CenCal HEALTH®
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Screening, Brief Intervention & Referral to Treatment (SBIRT) Training

Hosted by CenCal Health
Guest Speaker: James A. Peck, Psy. D.

Integrated Substance Abuse Programs
Department of Psychiatry & Biobehavioral Sciences
David Geffen School of Medicine at UCLA
Pacific Southwest Addiction Technology Transfer Center

www.uclaisap.org

www.psattc.org

UCLA ISAP Training Team

We have a team of dedicated and skilled trainers who deliver SBIRT training throughout the state of California:

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- Grant Hovik, MA

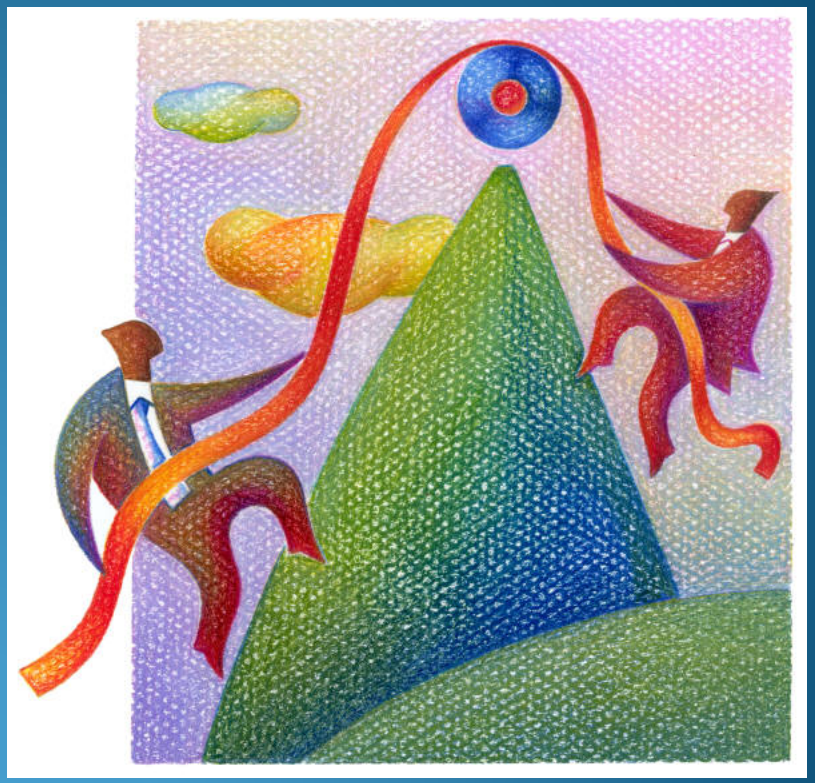
Special Acknowledgements

We'd like to thank the following organizations for making these critical trainings possible through their continued support, advice, and collaboration:

- California Department of Health Care Services
- California Health Care Foundation
- UCLA ISAP Training Department Team
- Harbage Consulting

Training Goals

1. Increase knowledge of screening and brief intervention concepts and techniques
2. Introduce and practice screening and identification skills
3. Review Motivational Interviewing Skills needed for Brief Interventions
4. Develop skills to deliver the F.L.O. Brief Intervention



New Medi-Cal Benefit (SBIRT)

In 2013, the USPSTF recommended that clinicians screen adults age 18 years or older for alcohol misuse and provide those reporting risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

Effective January 1, 2014, California provides Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) in primary care settings to all Medi-Cal beneficiaries, 18 years and older.

** Effective January 1, 2014, the law requires that Alternative Benefit Plans cover preventive services described in section 2713 of the Public Health Service Act as part of essential health benefits. Section 2713 includes, among others, alcohol screening and brief behavioral interventions. (Affordable Care Act Section 4106).**

Medi-Cal SBIRT Implementation
Authorized Providers

- Licensed and non-licensed healthcare staff can provide SBIRT
- Non-licensed staff include: health educators, Certified Addiction Counselors, medical assistants, health coaches, non-licensed behavioral assistants
- Must complete 4-hour SBIRT training
- Have at least 60 hrs coursework, 30 hrs face-to-face direct patient/client contact in his/her field
- Be under supervision of licensed healthcare provider

Medi-Cal SBIRT Implementation
Authorized Providers

Supervising licensed healthcare providers currently limited to:

- Physician
- Physician Assistant
- Nurse Practitioner
- Psychologist

** Both the supervising and the non-licensed SBIRT providers must attest to having completed SBIRT training

Medi-Cal SBIRT Implementation
Authorized Providers

- At least one supervising licensed provider per clinic or practice must complete 4 hours of SBIRT training within 12 months of initiating SBIRT services
- *Rendering* licensed providers are highly encouraged, but not required, to complete training
- Solo physician practices: physician highly encouraged, but not required, to complete training within 12 months of initiating SBIRT services

Substance Abuse: Prevalence and Distribution in the Population

American College of Surgeons: Committee on Trauma

- 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

We Don't Ask and We Don't Know What to Do

Substance use problems are often unidentified

- In one study of 241 trauma surgeons, only 29% reported screening most patients for alcohol problems*
- In another study of 1,082 primary care physicians and psychiatrists, 68% routinely screened for drug use**
  - ✓ 55% reported making formal referrals when drug abuse was found
  - ✓ 15% reported doing nothing

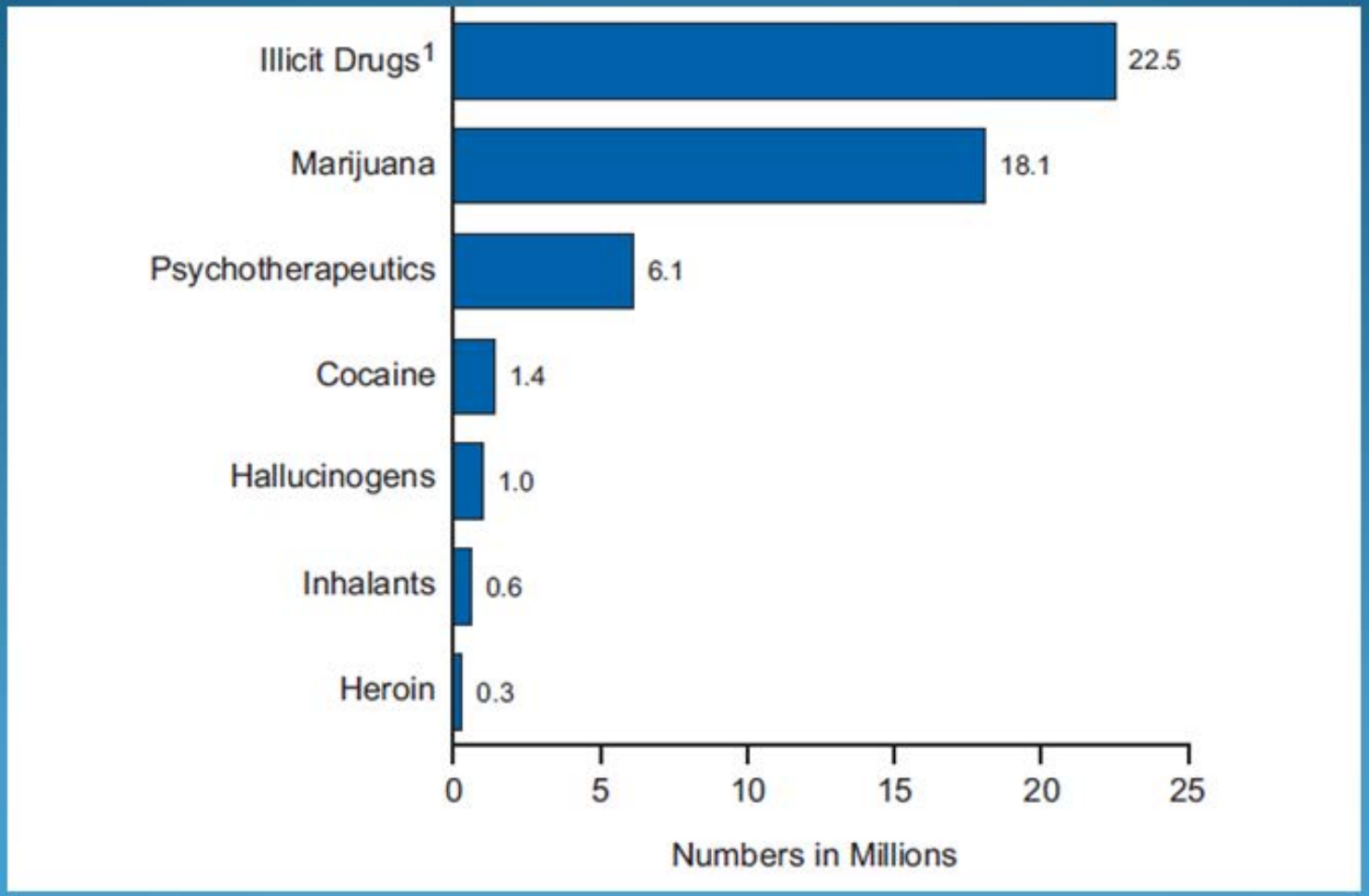
Medical Consequences of Substance Abuse

Substance abuse is a leading cause of illness and death. It can:

- Lead to unintentional injuries and violence
- Exacerbate medical conditions (e.g. diabetes, hypertension, sleep disorders)
- Exacerbate neuropsychiatric disorders (e.g. depression, sleep disorders)
- Induce injury/illness(e.g. stroke, dementia, cancers)
- Result in infectious diseases and infections (e.g. HIV, Hepatitis C)
- Affect the efficacy of prescribed medications
- Be associated with abuse of prescription medications
- Result in low birth weight, premature deliveries, and developmental disorders
- Result in dependence, which may require multiple treatment services

Conclusion: Substance abuse has a major impact on public health

Substance Abuse Challenges:
22.5 Million Americans Are Current* Users of Illicit Drugs



SOURCE: SAMHSA, 2011 *National Survey on Drug Use and Health* (released in 2012).

What is SBIRT?

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

- For individuals *with* substance use disorders
- Individuals *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 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

SBIRT: Review of Key Terms

Screening: Very brief set of questions that identifies risk of substance-related problems

Brief Intervention: Brief counseling that raises awareness of risks and motivates client toward acknowledgement of problem

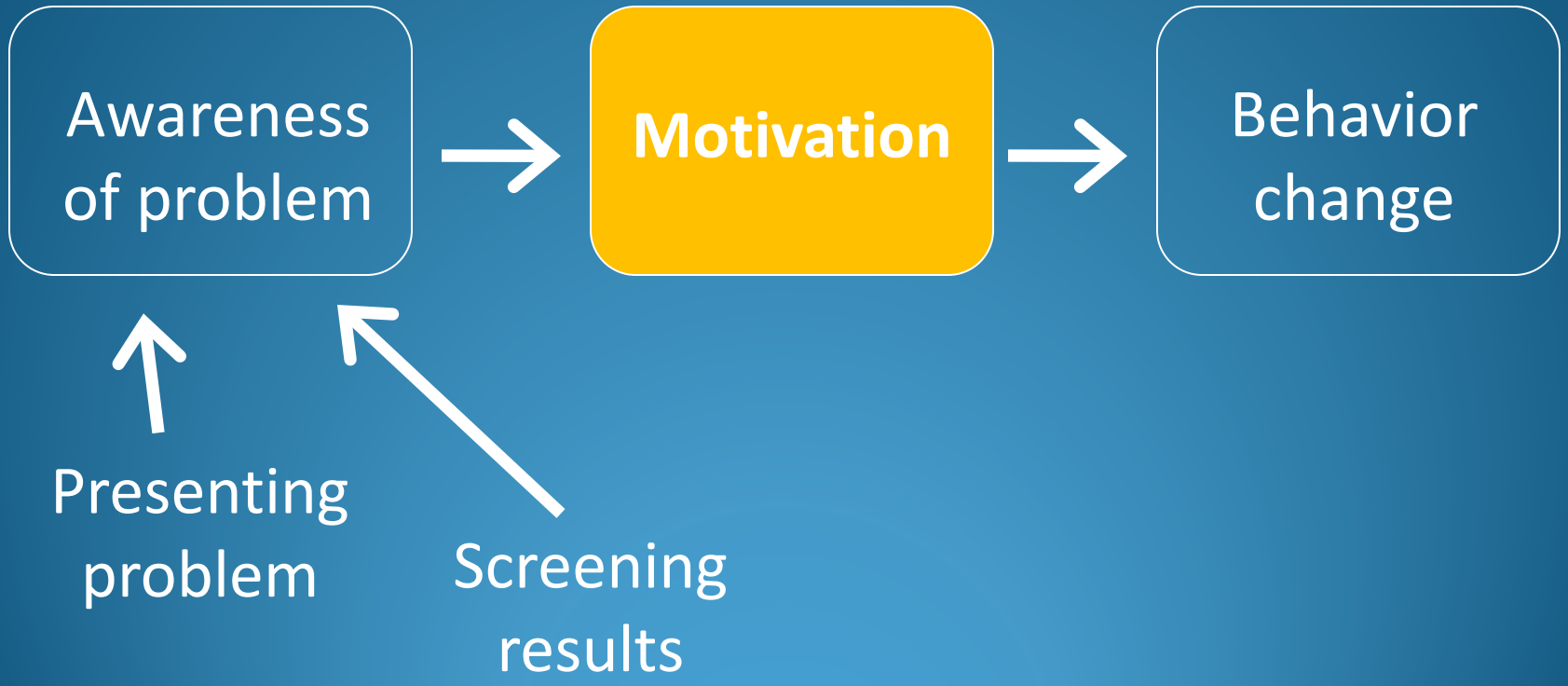
Brief Treatment: Cognitive behavioral work with clients who acknowledge risks and are seeking help

