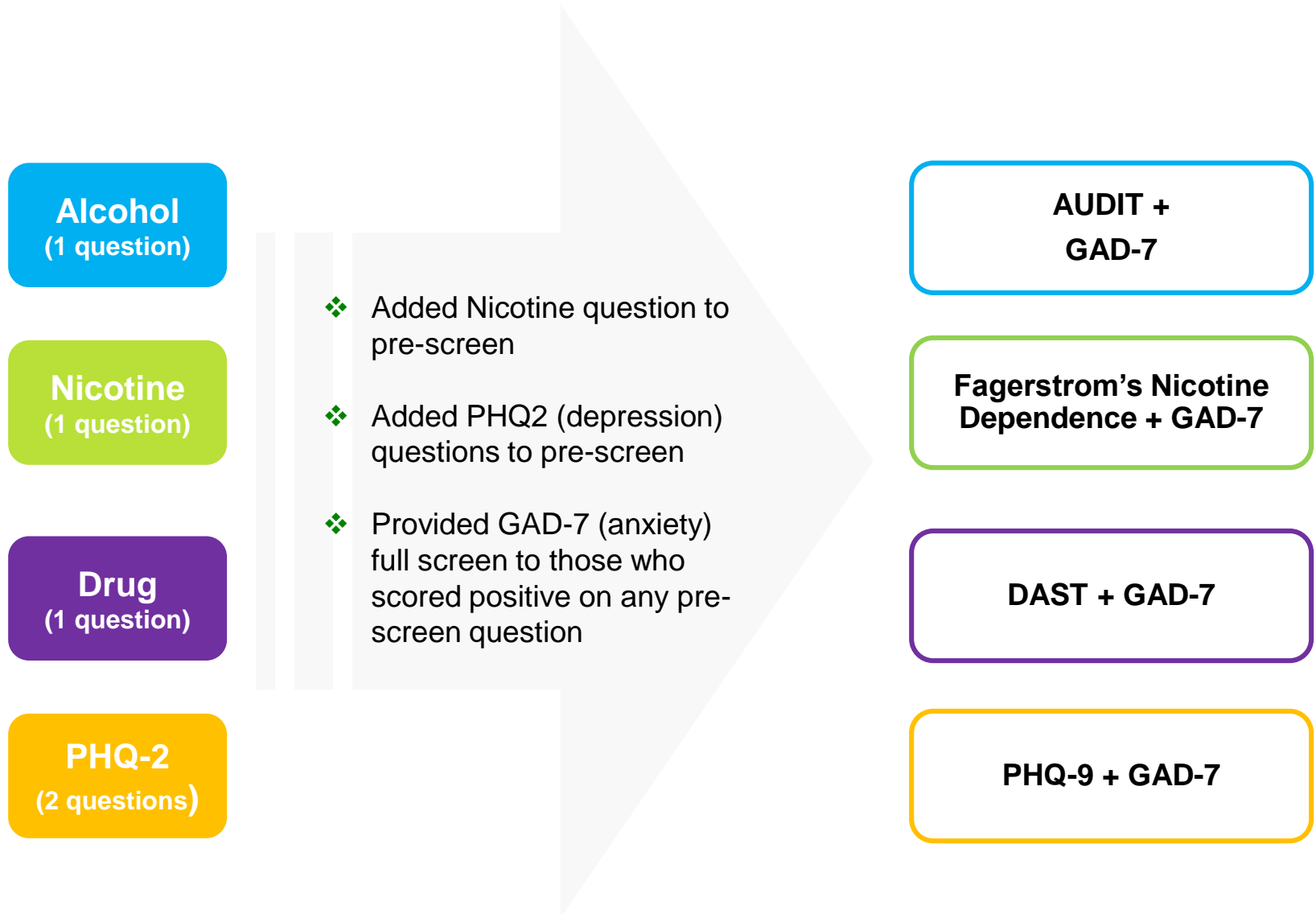
CLINIC FLOW | Screening and Data Collection Flowchart



WASBIRT-PCI Standard Clinical Workflow

SCREENING SCORE		AUDIT <i>and/or</i> DAST-10	
< 7 Female and all over 65 < 8 Male 18-65 years	< 1		Provide Feedback on Screening Score
7 - 15 Females and all over 65 8 - 15 Male 18-65 years	1 - 2	Administer Brief Intervention Mental Health SCREEN*	Baseline Health Survey Sections B and Other Refer if indicated
16 - 19	3 - 5	Administer Brief Intervention AND Refer to Brief Treatment (BT) Mental Health SCREEN*	Baseline Health Survey Sections B-G and Other Refer if indicated
20 - 40	6 - 10	Administer Brief Intervention and Refer to CD Treatment Mental Health SCREEN*	Baseline Health Survey Sections B-G and Other Refer if indicated

