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BASICS OF SBIRT IN PRIMARY CARE (FOR PROVIDERS IN OKLAHOMA)

Goal:
The learner will be able to accurately screen for and identify hazardous substance use and direct patients with substance use problems to an appropriate level of care. The learner will also be able to create and implement a brief intervention and education tailored to patients with substance use problems.

After completing this module participants will be able to:

• Employ motivational interviewing techniques to develop rapport and help motivate the patient
• Select appropriate screening tools and intervention techniques for hazardous substance use problems based on patient history and characteristics
• Analyze and interpret substance use screening results
• Implement a brief intervention that is tailored to the patient and the severity of the substance use problem
• Triage patients to the appropriate level of care within your practice

Professional Practice Gaps
Evidence suggests low implementation rates for screening, brief intervention, and referral to treatment (SBIRT) for patients with substance use problems in a primary care setting (Seale et al., 2010; CDC, 2017) despite evidence of efficacy (Agerwala & McCance-Katz, 2012; Pilowsky & Wu, 2012). Approximately 20 to 25% of primary care patients are likely to have a current substance use or health-related problem (Pilowsky & Wu, 2012). Inadequate training is the most frequently reported barrier to practicing SBIRT (Le et al., 2015). Less than 2% of admissions for substance abuse treatment are referrals from primary care providers (Miller & Carroll, 2011).

Medical schools and post-graduate residency education do not typically prepare medical students and residents for implementing SBIRT (Saitz, 2013).

Due to inadequate SBIRT training, primary care providers not only lack confidence in assessing unhealthy substance use, but also express uncertainty in their ability to perform brief interventions and confusion regarding handling referrals for substance use patients who need a higher level of care than they can provide (Saitz, 2013).

Primary care providers screen fewer than half their patients for tobacco use and less than a third for alcohol use (Roche & Freeman, 2004; Seale et al., 2010). Brief interventions happen even less often (NDCP, 2008). Fewer than 75% of patients who screened positively received a brief intervention.


American Public Health Association. Alcohol Screening and Brief Intervention: A guide for public health practitioners. Substance Abuse and Mental Health Services Administration. 2008. Available at:


WHAT IS SBIRT?

What is SBIRT?
The acronym "SBIRT" stands for:

1. Screening
2. Brief Intervention
3. Referral to Treatment

Screening can be a quick interview question asking about tobacco, alcohol and drug use (including the use of illicit drugs and the misuse of prescription drugs), such as, "have you ever used tobacco?" or "do you sometimes drink beer, wine, or other alcoholic beverages?" Or, you can use one of several validated, quick, straightforward instruments that will be covered in this module. Longer "structured screening" questionnaires can be used to follow up on positive initial screening results -- they provide a broader picture of your patients' substance use/misuse problems.

Brief Intervention can be accomplished with just a few questions or comments, such as, "What is the hardest part for you about quitting tobacco?" or "What would you gain if you stopped drinking alcohol?" The physician, nurse, nurse practitioner, or physician assistant, and many other health professionals in the clinical setting can be part of the process so that no one provider is overburdened.

Referral to Treatment is important when the issue is not appropriate for your care setting or your area of expertise.

What am I going to learn in this module?
This module focuses on Screening for tobacco, alcohol, and drug use.

KEY POINTS

Screen + Brief Intervention + Referral to Treatment. They work!
You will be providing better care, and your patients will benefit.

WHY SHOULD I CARE?

Substance use problems are common

Approximately 20 to 25% of primary care patients are likely to have a current substance use problem or health problem related to tobacco, alcohol, or drug use (Mersy, 2003; Madras et al., 2009). This means that as many as 1 in 4 of the patients you see today could benefit from your screening and brief intervention or referral to treatment.

- Excessive alcohol use is the 3rd leading cause of preventable death in the US, with more than 2,200 Americans dying from overdose each year (USDHHS, 2016).
- Tobacco is the leading cause of preventable death in the US.
- Illegal drug use is alarmingly prevalent: Around 9.2% of the population aged 12 or older reports using illegal drugs within the past month. Additionally, over 47,000 die from drug overdoses each year (USDHHS, 2016).
- Approximately 8.5% of the population over age 12 meet DSM-IV criteria for substance abuse or dependence (substance use disorder in DSM-5).

(SAMHSA, 2013)

**Why should you make this change to your practice?**

YOU can initiate change in the above statistics and make a difference in the health of patients by asking as few as 1-2 simple questions, such as "in the past year, how many times have you misused prescription drugs?" (NIDA, 2012). If the answers are positive, you can intervene briefly in 5 minutes or less and potentially improve their health. Unfortunately, few health care providers routinely provide screening for all substances and even fewer provide brief interventions (Roche & Freeman, 2004; D'Amico et al., 2005). Those who do screen for current use often neglect to ask about past use and treatments. SBIRT is an evidence-based best practice that is strongly supported in the literature. For example, in one study, 6 months following SBIRT interventions: Rates of illicit drug use were 67.7% lower (p<0.001). Rates of heavy alcohol use were 38.6% lower (p<0.001). Success was seen across clinic settings, gender, race/ethnic, and age subgroups. (Madras et al., 2009)

**QUIZ: INITIATING CHANGE**

**Question:** How many questions does it take to initiate change as part of SBIRT?

Choose one

1. 1-4
   - Feedback:
   - Correct. YOU can initiate change in the above statistics and make a difference in the health of patients by asking as few as 1-2 simple questions, such as "in the past year, how many times have you used prescription drugs for non-medical reasons?" (NIDA, 2012).

2. 5-9
   - Feedback:
   - Incorrect. YOU can initiate change in the above statistics and make a difference in the health of patients by asking as few as 1-2 simple questions, such as "in the past year, how many times have you used prescription drugs for non-medical reasons?" (NIDA, 2012).

3. 10 or more
   - Feedback:
   - Incorrect. YOU can initiate change in the above statistics and make a difference in the health of patients by asking as few as 1-2 simple questions, such as "in the past year, how many times have you used prescription drugs for non-medical reasons?" (NIDA, 2012).
SCREENING

An Introduction to Screening
As discussed above, screening can be:

- a quick interview question asking about tobacco, alcohol and drug use (including the use of illicit drugs and the misuse of prescription drugs)
- use of one of the screening tools covered in this section

that, if positive, can be followed up with longer screening questionnaires.

In short, all adolescent and adult patients should be screened for tobacco, alcohol and/or drug use for risk and clinical substance use disorders.

Who
Substance abuse screening as a standard part of every adolescent and adult patient interview is supported by the National Institute on Alcohol Abuse and Alcoholism and several other professional organizations (AMA, ASAM, CSAT, AAP) (NIAAA 2005).

Screening all patients for all substances is more effective in identifying the spectrum of substance use problems than selective screening (Fiellin et al., 2000).

Screening should be universally applied: What you see without screening is just the tip of the iceberg -- the VAST majority of risky use goes undetected without universal screening.

For What
Substance Use Disorder "A medical illness caused by repeated misuse of a substance or substances...characterized by clinically significant impairments in health, social function, and impaired control over substance use and are diagnosed through assessing cognitive, behavioral, and psychological symptoms" (USDHHS 2016). A person who meets 2-3 of the criteria outlined in the APA's DSM-5 is diagnosed as having mild substance use disorder, while those who meet 4-5 have moderate, and 6-7 have severe substance use disorder (APA 2013).

Note: The diagnoses of Substance Abuse and Substance Dependence formerly found in the DSM-IV TR, have been combined to form a single diagnosis, Substance Use Disorder, in the DSM 5, which was published in May 18, 2013.

PRACTICE TIP
"At-risk" is a clinical descriptor useful in identifying a need for prevention, rather than a diagnosis. It means significant risk factors for substance use disorders or unhealthy substance use that falls short of a clinical diagnosis. It includes any use of tobacco, use of illicit drugs, or misuse of prescription drugs and excessive use of alcohol short of addiction (any alcohol use for adolescents). There is still health and/or other personal risk even if use is less than a clinical syndrome.

All "At Risk" substance use should be the target of at least a brief intervention.