Referral: Procedures to help patients access specialized care

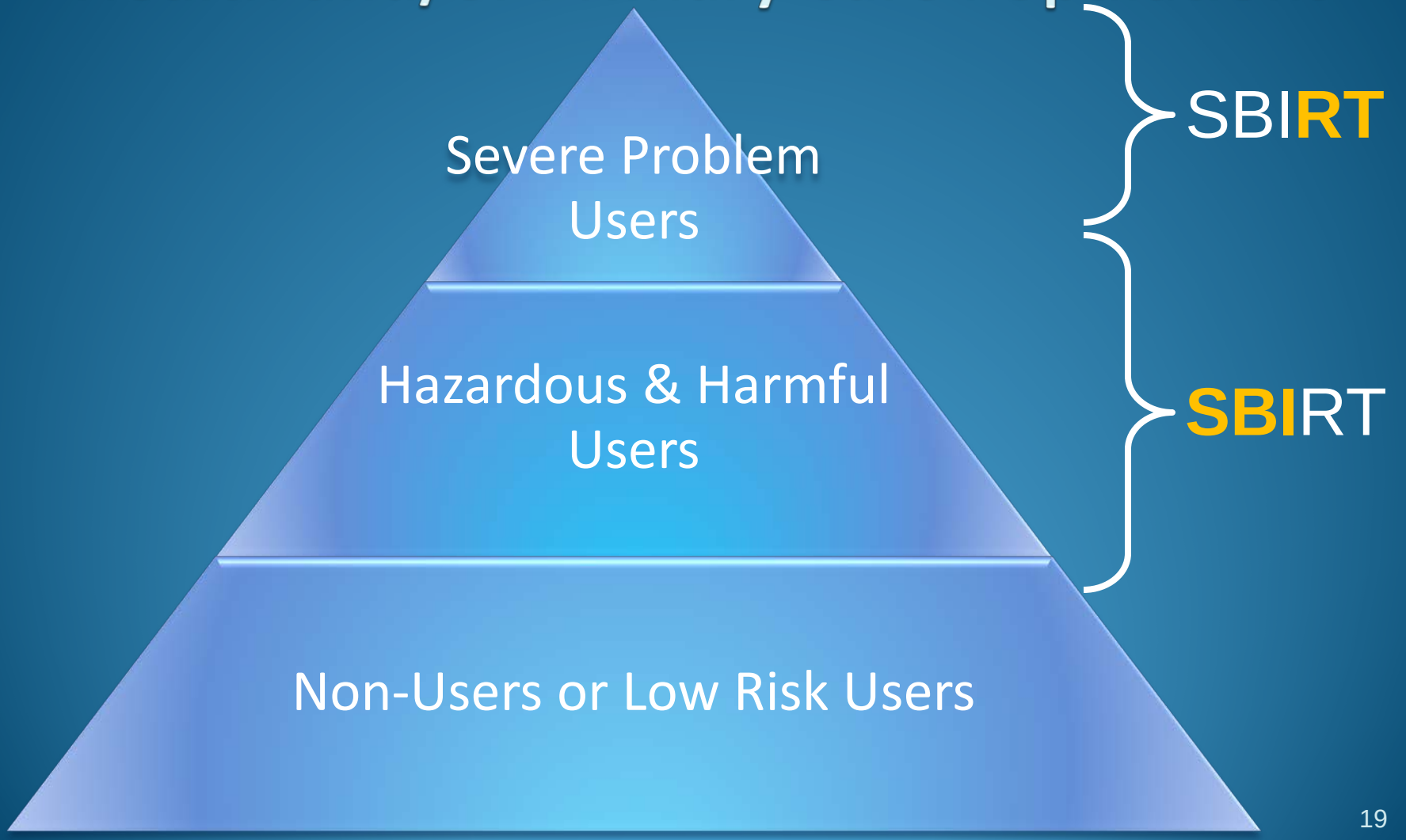
Brief Intervention Effect

- Brief interventions trigger change
- A little counseling can lead to significant change, e.g., 5 min. has same impact as 20 min
- Research is less extensive for illicit drugs, but promising
- Cocaine/heroin users seen in primary care: 50% higher odds of abstinence at follow-up after receiving BI than those who didn't get BI

Goal of Brief Interventions



Substance Use Problems among Mental Health and/or Primary Care Populations



Why Screening and Brief Intervention?

Rationale for Screening and Brief Intervention

- Substance use is a global public health issue
- Substance use is associated with significant morbidity and mortality
- Early identification and intervention reduces substance-related health consequences

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, and hygiene
7. Iron deficiency
8. Indoor smoke from solid fuels
9. High cholesterol
10. Obesity

SBIRT for Alcohol: Significant Reduction of Morbidity and Mortality

Study	**Results - conclusions**	Reference
Trauma patients	48% fewer re-injury (18 months) 50% less likely to re-hospitalize	Gentilello et al, 1999
Hospital ER screening	Reduced DUI arrests 1 DUI arrest prevented for 9 screens	Schermer et al, 2006
Physician offices	20% fewer motor vehicle crashes over 48 month follow-up	Fleming et al, 2002
Meta-analysis	Interventions reduced mortality	Cuijpers et al, 2004
Meta-analysis	Treatment reduced alcohol, drug use 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)	Burke et al, 2003
Meta-analysis	Interventions can provide effective public health approach to reducing risky use.	Whitlock et al, 2004

SBIRT for Alcohol: Significant Reduction in Healthcare Costs

Study	**Cost Savings**	Authors
Randomized trial of brief treatment in the UK	Reductions in one-year healthcare costs *$2.30 cost savings for each $1.00 spent in intervention*	(UKATT, 2005)
Project TREAT (Trial for Early Alcohol Treatment) randomized clinical trial: Screening, brief counseling in 64 primary care clinics of *nondependent alcohol misuse*	Reductions in future healthcare costs *$4.30 cost savings for each $1.00 spent in intervention (48-month follow-up)*	(Fleming et al, 2003)
Randomized control trial of SBI in a Level I trauma center Alcohol screening and counseling for trauma patients (>700 patients).	Reductions in medical costs *$3.81 cost savings for each $1.00 spent in intervention.*	Gentilello et al, 2005)

Screening & Brief Intervention for Illicit Drugs: Significant Reduction of Morbidity and Mortality*

Study	**Results - conclusions**	Reference
International randomized controlled trial in primary care	• 60% of brief intervention group significantly reduced illicit substance use (3 months). • Most influential components of BI for participants: hearing screening score, the interview, and "hearing themselves speak"	World Health Organization, 2008
6-sites nationally: trauma centers, ERs, primary care, hospitals	• Rates of illicit drug use reduced 67% (6 months) • Improvements in general health, mental health and social measures • Feasibility of alcohol & drug screening demonstrated in variety of healthcare settings	Madras et al., 2009
9 hospital ERs in Washington State	• Significantly less use of illicit substances and alcohol, improved mental health, increased employment, and reduced homelessness. • Patients twice as likely to enter SU treatment	Estee et al., 2010
12 sites in Colorado (ER, primary care, FQHCs, trauma)	• Days using illicit drugs reduced by 47% (6 months) • Daily alcohol use reduced by 49% (6 months).	SBIRT Colorado, 2012

* Screening for drug use is not currently reimbursable.

Screening & Brief Intervention for Illicit Drugs: Significant Reduction in Healthcare Costs

Study	**Cost Savings**	Authors
9 hospital ERs in Washington State	Medicaid costs reduced $366 per person per month.	Estee et al., 2010

* Screening for drug use is not currently reimbursable.

The Key to Successful Interventions

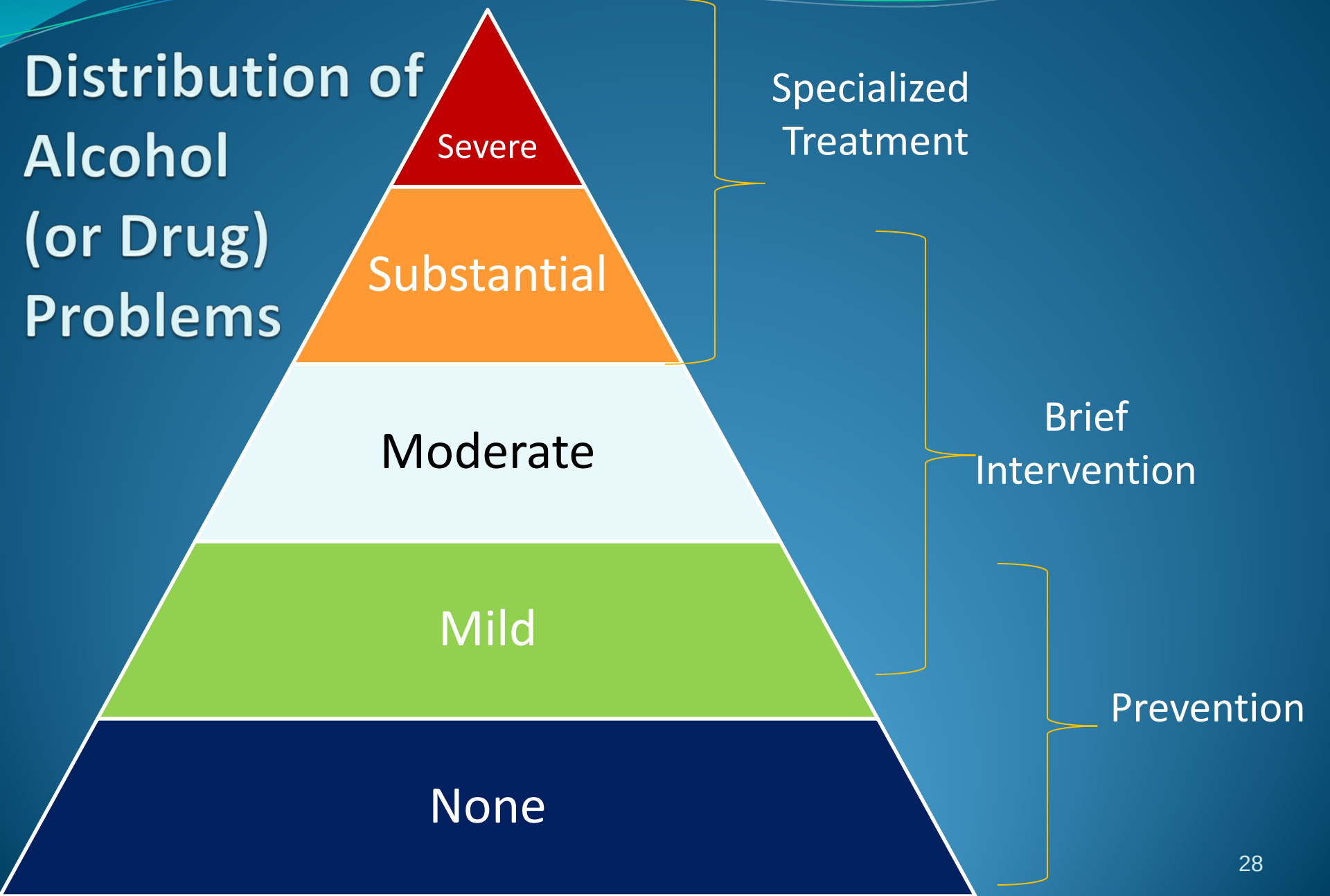
Brief interventions are most successful when clinicians relate patients'

