Screening, Brief Intervention, and Referral to Treatment:

An Evidenced-Based Intervention Strategy
Part 1

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Training Objectives

- Describe the **background** and **rationale** for conducting SBI in medical settings
- Describe **screening procedures** for identifying injured patients engaged in at-risk drinking
- Teach and practice **brief intervention strategies** and techniques
- Provide a **forum for addressing organizational issues** that may impede implementation
The trauma center needs a **mechanism to identify patients** who are problem drinkers: Level I and II Trauma Centers

The trauma center has the **capability to provide an intervention** for patients identified as problem drinkers: Level I Trauma Centers
<table>
<thead>
<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
<th>Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance</td>
<td>CPT 99408</td>
<td>SBI (15-30 minutes)</td>
<td>$33.41</td>
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<td>Commercial Insurance</td>
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<td>Payer</td>
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<td>Fee Schedule</td>
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<td>Medicare</td>
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<td>SBI (Greater than 30 minutes)</td>
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<td>Medicaid</td>
<td>H0049</td>
<td>Alcohol/drug screening (only)</td>
<td>$24.00</td>
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<tr>
<td>Medicaid</td>
<td>H0050</td>
<td>SBI (per 15 minutes)</td>
<td>$48.00</td>
</tr>
</tbody>
</table>
What is SBIRT?

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services

- For persons with substance use disorders
- Those who are at risk of developing these disorders

Primary care centers, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users

*Before more severe consequences occur*
SBIRT: Core Clinical Components

- **Screening**: Very brief screening that identifies substance related problems

- **Brief Intervention**: Raises awareness of risks and motivates client toward acknowledgement of problem

- **Brief Treatment**: Cognitive behavioral work with clients who acknowledge risks and are seeking help

- **Referral**: Referral of those with more serious addictions
SBIRT Goals

- Increase **access to care** for persons with substance use disorders and those at risk of substance use disorders
- Foster a **continuum of care** by integrating prevention, intervention, and treatment services
- **Improve linkages** between health care services and alcohol/drug treatment services
Rationale for screening and brief intervention
Rationale for screening and brief intervention

- Substance abuse problems are widespread worldwide
- Substance abuse problems are associated with significant morbidity and mortality
- Early identification and intervention can help reduce substance abuse problems
Top 10 risk factors for disease globally

1. Underweight
2. Unsafe sex
3. High blood pressure
4. Tobacco consumption
5. Alcohol consumption
6. Unsafe water, sanitation, & hygiene
7. Iron deficiency
8. Indoor smoke from solid fuels
9. High cholesterol
10. Obesity
We don’t ask and we don’t know what to do

Substance abuse problems are often unidentified

- In one study of 241 trauma surgeons, only 29% reported screening most patients for alcohol problems.*

- In a health study of 7,371 primary care patients, only 29% of the patients reported being asked about their use of alcohol or drugs in the past year.**

(Sources: *Danielsson et al., 1999; **D’Amico et al., 2005)
Is it really a problem?

Prevalence of problematic alcohol and other drug use
Alcohol and Trauma

- Annual cost of alcohol-related injuries: $130 billion
- 30% of trauma center admits are intoxicated
- Trauma admission a treatable moment
Substance Abuse Challenges: 19.7 Million Americans Are Current* Users of Illicit Drugs

*past month users

- Any Illicit Drug: 19.7 million
- Marijuana: 14.6 million
- Any Illicit Drug, not marijuana: 9.0 million
- Psychotherapeutics (non-medical use): 6.4 million
- Cocaine: 2.4 million
- Crack: 0.7 million
- Ecstasy: 0.5 million
- Meth: 0.5 million
- Inhalants: 0.6 million
- Heroin: 0.1 million
- LSD: 0.1 million

*(in millions)
2M people (0.8%) receiving treatment*

21M people (7%) have problems needing treatment, but not receiving it*

≈ 60-80M people (≈20-25%) using at risky levels

US Population: 307,006,550
US Census Bureau, Population Division
July 2009 estimate
*NSUDH, 2008
In treatment (2 Million)

Diagnosable problem with substance use

Referred to treatment by:

- Self/Family 37%
- Criminal Justice 25%
- Other SUD Program 8%
- County Assessment Center 19%
- Healthcare 3%
- Other 8%

*Los Angeles County Data*
In need of treatment (21 Million)

- Reported problems associated with use
- Not in treatment currently
  - 1.1% Made an effort to get treatment
  - 3.7% Felt they needed treatment, but made no effort to get it.
- 95.2% Did not feel that they needed treatment
Using at risky levels (60-80 Million)

- Do not meet diagnostic criteria
- Level of use indicates risk of developing a problem.
- Some examples...