QUIZ: WHO SHOULD BE SCREENED, AND FOR WHAT?
Question: Who should be screened, and for what?
Choose one
1. All adult patients, for substance use disorders
   - Feedback:
   - Incorrect. Screening as a standard part of every adolescent and adult patient interview is supported by the National Institute on Alcohol Abuse and Alcoholism and several other professional organizations (AMA, ASAM, CSAT, AAP) (NIAAA 2005), and screening all patients for all substances is more effective in identifying the spectrum of substance use problems than selective screening (Fiellin et al. 2000). The diagnoses of Substance Abuse and Substance Dependence formerly found in the DSM-IV TR, have been combined to form a single diagnosis, Substance Use Disorder.

2. All adolescent and adult patients, for substance abuse and substance dependence
   - Feedback:
   - Incorrect. Screening as a standard part of every adolescent and adult patient interview is supported by the National Institute on Alcohol Abuse and Alcoholism and several other professional organizations (AMA, ASAM, CSAT, AAP) (NIAAA 2005), and screening all patients for all substances is more effective in identifying the spectrum of substance use problems than selective screening (Fiellin et al. 2000). The diagnoses of Substance Abuse and Substance Dependence formerly found in the DSM-IV TR, have been combined to form a single diagnosis, Substance Use Disorder.

3. All adult patients for substance abuse only
   - Feedback:
   - Incorrect. Screening as a standard part of every adolescent and adult patient interview is supported by the National Institute on Alcohol Abuse and Alcoholism and several other professional organizations (AMA, ASAM, CSAT, AAP) (NIAAA 2005), and screening all patients for all substances is more effective in identifying the spectrum of substance use problems than selective screening (Fiellin et al. 2000). The diagnoses of Substance Abuse and Substance Dependence formerly found in the DSM-IV TR, have been combined to form a single diagnosis, Substance Use Disorder.

4. All adult and all adolescent patients, for substance use disorders
   - Feedback:
   - Correct. Screening as a standard part of every adolescent and adult patient interview is supported by the National Institute on Alcohol Abuse and Alcoholism and several other professional organizations (AMA, ASAM, CSAT, AAP) (NIAAA 2005), and screening all patients for all substances is more effective in identifying the spectrum of substance use problems than selective screening (Fiellin et al. 2000). The diagnoses of Substance Abuse and Substance Dependence formerly found in the DSM-IV TR, have been combined to form a single diagnosis, Substance Use Disorder.

COMMUNICATION SKILLS FOR SCREENING

Preparation
When trying a new screening instrument, try reading it aloud before administering it to patients. For example, try reading the sample script for the NIDA-Modified ASSIST:

Sample script
Clinician: Hi, I'm ____, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed (like pain medications). But I am interested in those only if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use - but only to better diagnose and treat you.

Wording
Reading or repeating screening questions as they are written is important because these tests were validated using these words. You can repeat or clarify questions, but it is best not to modify them.

Example:
Clinician: "Have people annoyed you by criticizing your drinking or drug use?"
Patient: "Have they annoyed me or I annoyed them?"
Clinician: "Have people annoyed you by criticizing your drinking or drug use?"

It was acceptable for the clinician to repeat the question to add the emphasis to clarify for the patient that the question asks about the patient's own annoyance with the reactions of others to their substance use, not the annoyance of others with them.

SCREENING QUESTIONS
First Step: Simply Ask
Screening questions help determine which patients require further screening/assessment. Screening helps identify which patients use or have ever used tobacco, alcohol, or illicit drugs. Or misused prescription drugs.

Screening questions may be in forms filled out annually by the patient in the waiting room OR asked quickly by a medical assistant or nurse when the patient is taken to a treatment room. Computerized screening forms are being used increasingly. These questions are generally accepted by patients as part of a comprehensive health assessment (NIAAA, 2005). Asking about substance use along with other questions on behavior and lifestyle helps reduce stigma and patient anxiety. However, screening through questionnaires filled out by patients by themselves tends to be more effective for tobacco and alcohol than for drugs; many people are less ready to admit on paper or computer to misuse of prescription drugs or use of illegal substances.

Example: NIDA Quick Screen Question
The NIDA Quick Screen is a free online questionnaire that includes the following pre-screening question: In the past year, how many times have you used, or done, the following? (Answers for each question: Never, Once/twice, Monthly, Weekly, or Daily/almost daily) (NIDA, 2012)

1. Alcohol: - Men: 5 drinks or more in a day; - Women: 4 drinks or more in a day
2. Tobacco products
3. Misused Prescription Drugs
4. Illegal drugs

The online form provides a more comprehensive set of questions if the initial question is positive for substance use and directs the health care professional to more comprehensive screenings for alcohol and tobacco, if needed. The more comprehensive screening questions are covered later in this module.
SIMPLE SCREENING QUESTIONS FOR EACH SUBSTANCE

Simple Screening Questions
The following simple screening questions ask about each substance separately but should be combined so all substances are covered for every patient:

Alcohol
Gauge quantity and frequency of alcohol use starting with a simple, two question approach (NIAAA, 2005).

A screening question about alcohol use:
Do you sometimes drink beer, wine, or other alcoholic beverages?

  • If yes: Determine heavy drinking in the past year: How many times in the past year have you had...
    • 5 or more drinks in a day? (for men)
    • 4 or more drinks in a day? (for women)

The next step: Patients who admit to one or more heavy drinking days in the past year should be further screened as described in the following pages.

Drugs
Be sure to ask about both the misuse of prescription drug and the use of illicit drugs (CSAT & SAMHSA, 1997).

Screening questions regarding drug use:
How many times in the past year have you used an illegal drug or misused prescription medication? (Smith, 2010) Ever used them?

The next step: Patients who use any drugs or have a history of using them in the recent past should receive further screening as described in the following pages.

Tobacco
All patients should be screened for tobacco use (Fiore et al., 2008).

A screening question about tobacco use:
Have you ever used tobacco?

  • If yes: Ask: Are you currently using tobacco?
    • If yes: Continue with screening/assessment questions for tobacco users described in the following pages.
    • If no: Ask: When did you last use tobacco?
  • If no: Encourage them never to start.

The next step: Patients who use tobacco currently should be further screened/assessed as described in the following pages.

Second hand tobacco smoke screening question:
How often are you exposed to cigarette smoke?
The next step: Patients regularly exposed to tobacco smoke or at high risk for cardiovascular disease should be counseled regarding the health risk of second and third hand smoke.

Patients who have recently recovered (within the past year) should be given a brief intervention to prevent relapse, covered later in this training. Those who quit over a year ago and who have stabilized in their abstinence may simply need encouragement not to relapse.

**QUIZ: PATIENT AT RISK**

**Question:** Which of the following places a patient at risk for a substance use disorder?

Choose all that apply.

1. Having four or more (for women) or five or more (for men) drinks in one day in the past year.
   - Feedback: This is not the best answer. According to the NIDA Quick Screen tool, doing any of the above once or more in the past year places the patient at risk.

2. Using tobacco once or twice in the past year.
   - Feedback: This is not the best answer. According to the NIDA Quick Screen tool, doing any of the above once or more in the past year places the patient at risk.

3. Using illegal drugs once or twice in the past year.
   - Feedback: This is not the best answer. According to the NIDA Quick Screen tool, doing any of the above once or more in the past year places the patient at risk.

4. Using prescription drugs non-medically once or twice in the past year.
   - Feedback: This is not the best answer. According to the NIDA Quick Screen tool, doing any of the above once or more in the past year places the patient at risk.

5. All of the above.
   - Feedback: Correct. According to the NIDA Quick Screen tool, doing any of the above once or more in the past year places the patient at risk.

**SCREENING INSTRUMENTS**

**Choosing a Screening Tool**

Doctor counseling patient There are dozens of effective screening tools, several of which have been validated for use in primary care (NIAAA, 2005). Some are as short as two to four questions; "structured screening" tools are more detailed.
Discussing Screening Results
After scoring the screening tool, you can review or confirm the patient's responses with him/her and use the opportunity to explain why their answers make you concerned about their health.