Example of KWA's Customized Clinical Workflow



Brief Intervention:

Using Motivational Interviewing

Module Two


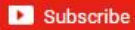


Bad Example of Brief Intervention

http://youtu.be/_VlvanBFkvl



Motivational Interviewing: A Bad Example
(Presenter: Alan Lyme)

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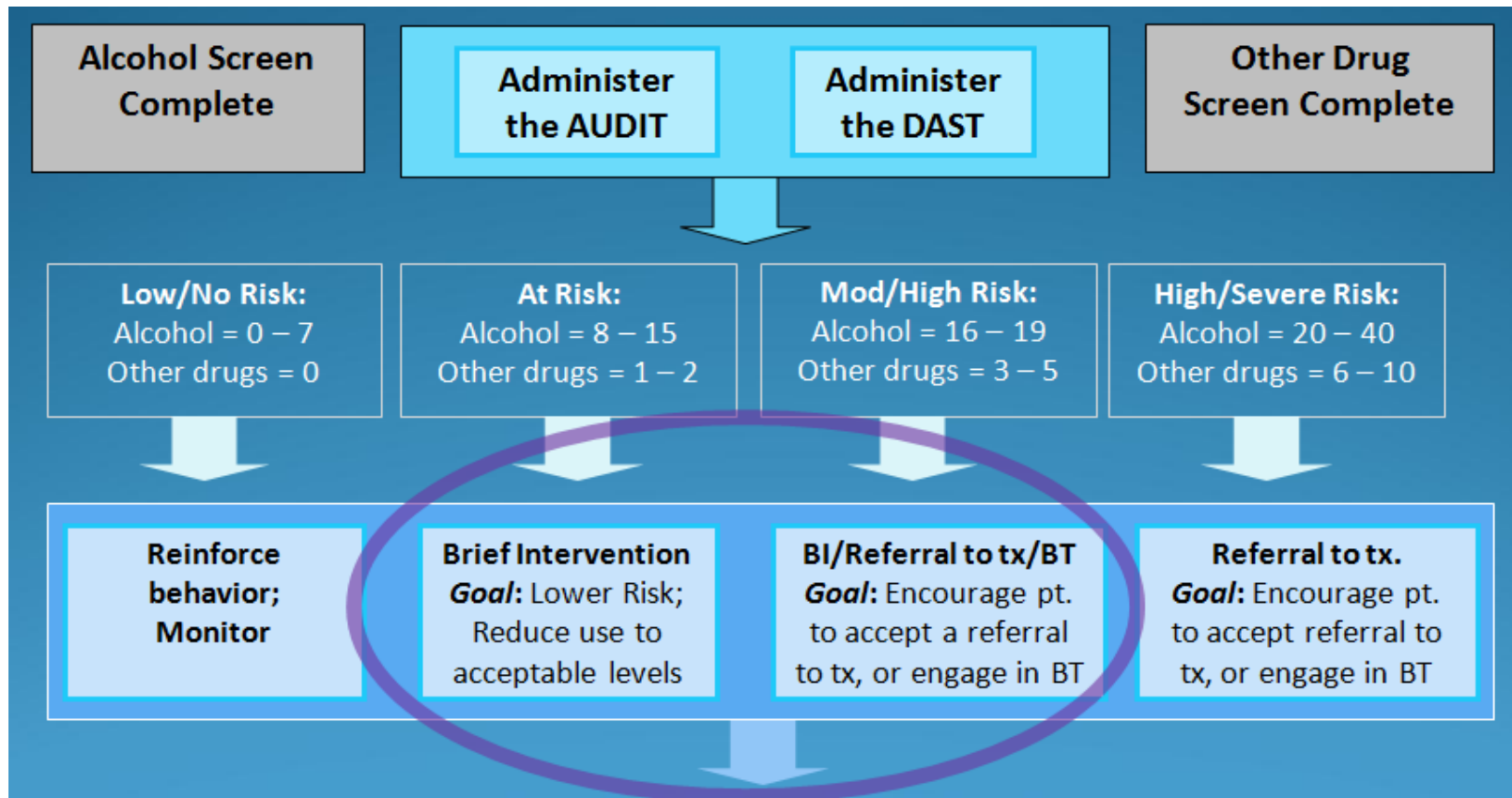
44,996 views