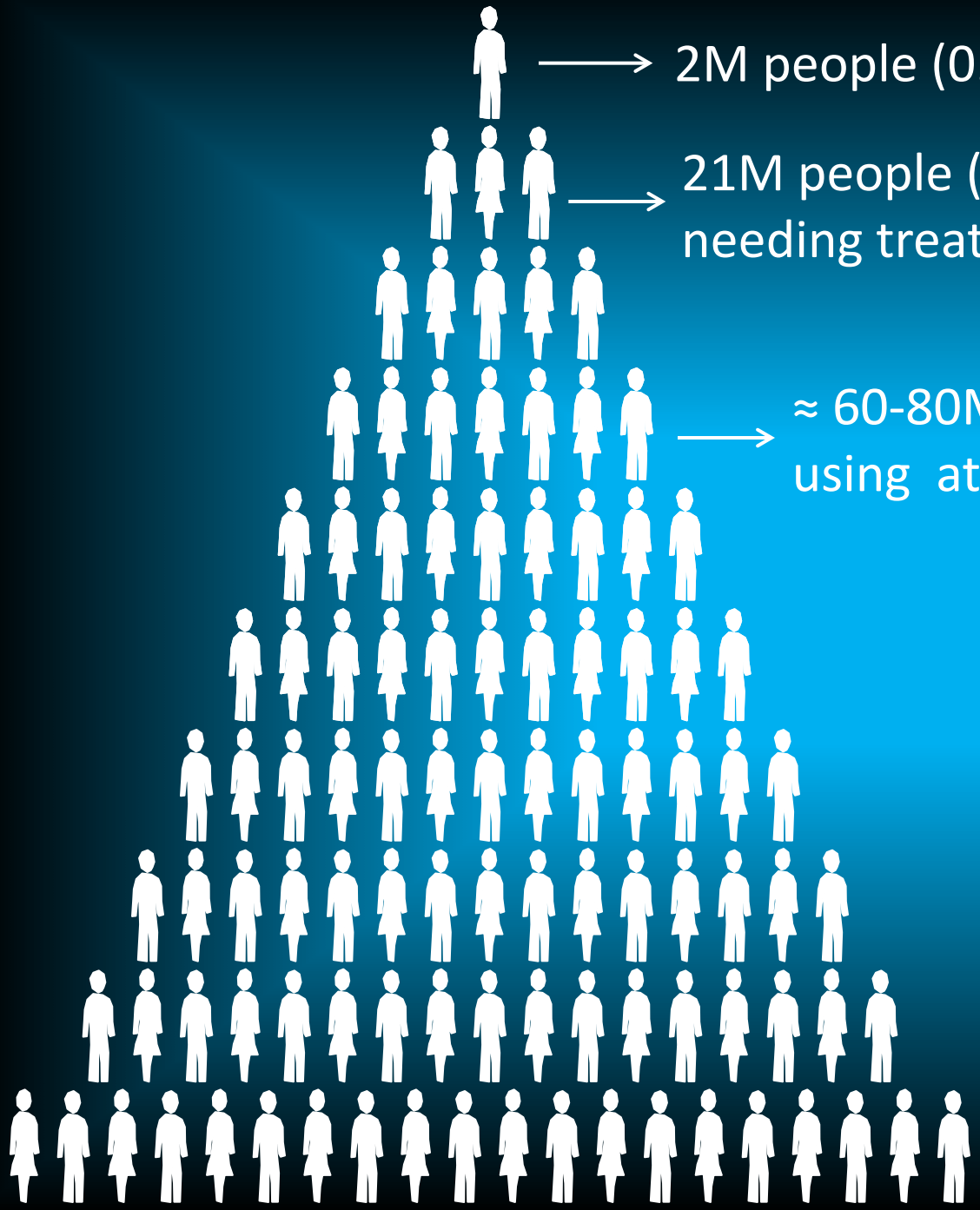
risky substance use

to

improvement in their *overall health* and *well-being*

Distribution of Alcohol (or Drug) Problems





2M people (0.8%) receiving treatment*

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

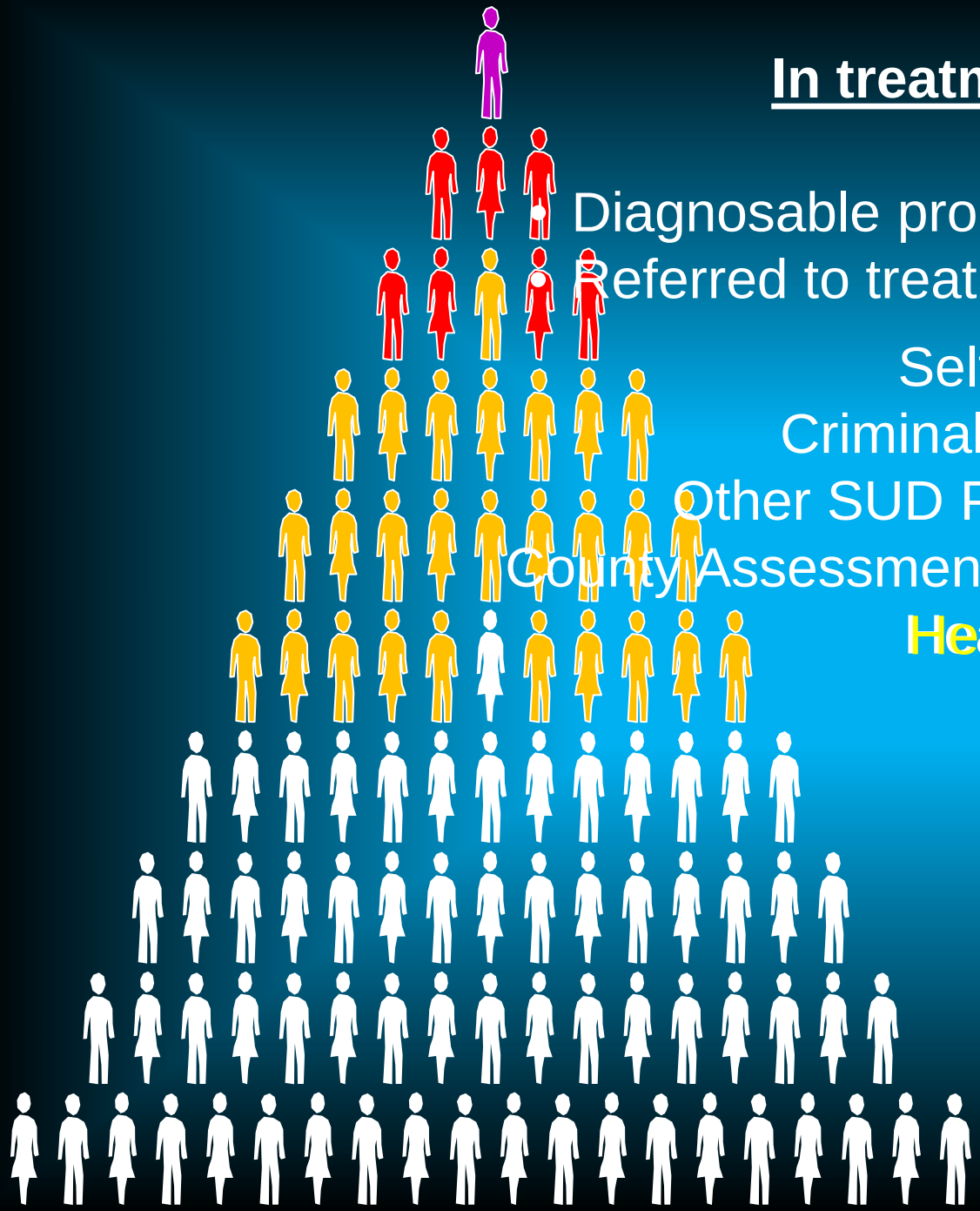
≈ 60-80M people (≈20-25%) using at risky levels

US Population:

307,006,550

US Census Bureau, Population Division
July 2009 estimate

*NSUDH, 2008



In treatment (2 Million)

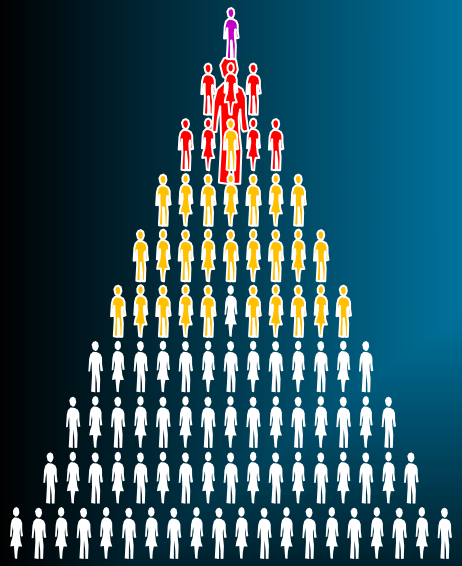
Diagnosable problem with substance use
Referred to treatment by:*

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

*Los Angeles County Data

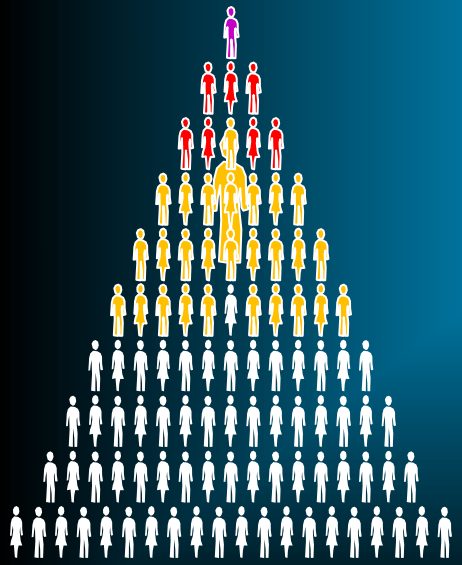
In need of treatment (21 Million)

- 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



Conclusion: The vast majority of people with a diagnosable illicit drug or alcohol disorder are unaware of the problem or do not feel they need help.

These people need services, but will never enter the treatment system



Using at risky levels (60-80 Million)

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

Man has 3-4 beers a few times per week

Pregnant woman occasionally has a glass of wine to relieve stress

Adolescent smokes marijuana with his friends on weekends

Occasionally takes a couple extra Vicodin to help with pain

Implications

As long as specialty care programs (SUD treatment programs) are the only places that address substance use:

- Most individuals with *severe* substance-related problems will not receive treatment
- Virtually all individuals with *moderately* risky use will not receive professional attention that might otherwise have prevented escalation to more severe health consequences

Locations for Routine Screening

- Primary care settings
- Emergency rooms/trauma centers
- Prenatal clinics/OB-GYN offices
- Medical specialty settings for diabetes, liver, and kidney disease/transplant programs
- Pediatrician offices
- College health centers
- Mental health settings
- Infectious disease clinics
- Drinking driver programs

Activity: Adoption of SBIRT

How will SBIRT work in your setting?