Example statement:

Provider: *I looked over the health assessment that you completed with the nurse and a few things came to my attention. I am concerned about your drinking habits and how this may impact your health.*

Screening Tools
The following pages will look at several commonly used examples of each type of screening tool for alcohol, problem drug use, tobacco, alcohol and drugs, and alcohol, drugs, and tobacco.

Several screening/assessment instruments are considered "structured screening instruments" because they provide an in-depth assessment of the seriousness of the hazardous substance use including quantity and frequency, effects on the individual's life, and symptoms. Structured screening is more likely to be reimbursable by insurance. Examples of commonly used structured screening instruments include:

- **AUDIT** (for alcohol use)
- **DAST** (for drug use)

FYI
You can get a mentor who will help you address alcohol, tobacco, and drug screening, brief intervention, and treatment in primary care through NIDA/ASAM's Physician Clinical Support System. Communication takes place via phone or email.

ALCOHOL SCREENING TOOLS

Selected alcohol screening tools:

**AUDIT:** 10 questions. Takes around 3 minutes. Assessment tool. Asks about alcohol use. Predominately used in primary care. Recommended by the World Health Organization. Looks at quantity and other issues not included in quick screening tools (Saunders, Aasland, & Babor 2007).

**NIAAA:** 2 brief questions. The 2 questions take less than 1 minute. Further assessment takes additional time. Quick screening tool with assessment tool by NIAAA available to follow-up on positive result. Asks about alcohol use and can be routinely incorporated into each patient visit. Assesses number of days of excess drinking per year. Further assessment if there is a positive result can be achieved using NIAAA's Clinicians Guide: Helping Patients Who Drink Too Much. NIAAA has also published a guide for screening youth about alcohol using 2 questions: Alcohol Screening and Brief Intervention for Youth. One question pertains to use by their friends and the other question pertains to their own use of alcohol.

Note: Additional screening tools are available for specific populations; for example, the TWEAK, which is specifically for alcohol use in pregnant woman (Chang, 2001), and the MAST-G, which is specifically for alcohol use in the elderly (Blow et al. 1992).
Alcohol Screening: AUDIT

AUDIT: Screening for Alcohol Misuse

The 10-question Alcohol Use Disorders Identification Test (AUDIT) was developed by the World Health Organization (WHO) specifically for primary care settings as a screen for detecting at-risk or hazardous drinking (Babor et al., 1992; Babor et al., 2001). A short version often used in primary care consists of just the following first 3 questions:

1. How often do you have a drink containing alcohol?
2. How many standard drinks containing alcohol do you have on a typical day drinking?
3. How often do you have six or more drinks on one occasion?

A copy of the AUDIT is available in the Related Resources section of this page and at the end of the module.

The test consists of 3 subscales: amount and frequency of drinking, alcohol dependence, and consequences of alcohol use. (Babor et al., 1992; Babor et al., 2001).

Administration

The AUDIT may be given to patients for self-administration or administered as part of a general health interview, medical history, or lifestyle questionnaire. Requires approximately 2 minutes (Babor et al., 2001; NIAAA, 2007).

Sensitivities from 51% to 97%; specificities 78% to 96% (Fiellen et al., 2000).

Scoring and Interpretation of Results

Scoring: Each question can have a score of 0-4; maximum score = 40

Interpretation: A cutoff score of 8 identifies potential alcohol misuse (Babor et al., 1992; NIAAA, 2007). Further screening may be required.

FYI

Here are the most widely used definitions of "moderate drinking":

- Up to 1 drink per day for women- no more than 7 drinks per week total
- Up to 2 drinks per day for men -- no more than 14 drinks per week total
- (USDHHS & USDA, 2010).

Patients who are drinking below these levels -- adhering to the daily limits -- are generally considered to be at low risk for alcohol use problems.

VIDEO: AUDIT SCREENING

Video: The video “SBIRT AUDIT Screening (Storie, 2011),” which explains the AUDIT and illustrates a patient being interviewed using the AUDIT, can be found here: https://www.youtube.com/watch?v=RHcalohcunU. The video shows a provider conducting an AUDIT interview with a client: 1. She first explains the test's purpose and how long it will take. 2. She asks the questions one at a time, with very little variation from the actual wording of the questionnaire. • Her responses are neutral and limited. Sometimes she simply repeats what he says, but she does provide some support for responding, clarifying the questions as needed, and asking further questions to clarify the client's ambiguous responses. 3. She then interprets this client's AUDIT score of 14 points according to the
following key: AUDIT Criteria 8-15 Simple advice 16-19 Brief counseling and continued monitoring
20+ Further diagnostic evaluation 1. She determines that he drinks at a level warranting simple
advice and motivational enhancement to reduce his drinking level.

**QUIZ: AUDIT**

Question: What are the benefits of the AUDIT screening tool? (Select all that apply) Choose all that
apply 1. It can be used in primary care settings • Feedback: Correct. This is true, and all of the
choices listed are benefits of the AUDIT screening tool. 2. A short version is available for use in
primary care which consists of just 3 questions • Feedback: Correct. This is true and all of the choices
listed are benefits of the AUDIT screening tool. 3. The AUDIT may be self-administered or
administered as part of a general health interview • Feedback: Correct. This is true and all of the
choices listed are benefits of the AUDIT screening tool. 4. The AUDIT requires approximately 2-4
minutes. • Feedback: Correct. This is true and all of the choices listed are benefits of the AUDIT
screening tool.

**VIDEO: AUDIT**

**Video:** The video “AUDIT Screening Tool” (Clinical Tools, Inc., 2015), which shows another example
of the full, 10-question AUDIT being used in a patient interview, can be found here:
https://www.youtube.com/watch?v=Xdsz__MaC1g

**AUDIT C: SHORT VERSION**

The videos showed a providers conducting an interview clients using the whole AUDIT, but the first
three questions can be used to screen. But if results were negative after the first 3 questions, the
provider could stop. The AUDIT-C uses just the first 3 questions from the AUDIT and can be used as
a screening tool (Bush et al., 1998).

1. How often do you have a drink containing alcohol?
   • Never
   • Monthly
   • 2-4 times a month
   • 2-3 times a week
   • 4 or more times a week

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

3. How often do you have six or more drinks on one occasion?
   • Never
   • Less than monthly
   • Monthly
   • Weekly

The AUDIT C is scored on a scale of 0 to 12. Points are scored as follows: a=0, b=1, c=2, d=3, e=4.
In women, 3 or more is positive. In men, 4 or more is positive. In this case, the patient scores a total
of 8 (5 + 1 + 2) and thus screens positive. The provider would continue to ask the remaining 5 AUDIT questions. However, if she had screened negatively, the provider could have stopped at that point.

**Problem Drug Use Screening Tools**

**Selected screening tools for problem drug use:**

**DAST-10:** 10 questions. Takes 10 minutes. Screening and assessment tool for drug use only. Focuses on drug use problems in adults and adolescents (Skinner 1982).

**NM ASSIST:** 15 questions. Takes 15 minutes. Assessment tool for illicit drug use and prescription drug misuse. Online and print versions. The print version also includes assessment for alcohol use disorder in adults and tobacco use. The online version focuses on drug use and follows the NIDA Quick Screen described above (NIDA 2010).

*Links to these tools and more are provided in the module resources and references at the end of the module*

**DAST**

**Purpose & Evidence**

- **Purpose:** The Drug Abuse Screening Test (DAST) assesses problems and consequences related to drug (including prescription) misuse. Primary care providers can use this tool to assess for potential substance abuse in all new patients (NIDA, 2005).

- **Target population:** Adults and adolescents

- **Evidence:**
  - Very high internal consistency and reliability on full version (Skinner, 1982)

**Advantages and Limitations**

**Advantages**

- Using a cutoff score of 2, the DAST-10 has also been shown to have favorable sensitivity and specificity in identifying substance abuse or dependence (Yudko et al., 2007).
- Several versions available including versions specific to adolescents
- Consistent with DSM-III drug criteria, with good discriminant and concurrent validity (Gavin et al., 2006).