Drinks 3-4 glasses of wine a few times per week
Pregnant woman occasionally has a shot of vodka to relieve stress
Adolescent smokes marijuana with his friends on weekends
Occasionally takes one or two extra vicodin to help with pain

These people need services, but will never enter the treatment system
SBI Procedures:
Follow-up Action Depends on Score

Screening Score

Negative Screen
- Positive Reinforcement
  - Moderate Use
    - Brief Intervention
  - Moderate/High Use
    - Brief Treatment

Positive Screen
- Abuse/Dependence
  - Referral to Treatment
# Screening, Brief Interventions for Alcohol: Major Impact of SBI on Morbidity and Mortality

<table>
<thead>
<tr>
<th>Study</th>
<th>Results - conclusions</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma patients</td>
<td>48% fewer re-injury (18 months)</td>
<td>Gentilello et al, 1999</td>
</tr>
<tr>
<td></td>
<td>50% less likely to re-hospitalize</td>
<td></td>
</tr>
<tr>
<td>Hospital ER screening</td>
<td>Reduced DUI arrests</td>
<td>Schermer et al, 2006</td>
</tr>
<tr>
<td></td>
<td>1 DUI arrest prevented for 9 screens</td>
<td></td>
</tr>
<tr>
<td>Physician offices</td>
<td>20% fewer motor vehicle crashes over 48 month follow-up</td>
<td>Fleming et al, 2002</td>
</tr>
<tr>
<td>Meta-analysis</td>
<td>Interventions reduced mortality</td>
<td>Cuijpers et al, 2004</td>
</tr>
<tr>
<td>Meta-analysis</td>
<td>Treatment reduced alcohol, drug use</td>
<td>Burke et al, 2003</td>
</tr>
<tr>
<td></td>
<td>Positive social outcomes: substance-related work or academic impairment, physical symptoms (e.g., memory loss, injuries) or legal problems (e.g., driving under the influence)</td>
<td></td>
</tr>
<tr>
<td>Meta-analysis</td>
<td>Interventions can provide effective public health approach to reducing risky use.</td>
<td>Whitlock et al, 2004</td>
</tr>
</tbody>
</table>
### Screening, Brief Interventions for Alcohol: Saves Healthcare Costs

<table>
<thead>
<tr>
<th>Study</th>
<th>Cost Savings</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randomized trial of brief treatment in the UK</td>
<td><strong>Reductions in one-year healthcare costs</strong></td>
<td>(UKATT, 2005)</td>
</tr>
<tr>
<td></td>
<td>$2.30 cost savings for each $1.00 spent in intervention</td>
<td></td>
</tr>
<tr>
<td>Project TREAT (Trial for Early Alcohol Treatment) randomized clinical trial:</td>
<td><strong>Reductions in future healthcare costs</strong></td>
<td>(Fleming et al, 2003)</td>
</tr>
<tr>
<td>Screening, brief counseling in 64 primary care clinics of <em>nondependent alcohol misuse</em></td>
<td>$4.30 cost savings for each $1.00 spent in intervention (48-month follow-up)</td>
<td></td>
</tr>
<tr>
<td>Randomized control trial of SBI in a Level I trauma center Alcohol screening and counseling for trauma patients (&gt;700 patients).</td>
<td><strong>Reductions in medical costs</strong></td>
<td>Gentilello et al, 2005)</td>
</tr>
<tr>
<td></td>
<td>$3.81 cost savings for each $1.00 spent in intervention.</td>
<td></td>
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</tbody>
</table>
SBI Could Have a Major Impact on Public Health

There are grounds for thinking SBI may:

- **stem progression** to dependence.
- **improve medical conditions** exacerbated by substance abuse.
- **prevent medical conditions** resulting from substance abuse or dependence.
- **reduce** drug-related infections and **infectious diseases**.
- **improve response to medications**.
- **identify those at higher risk** of abusing prescription drugs.
- **identify abusers** of prescription drugs or OTC drugs.
- have **positive influence on social function**.
Screening to Identify Patients at risk for Alcohol Problems

How do we conduct the screening?
Distribution of Alcohol (or Drug) Problems

- Severe: Specialized Treatment
- Substantial: Brief Intervention
- Moderate: Prevention
- Mild: None
How do we define risk?

Alcohol

<table>
<thead>
<tr>
<th></th>
<th>Per week</th>
<th>Per occasion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td>&gt; 14 drinks</td>
<td>&gt; 4 drinks</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>&gt; 7 drinks</td>
<td>&gt; 3 drinks</td>
</tr>
<tr>
<td><strong>Elders (65+)</strong></td>
<td>&gt; 7 drinks</td>
<td>&gt; 1 drink</td>
</tr>
</tbody>
</table>

Source: NIAAA, 1995
How do we define risk?
Alcohol

- A mug of ordinary beer, ale, or malt liquor 12 oz.
- A single shot of spirits -- whiskey, gin, vodka, etc. 1.5 oz.
- A glass of wine 5 oz.
- A wine cooler 12 oz.
- A small glass of sherry, liqueur, or aperitif 4 oz.
Before Asking Screening Questions

- I am going to ask you some **personal questions** about alcohol (and other drugs) that I ask all my patients.
- Your responses will be **confidential**.
- These questions help me to provide the **best possible care**.
- You **do not have to answer** them if you are uncomfortable.
Don’t they just lie?
The cost of being suspicious...