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

II Risky

AUDIT: 7-15 (women), 8-15 (men)
DAST: 1-2

III Harmful

AUDIT: 16-19
DAST: 3-5

IV Severe

AUDIT: 20+
DAST: 6+

Raise the subject

- Establish rapport
- Ask permission to have a discussion about the patients alcohol /drug use
- Explain your role and set the agenda

Provide feedback

- Review the patients 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

Enhance motivation

- Assess Readiness to Change – use readiness/confidence ruler
- Explore the person's reasons for change and ability to change

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



Transforming lives

Washington Recovery Help Line: 1-866-789-1511

24-hour help for substance abuse, mental health and problem gambling

March 2015

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 Open-ended Questions
- ❖ Provide Affirmation
- ❖ Try Reflective Listening
- ❖ Give Summary



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

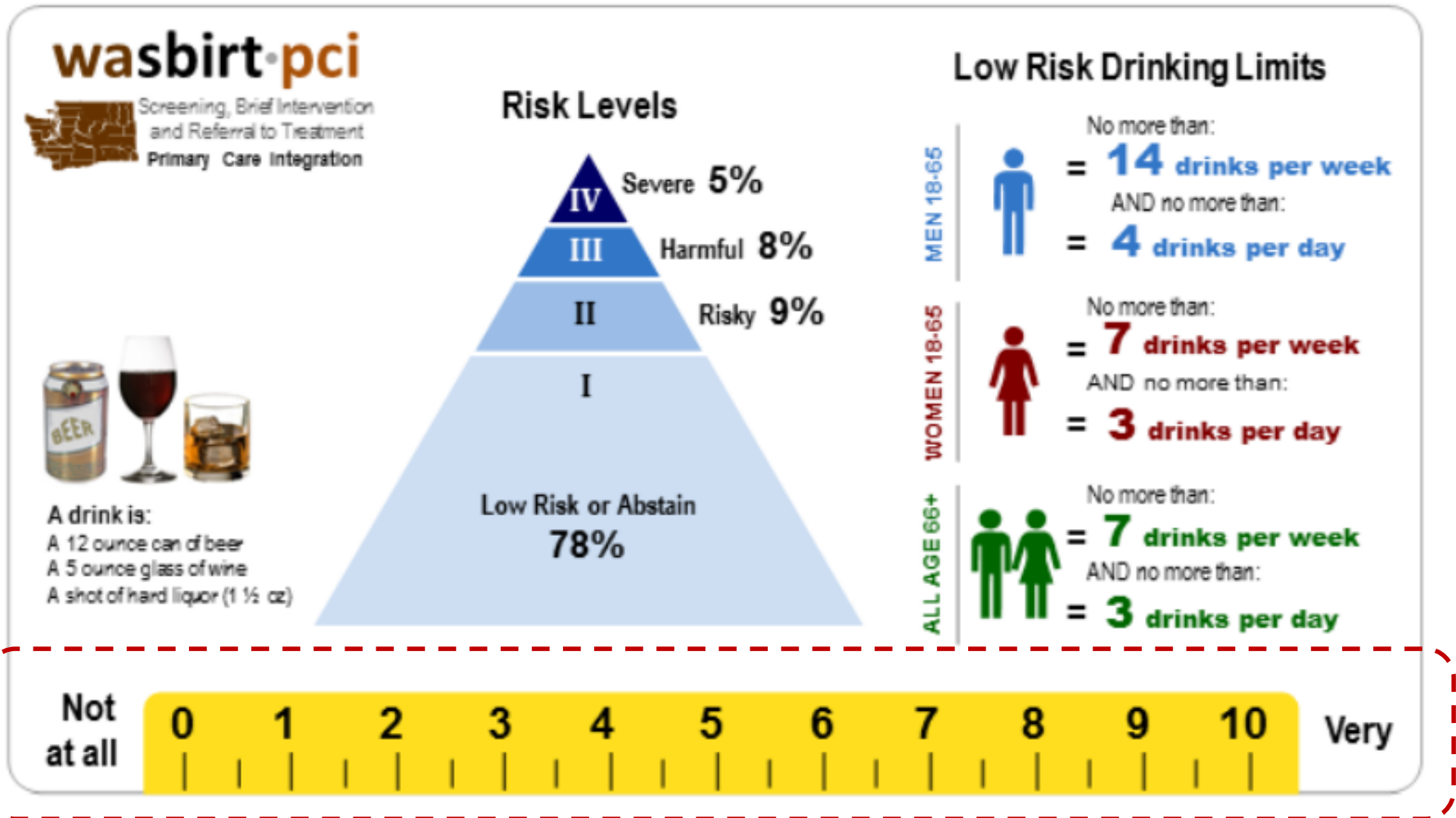
- ❖ On a scale of 1-10 how confident/ ready are you to make a change in your drinking, drug use, substance use?
- ❖ Why not a lower number?
- ❖ What would it take to move it to a higher number?