**Limitations**

- Not significantly validated in pain patients
- Does not predict aberrant drug behavior during pain treatment (Passik et al., 2008)
- Specific for help-seeking populations, but less validated for other groups (Skinner, 1982).
- As a primarily self-administered assessment, populations not seeking treatment for drug-related problems may under-report drug abuse symptoms

**Test Features**

- **Estimated time:** About 3 minutes to administer and score
- **Length:** 10 items (Also available in 28 item format)
- **Administered by:** Self-Report
- **Intended settings:** Primary care, psychiatric clinics, inpatient
- **Scoring and Interpretation:** Each positive response receives 1 point. Six or more positive responses indicate a need for the provider to address the problem immediately.
1 - 2 points = monitor patient and reassess later
3 - 5 points = investigate substance use further
6 - 8 points = address the problem immediately

**NM ASSIST**

NM ASSIST stands for **N**IDA-**M**odified version of the **A**lcohol, **S**moking, and **S**ubstance Involvement **S**creening **T**est. It was published in 2009, adapted from the World Health Organization’s ASSIST test, and is available for free. It can be used to help clarify the clinical picture for adult patients who may have, or are at risk of developing, a substance use disorder by providing a structured assessment of drug use problems. The online version is accessed via the NIDA Quick screen, the online initial screening tool presented earlier. Have the patient take the quick screen, and if full assessment is needed due to risk of drug use problems, they will be directed to continue to fill out the NM ASSIST.

**Initial screening question**

In your life, which of the following substances have you ever used? (Yes/No)

- Cannabis
- Cocaine
- Prescription stimulants
- Methamphetamine
- Inhalants
- Sedatives/sleeping pills
- Hallucinogens
- Street opioids
- Prescription opioids

If there are any "yes" answers, it next asks:

- In the past 3 months, how often have you used the substances you mentioned?
- During the past 3 months, how often have you had a strong desire or urge to use this substance?
- During the past 3 months, how often has your use of this substance led to health, social, legal, or financial problems?
- During the past 3 months, how often have you failed to do what was normally expected of you because of your use of this substance?
- Has a friend or relative or anyone else ever expressed concern about your use of this substance?
- Have you ever tried and failed to control, cut down, or stop using this substance?
- Have you ever used any drug by injection (misuse only)?

*Scale: never, once or twice, monthly, weekly, daily or almost daily*

**Tobacco Screening Tools**

Selected tools for tobacco:

- **NIDA Quick Screen:** Only several questions. Takes a few minutes. Screening tool with assessment tools available for followup. Online free test used to screen for alcohol and drug use problems as well as tobacco use in adults. Scoring is automatic. Provides further assessment of drug use if screening result is positive, via the online, NIDA modified ASSIST (NIDA, 2010). If alcohol is positive, provides a link to the NIAAA Clinicians Guide: Helping Patients Who Drink Too Much. If tobacco is positive, a link to the AHRQ's guide, Helping Smokers Quit, A Guide for Clinicians is provided (NIDA, 2010).

*We recommend this system for its comprehensiveness, easy access online, and automatic scoring.*
• **ASSIST**: 8 questions. Takes a few minutes, but longer with a positive result. Screening and assessment tool. Covers use of ten substances including alcohol, tobacco, and the most common drugs and can be used with adults and adolescents. Provides assessment detail beyond just screening for alcohol use (WHO, 2004).

• **NM ASSIST**: 15 questions. Takes 15 minutes. Assessment tool for illicit drug use and prescription drug misuse. Online and print versions. The print version also includes assessment for alcohol use disorder in adults and tobacco use. The online version focuses on drug use and follows the NIDA Quick Screen described above (NIDA 2010).

*Links to these tools and more are provided in the module resources and references at the end of the module*

**Tobacco Screening**

**Further screening of current tobacco users**

<table>
<thead>
<tr>
<th>Screening Questions for Tobacco Users</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of tobacco used and how much</strong></td>
</tr>
<tr>
<td>• Type of tobacco and brand name?</td>
</tr>
<tr>
<td><strong>Level of dependence on tobacco</strong></td>
</tr>
<tr>
<td>• Length of use (in months or years)?</td>
</tr>
<tr>
<td>• Amount used per day on average?</td>
</tr>
<tr>
<td>• After you wake up do you smoke your first cigarette or use other forms of tobacco in less than 30 minutes?</td>
</tr>
<tr>
<td><strong>Readiness to quit</strong></td>
</tr>
<tr>
<td>• How interested are you in stopping smoking or stopping use of other forms of tobacco? (Not at all? A little? Some? Very?)</td>
</tr>
</tbody>
</table>

Tobacco screening questions can be presented in a questionnaire, such as the *Tobacco Use Assessment Form* (Adapted from Glynn & Manley, 1998) provided in the "Related Resources" section of this page:

**PRACTICE TIPS**

Be sure to mark the patient record so that the patient's tobacco use status can be seen at a glance.

**FYI**

If you choose a screening tool that does not include questions on tobacco use, such as the CAGE or CAGE-AID, you will need to screen separately for tobacco use.

**Alcohol and Drug Screening Tools**

Selected tools for alcohol and drugs:

• **CAGE-AID**: 4 questions. Takes around 1 minute. Quick screening tool. Like CAGE but adapted to include drug use. Does *not* ask about tobacco. Does not assess the severity of the problem (Brown et al. 1998).

• **TICS**: 2 questions. Takes less than 1 minute. Quick screening tool. Can be used with adults and adolescents. Does *not* ask about tobacco. Does not assess the severity of the problem (Brown et al. 2001).
• **CRAFFT**: 6 questions. Takes 5 minutes. Screening tool. Used for adolescents under the age of 21. Does *not* ask about tobacco. Does not assess the severity of the problem (Knight et al. 2003; Knight et al. 1999).

**Use 'Red Flags' With Caution**
Everyone should be screened, not just those who exhibit "red flags" that suggest suspicious behavior or other signs of substance use disorders. Many people with substance use problems would slip through if you simply relied on such evidence. However, red flags are important because they may be useful in identifying patients who do not answer screening questions truthfully. Multiple red flags do not necessarily mean there is a substance use disorder, but do mean that further questions are needed.

**Common signs and symptoms of substance use problems:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Headaches, sleep disorders, sexual dysfunction, gastrointestinal problems, liver disease, respiratory problems (sinusitis for snorted drugs, cough for smoked drugs), pupils dilated or constricted</td>
</tr>
<tr>
<td>Behavioral</td>
<td>Agitation, anxiety, anger, irritability, depression, mood swings, unusually fast or slow movements</td>
</tr>
<tr>
<td>Family</td>
<td>Marital problems (including separation and divorce), abuse or violence, family members' anxiety and depression, behavioral problems among their children</td>
</tr>
<tr>
<td>Social</td>
<td>Loss of long-standing friendships, spending time with other individuals with substance use problems, social isolation, loss of interest in regular activities</td>
</tr>
<tr>
<td>Work or School</td>
<td>Missing work or school, poor performance, frequent job changes or relocations</td>
</tr>
<tr>
<td>Legal</td>
<td>Arrests, DUls, theft, drug dealing</td>
</tr>
<tr>
<td>Financial</td>
<td>Large recent debt, borrowing money from friends/relatives, selling possessions (presumably for drug money)</td>
</tr>
</tbody>
</table>

*Adapted from Trachtenberg and Fleming, 1994*

**Signs/Symptoms for Specific Substances**

- **Stimulants** are generally associated with excitatory symptoms, such as increased energy, lack of sleep, and increased blood pressure and pulse.
- **Depressants**, such as alcohol, opiates, and benzodiazapines/barbituates, tend to slow down all the body systems.
- **Methamphetamine** leads to dental problems in chronic users ("meth mouth").
- **Injection** of opioids and other drugs produces scarring at vein sites (and elsewhere).

**Quiz: What substance is missed in screening the most often?**
**Question:** What substance is skipped most often in screening?

Choose one.

1. Misuse of prescription drugs
   - Feedback:
Correct. Many providers do not ask about misuse of prescription drugs when screening for substance misuse.