Catching the Lie

Understanding the Patient

Your Energy
The cost of being suspicious…

Creating an Impression

Exploring Change

Patient’s Energy
What is screening?

- A range of evaluation procedures and techniques to capture indicators of risk
- A preliminary assessment that indicates probability that a specific condition is present
- A single event that informs subsequent diagnosis and treatment

(Source: SAMHSA, 1994)
What’s Going On in These Pictures?
Screening

- Conducted with large numbers of people to identify the potential that a problem exists
- Screening is intended to be broad scale and produce false positives
- Screening leads to more in-depth assessment and intervention for people identified with a potential problem
Benefits of screening

- Provides opportunity for education, early intervention
- Alerts provider to risks for interactions with medications or other aspects of treatment
- Offers opportunity to engage patient further
- Has proved beneficial in reducing high-risk activities for people who are not dependent

(Source: NCETA, 2004)
Candidates for routine screening

- General practice patients
- Special groups (e.g., pregnant, homeless, prisoners)
- Patients in social service agencies
- Patients in infectious disease clinics
- Children receiving outreach services
- People with alcohol- or drug-related legal offenses (e.g., driving under the influence)
Types of screening tools

- Self-report
  - Interview
  - Self-administered questionnaires

- Biological markers
  - Breathalyzer testing
  - Blood alcohol levels
  - Saliva or urine testing
  - Serum drug testing
Benefits of biological markers

- Objective measure
- Quick to administer
- Immediate results

Breathalyzer
Benefits of self-report tools

- Provide historical picture
- Inexpensive
- Non-invasive
- Highly sensitive for detecting potential problems or dependence
Characteristics of a good screening tool

- Brief (10 or fewer questions)
- Flexible
- Easy to administer, easy for patient
- Addresses alcohol & other drugs
- Indicates need for further assessment or intervention
- Has good sensitivity and specificity
Sensitivity and specificity

- Sensitivity refers to the ability of a test to correctly identify those people who actually have a problem, e.g., “true positives”
- Specificity is a test’s ability to identify people who do not have a problem, e.g., “true negatives”
- Good screening tools maximize sensitivity and reduce “false positives”
Menu of Screening Tools

- **BAC/Drug Screen** (biological measures)
- **CAGE** (4 questions)
- **DAST** (10 questions)
- **AUDIT** (10 questions)
- **AUDIT-C+** (5 questions)
- **ASSIST** (8 questions for each substance used)
- **PHQ 9** (9 questions)
- **GAD 7** (7 questions)
The Screening Tools

- BAC/Drug Screen
- CAGE
- DAST
- AUDIT
- AUDIT-C+
- ASSIST
- PHQ 9
- GAD 7
CAGE Alcohol Screen

**Advantages:**

- Well suited for medical settings where time is limited
- Comprised of four easy to memorize questions
- Can be administered as questionnaire or as brief interview by physicians, nurses, or other clinical staff
- Has been demonstrated to be superior to other screening instruments in detecting alcohol abuse and dependence*

**Limitations:**

- Designed for screening only and is not a diagnostic tool
- Screens only for alcohol use and not other drugs
- Not designed to identify risky use

Source: Fiellin, et. al., 2000
Have you ever:

C – felt the need to *cut* down your drinking?

A – felt *annoyed* at criticism of your drinking?

G – had *guilty* feelings about drinking?

E – Taken a morning *eye opener*?
CAGE: Scoring

<table>
<thead>
<tr>
<th>Score</th>
<th>Probability of Abuse/Dependence*</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>7%</td>
</tr>
<tr>
<td>1</td>
<td>46%</td>
</tr>
<tr>
<td>2</td>
<td>72%</td>
</tr>
<tr>
<td>3</td>
<td>88%</td>
</tr>
<tr>
<td>4</td>
<td>98%</td>
</tr>
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</table>

Source: Buchsbaum, et. al., 1991
The Screening Tools

- BAC/Drug Screen
- CAGE
- DAST
- AUDIT
- AUDIT-C+
- ASSIST
- PHQ 9
- GAD 7
**Advantages:**

- The DAST-10 is brief and inexpensive
- Provides a quantitative index of the extent of problems related to drug abuse
- Can be administered to adults as well as adolescents
- Can be administered as questionnaire or interview

Limitations:

- Does not screen for alcohol use/abuse
- Clients may fake results
- Scores may be misinterpreted
- Should NOT be administered to persons actively under the influence of drugs or who are undergoing drug withdrawal reaction
Review of the DAST-10

- Ten questions concerning involvement with drugs during the past 12 months
- “Drug use” in the questions may refer to the use of illicit drugs as well as the misuse of prescribed or over-the-counter medications
- Every question must be answered
For questions 1 & 2, score “1” for every “YES” response