Form a group of 2-3; Identify 1-2 barriers and 1-2 facilitators of SBIRT adoption in your work setting

Screening to Identify Patients At Risk for Substance Use Problems

Drinking Guidelines

- **Men**: No more than **4** drinks on any day and **14** drinks per week
- **Women**: No more than **3** drinks on any day and **7** drinks per week
- **Men and Women >65**: No more than **3** drinks on any day and **7** drinks per week

NIAAA, 2011

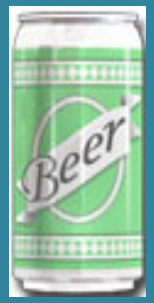
285 ml
Beer
12 oz

100 ml
Wine
5 oz

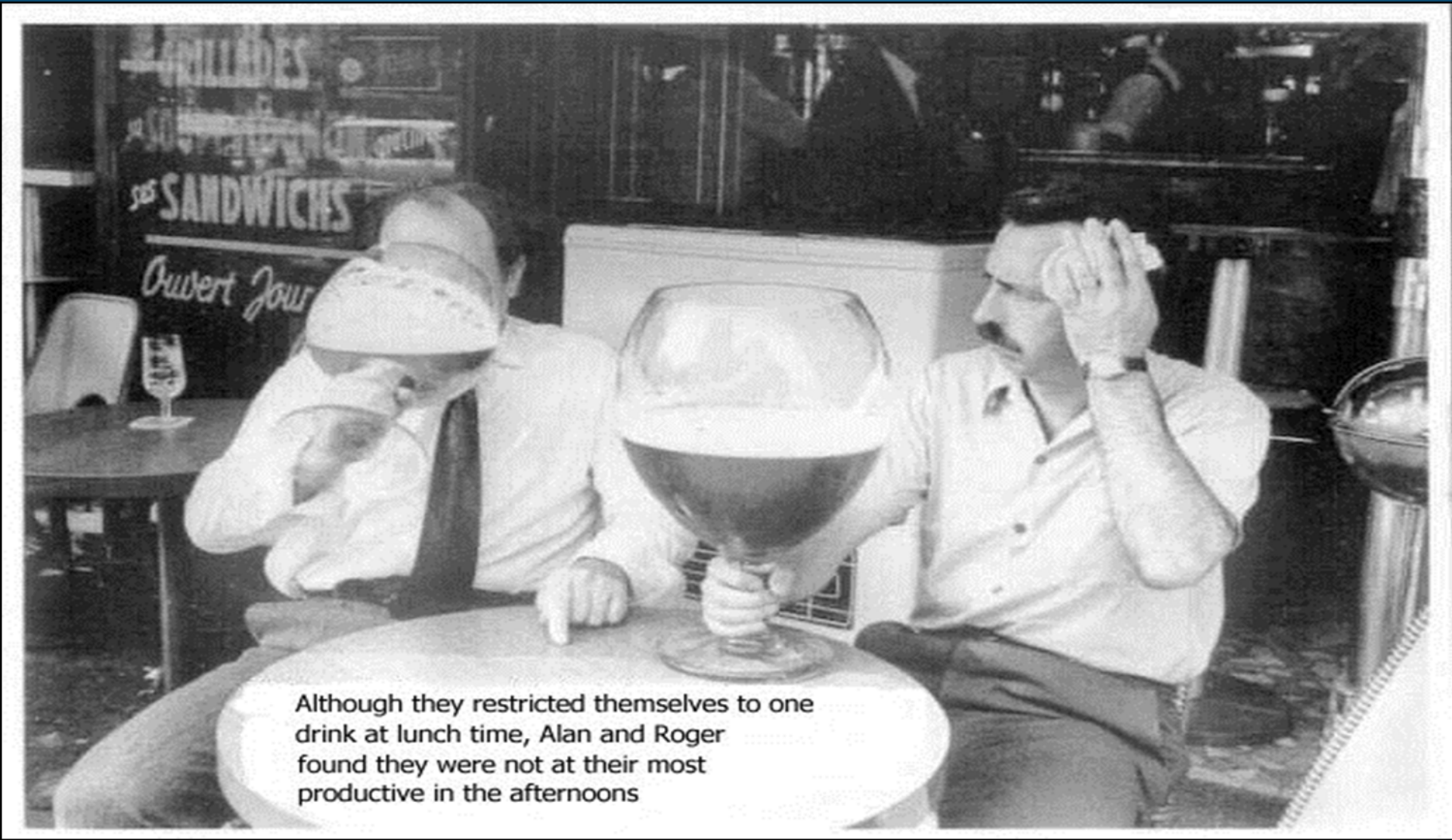
60 ml
Fortified Wine
3.5 oz

30 ml
Liquor
1.5 oz

What is a Standard Drink?

12 fl oz of **regular beer**	=	8-9 fl oz of **malt liquor** (i.e. Olde English; shown in a 12-oz glass but usually purchased in 40 oz btls)	=	5 fl oz of **table wine**	=	3-4 oz of **fortified wine** (i.e. sherry, port, Thunderbird; 3.5 oz shown)	=	2-3 oz of **cordial, liqueur, or aperitif** (2.5 oz shown)	=	1.5 oz of **brandy** (a single jigger or shot)	=	1.5 fl oz shot of **80-proof spirits** ("hard liquor")
												
about 5% alcohol		about 7% alcohol		about 12% alcohol		about 17% alcohol		24-35% alcohol		about 40% alcohol		about 40% alcohol

What is a Standard Drink?



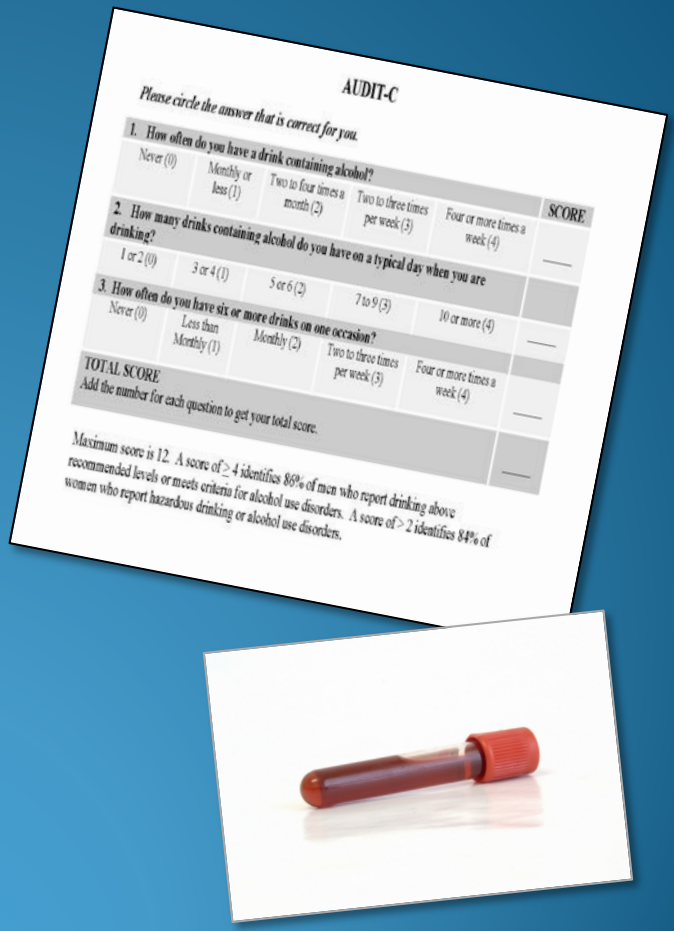
Types of Screening Tools

Self-report

- Interview
- Self-administered questionnaires

Biological markers

- Breathalyzer testing
- Blood alcohol levels
- Saliva or urine testing
- Serum drug testing



AUDIT-C

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?

Never (0)	Monthly or less (1)	Two to four times a month (2)	Two to three times per week (3)	Four or more times a week (4)	SCORE

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)	

3. How often do you have six or more drinks on one occasion?

Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	

TOTAL SCORE
Add the number for each question to get your total score.

Maximum score is 12. A score of ≥ 4 identifies 86% of men who report drinking above recommended levels or meets criteria for alcohol use disorders. A score of > 2 identifies 84% of women who report hazardous drinking or alcohol use disorders.

Characteristics of a Good Screening Tool

- Brief (10 or fewer questions)
- Flexible
- Easy to administer, easy for patient
- Addresses alcohol and 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”

Screening Tools

BAC/Urine Drug Screen

Pre-Screens (i.e. 1-item)

AUDIT (approved for Medi-Cal reimbursement)

AUDIT-C (approved for Medi-Cal reimbursement)

AUDIT-C+ (not approved for Medi-Cal reimbursement)

DAST (not approved for Medi-Cal reimbursement)

CRAFFT (adolescents)

ASSIST

Screen	Target Population	# Item	Assessment	Setting (most common)	Type
ASSIST (WHO)	-Adults -Validated in many cultures and languages	8	Hazardous, harmful, or dependent drug use (including injection drug use)	Primary Care	Interview
AUDIT (WHO)	-Adults and adolescents -Validated in many cultures and languages	10	Identifies alcohol problem use and dependence. Can be used as a pre-screen to identify patients in need of full screen/brief intervention	-Different settings -AUDIT C-Primary Care (3 questions)	Self-admin, Interview, or compu-terized
DAST-10	Adults	10	To identify drug use problems in past year	Different settings	Self-admin/ Interview
CRAFFT	Adolescents	6	To identify alcohol and drug abuse, risky behavior, & consequences of use	Different settings	Self-admin
TWEAK	Pregnant women	5	-Risky drinking during pregnancy. Based on CAGE. -Asks about number of drinks one can tolerate, alcohol dependence, related problems	Primary Care, Women's organizations, etc.	Self-admin, Interview, or compu-terized

Benefits of Self-Report Tools

- Provide historical picture
- Inexpensive
- Non-invasive
- Highly sensitive for detecting potential problems or dependence

Pre-screening

- Pre-screening: very brief method of identifying individuals appropriate for a full screening and potentially a brief intervention

- Usually self-report, 1-4 questions
- Might also use biological measure i.e. blood alcohol/drug levels in specific settings like ER's, trauma centers where these labs may be run as part of standard procedure

Pre-screening Example

NIAAA 1-item for alcohol use

"How many times in the past year have you had X or more drinks in a day?"

- Identifies unhealthy alcohol use
- Positive screen > 1 or more (provide BI)

SOURCE: Barclay, L. (2009). Single screening question may accurately identify unhealthy alcohol use. *Journal of General Internal Medicine.*

Pre-screening Example

NIDA 1-item for illicit drug use

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

- Identifies overall drug use
- Positive screen = 1 or more

SOURCE: Barclay, L. (2010). Single screening question may identify drug use in primary care. *Archives of Internal Medicine, 170:* 1155-160.

DSM-IV-TR vs. DSM-V

- All current screening instruments are based on DSM-IV diagnostic criteria
- What happens in DSM-V?

Substance-Related and Addictive Disorders

- Substance Use Disorder
  - Re-conceptualized to single, one-dimensional condition, i.e. no more “substance abuse” or “substance dependence”
  - Craving / strong desire to use (new criterion)
  - Legal problems removed as criterion
  - 11 criteria, as follows:

1. _____ is often taken in larger amounts or over a longer period than was intended.

2. There is a persistent desire or unsuccessful efforts to cut down or control _____ use.

3. A great deal of time is spent in activities necessary to obtain _____ , or recover from its effects.

4. Craving, or a strong desire or urge to use _____

5. Recurrent _____ use resulting in a failure to fulfill major role obligations at work, school, or home.

6. Continued _____ use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.

7. Important social, occupational, or recreational activities are given up or reduced because of _____ use.

8. Recurrent _____ use in situations in which it is physically hazardous.

9. _____ use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.

10. Tolerance, as defined by either of the following:

    1. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.

    2. A markedly diminished effect with continued use of the same amount of _____

11. Withdrawal, as manifested by either of the following:

    1. The characteristic withdrawal syndrome for alcohol (refer to Criteria A and B of the criteria set for alcohol withdrawal).

    2. _____ is taken to relieve or avoid withdrawal symptoms.

DSM-V Substance-Related and Addictive Disorders

- Criteria 1-4 assess impulse control
- Criteria 5-7 assess social impairment
- Criteria 8-9 assess level of risk associated with use
- Criteria 10-11 assess tolerance/withdrawal
- Severity Rating:
  - 2-3 criteria: Mild
  - 4-5 criteria: Moderate
  - 6 or more criteria: Severe

DSM-V Substance-Related and Addictive Disorders

The DSM-5 revisions are intended to:

(1) Strengthen the reliability of substance use diagnoses by increasing the number of required symptoms

(2) Clarify the definition of "dependence," which is often misinterpreted as implying addiction and has at its core compulsive drug-seeking behaviors. In contrast, features of physical dependence, such as tolerance and withdrawal, can be normal responses to prescribed medications that affect the CNS and that need to be differentiated from addiction

Stetka & Correll. A Guide to DSM-V. Medscape Psychiatry, 2013

DSM-V Substance-Related and Addictive Disorders

Added:

- Cannabis Withdrawal
- Caffeine Withdrawal
- Tobacco Use Disorder

Removed:

- Polysubstance Dependence

Moved:

- Gambling Disorder (from Impulse Control Disorders to Substance-Related/Addictive Disorders)

Not Added:

- Hypersexual Disorders (Section III-further research)

Review of the AUDIT

- 10-question alcohol use screening instrument
- Originally designed for primary care, but is also used in mental health settings and university counseling centers

Domains: Hazardous

1. How often do you have a drink containing alcohol?

(0) Never (Skip to Questions 9-10)
(1) Monthly or less
(2) 2 to 4 times a month
(3) 2 to 3 times a week
(4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

(0) 1 or 2
(1) 3 or 4
(2) 5 or 6
(3) 7, 8, or 9
(4) 10 or more

3. How often do you have five or more drinks on one occasion?

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

Domains: Dependence

4. How often during the last year have you found that you were not able to stop drinking once you had started?

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

Domains: Harmful

7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

8. How often during the last year have you had a feeling of guilt or remorse after drinking?

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

(0) No
(2) Yes, but not in the last year
(4) Yes, during the last year

10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?