2. Illegal drugs
   - Feedback:
   - Incorrect. Many providers do not ask about misuse of prescription drugs when screening for substance misuse.

3. Tobacco
   - Feedback:
   - Incorrect. Many providers do not ask about misuse of prescription drugs when screening for substance misuse.

4. Alcohol
   - Feedback:
   - Incorrect. Many providers do not ask about misuse of prescription drugs when screening for substance misuse.

**VIDEO: DIAGNOSING ALCOHOL USE DISORDER**
To follow-up after a positive screening test for alcohol use, a provider might want to further assess the patient for alcohol use disorder or refer the patient to a substance use counselor for this evaluation. The following video illustrates a provider assessing a patient for alcohol use disorder in a patient interview.

**Video:** The video “Diagnosing Alcohol Use Disorder” (Clinical Tools, Inc., 2016), which illustrates a patient being interviewed about the criteria of Alcohol Use Disorder, can be found here: [https://www.youtube.com/watch?v=zGuiEbaAk3g](https://www.youtube.com/watch?v=zGuiEbaAk3g)

**BRIEF INTERVENTION**

**What is Brief Intervention?**

**Brief intervention:** Brief counseling and patient education that can be conducted in a few minutes or less during almost any clinic visit. Brief interventions include one or more of the following:

- further assessment of the problem
- making a recommendation for more healthy behavior
- suggesting a treatment approach

(CSAT & SAMHSA, 1997)

**PRACTICE TIP**
Involve the whole clinic team. Many of these steps can be achieved by nursing or other staff.

**STEPS IN A BRIEF INTERVENTION**

**Steps**
The basic steps in a brief intervention consist of raising the subject, providing feedback, enhancing motivation, and negotiating a plan (SBIRTOregon.org, 2013).
1. **Raise the subject:** Ask permission to talk about the subject. For example, "Can we talk about your results on this substance use screening?"

2. **Provide feedback:** Confirm your concern with the patient's responses to screening questions. For example, "As your doctor, I want to let you know that this much drinking on a daily basis is likely to harm your health."

3. **Enhance motivation:**
   - Ask the patient's view of the situation, barriers to quitting, and risk factors for relapse. For example, "What gets in the way of quitting?"
   - Discuss their personal responsibility for health effects and other consequences of substance use. For example, "What are the costs in your life of continued use?"
   - Provide the patient with non-judgmental advice and discuss benefits of quitting. For example, "List 3 things that would be better if you quit."
   - Encourage and support the patient.

4. **Negotiate a plan:**
   - Mention treatment options, if appropriate, and gauge patient's reaction. For example, "There is a treatment I can prescribe that will help you stop using heroin without going through the severe withdrawal that is worrying you. Can I tell you more about it?"
   - Solicit commitment to a clear goal. For example, "How many drinks can you reduce your total by per day?"
   - Part of the plan should include patient education and providing resources.

**PRACTICE TIPS**

**Ideas for fitting brief interventions in a busy schedule**

- Do as many brief interventions as you can in an appointment, but even one is better than none.
- For patients who return regularly, a step can be completed at each appointment. Ask if they have given any thought to what you talked about last time.
- Be sure to provide patient education and resources.

**INTERVENTIONS BASED ON LEVEL OF RISK**

**Patients At Risk or With Problems That Can Be Managed in the Practice**

Many patients with minor substance use problems can be effectively treated solely in primary care via brief intervention. Treatment goal options include:

- Graduated reductions in substance use
- A trial period of reduced substance use
- Total abstinence from the substance
- Medication assisted abstinence
  - naltrexone may be prescribed to help reduce cravings in alcohol use disorder, for example, a brief intervention might include a 30 day trial and re-evaluation
  - buprenorphine may be prescribed by waivered physicians for opioid use disorder

**Patients With Problems Beyond the Practice**

Even patients requiring a referral should have a brief intervention in order to:
• gather details about the history and severity of the substance use
• gauge the patient's willingness for treatment
• enhance motivation
• refer the patient to the most appropriate expert or treatment center.

Patients with more severe substance use disorders require referral to specialty treatments, such as a formal treatment program or self-help group, detox, and pharmacotherapy options (CSAT & SAMHSA, 1997).

Consider referral for:

• Patients for whom brief intervention is, or has previously been, insufficient treatment
• Patients who meet the DSM-5 criteria for severe substance use disorder
• Patients with a comorbid psychiatric disorder
• Patients with polysubstance use disorder

MOTIVATIONAL INTERVIEWING

An Introduction to Motivational Interviewing
Motivational interviewing is a counseling style for eliciting behavior change. Although it was originally developed for substance abuse counseling, these motivating techniques can be used in primary care to elicit health behavior change and are particularly effective with abuse of alcohol and other substances and tobacco use.

In motivational interviewing, the provider directs the focus of the interaction toward increasing the patient's readiness for change through the following basic steps:

1. Introduce the topic
2. Assess motivation
3. Elicit statements of motivation
4. Resolve ambivalence
5. Plan for change

Read on for more detailed descriptions of each step, and to learn skills in the principles and techniques around Motivational Interviewing.

MOTIVATIONAL INTERVIEWING STEPS

1. Introduce the topic with openness, concern, and lack of judgment to establish rapport

Establishing rapport with the patient decreases defensiveness and increases openness to the possibility of change. Expressing acceptance and affirmation are important (Rollnick & Miller, 1995).

**Physician Assistant:** There are some signs of drug use and, because I care about your health, I'd like to explore ways I can help you. What can you tell me about your drug use?

2. Assess motivation

One method of assessing motivation is to use a scale of 1 to 10 and to ask why motivation is not lower:
**Doctor:** How ready are you to quit -- on a scale of 1 to 10?

**Patient:** I'd say a 4.

**Doctor:** Why not lower? **Patient:** 'Lower?' .... 'Why not lower?' Um, well, there's my job that's important to me......

Asking, "Why not lower?" is likely to produce some statement of motivation, whereas asking, "Why not higher?" is likely to produce excuses. Also, gauge the patient's confidence in his/her ability to change and readiness for change (Rounsaville, 2002).

3. **Elicit statements of motivation**

Use open-ended questioning and reflective listening to elicit the patient's own explanations for behaviors; recognition or concerns about a problem; and desire, intention, and ability to change. For example, say:

Nurse: How is your drinking affecting your life?

Patient: It's ruining my marriage!

4. **Resolve ambivalence**

Patients often have a high degree of ambivalence about changing their addictive behavior (Wagner & Conners, 2003c); they want both the pleasures of indulgence and the benefits of restraint. Help the patient explore, articulate, and clarify ambivalence he or she may have about the problem behavior. Highlight discrepancies in what the patient says in order to produce internal tension that can lead to change. For example say:

Doctor: From what you say, drinking is important to your social life, while at the same time, it is hurting your most important relationships. What do you think about that?

Patient: Keeping my boyfriend is really more important.

5. **Plan for change**

In motivational interviewing, the client comes up with his or her own plan for change (Ingersoll et al., 2000; Rosengren & Wagner, 2001). Elicit a plan from the patient for the next 30 to 90 days. The plan is based on the patient's current stage of change and does not need to include quitting if the patient isn't ready. For example, ask:

Medical assistant: What step, if any, can you do in the next month to move in the direction of thinking about quitting?

If they cannot think of any, ask if they can commit to a followup appointment.

**MOTIVATIONAL INTERVIEWING PRINCIPLES**

**Understand the patient's view accurately**

Verify that you understood what they said by using reflective listening.

**Patient:** It is not that I don't want to quit; I just can't.

**Doctor:** So you want to quit but have not been able to do it.

**Patient:** Right. I've tried to quit many times....
Express empathy
Express understanding of the patient's emotions/feelings.

Clinical Nurse Specialist: Sounds like you've been going through a rough time.

Avoid or de-escalate resistance
Be willing to compromise. If the patient is not ready to talk about the problem behavior, try talking about a less-threatening health behavior, like getting enough sleep or exercise, just to introduce the topic of change.

Doctor: Let's focus on your sleep problem first.