For question 3, score “1” for a “NO” response

For questions 4-10, score “1” for every “YES” response
<table>
<thead>
<tr>
<th>Score</th>
<th>Degree of Problem</th>
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<tbody>
<tr>
<td>0</td>
<td>None Reported</td>
</tr>
<tr>
<td>1-2</td>
<td>Low Level</td>
</tr>
<tr>
<td>3-5</td>
<td>Moderate Level</td>
</tr>
<tr>
<td>6-8</td>
<td>Substantial Level</td>
</tr>
<tr>
<td>9-10</td>
<td>Severe Level</td>
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</table>
# DAST Interpretation Guide

<table>
<thead>
<tr>
<th>Score</th>
<th>Action</th>
<th>ASAM</th>
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<tbody>
<tr>
<td>0</td>
<td>Monitor</td>
<td>None</td>
</tr>
<tr>
<td>1-2</td>
<td>Brief Counseling</td>
<td>Level I</td>
</tr>
<tr>
<td>3-5</td>
<td>Outpatient</td>
<td>Level I or II</td>
</tr>
<tr>
<td>6-8</td>
<td>Intensive</td>
<td>Level II or III</td>
</tr>
<tr>
<td>9-10</td>
<td>Intensive</td>
<td>Level III or IV</td>
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</table>
The Screening Tools

- BAC/Drug Screen
- CAGE
- DAST
- AUDIT
- AUDIT-C+
- ASSIST
- PHQ 9
- GAD 7
The AUDIT

- Ten question alcohol use screening instrument
- Target groups include medical patients, accident victims, DWI offenders
- Designed for primary health care workers
- Focuses on recent alcohol use
The AUDIT

Advantages:
● Validated on primary health care patients in six countries
● Identifies hazardous and harmful alcohol use as well as possible dependence
● Brief, rapid, and flexible
● Can be administered as questionnaire or interview
Limitations:

- Limited to alcohol screening
- May be too lengthy for some situations (e.g. emergency department)
- Not enough research has been completed to determine precise cut-off points
Domains of the AUDIT

Hazardous alcohol use:

Q. 1: Frequency of Drinking
Q. 2: Typical quantity
Q. 3: Frequency of heavy drinking
Dependence symptoms:

Q. 4: Impaired control over drinking
Q. 5: Increased salience of drinking
Q. 6: Morning drinking
Harmful alcohol use:

Q. 7: Guilt after drinking
Q. 8: Blackouts
Q. 9: Alcohol-related injuries
Q. 10: Other concerns about drinking
### Scoring the Audit

<table>
<thead>
<tr>
<th>Score</th>
<th>Level</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7</td>
<td>Low</td>
<td>Encouragement</td>
</tr>
<tr>
<td>8-15</td>
<td>Low/Moderate</td>
<td>Advice</td>
</tr>
<tr>
<td>16-19</td>
<td>Moderate</td>
<td>Brief Counseling</td>
</tr>
<tr>
<td>20 +</td>
<td>High</td>
<td>Further evaluation for dependence</td>
</tr>
</tbody>
</table>
The Screening Tools

- BAC/Drug Screen
- CAGE
- DAST
- AUDIT
- **AUDIT-C+**
- ASSIST
- PHQ 9
- GAD 7
Alcohol Use Disorders Identification Test-Consumption (AUDIT-C+)

Advantages:
- Brief, only five questions
- Screens for both alcohol and drug use
- Scoring is fast and easy to understand

Limitations:
- While the AUDIT-C has been validated, the AUDIT-C+ has not
- Positive scores require further evaluation
How often did you have a drink containing alcohol in the past year?  
___ Never (0 points)  
___ Monthly or less (1 point)  
___ 2 to 4 times a month (2 points)  
___ 2 to 3 times a week (3 points)  
___ 4 to 5 times a week (4 points)  
___ 6 or more times a week (6 points)  

How many drinks did you have on a typical day when you were drinking in the past year? (CHECK ONE)  
___ 0 drinks (0 points)  
___ 1 to 2 drinks (1 point)  
___ 3 to 4 drinks (1 point)  
___ 5 to 6 drinks (2 points)  
___ 7 to 9 drinks (3 points)  
___ 10 or more drinks (4 points)
Alcohol Use Disorders Identification Test- Consumption (AUDIT-C+)

How often did you have 5 or more drinks on one occasion in the past year?
___ Never (0 points)
___ Less than monthly (1 point)
___ Monthly (2 points)
___ Weekly (3 points)
___ Daily or almost daily (4 points)

Have you used any drug in the past year that was not prescribed by a doctor (for example, marijuana, hash, cocaine, heroin, speed, diet pills, ecstasy, valium, LSD, acid, mushrooms, codeine, or other)?
___ No (0 points)
___ Yes (5 points)

In your lifetime, have you ever injected a drug for non-medical purposes?
___ No (0 points)
___ Yes (5 points)
TOTAL SCORE:________