0 1 2 3 4 5 6 7 8 9 10

READINESS/ CONFIDENCE

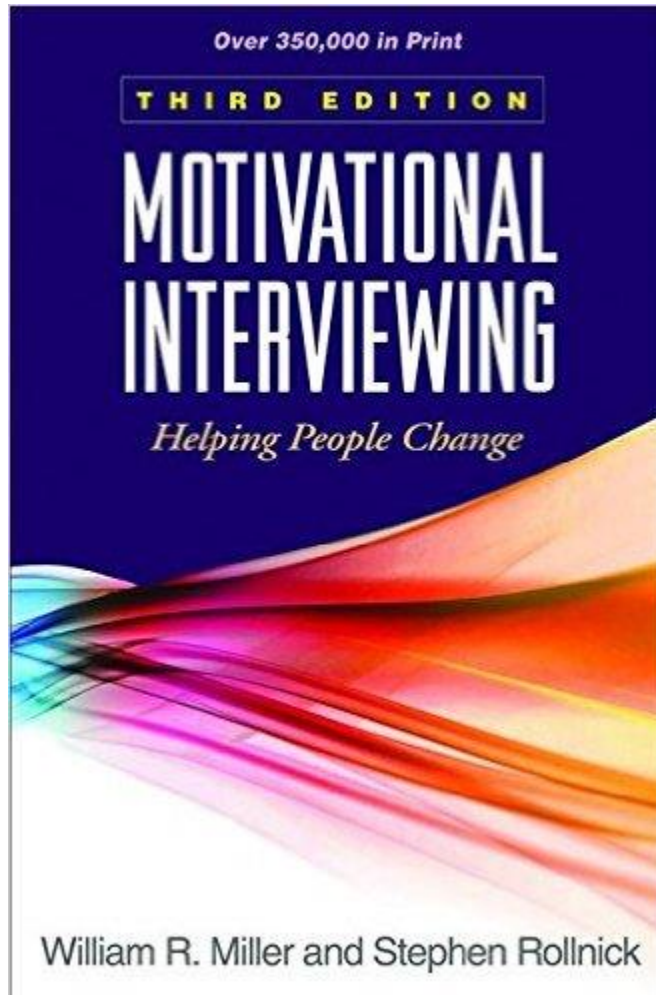


Use SBIRT Card to Talk to Patients About Their Levels of Readiness & Confidence



“Motivational Interviewing”

Helping People Change




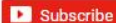
- ❖ Miller & Rollnick coined the phrase “Motivational Interviewing” – building on the principles of person-centered therapy
- ❖ The book “Motivational Interviewing” explains the concept of MI very well, and is a good investment.

Good Example of Brief Intervention

<https://www.youtube.com/watch?v=67I6g1I7Zao>



Motivational Interviewing - Good Example - Alan Lyme

 TheIRETChannel
 654

193,814 views

Billing & Reimbursement: *For SBIRT*

Module Three



Certification Required to Bill for SBIRT

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

Provider Type	SBIRT Provider	SBIRT Biller
ARNP Advanced registered nurse practitioner	✓	✓
CDP Chemical dependency professional	✓	
D Dentist	✓	✓
DH Dental hygienist	✓	✓
LICSW Independent and advanced social worker	✓	✓
LPN Licensed practical nurse	✓	
LMFT Marriage and family counselor	✓	✓
LMHC Mental health counselor	✓	✓
P Physician, any specialty	✓	✓
PA Physician's assistant	✓	
CP Psychologist	✓	✓
RN Registered nurse	✓	

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>

Payer	Code	Description	Fee Schedule
Commercial Insurance, Medicaid	99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$33.41
Commercial Insurance, Medicaid	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
Medicare	G0442	Prevention: Screening for alcohol misuse in adults including pregnant women once per year. No coinsurance; no deductible for patient http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Reduce-Alcohol-Misuse-ICN907798.pdf	\$17.33
Medicare	G0443	Prevention: Up to four, 15 minute, brief face-to-face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse; No coinsurance; no deductible for patient http://www.cms.hhs.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=249	\$25.14
Medicaid	H0049	Alcohol and/or drug screening (code not widely used)	\$24.00
Medicaid	H0050	Alcohol and/or drug service, brief intervention, per 15 min (code not widely used)	\$48.00

Resource Websites and Questions to Consider

Module Four



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.**

SAMHSA & CDC Have SBIRT Guides



Substance Abuse and Mental Health Services Administration

SAMHSA

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Find Help & Treatment | Topics | Programs & Campaigns | Grants | Data | About Us | Publications

Programs & Campaigns » SBIRT

SBIRT
SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

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).