Remembering a past success in changing a health behavior might build self-efficacy about the current problem. The patient might be more open to talking about the problem behavior at the next visit.

Doctor: I remember being impressed when you completely cut out all caffeine a couple years ago. How did you go from drinking 3 or 4 cups of coffee a day to not drinking any coffee at all?

Roll with the resistance. Instead of confronting a patient who resists change, try agreeing with them.

Patient: If I quit drinking I will lose my friends.

Nurse Practitioner: That might be - some of your current friends might not be supportive.

Patient: Well, I suppose the ones I'd lose aren't really my best friends....

(Miller & Rollnick 1991; Ingersoll et al., 2000; Rosengren & Wagner, 2001)

PRACTICE TIP
Instead of offering advice, recognize the expertise of the patient about his or her own motivations.

MOTIVATIONAL INTERVIEWING COMMUNICATION SKILLS

Ask Rather than Telling
Eliciting insights from the patient may take a little longer than simply providing advice; however, if time permits, this patient-centered approach can be used to increase the effectiveness of brief interventions. For example, in tobacco counseling, advising the patient in this manner: "Smoking is likely to cause health problems. You could get lung cancer and you're increasing your risk of heart disease and other health problems. You really should quit," is not as effective as asking about his or her knowledge of the consequences of tobacco use. For example, you might say:

Doctor: Tell me what you already know about the health problems associated with smoking?

Patient: Well, everyone knows it can cause lung cancer.

Doctor: Yes, that's a possibility -- and there are many other possible health effects.

Doctor: (names a few)

Doctor: How does that compare to what you want for your own health?

Patient: (patient answers)

Doctor: What effect does that have on your desire to continue smoking?

Employ Active Listening
Repeating back to the patient what you heard is called "active listening." Use your own style and summarize. Rather than repeating everything, choose statements that have a relatively strong
emotional component. Discussing concerns using the same words and phrases as the patient helps them feel heard. Use your judgment so you don't seem condescending. For instance:

*Nurse Practitioner:* It seems no one understands what you're going through.

**Ask Open-Ended Questions**
Avoid questions that have a yes or no answer. For instance, instead of asking, "Do you drink very much?" ask the following:

*Medical Assistant:* How much alcohol do you drink in a week?
*Patient:* (patient answers)
*Medical Assistant:* In a single night?

**MOTIVATIONAL INTERVIEWING TECHNIQUES FOR RAPPORT**

**Communication to build patient rapport**
Communication skills from Motivational Interviewing also can improve the effectiveness of screening and brief interventions. Patients who are abusing alcohol or drugs may be reluctant to tell the truth. The following techniques from Motivational Interviewing may help establish rapport and get the patient to open up:

**Ask open-ended questions**
An open-ended statement such as, "Tell me more about your marijuana use" is preferred over a question such as, "Is your marijuana use a problem?" which is likely to be answered, "No."

**Be sensitive to the patient's own perspective**
*Clinician:* Anything you say about your drinking stays between us, so please feel free to be honest when answering my questions about your drinking.

**Listen reflectively**
Reflective listening means paraphrasing what you heard from them to let them know you are listening carefully.

*Patient:* I lost all my friends; no one wants to be close to me since I started using a lot of drugs.
*Nurse:* It sounds like your drug use makes you pretty isolated.

**Convey a non-judgmental attitude**
*Clinician:* I am not here to judge you. Instead, I want to help you make the best possible decisions about your use of alcohol.

**Empathize with the patient**
*Doctor:* I know this is not the easiest topic to talk about, and I appreciate that you are willing to talk with me about it.

(Wagoner, 2003)

Note: Additional Motivational Interviewing skills are covered later in the training.
PRACTICE TIP
Pauses are a powerful way to draw people out without asking further questions. After making a simple question or a reflective statement, pause and wait patiently. Most people will fill the pause.

Quiz: Motivational Interviewing Integration
Question: Of the Motivational Interviewing skills, steps, and principles that were just covered, please check any that you would like to focus on more in your practice. Remember, you do not have to use all of them in one sitting. Even remembering and using one of them can be helpful in motivating a patient. (Select all that apply)

1. Establish rapport through openness and expressing concern
   • Feedback:
   • Good choice! After you have integrated rapport-building into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

2. Evaluate and resolve ambivalence
   • Feedback:
   • Good choice! After you have integrated evaluating and resolving ambivalence into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

3. Use active listening; understand the patient's view accurately
   • Feedback:
   • Good choice! After you have integrated active listening into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

4. Ask open-ended questions
   • Feedback:
   • Good choice! After you have integrated open-ended questions into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

5. Be non-judgmental; use non-accusatory language
   • Feedback:
   • Good choice! After you have integrated being non-judgmental and non-accusatory into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

6. Express empathy
   • Feedback:
   • Good choice! After you have integrated expressing empathy into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

7. Avoid or de-escalate resistance
   • Feedback:
   • Good choice! After you have integrated de-escalating resistance into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.
8. Assess motivation
   - Feedback:
   - Good choice! After you have integrated assessing motivation into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

9. Elicit statements of motivation
   - Feedback:
   - Good choice! After you have started eliciting statements of motivation from your patients, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

10. Ask rather than tell
    - Feedback:
    - Good choice! After you have integrated asking rather than telling into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

11. Help patients make their own plans for change
    - Feedback:
    - Good choice! After you have integrated helping patients make their own plans for change into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

12. Compromise on partial solution or treatment
    - Feedback:
    - Good choice! After you have started compromising with patients on a partial solution in your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

13. Summarize the SBIRT discussion and treatment plan at the end of the appointment
    - Feedback:
    - Good choice! After you have integrated summarizing the SBIRT discussion and treatment plan into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

VIDEO: BRIEF INTERVENTION: ALCOHOL
Video: The video “SBIRT: Brief Intervention: At Risk Alcohol Use” (UMBCtube, 2011), which illustrates follow-up after a positive screening for alcohol use, can be found here: https://www.youtube.com/watch?v=ebsqETBWeDQ

The video shows a provider following up on a positive screening questionnaire for alcohol use, by reviewing the results of that questionnaire, asking a few additional assessment questions to clarify the patient's unique situation, and providing a brief intervention.

Steps that he takes include:
1. He first uses a motivational interviewing technique of building rapport and patient confidence by congratulating her on quitting smoking.
2. Reviewing and clarifying screening results, clarifying what is meant by one "drink."
3. Advises the patient of recommended limits for alcohol use, emphasizing the relevance to her health
4. Uses the motivational interviewing technique of evoking and eliciting her feelings about this information
5. Assesses the patient's readiness to quit
6. Enhances patient motivation through exploring positives and negatives of her drinking
7. Uses reflective listening
8. Facilitates the patient's planning to take steps toward quitting
9. Plans a follow-up appointment

VIDEO: MOTIVATIONAL INTERVIEWING
The following video illustrates the use of motivational interviewing in a patient interview related to substance use.

Video: The video “Motivational Interviewing” (Clinical Tools, Inc., 2016), which illustrates a patient interview related to substance use using Motivational Interviewing, can be found here: https://www.youtube.com/watch?v=cOlrb7ADwsMw

As you watch the video, notice how the provider uses various techniques from motivational interviewing (MI), such as empathy, reflective listening, and open-ended questions, to achieve the four steps of MI:

1. Engage
2. Focus
3. Elicit
4. Plan

MEET YOUR PATIENT: MS. JOANNE COSGROVE

Case Info
Patient Name: Joanne Cosgrove Age: 44 y/o
Height: 5’ 4” Weight: 144 lbs
BP: 124/84 Pulse: 93 Respiration: 14/min

Chief Complaint: Fatigue, low energy, insomnia

History of Present Illness: Onset of fatigue about 4 months ago, insomnia for the past 2 months. Nothing has changed in her life, so she is not sure what caused these symptoms "out of nowhere." Reports no pain, no depression or anxiety symptoms, no other health problems or changes.


Medications: No prescription medication. Vitamin D 500 IU, fish oil 1000mg bid, women's multivitamin, loratadine (as needed for seasonal allergies), diphenhydramine (as needed for insomnia).