Positive Screen = 5 or more points for men and 4 or more for women (for alcohol scores 1, 2, and 3) and/or a “YES” for both men and women on either Question 4 or 5.
Practicing the AUDIT C+

- Group into pairs and administer the AUDIT C+ to one another.
- Partners should score positive on either alcohol or drugs (not both).
- Make note of the score and substance or substances used.
- Results will form the basis for Brief Invention practice this afternoon.
The Screening Tools

- BAC/Drug Screen
- CAGE
- DAST
- AUDIT
- AUDIT-C+
- ASSIST
- PHQ 9
- GAD 7

One item screeners
Single-Item alcohol screener

- **Primary care setting** Validated single item
- Single item recommended by NIAAA
- “How many times in the past year have you had 5(men)/4(women) or more drinks in a single setting?”
- A response of >1 is considered positive.

Single-Item drug screener

- **Primary care setting** Validated single item

- "How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?"

- A response of at least 1 time was considered positive for drug use

- Smith, PC, Schmidt, SM, Allensworth-Davies, D, & Saitz, R. (2010)
The Screening Tools

- BAC/Drug Screen
- CAGE
- DAST
- AUDIT
- AUDIT-C+
- ASSIST
- PHQ 9
- GAD 7
The ASSIST....

- Brief screening questionnaire developed for primary care
- Covers all psychoactive substances including alcohol, tobacco, and illicit drugs
- Helps practitioners to identify patients who may have hazardous, harmful, or dependent use of one or more substances.
**ASSIST development (1)**

- Developed by an international research team in 1997

- Funded by WHO and the Australian Commonwealth Dept. of Health and Ageing
  - Coordinated by Drs. Robert Ali and Rachel Humeniuk of the Drug & Alcohol Services South Australia (DASSA)

- Based on the AUDIT model of screening & brief intervention for alcohol (also sponsored by WHO)

Phase I (1997-1999; 236 subjects)
- Planning and ASSIST development; international feasibility and reliability study
- Study conducted at sites in Australia, Brazil, Ireland, India, Israel, the Palestinian Territories, Puerto Rico, the United Kingdom, & Zimbabwe

ASSIST items were reliable, and ASSIST procedure was feasible in primary care settings
Phase II (2000-2002, 1,047 subjects)

- International validity study of the ASSIST; feasibility study of brief interventions linked to the ASSIST
- Conducted internationally at 7 sites

ASSIST provides a valid measure of substance-related risk

ASSIST distinguishes between individuals who are at low risk or are abstainers, risky/problem users, or dependent
In general, the ASSIST provides information about:

- Substances **used** in the patient’s **lifetime**
- Substances **used** in the previous **3 months**
- **Problems** related to substance use
- **Risk** of current or future harm
- **Dependence**
- **Injecting** drug use
Learning to Use the ASSIST Screening Tool
### Response Card - substances

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>a.</td>
<td>Tobacco products (cigarettes, chewing tobacco, cigars, etc.)</td>
</tr>
<tr>
<td>b.</td>
<td>Alcoholic beverages (beer, wine, spirits, etc.)</td>
</tr>
<tr>
<td>c.</td>
<td>Cannabis (marijuana, pot, grass, hash, etc.)</td>
</tr>
<tr>
<td>d.</td>
<td>Cocaine (coke, crack, etc.)</td>
</tr>
<tr>
<td>e.</td>
<td>Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)</td>
</tr>
<tr>
<td>f.</td>
<td>Inhalants (nitrous, glue, petrol, paint thinner, etc.)</td>
</tr>
<tr>
<td>g.</td>
<td>Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)</td>
</tr>
<tr>
<td>h.</td>
<td>Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)</td>
</tr>
<tr>
<td>i.</td>
<td>Opioids (heroin, morphine, methadone, codeine, etc.)</td>
</tr>
<tr>
<td>j.</td>
<td>Other - specify:</td>
</tr>
</tbody>
</table>
Response Card (Response Items)

Responses for Questions 2 - 5

- Never: not used in the last 3 months
- Once or twice: 1 or 2 times in the last 3 months
- Monthly: 1 to 3 times in one month
- Weekly: 1 to 4 times per week
- Daily or almost daily: 5 to 7 days per week

Responses for Questions 6 - 8

- No, Never
- Yes, but not in the past 3 months
- Yes, in the past 3 months
Guidelines for Assessing Risk Level Using the ASSIST

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>All Other Substances</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>0-3</td>
<td>Low Risk (Provide Education)</td>
</tr>
<tr>
<td>11-26</td>
<td>4-26</td>
<td>Moderate Risk (Brief Intervention)</td>
</tr>
<tr>
<td>27+</td>
<td>27+</td>
<td>High Risk (BI + Referral)</td>
</tr>
</tbody>
</table>

Note: Be careful! Don’t blindly interpret the score. A patient can score in the “Moderate Risk” range because of past use (i.e., answered “Yes, but not in the past 3 months” for questions 6 & 7), and may not be currently using.
# Recording the Substance Specific Involvement Score