(0) No
(2) Yes, but not in the last year
(4) Yes, during the last year

Scoring the Audit

Questions 1-8 are scored: 0, 1, 2, 3, or 4

Questions 9 & 10 are scored: 0, 2, or 4

Add points for each item to get total score

Score	Level	Action
0-7	Low	Encouragement
8-15	Low/Moderate	BI
16-19	Moderate	BI/B(rief)Tx
20+	High	BI/Referral to Tx

Screening Tools

- BAC/Drug Screen
- Pre-Screens
- AUDIT
- **AUDIT-C**
- AUDIT-C+
- DAST
- CRAFFT
- ASSIST

Alcohol Use Disorders Identification Test- Consumption (AUDIT-C)

The AUDIT-C is a 3-item alcohol screen

It is a modified version of the full AUDIT, which has 10 items

Most patients with a positive AUDIT-C screen will not be alcohol-dependent, but will be drinking at levels considered to be risky/hazardous to their overall health

Alcohol Use Disorders Identification Test- Consumption (AUDIT-C)

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

Alcohol Use Disorders Identification Test- Consumption (AUDIT-C)

3. How often do you have 5 or more drinks on one occasion?

___ a. Never

___ b. Less than monthly

___ c. Monthly

___ d. Weekly

___ e. Daily or almost daily

Alcohol Use Disorders Identification Test- Consumption (AUDIT-C)

The AUDIT-C is scored on a scale of 0-12. Each item has 5 possible answers, and points are assigned as follows:

a = 0 pts; b = 1 pt; c = 2 pts; d = 3 pts; e = 4 pts.

In **men**, a score of 4 or more is considered positive and indicates likely hazardous drinking or an active alcohol use disorder.

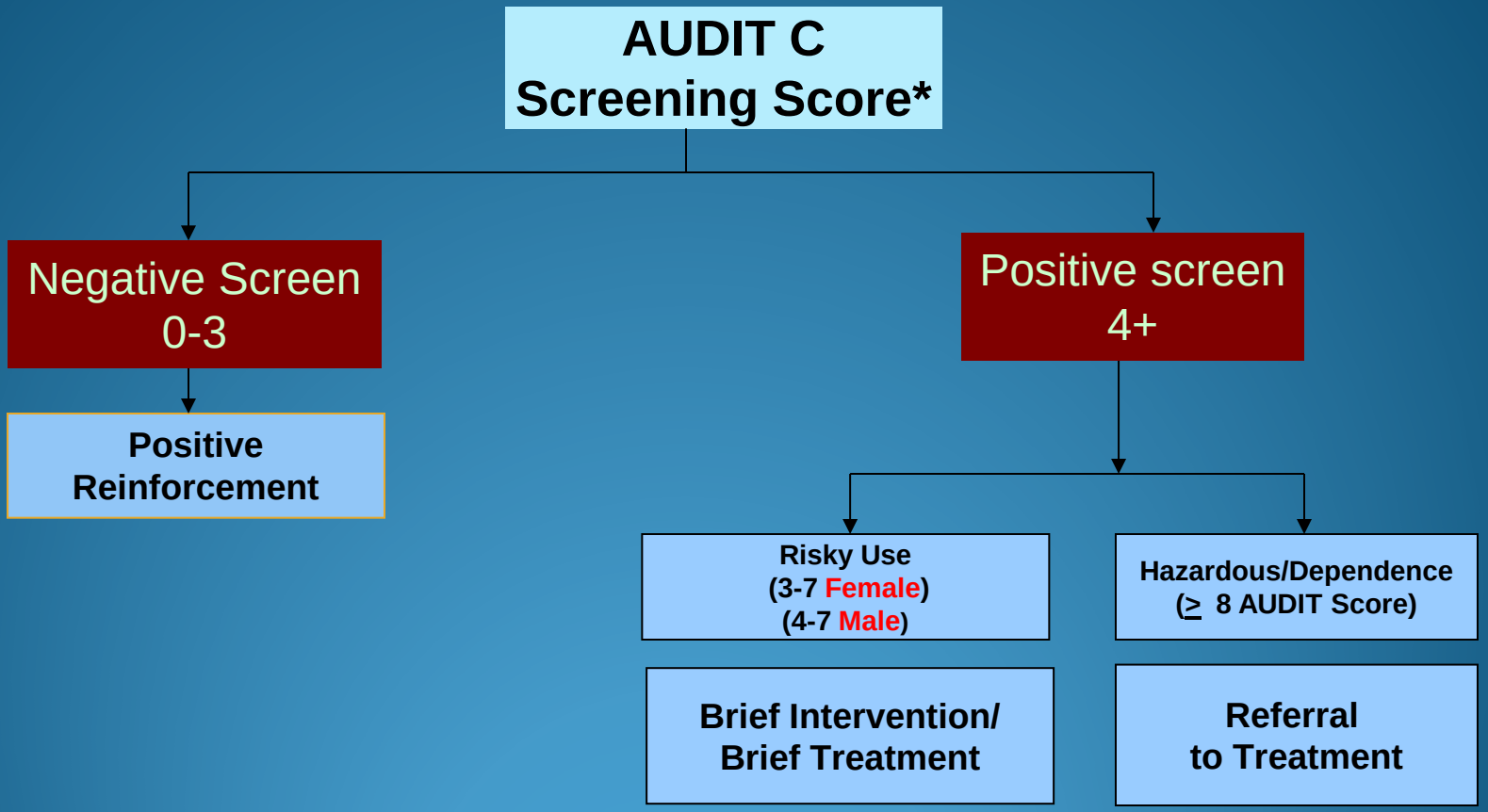
In **women**, a score of 3 or more is considered positive and indicates likely hazardous drinking or an active alcohol use disorder.

However, when the points are all from Question #1 alone (and Questions 2 & 3 are zero), it is assumed that the patient is **not** engaging in hazardous drinking.

Generally, the higher the score, the higher the probability of hazardous drinking.

SBI Procedures

Follow-up Action Depends on Score



*** Score in excess of the recommended limits: the higher the score, the greater the risk of injury or medical conditions associated with alcohol consumption**

Screening Tools

- BAC/Drug Screen
- Pre-Screens
- AUDIT
- AUDIT-C
- **AUDIT-C+**
- DAST
- CRAFFT
- ASSIST

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, and is not currently approved for reimbursement

Alcohol Use Disorders Identification Test- Consumption (AUDIT-C+)

1. 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)

2. 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+)

3. 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)

4. 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)

5. In your lifetime, have you ever injected a drug for non-medical purposes?

___No (0 points)
___Yes (5 points)

Alcohol Use Disorders Identification Test- Consumption (AUDIT-C+)

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.

Screening Tools

- BAC/Drug Screen
- Pre-Screens
- AUDIT
- AUDIT-C
- AUDIT-C+
- **DAST***
- CRAFFT
- ASSIST

Drug Abuse Screening Test – DAST

Advantages:

- 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

Drug Abuse Screening Test – DAST

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

Drug Abuse Screening Test – DAST

- Ten questions assessing potential drug use in the previous 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

Drug Abuse Screening Test – DAST

In the past 12 months:

1. Have you used drugs other than those required for medical reasons?
2. Have you abused more than one drug at a time?
3. Are you always able to stop using drugs when you want to?
4. Have you had “blackouts” or “flashbacks” as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parent) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in any illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had any medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc…)?

Drug Abuse Screening Test – DAST
Scoring

- Items 1 & 2: score “1” for every “YES” response
- Item 3: score “1” for a “NO” response
- Items 4-10, score “1” for every “YES” response
- Total score = sum of points for each item

Drug Abuse Screening Test – DAST
Scoring/Interpretation

Score	Action	Level of Problem
0	Monitor	None
1-2	BI	Low Risk
3-5	BI with follow-up	Moderate Risk
6-8	BI/Referral	Substantial Risk
9-10	BI/Referral	Severe Risk

Break

Conducting a Brief Intervention requires strong MOTIVATIONAL INTERVIEWING skills

Activity: Video Example (1)

Young man is treated in the ER after a car accident. He had been drinking heavily before the accident. How does the doctor address drinking in this video?

What is Motivational Interviewing?

It is:

A style of talking with people constructively about reducing their health risks and changing their behavior.

What is Motivational Interviewing?

It is designed to:

Enhance the client's own motivation to change using strategies that are empathic and non-confrontational.

MI - The Spirit: *Style*

- Nonjudgmental and collaborative
- Based on patient and clinician partnership
- Gently persuasive
- More supportive than argumentative
- Listens rather than tells
- Communicates respect and acceptance for patients

MI - The Spirit: *Patient*

- Responsibility for change is left with the patient
- Change arises from within rather than being imposed from without
- Emphasis on patient's personal choice for deciding future behavior
- Focus on eliciting the patient's own concerns

Ambivalence

All change contains an element of ambivalence.

We “want to change and don’t want to change”

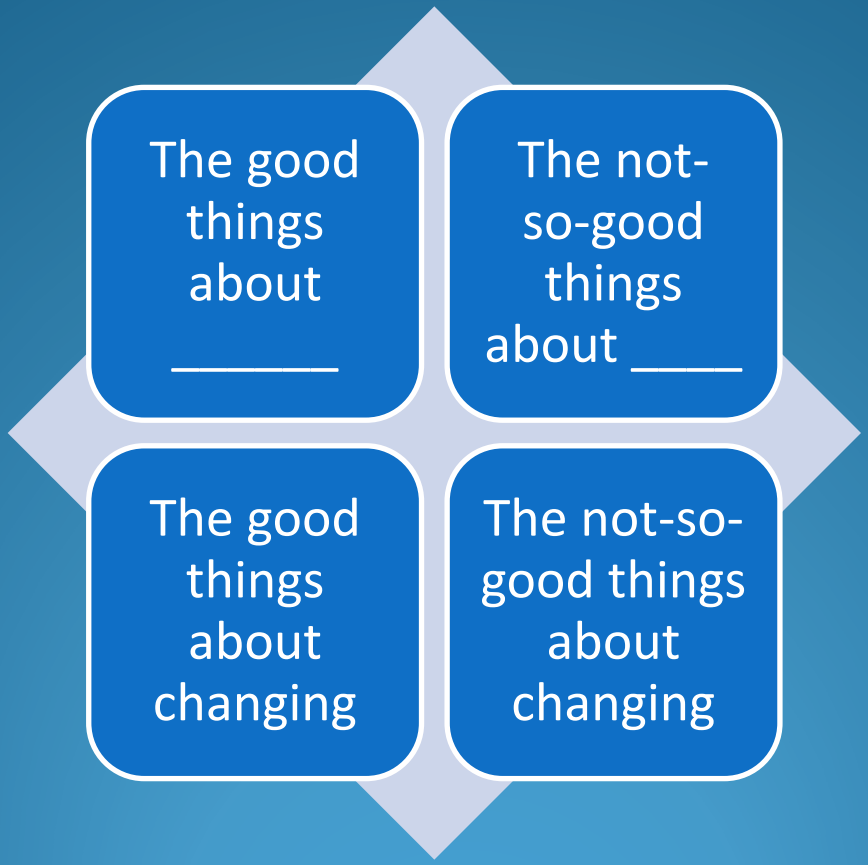
Patients’ ambivalence about change is the “meat” of the brief intervention.

How does MI differ from traditional or typical medical counseling?

- AMBIVALENCE is the key issue to be resolved for change to occur.
- People are more likely to change when they hear their own discussion of their ambivalence.
- This discussion is called "*change talk*" in MI.
- Getting patients to engage in "change talk" is a critical element of the MI process.

*Glovsky and Rose, 2008

How to Explore Ambivalence



Avoid questions that inspire a yes/no answer.

Motivational Interviewing Strategies

- Use reflective listening and empathy
- Avoid confrontation
- Explore ambivalence
- Elicit “change talk”

Building Motivation OARS (the micro-skills)

- Open-ended questioning
- Affirming
- Reflective listening
- Summarizing

Reflective Listening

- Listen to both what the patient says and to what the patient means
- Show empathy and don't judge what patient says
  - You do not have to agree
- Be aware of intonation
  - Reflect what patient says with statement, not with a question, e.g., "You couldn't get up for work in the morning."