Laboratory Results: There are currently no laboratory results available.
Case Objectives
The goals for this case are to apply the following skills learned earlier in the activity:

1. Select an appropriate screening/assessment tool
2. Screen Ms. Cosgrove for substance use problems
3. Interpret the screening results from a widely used screening tool for alcohol use
4. Discuss screening results and concerns with Ms. Cosgrove
5. Determine if brief intervention or other treatment is warranted

WHAT CAN YOU DO?
What Can You Do To Help This Patient?

Ms. Joanne Cosgrove
Your patient, Ms. Joanne Cosgrove is suffering from recent onset of fatigue and insomnia. Nothing has changed in her life, so she is not sure what caused these symptoms "out of nowhere." She reports no pain, depression, other health problems, or changes.

(SAMHSA, 2010)

Think Ahead
Will screening Ms. Crosgrove for substance abuse help understand her symptoms?

What can you do?
Screening
followed by
Brief intervention
along with
Referral or treatment when indicated
can help patients decrease alcohol, tobacco or other drug use.

QUIZ: MS. COSGROVE - SCREEN FOR HAZARDOUS SUBSTANCE USE
List at least one important topic to cover with Ms. Cosgrove to screen for substance use problems. That is, what initial questions would you ask about substance use?

Response
Suggested answer: Topics to cover could include her tobacco, alcohol, illicit drugs, and prescription drug misuse

Quiz: Choose a Screening Tool for Ms. Cosgrove
A good set of pre-screening questions would ask about lifetime use of tobacco, alcohol, illicit drugs or misuse of prescription drugs.

Provider: Have you ever used tobacco, alcohol, or illicit drugs or misused prescription drugs?
Ms. Cosgrove: I do drink alcohol, but have not smoked since experimenting with it when I was in my teens. I haven't used any drugs.

Provider: Thank you for letting me know.

Question: What assessment tool would you like to use next?

Choose all that apply.

1. NIAAA (National Institute on Alcohol Abuse and Alcoholism Questions)
   - Feedback:
   - You give Ms. Cosgrove the National Institute on Alcohol Abuse and Alcoholism (NIAAA) Questionnaire and her answers are as follows:
     Provider: Do you sometimes drink beer, wine, or other alcoholic beverages now?
     Ms. Cosgrove: Yes.
     Provider: How many times in the past year have you had 4 or more drinks in a day, if by "drink" I mean 12 oz of beer, 5 oz of wine, or 1.5 oz of 80-proof liquor?
     Ms. Cosgrove: Only on special occasions, like holidays or when I get together with my girl friends.
     Provider: So about how many times per year would that be that you had 4 drinks or more in a single day?
     Ms. Cosgrove: Maybe something like 10 or 15.
   
   How to interpret Ms. Cosgrove's NIAAA Questionnaire:
   A positive response is one or more heavy drinking days, defined for women as 4 or more drinks in a day in the past year and Ms. Cosgrove has had at least 10 to 15 of them. Further assessment is indicated.

2. CAGE (Cut down, Annoyed, Guilty, Eye Opener)
   - Feedback:
   - You give Ms. Cosgrove the CAGE Questionnaire and her answers are as follows:
     Provider: Have you ever felt you should cut down on your drinking?
     Ms. Cosgrove: Yes, a little.
     Provider: Have people annoyed you by criticizing your drinking?
     Ms. Cosgrove: Yes, my mother does all the time.
     Provider: Have you ever felt bad or guilty about your drinking?
     Ms. Cosgrove: Maybe a little.
     Provider: Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?
     Ms. Cosgrove: No, I'm not that bad off! I just drink lots of water and take an ibuprofen.
   
   Note: Ms. Cosgrove's response to the CAGE Questionnaire is positive, with 2 to 3 out of 4 questions positive. Further assessment is indicated.

3. DAST (Drug Abuse Screening Test)
   - Feedback:
   - DAST stands for "Drug Abuse Screening Test." Ms. Cosgrove already said she does not use drugs. The CAGE, AUDIT, or NIAAA questions would have been more suitable.
QUIZ: MS. COSGROVE - FURTHER ASSESS ALCOHOL USE

Read the following case information and answer the question at the bottom.

Patient: Ms. Joanne Cosgrove
Age: 44 years old

Scenario: Onset of fatigue about 4 months ago, insomnia for the past 2 months. Nothing has changed in her life so she is not sure what caused these symptoms "out of nowhere." Reports no pain, no depression or anxiety symptoms, no other health problems or changes.

Question: Which of the following could be used to further assess Ms. Cosgrove's level of alcohol use problem?
Choose all that apply.

1. CAGE-AID
   - Feedback:
   - This would provide a little more information than the CAGE because it includes screening for both alcohol use problems and use of illicit drugs.

2. AUDIT
   - Feedback:
   - The Alcohol Use Disorders Identification Test (AUDIT) will help you detect at-risk or hazardous drinking and help you determine the level of intervention needed.

3. NIDA-Modified ASSIST
   - Feedback:
   - The NIDA-Modified ASSIST will help you assess illicit drug use and misuse of prescription drugs.

QUIZ: MS. COSGROVE - FURTHER ASSESS ALCOHOL USE
Read the following case information and answer the question at the bottom.

Patient: Ms. Joanne Cosgrove Age: 44 years old Scenario: Onset of fatigue about 4 months ago, insomnia for the past 2 months. Nothing has changed in her life so she is not sure what caused these symptoms "out of nowhere." Reports no pain, no depression or anxiety symptoms, no other health problems or changes.
**Question:** Which of the following could be used to further assess Ms. Cosgrove’s level of alcohol use problem? Choose all that apply.

1. **CAGE-AID**
   - Feedback: This would provide a little more information than the CAGE because it includes screening for both alcohol use problems and use of illicit drugs.

2. **AUDIT**
   - Feedback: The Alcohol Use Disorders Identification Test (AUDIT) will help you detect at-risk or hazardous drinking and help you determine the level of intervention needed.

3. **NIDA-Modified ASSIST**
   - Feedback: The NIDA-Modified ASSIST will help you assess illicit drug use and misuse of prescription drugs.

**MS. COSGROVE’S AUDIT**
Assessing Ms. Cosgrove Using the AUDIT You further assess Ms. Cosgrove’s alcohol use by using the AUDIT. A nurse provides Ms. Cosgrove with a tablet computer, and Ms. Cosgrove fills out an electronic version of the AUDIT. This takes her about 4 minutes to complete.

Ms. Cosgrove’s AUDIT Responses:

Q1: How often do you have a drink containing alcohol? __Never (0 points) __Monthly or less (1 point) __2 to 4 times a month (2 points) __2 to 3 times a week (3 points) X 4 or more times a week (4 points)

Q2: How many drinks containing alcohol do you have on a typical day when you are drinking? X 1 or 2 (this is actually an underestimate – she does not “count” the middle-of-night drinks) (0 points) __3 or 4 (1 point) __5 or 6 (2 points) __7 to 9 (3 points) __10 or more (4 points)

Q3: How often do you have six or more drinks on one occasion? __Never (0 points) __Less than monthly (1 point) X Monthly (2 points) __Weekly (3 points) __Daily or almost daily (4 points)

Q4: How often during the last year have you found that you were not able to stop drinking once you had started? __Never (0 points) X Less than monthly (1 point) __Monthly (2 points) __Weekly (3 points) __Daily or almost daily (4 points)

Q5: How often during the last year have you failed to do what was normally expected of you because of drinking? __Never (0 points) __Less than monthly (1 point) X Monthly (2 points) __Weekly (3 points) __Daily or almost daily (4 points)

Q6: How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? X Never (0 points) __Less than monthly (1 point) __Monthly (2 points)
Weekly (3 points) ___Daily or almost daily (4 points)

Q7: How often during the last year have you had a feeling of guilt or remorse after drinking? ___Never (0 points) ___Less than monthly (1 point) ___Monthly (2 points) ___Weekly (3 points) ___Daily or almost daily (4 points)

Q8: How often during the last year have you been unable to remember what happened the night before because of your drinking? ___Never (0 points) ___Less than monthly (1 point) ___Monthly (2 points) ___Weekly (3 points) ___Daily or almost daily (4 points)

Q9: Have you or someone else been injured because of your drinking? ___No (0 points) ___Yes, but not in the last year (2 points) ___Yes, during the last year (4 points)

Q10: Has a relative, friend, doctor, or other healthcare worker been concerned about your drinking or suggested you cut down? ___No (0 points) ___Yes, but not in the last year (2 points) ___Yes, during the last year (4 points)

Add total points: Interpreting the AUDIT Questions 1 through 8 = 0, 1, 2, 3, or 4 points. Questions 9 and 10 are scored as 0, 2, or 4. Using the total points you calculated above, interpret Ms. Cosgrove's AUDIT responses. Remember your interpretation because we will ask you in a poll on the next page.