The type of intervention is determined by the patient’s specific substance involvement score

<table>
<thead>
<tr>
<th>Substance</th>
<th>Record specific substance score</th>
<th>no intervention</th>
<th>receive brief intervention</th>
<th>more intensive treatment *</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. tobacco</td>
<td>27</td>
<td>0 – 3</td>
<td>4 – 26</td>
<td>27+</td>
</tr>
<tr>
<td>b. alcohol</td>
<td>10</td>
<td>0 – 10</td>
<td>11 – 26</td>
<td>27+</td>
</tr>
<tr>
<td>c. cannabis</td>
<td>6</td>
<td>0 – 3</td>
<td>4 – 26</td>
<td>27+</td>
</tr>
<tr>
<td>d. cocaine</td>
<td>0</td>
<td>0 – 3</td>
<td>4 – 26</td>
<td>27+</td>
</tr>
<tr>
<td>e. amphetamine</td>
<td>0</td>
<td>0 – 3</td>
<td>4 – 26</td>
<td>27+</td>
</tr>
<tr>
<td>f. inhalants</td>
<td>0</td>
<td>0 – 3</td>
<td>4 – 26</td>
<td>27+</td>
</tr>
<tr>
<td>g. sedatives</td>
<td>3</td>
<td>0 – 3</td>
<td>4 – 26</td>
<td>27+</td>
</tr>
<tr>
<td>h. hallucinogens</td>
<td>0</td>
<td>0 – 3</td>
<td>4 – 26</td>
<td>27+</td>
</tr>
<tr>
<td>i. opioids</td>
<td>18</td>
<td>0 – 3</td>
<td>4 – 26</td>
<td>27+</td>
</tr>
<tr>
<td>j. other drugs</td>
<td>0</td>
<td>0 – 3</td>
<td>4 – 26</td>
<td>27+</td>
</tr>
</tbody>
</table>

* further assessment and more intensive treatment may be needed
### Specific Substance Involvement Scores

<table>
<thead>
<tr>
<th>Substance</th>
<th>Score</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products</td>
<td>0-3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4-26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
<tr>
<td>b. Alcoholic Beverages</td>
<td>0-3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4-26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
<tr>
<td>c. Cannabis</td>
<td>0-3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4-26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
<tr>
<td>d. Cocaine</td>
<td>0-3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4-26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
<tr>
<td>e. Amphetamine type stimulants</td>
<td>0-3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4-26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
<tr>
<td>f. Inhalants</td>
<td>0-3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4-26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
<tr>
<td>g. Sedatives or Sleeping Pills</td>
<td>0-3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4-26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
<tr>
<td>h. Hallucinogens</td>
<td>0-3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4-26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
<tr>
<td>i. Opioids</td>
<td>0-3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4-26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
<tr>
<td>j. Other – specify</td>
<td>0-3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4-26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
</tbody>
</table>

**What do your scores mean?**

- **Low:** You are at low risk of health and other problems from your current pattern of use.
- **Moderate:** You are at risk of health and other problems from your current pattern of substance use.
- **High:** You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent.

**Are you concerned about your substance use?**
The Screening Tools

- BAC/Drug Screen
- CAGE
- DAST
- AUDIT
- AUDIT-C+
- ASSIST
- PHQ 9
- GAD 7
### Patient Health Questionnaire (PHQ) 9

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use “✓” to indicate your answer)

<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>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>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>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>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>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>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL:**

*(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)*
Consider Major Depressive Disorder
—if there are at least 5 √s in the blue highlighted section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder
—if there are 2 to 4 √s in the blue highlighted section (one of which corresponds to Question #1 or #2)
PHQ-9, Ongoing Monitoring

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION
for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Depression Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Minimal depression</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild depression</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate depression</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately severe depression</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe depression</td>
</tr>
</tbody>
</table>
The Screening Tools

- BAC/Drug Screen
- CAGE
- DAST
- AUDIT
- AUDIT-C+
- ASSIST
- PHQ 9
- GAD 7
# Generalized Anxiety Disorder Scale (GAD 7)

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

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all sure</th>
<th>Several days</th>
<th>Over 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's 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>

**Add the score for each column**

<table>
<thead>
<tr>
<th></th>
<th>+</th>
<th>+</th>
<th>+</th>
</tr>
</thead>
</table>

**Total Score (add your column scores)** =
Generalized Anxiety Disorder Scale (GAD 7)

- Scores
  - 5 = Mild
  - 10 = Moderate
  - 15 = Severe

- Further evaluation is recommended when the score is 10 or greater.
Screening, Brief Intervention, and Referral to Treatment:
An Evidenced-Based Intervention Strategy
Part 2

Thomas E. Freese, PhD
Beth Rutkowski, MPH
UCLA ISAP/Pacific Southwest ATTC
Brief Intervention Effect