Levels of Reflection

- **Repeating** – Repeating what was just said.
- **Rephrasing** – Substituting a few words that may slightly change the emphasis.
- **Paraphrasing** – Major restatement of what the person said. Listener infers meaning of what was said. Can be thought of as *continuing the thought.*
- **Reflecting Feeling** – Listener reflects not just the words, but the feeling or emotion underneath what the person is saying.

Types of Reflective Statements

1. Simple Reflection (repeat)
2. Amplified Reflection (amplify/exaggerate the consumer's point)
3. Double-Sided Reflection (captures both sides of the ambivalence)

Avoid Confrontation

- Challenging

  "What do you think you are doing?"

- Warning

  "You will damage your liver if you don't stop drinking."

- Finger-wagging

  "If you want to be a good student, you must stop drinking on school nights."

Elicit "Change Talk"

Change talk consists of self-motivational statements that suggest:

- Recognition of a problem
- Concern about staying the same
- Intention to change
- Optimism about change

Moving Toward "Change Talk": the DARN Steps

What if…?

- What if the patient doesn't say ANY change talk?
- "Actions speak louder than words." Do the patient's actions express any change talk? (Can you address any discrepancy between their words and their actions?)
  - Pt: "This program is worthless. I don't want anything to do with it."
  - "On the one hand, you don't really want to be here and you don't think it will help you at all. On the other hand, you're still sitting here with me. I'm wondering how that adds up."
  - Pt: ?

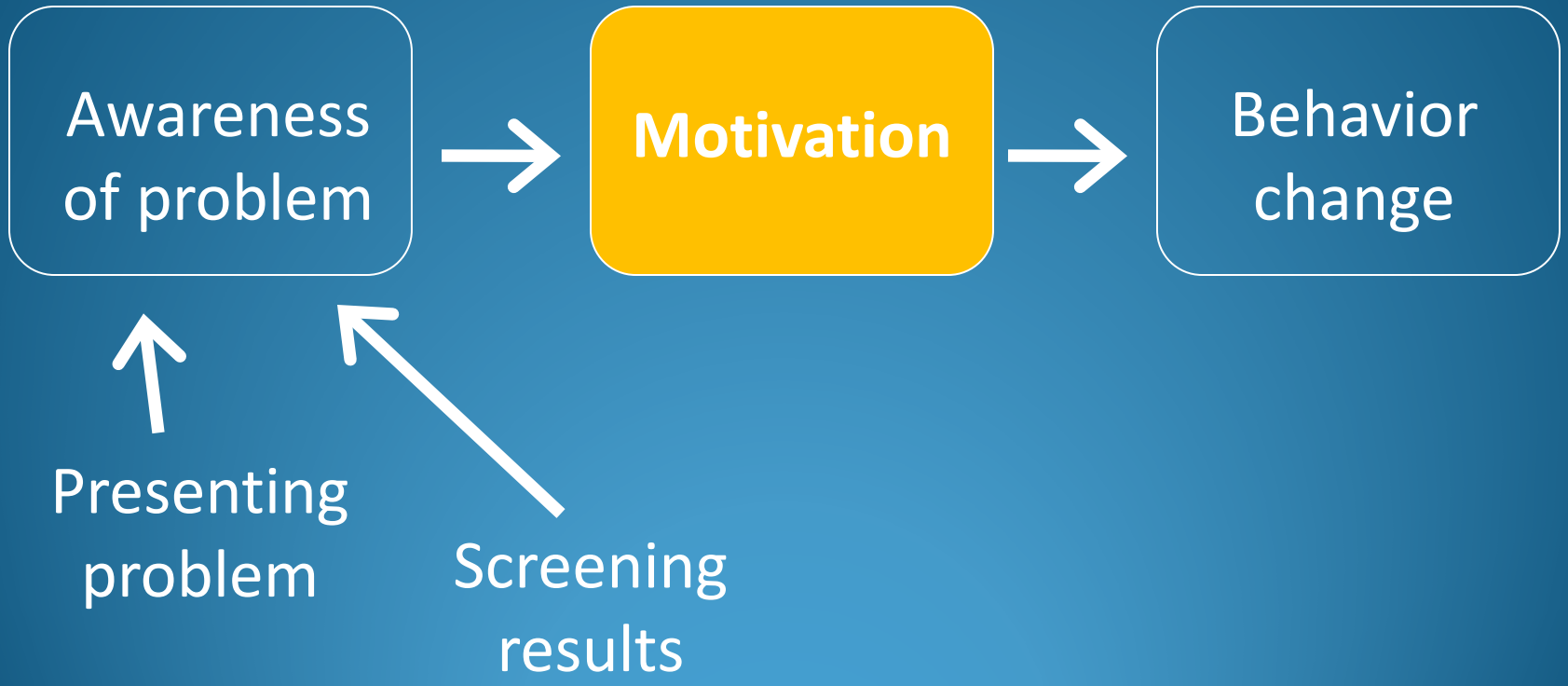
What If, Continued

- No, I mean it: What if the patient gives you NO change talk? AT ALL?
- Try reflecting the resistance. Can you get even MORE resistant than the patient?
  - Patient: "My PO wants me working and going to counseling and TASC. You guys want me going to all these meetings, making curfew, giving you all my money. My wife is always on my case. I'm gonna have to get loaded just to deal with you all!"
  - Staff: "It would be *impossible* to deal with all these people sober. In fact, *nobody* could do it!"
  - Patient: "Well ok, maybe not *impossible*…"

What If, Continued

- Consider the possibility that you are not talking about the right issue…

Goal of Brief Interventions

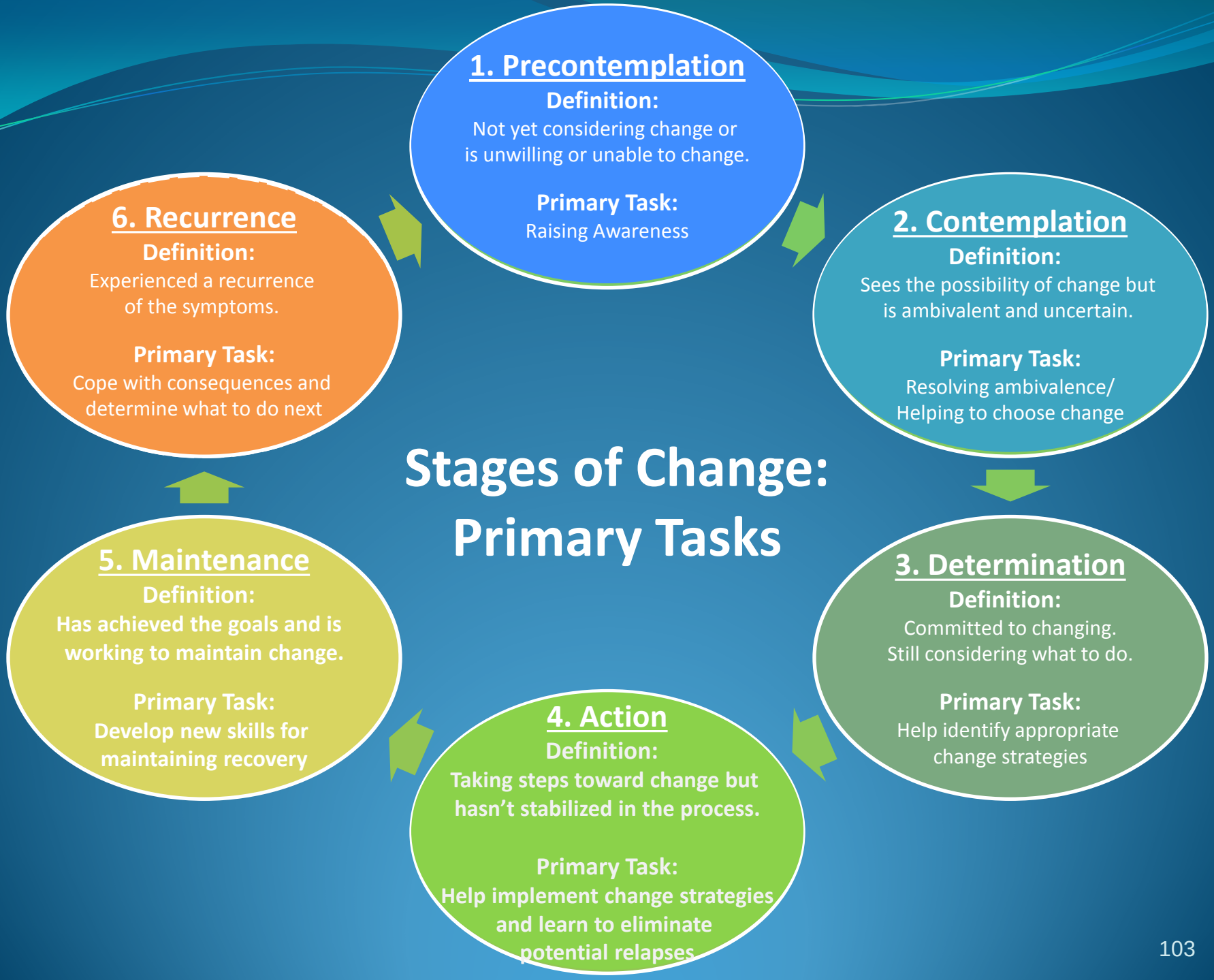


Where Do I Start?

What you **do** depends on where the patient **is** in the process of changing.

The first step is to be able to **identify where the patient is coming from.**

Stages of Change: Primary Tasks



Stages of Change: Intervention Matching Guide

1. Pre-contemplation

- Offer **factual** information
- Explore the **meaning of events** that brought the person to treatment
- Explore **results of previous efforts**
- Explore **pros and cons** of targeted behaviors

2. Contemplation

- Explore the person's **sense of self-efficacy**
- Explore **expectations** regarding what the change will entail
- **Summarize** self-motivational statements
- Continue exploration of **pros and cons**

3. Determination

- Offer a **menu of options** for change
- Help identify **pros and cons** of various change options
- Identify and **lower barriers** to change
- Help person **enlist social support**
- Encourage person to **publicly announce plans** to change

4. Action

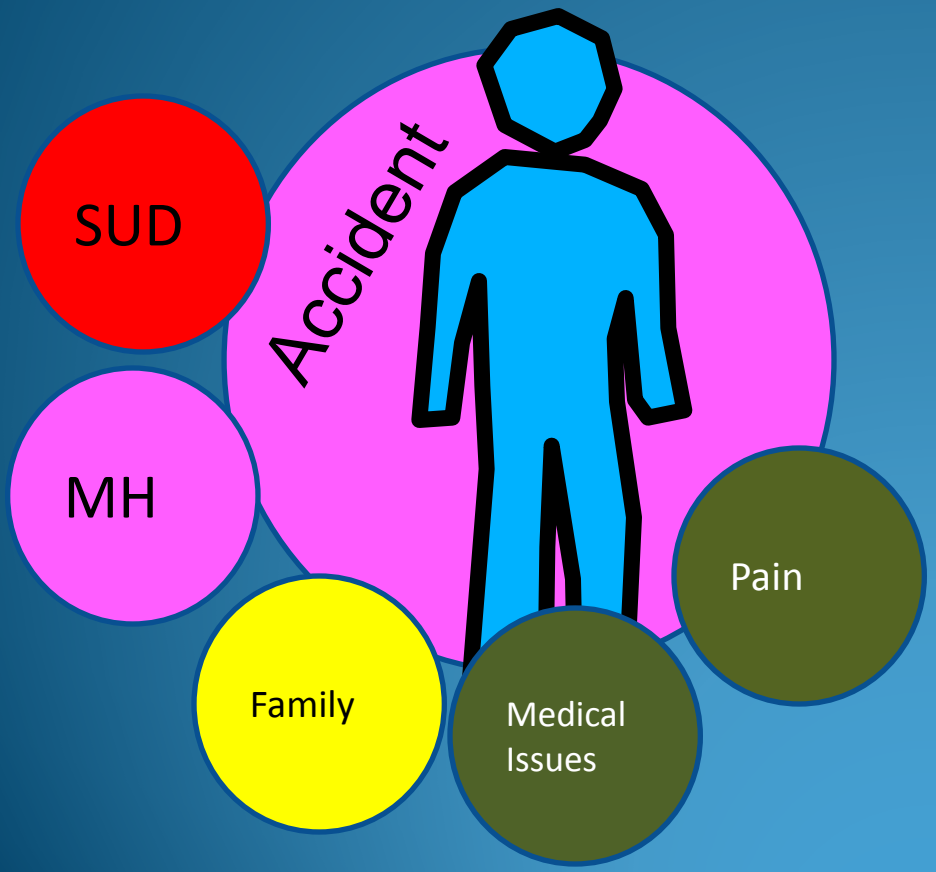
- Support a **realistic view** of change through **small steps**
- Help **identify high-risk situations** and develop **coping strategies**
- Assist in **finding new reinforcers** of positive change
- Help access family and social **support**

5. Maintenance

- Help identify and try **alternative behaviors** (drug-free sources of pleasure)
- Maintain **supportive contact**
- Help **develop escape plan**
- Work to **set new** short and long term **goals**

6. Recurrence

- Frame recurrence as a **learning opportunity**
- Explore possible behavioral, psychological, and social **antecedents**
- Help to develop **alternative** coping strategies
- Explain Stages of Change & encourage person to **stay in the process**
- Maintain **supportive** contact



SUD

Activity: Video Example (2)

Same scenario, but different doctor. What does this doctor do that is different? Does it work?