[View available reimbursement codes.](#)

Resources

Contact

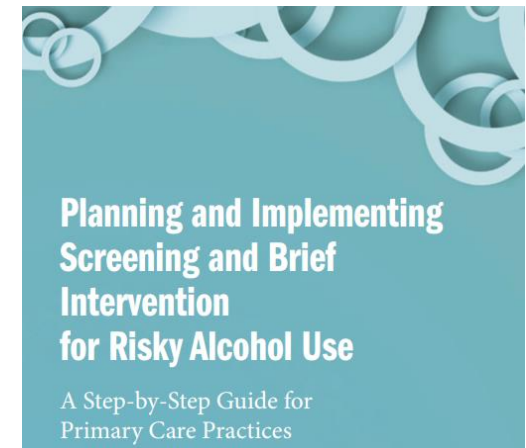
Reed Forman
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Public Health Advisor
Robert.Day@SAMHSA.hhs.gov
240-276-2569

Audene Watson
Public Health Advisor
Audene.Watson@SAMHSA.hhs.gov
240-276-2238

Join thousands who have earned **FREE 1.75 CME/CE credits.**
Take SAMHSA's SBIRT case-based educational activity.

SAMHSA
Medscape EDUCATION



Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use

A Step-by-Step Guide for Primary Care Practices

<https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiiimplementationguide.pdf>

<https://www.samhsa.gov/sbirt>

WASBIRT-PCI Website

BHA

Division of Behavioral Health and Recovery

Substance Use Disorder Treatment Services

WASBIRT-PCI

Clinical Tools

Screening Forms

Why SBIRT?

About the WASBIRT Project

Washington State Targeted Response - Hub and Spoke Project

About DBHR

Behavioral Health Advisory Council

Behavioral Health Services Rules

Children's Behavioral Health

Contractors and Providers

Decision Support and Evaluation

Developing Behavioral Health Organizations

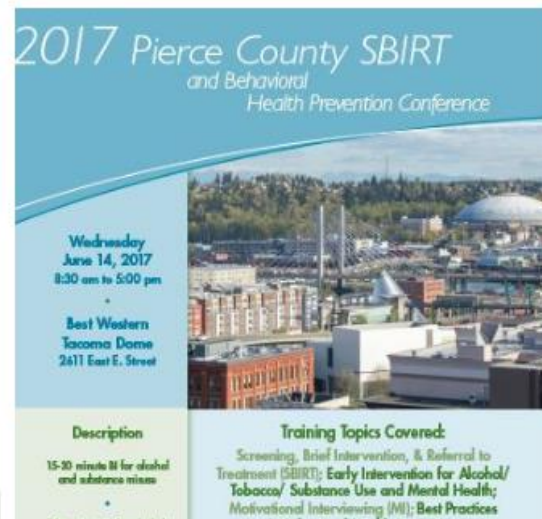
Directory of Certified Behavioral Health

com/dpg/423/personal2.asp?formid=nwmeet&c=981428

WASBIRT-PCI



wasbirt

A poster for the 2017 Pierce County SBIRT and Behavioral Health Prevention Conference. The poster features a blue header with the title, a photograph of a cityscape, and text detailing the date, time, location, and training topics.

2017 Pierce County SBIRT
and Behavioral
Health Prevention Conference

Wednesday
June 14, 2017
8:30 am to 5:00 pm

Best Western
Tacoma Dome
2611 East E. Street

Description
15-30 minute BI for alcohol
and substance misuse

Training Topics Covered:
Screening, Brief Intervention, & Referral to
Treatment (SBIRT); Early Intervention for Alcohol/
Tobacco/ Substance Use and Mental Health;
Motivational Interviewing (MI); Best Practices

<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 clinic's 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 patient's 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.

Prescreen

The prescreen questions are asked to patients annually. They are typically asked:

- On the new/annual patient form handed out at the front desk
- Annually by the Medical Assistant or Nurse while rooming the patient
- At triage in the Emergency Department

Prescreen (English) (Spanish)

Full Screens

After prescreening positive a patient will receive a full screen. The patient will either be:

- Handed the full screens on paper to fill out while waiting for the provider
- Verbally asked the full screens by the Medical Assistant or Nurse

AUDIT (English) (Spanish)

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

Mental Health Screens

Because mental health issues and substance use a recognizes the importance of screening for depres

For all patients who full screen positive on the AUC

PHQ9 (English) (Spanish)

Screen with the GAD7 for ANXIETY (English) (Spani

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?