- Brief interventions can trigger change
- 1 or 2 sessions can yield much greater change than no counseling
- A little counseling can lead to significant change
- Brief interventions can yield outcomes that are similar to those of longer treatments
The Concept of Motivation

- Motivation is influenced by the clinician’s style
- Motivation can be modified
- The clinician’s task is to elicit and enhance motivation
- “Lack of motivation” is a challenge for the clinician’s therapeutic skills, not a fault for which to blame our clients
The Concept of Ambivalence

- Ambivalence is normal
- Clients usually enter treatment with fluctuating and conflicting motivations
- They “want to change and don’t want to change”
- “Working with ambivalence is working with the heart of the problem”
Activity 1: Reflection

Take some time to think about the most difficult change that you had to make in your life.

How much time did it take you to move from considering that change to actually taking action.
The probability that a person will enter into, continue, and comply with change-directed behavior.
Where do I start?

- What you **do** depends on where the client **is** in the process of changing

- The first step is to be able to **identify where the client is coming from**
Stages of Change: Primary Tasks

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

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

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

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

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

6. Recurrence
   Definition: Experienced a recurrence of the symptoms.
   Primary Task: Cope with consequences and determine what to do next
Precontemplation Stage

People at this stage:

- Are unaware of any problems related to their drug use
- Are unconcerned about their drug use
- Ignore anyone else’s belief that they are doing something harmful

Primary task—Raising Awareness
Some Ways to Raise Awareness in the Precontemplation Stage

- Offer **factual** information
- Explore the **meaning of events** that brought the person in and the **results of previous efforts**
- Explore **pros and cons** of targeted behaviors
In this stage the patient sees the possibility of change but is *ambivalent* and *uncertain* about beginning the process.
Contemplation Stage

- They enjoy using drugs, but:
- They are sometimes worried about the increasing problems their use is causing.
- They may be debating with themselves whether or not they have a problem.
- Primary task—Resolving ambivalence and helping the client choose to make the change.
Possible Ways to Help the Patient in the Contemplation Stage

- Talk about the person’s sense of self-efficacy and expectations regarding what the change will entail
- **Summarize** self-motivational statements
- Continue exploration of pros and cons
“People are better persuaded by the reasons they themselves discovered than those that come into the minds of others”

Blaise Pascal
How Do I Know When I’ve Succeeded?

One measure of success is the amount of *Change Talk* coming from the client.
Change Talk Is Happening When the Client Makes Statements That Indicate:

- Recognition of a problem
- A concern about the problem
- Statements indicating an intention to change
- Expressions of optimism about change
Screening Procedures: Follow-up Action Depends on Screening Outcome

Screening Results

- Negative Screen
  - Positive Reinforcement
    - Moderate Use
      - Brief Intervention
        Goal: Lower Risk; Reduce use to acceptable levels
    - Moderate/High Use
      - BI/Referral to tx/BT
        Goal: Encourage pt. to accept a referral to tx, or engage in BT
- Positive screen
  - Abuse/Dependence
    - Referral to tx.
      Goal: Encourage pt. to accept referral to tx, or engage in BT
Conducting the Brief Intervention

FLO
The 3 Tasks of a BI

F
Feedback

L
Listen & Understand

O
Options Explored

Avoid Warnings!

(that’s it)
How does it all fit together?

Feedback
- Setting the stage
- Tell screening results

Listen & Understand
- Explore Pros and Cons
- Explain Importance
- Assess readiness to change

Options Explored
- Discuss change options
- Follow up
How you talk to the patient matters

You are singing off key if you find yourself...

- Challenging
- Warning
- Finger-wagging
- Moralizing
- Giving unwanted advice

- Shaming
- Labeling
- Confronting
- Being Sarcastic
- Playing expert
Reflective Listening
Key-Concepts

- Listen to both what the person says and to what the person means
- Check out assumptions
- Create an environment of empathy (nonjudgmental)
- You do not have to agree
- Be aware of intonation (statement, not question)
Types of Reflective Statements

1. Simple Reflection (repeat)

2. Amplified Reflection (amplify/exaggerate the client’s point)

3. Double-Sided Reflection (captures both sides of the ambivalence)
ACTIVITY
Reflective Listening

- Form groups of 3: Speaker and 2 Listeners
- Speaker discusses something they’re considering changing
- Artificial: typically we ask 2-3 open-ended Qs for every reflection.
- How does it feel to be speaker? How does it feel to be listener?
The 3 Tasks of a BI

F
Feedback

L
Listen & Understand

O
Options Explored
The First Task: Feedback

Give Patient Feedback using:

- **R**ange
- **A**nybody knows
- **N**ormal ranges
- **G**ive score
- **E**licit reaction
The First Task: Feedback

Give Patient Feedback: An Example

- **Range:** “BAC can range from 0 (sober) to .4 (lethal)”
- **Anybody knows:** “.08 defines drunk driving (heavy drinking)”
- **Normal:** “Normal drinking is .03-.05
- **Give score:** “Your level was …”
- **Elicit reaction:** “What do you make of that?”
The First Task: Feedback

• Your job in F is **only to deliver** the feedback!