Conducting a Brief Intervention

F L O

FLO: The 3 tasks of a BI

F Feedback

L Listen & Understand

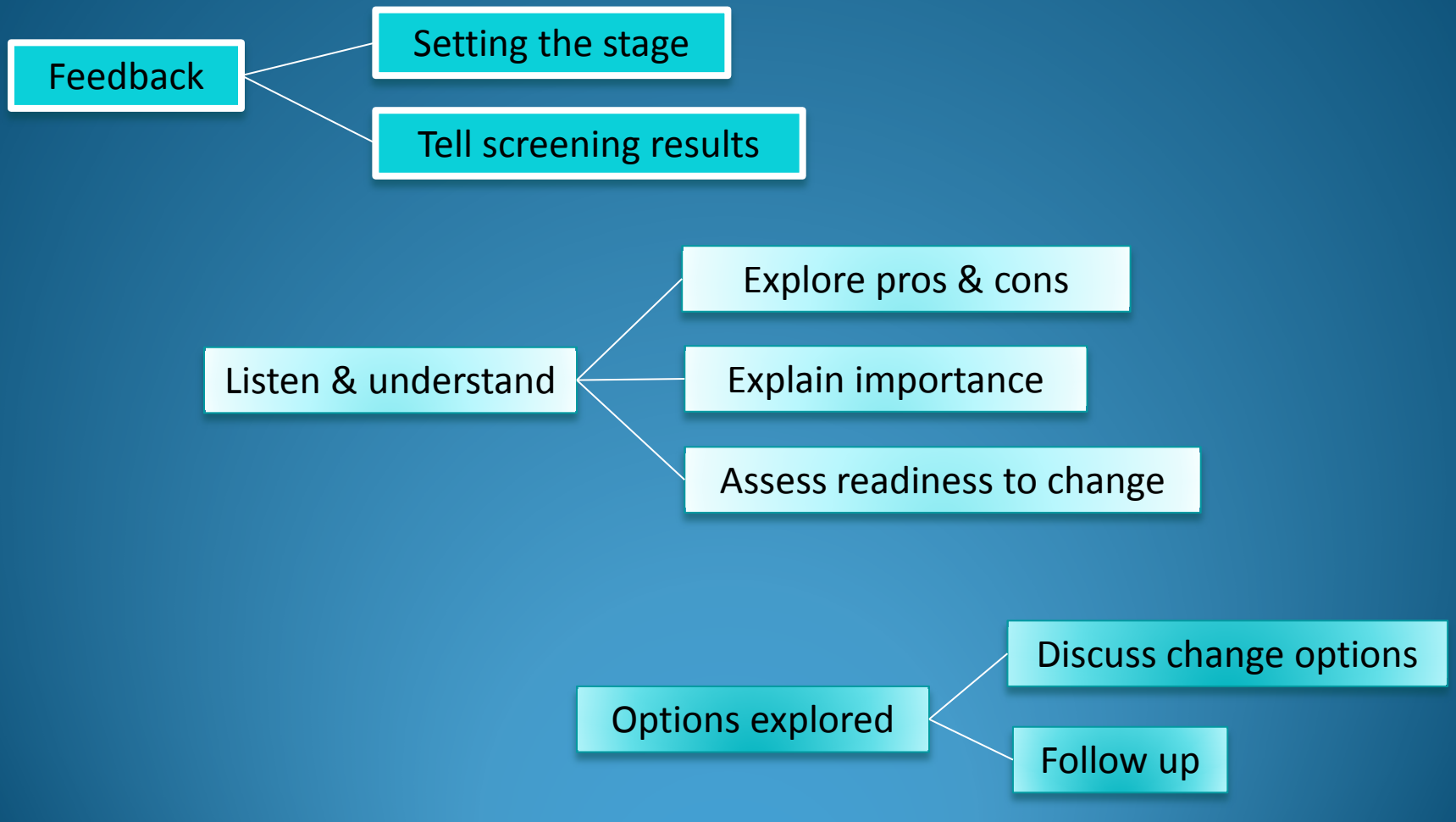
O Options Explored

Warn

Avoid Warnings!

(that's it)

How Does It All Fit Together?



The 3 Tasks of a BI

F Feedback

L Listen & Understand

O Options Explored

The 1st Task: Feedback

The Feedback Sandwich

Ask Permission

Give Feedback

Ask for Response

The 1st Task: Feedback

What you need to cover:

1. Range of scores and context
2. Screening results
3. Interpretation of results (e.g., risk level)
4. Substance use norms in population
5. Patient feedback about results

The 1st Task: Feedback

What do you say?

1. **Range of score** and **context** - Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8.
2. **Results** - Your score was 18 on the alcohol screen.
3. **Interpretation of results** - 18 puts you in the moderate-to-high risk range. At this level, your use is putting you at risk for a variety of health issues.
4. **Norms** - A score of 18 means that your drinking is higher than 75% of the U.S. adult population.
5. **Patient reaction/feedback** - What do you make of this?

The 1st Task: Feedback

Handling Resistance

- Look, I don't have a drug problem.
- My dad was an alcoholic; I'm not like him.
- I can quit using anytime I want to.
- I just like the taste.
- Everybody drinks in college.

What would you say?

The 1st Task: Feedback

Easy Ways to Let Go

- I'm not going to push you to change anything you don't want to change.
- I'd just like to give you some information.
- What you do is up to you.

The 1st Task: Feedback

Finding a Hook

- Ask the patient 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)?**
- Let the patient decide.
- Just asking the question is helpful.

Activity: Role-Play

Using AUDIT results from Chris, let's practice **F**:

Role-play Giving Feedback using completed screening tools

- Focus the conversation
- Get the ball rolling
- Gauge where the patient is
- Hear their side of the story

The 3 Tasks of a BI

L Feedback

L Listen & Understand

O Options Explored

The 2nd Task: Listen & Understand

Tools for Change Talk

- Pros and Cons
- Importance/Readiness Ruler

Digging for Change: The Decisional Balance

Avoid questions that call for a yes/no answer.

The 2nd Task: Listen & 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.
- Using is 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 2nd Task: Listen & Understand

Strategies for Weighing the Pros and Cons

- What do you like about drinking? What does it do for you?
- What are the not-so-good aspects of drinking?
- What else are you aware of about your drinking?

Summarize Both Pros and Cons

"On the one hand you said..,

and on the other you said…."

The 2nd Task: Listen & 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 Payoff for Asking the Questions…

- These questions will lead to a working treatment plan
  - Stage of change
  - Benefits of use
  - Consequences of use
  - Willingness to work on these issues

Activity: Role Play

Let's practice **L:**
Role-play Listen & Understand using completed screening tool

- Pros and Cons
- Importance/Confidence/Readiness Scales
- Develop Discrepancy
- Dig for Change

The 3 Tasks of a BI

L

Feedback

L

Listen & Understand

O

Options Explored

The 3rd 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?

The 3rd Task: Options for Change

Offer a Menu of Options

- Manage drinking/use (cut down to low-risk limits)
- Eliminate your drinking/drug use (quit)
- Never drink and drive (reduce harm)
- Utterly nothing (no change)
- Seek help (refer to treatment)

The 3rd 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 3rd Task: Options for Change

Giving Advice Without Telling Someone What to Do

- Provide Clear Information (Advice or Feedback)
  - What happens to some people is that…
  - My recommendation would be that…
- Elicit their reaction
  - What do you think?
  - What are your thoughts?

The 3rd Task: Options for Change

The Advice Sandwich

Ask Permission

Provide Suggestion

Ask for Response

The 3rd Task: Options for Change

Closing the Conversation ("SEW")

- **S**ummarize patient's views (especially the pro)
- **E**ncourage them to share their views
- **W**hat agreement was reached (repeat it)

Activity: Role Play

Let's practice **O**: Role Play Options Explored

- Ask about next steps, offer menu of options
- Offer advice if relevant
- Summarize patient's views
- Repeat what patient agrees to do

Putting It All Together

Feedback

- Range

Listen and Understand

- Pros and Cons
- Importance/Confidence/Readiness Scales
- Summary

Options Explored

- Menu of Options

Encourage Follow-Up Visits

At follow-up visit:

- Inquire about use
- Review goals and progress
- Reinforce and motivate
- Review tips for progress

See reference list

Referral to Treatment for Patients at Risk for Substance Dependence

Referral to Treatment

- Approximately 5% of patients screened will require referral to substance use evaluation and treatment.
- A patient may be appropriate for referral when:
  - Assessment of the patient's responses to the screening reveals serious medical, social, legal, or interpersonal consequences associated with their substance use.

These high risk patients will receive a brief intervention followed by referral.

See reference list

"Warm hand-off" Approach to Referrals

- Describe treatment options to patients based on available services
- Develop relationships between health centers, who do screening, and local treatment centers
- Facilitate hand-off by:
  - Calling to make appointment for patient/student
  - Providing directions and clinic hours to patient/student
  - Coordinating transportation when needed

Practice FLO – Dive Right In!

- Try screening and giving feedback only
- After several practices with F add in L & O
- Post your questions and share your experiences on The World of SBIRT blog

SBIRT Implementation, Billing, and Reimbursement

Medi-Cal SBIRT Implementation
Reimbursement

The following SBIRT services are covered:

1. Screening
   - Must use a Medi-Cal approved screening instrument (AUDIT, AUDIT-C)
   - Limited to one unit per recipient per year, by any provider working under an SBIRT-trained supervisor
   - A prescreen or brief screen is not reimbursable
   - Bill under HCPCS code H0049; $24
   - SBIRT may be provided on same date of service as other E/M procedures

Medi-Cal SBIRT Implementation
Reimbursement

2. **Brief intervention**
   - May be provided on the same date of service as the screening, or on subsequent dates
   - Limited to three sessions per patient per year, provided by any SBIRT-trained provider
   - Sessions may be combined in 1 or 2 visits, or be administered at 3 separate visits
   - Bill under HCPCS code H0050; $48

Medi-Cal SBIRT Implementation
Reimbursement

3. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs):

- SBIRT costs are included in the all-inclusive prospective payment systems (PPS) rate
- SBIRT services that meet the definition of an FQHC/RHC visit, as defined in the Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) section of the Part 2 – Medi-Cal Billing and Policy manual, are billable

SBIRT Implementation
Commercial Payers

- Commercial insurance plans currently not required to cover annual SBIRT screening but some do
- As with most healthcare procedures, they may all eventually follow the CMS lead
- Billed as:
  - CPT code 99408 (alcohol/other substance screening & brief intervention, 15-30 minutes)
  - CPT code 99409 (alcohol/other substance screening & brief intervention, > than 30 minutes)

SBIRT Implementation
Medicare

- Medicare covers SBIRT provided in outpatient offices/clinics when medically necessary
- In other words, you *can* use with your Medicare pts
- Annual screenings not currently mandated
- May be provided by:
  - Physician
  - Clinical psychologist
  - LCSW
  - Nurse Practitioner (NP)
  - Physician Assistant (PA)
  - Clinical Nurse Specialist (CNS)

SBIRT Implementation
Medicare

- Billed as:
  - HCPCS code G0396 (alcohol/other substance screening & brief intervention, 15-30 minutes)
  - HCPCS code G0397 (alcohol/other substance screening & brief intervention, > than 30 minutes
- As of Jan 2013, SBIRT included within Telehealth Services

Strategies for Implementation

- Study and Learn
  - Study the SBIRT models and guidelines
  - Consider how to apply best in your setting
  - Determine availability of behavioral health services for referral and treatment

Source: Amy Brom, SBIRT presentation conducted at Northern CAIRS Provider Conference, August 7, 2012

Strategies for Implementation

- Decide
  - Choose the best screening method for you
    - Annually
    - What screening tool to use
    - Who will administer
    - Indications for screening (everyone, age groups, certain diagnoses)

Source: Amy Brom, SBIRT presentation conducted at Northern CAIRS Provider Conference, August 7, 2012

Strategies for Implementation

- Prepare
  - Select a “champion” for the effort
  - Train clinicians and staff on their specific responsibilities
  - Put copies of screener, guidelines, etc. in exam rooms
  - Determine a record-keeping system (EHR’s?)