• Let the patient **decide** where to go with it.
The First Task: Feedback

Handling resistance...

- 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
- If you lived in Forks, WA, you’d drink too

What would you say?
SUD
Family
Con - fusion
Medical Issues
Pain
Chronic Pain
The First Task: Feedback

To avoid this…

LET GO!!!
The First Task: Feedback

Easy Ways to Let Go…

- 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’re an alcoholic.
- I’d just like to give you some information...
- I’d really like to hear your thoughts about…
- What you do is up to you.
The First Task: Feedback

Finding a Hook

- Ask the client about their concerns
- Provide non-judgmental feedback/information
- Watch for signs of discomfort with status quo or interest or ability to change
- Always ask this question: “What role, if any, do you think alcohol played in your getting injured?
- You cannot know the truth; you were not there.
- Let the patient decide.
- Just asking the question is helpful.
Providing Feedback/Advise

- Elicit (ask for permission)
- Give feedback or advice
- Elicit again (the person’s view of how the advice will work for him/her)
Let’s practice F:
Role Playing Giving Feedback

- Focus the conversation
- Get the ball rolling
- Gauge where the patient is
- Hear their side of the story
The 3 Tasks of a BI

F
Feedback

L
Listen & Understand

O
Options Explored
The Second Task: Listen and Understand

Ambivalence is Normal
The Second Task:Listen and Understand

Change Talk

• DESIRE: I want to do it.
• ABILITY: I can do it.
• REASON: I can’t afford to lose my job.
• NEED: I have to do it.
• COMMITMENT!!! I WILL DO IT.
The Second Task: Listen and Understand

Listen for the change talk…

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

Summarize, so they hear it twice!
The Second Task:  
Listen and Understand

Dig for change talk…

• I’d like to hear your opinions about…
• What are some things that bother you about drinking?
• What role do you think alcohol played in your injury?
• How would you like your drinking to be 5 years from now?
The Second Task: Listen and Understand

Tools for Change Talk

- Pros and Cons
- Importance & Confidence Scales
- Readiness Ruler
The Second Task: Listen and Understand

Strategies for weighing the pros and cons…

• “What do you like about drinking?”
• “What do you see as the downside of drinking?”
• “What Else?”

Summarize both pros and cons…

“On the one hand you said..., and on the other you said....
Decisional Balance

The good things about ______
The not-so-good things about ______
The good things about changing
The not-so-good things about changing
The Second Task: Listen and Understand

Importance/Confidence/Readiness

On a scale of 1–10…

• How important is it for you to change your drinking?
• How confident are you that you can change your drinking?
• How ready are you to change your drinking?

For each ask…

• Why didn’t you give it a lower number?
• What would it take to raise that number?
The Second Task:
Listen and Understand

Let’s practice L: Role Playing
Listening and Understanding

- Pros and Cons
- Importance/Confidence/Readiness Scales
- Summary
Let's practice L: Role Playing Listen and understand (Interviewer)

- Continue with role play
- Identify the problem to be addressed from the clients' perspective
- Explore the pros and cons
- Explore readiness/willingness/confidence
- Set stage for exploring options
The 3 Tasks of a BI

F
Feedback

L
Listen & Understand

O
Options Explored
The Third Task: Options for Change

What now?

What do you think you will do?
What changes are you thinking about making?
What do you see as your options?
Where do we go from here?
What happens next?
Offer a Menu of Options

Manage your drinking (cut down to low-risk limits)
Eliminate your drinking (quit)
Never drink and drive (reduce harm)
Utterly nothing (no change)
Seek help (refer to treatment)
The Third Task: Options for Change

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

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

The Advice Sandwich

Ask permission

Give Advice

Ask for Response
The Third Task: Options for Change

When to Give Advice

- Does the client already know what I have to say?
- Have I elicited the client’s knowledge regarding this information?
- Is what I’m about to say going to be helpful to the client (i.e., reduce resistance and/or increase change talk)
The Third Task: Options for Change

Closing the Conversation

**Summarize patients views** (especially the pro)

**Encourage them to share their views**

**What agreement was reached** (repeat it)
Putting it all together

Feedback
Deliver Screening Results

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

Options Explored
Menu of Options
Let’s practice **FLO: Role Playing the Whole Process**
It’s Time to Dive into the FLO!

What do we do from here?

• Write down one thing that you learned today.
• Write down one commitment for something you will do differently based on SBIRT strategies.
Important Internet Sites

- www.uclaisap.org
- www.psattc.org
- http://sbirt.samhsa.gov/about.htm
- http://sbirt.samhsa.gov/trauma.htm
Thank you for your time!

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Beth Rutkowski, MPH
brutkowski@mednet.ucla.edu

www.psattc.org  www.uclaisap.org