Source: Amy Brom, SBIRT presentation conducted at Northern CAIRS Provider Conference, August 7, 2012

Strategies for Implementation

- Reinforce
  - Remind staff regularly
  - Collect success stories to encourage ongoing implementation/support
  - Accept feedback from staff and patients and adapt as you go

Source: Amy Brom, SBIRT presentation conducted at Northern CAIRS Provider Conference, August 7, 2012

For Assistance on Implementation

SAMHSA TAP (Technical Assistance Publication Series) #33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Available for download at:
http://store.samhsa.gov/product/TAP-33-Systems-Level-Implementation-of-Screening-Brief-Intervention-and-Referral-to-Treatment-SBIRT-/SMA13-4741

Excellent example of step-by-step SBIRT procedure:

A Nurse-Delivered Brief Motivational Intervention for Women Who Screen Positive for Tobacco, Alcohol, or Drug Use

Available for download at:

http://www.mirecc.va.gov/apps/activities/products/productDetail.asp?id=146

Thank You!

For additional information on SBIRT or other training topics, visit:

www.attcnetwork.org

www.worldofsbirt.wordpress.com

http://www.attcelearn.org/

(“Foundations of SBIRT”)

jpeck@mednet.ucla.edu

AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:

12 oz. of beer (about 5% alcohol) =

8-9 oz. of malt liquor (about 7% alcohol) =

5 oz. of wine (about 12% alcohol) =

1.5 oz. of hard liquor (about 40% alcohol)

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at ***www.who.org***.

AUDIT

Client Chris Sanchez
Date 03/26/2010
Score 18

1. How often do you have a drink containing alcohol (Score)

Never (0)
Monthly or less (1)
Two to four times a month (2)
Two to three times a week (3)
Four or more times a week (4)

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 (0)
3 or 4 (1)
5 or 6 (2)
7 to 9 (3)
10 or more (4)

3. How often do you have five or more drinks on one occasion?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

9. Have you or someone else been injured as a result of your drinking?

No (0)
Yes, but not in the last year (2)
Yes, during the last year (4)

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking, or suggested you cut down?

No (0)
Yes, but not in the last year (2)
Yes, during the last year (4)

Scoring the Audit

Score	Level	Action
0-7	Low	Encouragement
8-15	Low/Moderate	Advice
16-19	Moderate	Brief Counseling
20 +	High	Further evaluation for dependence

AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:

12 oz. of beer (about 5% alcohol) =

8-9 oz. of malt liquor (about 7% alcohol) =

5 oz. of wine (about 12% alcohol) =

1.5 oz. of hard liquor (about 40% alcohol)

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
Chris Sanchez, 7/16/2014					**Total**	18

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at ***www.who.org***.

Scoring the Audit

Score	Level	Action
0-7	Low	Encouragement
8-15	Low/Moderate	Advice
16-19	Moderate	Brief Counseling
20 +	High	Further evaluation for dependence

DRUG USE QUESTIONNAIRE (DAST -10)

NAME: _____ Date:_____

The following questions concern information about your potential involvement with drugs excluding alcohol and tobacco during the past 12 months. Carefully read each countyment and decide if your answer is "YES" or "NO". Then, check the appropriate box beside the question.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc…), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin). Remember that the questions do not include alcohol or tobacco.

Please answer every question. If you have difficulty with a countyment, then choose the response that is mostly right.

These questions refer to the past 12 months only.	**YES**	**NO**
1. Have you used drugs other than those required for medical reasons?.....		
2. Do you abuse more than one drug at a time?.....		
3. Are you always able to stop using drugs when you want to?.....		
4. Have you had "blackouts" or "flashbacks" as a result of drug use?.....		
5. Do you ever feel bad or guilty about your drug use?.....		
6. Does your spouse (or parent) ever complain about your involvement with drugs?.....		
7. Have you neglected your family because of your use of drugs?.....		
8. Have you engaged in illegal activities in order to obtain drugs?.....		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?.....		
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc…)?.....		
*** DAST Score**……		
** See scoring instructions for correct scoring procedu*		

DRUG USE QUESTIONNAIRE (DAST -10)

Administration & Interpretation

Instructions

The DAST-10 is a 10-item, yes/no, self-report instrument that has been shortened from the 28-item DAST and should take less than 8 minutes to complete. The DAST-10 was designed to provide a brief instrument for clinical screening and treatment evaluation and can be used with adults and older youth. It is **strongly recommended** that the SMAST be used along with the DAST-10 unless there is a clear indication that the client uses NO ALCOHOL at all. The answer options for each item are "YES" or "NO". The DAST-10 is a self-administered screening instrument.

Scoring and Interpretation – For the DAST-10, score 1 point for each question answered, "YES", except for question (3) for which a "NO" answer receives 1 point and (0) for a "YES". Add up the points and interpretations are as followed:

DAST-10 Score	Degree of Problem Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time.
1 – 2	Low Level	Monitor, reassess at a later date.
3 – 5	Moderate Level	Further investigation is required.
6 – 8	Substantial Level	Assessment required.
9 – 10	Severe Level	Assessment required.

DRUG USE QUESTIONNAIRE (DAST -10)

NAME: Alex Jones Date: May 10, 2013

The following questions concern information about your potential involvement with drugs excluding alcohol and tobacco during the past 12 months. Carefully read each countyment and decide if your answer is "YES" or "NO". Then, check the appropriate box beside the question.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc…), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin). Remember that the questions do not include alcohol or tobacco.

Please answer every question. If you have difficulty with a countyment, then choose the response that is mostly right.

These questions refer to the past 12 months only.	**YES**	**NO**
1. Have you used drugs other than those required for medical reasons?.....	X	
2. Do you abuse more than one drug at a time?.....		X
3. Are you always able to stop using drugs when you want to?.....	X	
4. Have you had "blackouts" or "flashbacks" as a result of drug use?..... (black out 2-4 times per year)	X	
5. Do you ever feel bad or guilty about your drug use?..... (guilt about poor school performance)	X	
6. Does your spouse (or parent) ever complain about your involvement with drugs?.....		X
7. Have you neglected your family because of your use of drugs?.....		X
8. Have you engaged in illegal activities in order to obtain drugs?.....		X
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?..... (missed classes 1-2 times/mo; nausea/cramps)	X	
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc…)?.....		X
*** DAST Score**……	4	
** See scoring instructions for correct scoring procedu*		

DRUG USE QUESTIONNAIRE (DAST -10)

Administration & Interpretation

Instructions

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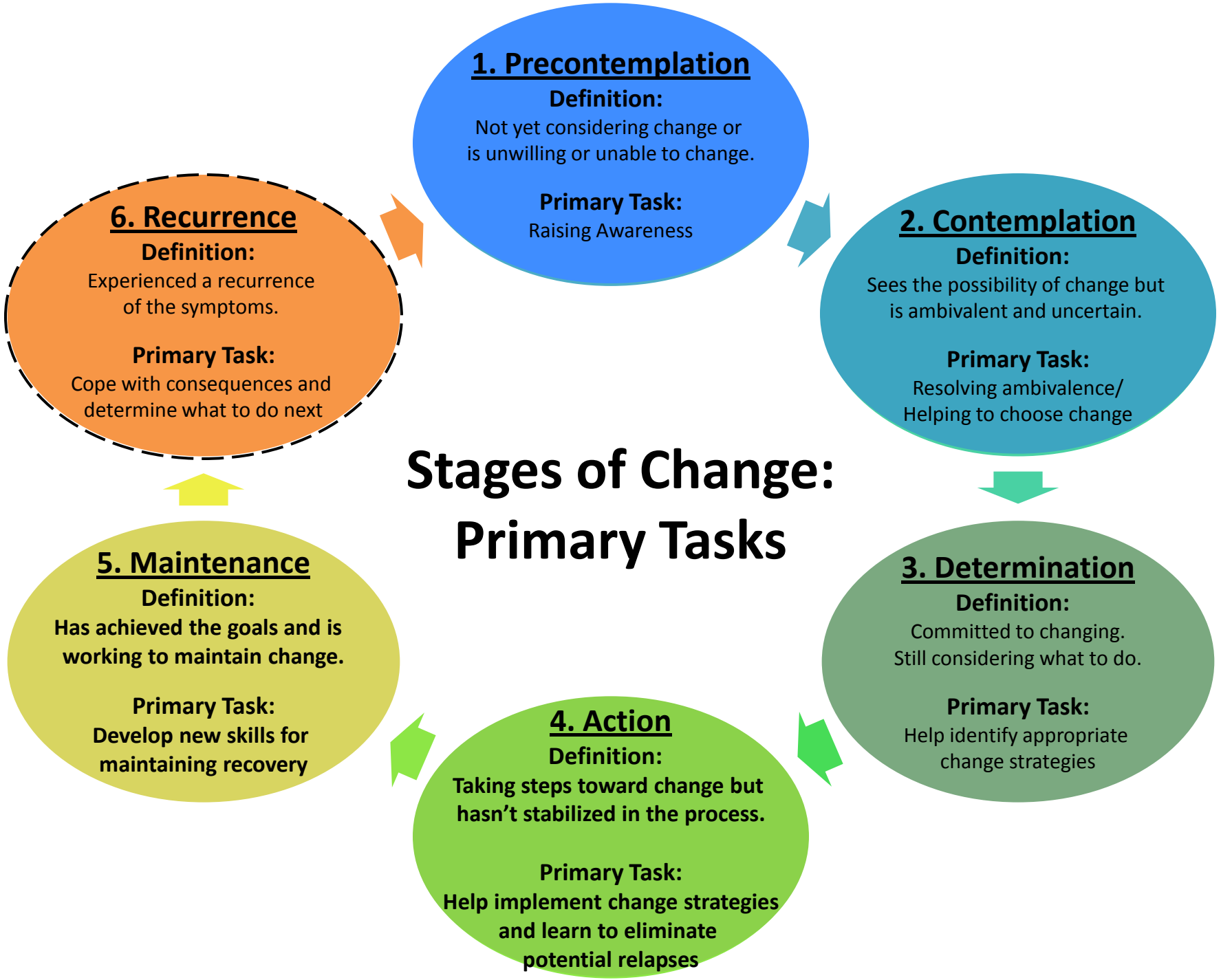
1. Precontemplation
Definition:
Not yet considering change or is unwilling or unable to change.
Primary Task:
Raising Awareness
2. Contemplation
Definition:
Sees the possibility of change but is ambivalent and uncertain.
Primary Task:
Resolving ambivalence/ Helping to choose change
3. Determination
Definition:
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
Stages of Change:
Primary Tasks

Stages of Change: Intervention Matching Guide

1. Pre-contemplation

- Offer **factual** information
- Explore the **meaning of events** that brought the person to treatment
- Explore **results of previous efforts**
- Explore **pros and cons** of targeted behaviors

2. Contemplation

- Explore the person's **sense of self-efficacy**
- Explore **expectations** regarding what the change will entail
- **Summarize** self-motivational statements
- Continue exploration of **pros and cons**

3. Determination

- Offer a **menu of options** for change
- Help identify **pros and cons** of various change options
- Identify and **lower barriers** to change
- Help person **enlist social support**
- Encourage person to **publicly announce plans** to change

4. Action

- Support a **realistic view** of change through **small steps**
- Help **identify high-risk situations** and develop **coping strategies**
- Assist in **finding new reinforcers** of positive change
- Help access family and social **support**

5. Maintenance

- Help identify and try **alternative behaviors** (drug-free sources of pleasure)
- Maintain **supportive contact**
- Help **develop escape plan**
- Work to **set new** short and long term **goals**

6. Recurrence

- Frame recurrence as a **learning opportunity**
- Explore possible behavioral, psychological, and social **antecedents**
- Help to develop **alternative** coping strategies
- Explain Stages of Change & encourage person to **stay in the process**
- Maintain **supportive** contact