Risk Level Intervention AUDIT Score Zone I Alcohol Education 0-7 Zone II Simple Advice 8-15 Zone III Simple Advice plus Brief Intervention and Follow-up (Continued Monitoring, if possible) 16-19 Zone IV Referral to Specialist for Diagnostic Evaluation and Treatment 20-40.

POLL: INTERPRETATION
Poll: Based on the information, how would you interpret Ms. Cosgrove's AUDIT responses?

1. Zone 13% (1 vote)
2. Zone 25% (2 votes)
3. Zone 364% (25 votes)
4. Zone 428% (11 votes)

CATEGORIES OF BRIEF INTERVENTIONS
Here's a recap of some of the brief interventions that were used or could have been used with Ms. Cosgrove. See if you can label each intervention with the purpose of the intervention.

Match the correct technique with each statement by the doctor with one of the 7 steps taught in the course on brief interventions or the techniques from Motivational Interviewing (MI) by clicking on the drop-down menus on the right.

• You started to get more ready to quit drinking after thinking about your responsibility to not drinking while driving. How responsible would you be if you did have an accident while drinking and someone got hurt? Suggested answer: Step 3. Discuss personal responsibility Feedback: This is Step 3. Discuss personal responsibility
• You've agreed that you think you should cut down on your drinking. What step are you ready to take toward that goal? Suggested answer: Step 5 Mention goals. MI: Plan for change Feedback: This is Step 5 Mention goals and MI: Plan for change.

• On the one hand you want to keep drinking to excess so you can keep your friends, even those who want you to drink too much, and on the other hand, you want to reduce your drinking so you know that you'll be making responsible decisions. Can we talk about the importance of each one for you? Suggested answer: MI: Resolving ambivalence Feedback: This is MI: Resolving ambivalence.

• Can we talk a little more about what you said about drinking and driving? Suggested answer: Step 2. Ask the patient's view of the situation. Feedback: This is Step 2. Ask the patient's view of the situation.

• As your doctor, I recommend you reduce your drinking to within the guidelines we discussed, so that you can count on yourself to make sound decisions. Suggested answer: Step 4. Non-judgmental advice Feedback: This is Step 4. Non-judgmental advice.

You lose points by selecting incorrect options. You may leave an option blank to avoid losing points.

STARTING MS. COSGROVE'S BRIEF INTERVENTION

Provider: Ms. Cosgrove, based on our discussions, it sounds like you are drinking above the recommended amount of no more than 3 drinks per day/7 drinks per week for women. On a scale of 0 to 10, how ready are you to cut back on your drinking? Ms. Cosgrove: Probably a 3. Which of the following would be best to ask next? Response:

• Do you think you drink too much? Feedback: Do you think you drink too much? No. Discussion: Asking the patient's view is a good approach. This was step 2 in the 7 steps we presented in the module on brief interventions. But asking it as a "closed" ended question, that is, one that can be answered "yes" or "no," didn't get Joanne to say very much. An open ended question, for example, one that starts with "How" or "What" would elicit detail or information that may be important to your brief intervention. Be careful with questions that start with "Why," however, because they may make patients defensive.

• Why not higher than a 3? Feedback: Why not higher than a 3? I thought I was doing pretty good by even thinking about it. You are. But why isn't it an 8 or a 9? I'm just not there yet. I feel like you're pushing me too fast. Discussion: This patient got defensive when pushed to consider being more ready to quit drinking.

• Why not lower than a 3? Feedback: Why not lower than a 3? Lower? Yes, you rated how ready you are to quit drinking at a 3 on a scale of 1 to 10. But why did you pick 3 and not lower, like 1 or 2? Well... it would be nice to have my mom stop nagging me about it. That can be difficult! Any other reason it's not lower than 3? I suppose I've driven sometimes when I shouldn't. I'm just lucky nothing happened. That is certainly an important problem to consider. How often has that happened? Oh, maybe just once or twice......well maybe more, lately. So you notice you've been drinking and driving more often lately? Yes. Now that I'm thinking about it, I'd like to change how ready I am to quit from a 3 to a 5. Great! I admire how honest you are being with yourself.
Discussion: Notice how asking, "Why not lower?" got Ms. Cosgrove to focus on the negative effects of her drinking and did not make her defensive. In this case, it even led her to become more motivated to quit drinking.

MORE BRIEF INTERVENTIONS
Next...
Continue the dialogue using techniques from motivational interviewing (MI), plus the 7 steps taught in the module on brief interventions. Counseling techniques are labeled in parentheses in the following sample dialogue:

Provider: You became more ready to quit drinking after thinking about drinking while driving. How responsible would you be if you did have an accident while drinking and someone got hurt? (Step 2: Ask the patient's view of the situation. Step 3: Discuss personal responsibility.)

Ms. Cosgrove: It would be all me -- I get that. It's just that when I'm drinking I don't care as much or I think I can get away with it just this once.

Provider: It sounds like you sometimes drink enough to impair your judgment about this important issue and possibly others (Step 3 Discuss personal responsibility). As your medical provider, I recommend you never drink and drive and that you reduce your drinking to within the guidelines we discussed, so that you can count on yourself to make sound decisions (Step 4: Non-judgmental advice).

Ms. Cosgrove: I would like to do that. It might be hard, though, because I might lose some friends.

Provider: That may be. You may lose some friends (MI: Roll with the resistance) On the one hand you want to keep drinking to excess so you can keep your friends, even those who want you to drink too much, and on the other hand, you want to reduce your drinking so you know that you'll be making responsible decisions (MI: Resolving ambivalence). Can we talk about the importance of each one for you? (MI: Asking rather than telling.)

Ms. Cosgrove: When you put it that way, not very important. I do have other friends who don't drink too much.

MORE BRIEF INTERVENTIONS (PART 2)
Continue the dialogue using techniques from motivational interviewing (MI), plus the 7 steps taught in the module on brief interventions.

Basic steps in a brief intervention: Confirm that the patient's screening answers indicate a concern Ask about the patient's view of the situation -- Includes identifying barriers to quitting and risk factors for relapse Discuss the patient's personal responsibility, health effects and other consequences of substance misuse Provide the patient with non-judgmental advice and the benefits of quitting Mention treatment options if appropriate and gauge patient's reaction Encourage and support the patient --
Includes soliciting patient commitment to a clear goal. Provide patient education and resources. A plan for follow-up is also important!

Counseling techniques are labeled in parentheses in the following sample dialogue:

**Provider:** Another thing I'd like to make you aware of is the very likely possibility that your sleeping problems are related to your alcohol use. In fact, the first treatment I'd like to recommend to address your sleeping problems is addressing your alcohol use. (Step 7: Patient education.)

**Ms. Cosgrove:** Is that right? I suppose I really should think about drinking less.

**Provider:** Since you've agreed that you think you should cut down on your drinking, what step are you ready to take toward that goal? (Step 5: Mention goals. MI: Plan for change)

**Ms. Cosgrove:** I'll try really hard to stay within the limits. And I'll ask my friends who don't drink too much to do the driving until I get this under control.

**Provider:** I think that's great! When would you start? (Step 6. Encourage and support the patient, including eliciting commitment to a clear goal.)

**Ms. Cosgrove:** I could start today while I'm inspired! I hope I can do it.

**Provider:** We will support you in this. Mrs. Green will give you a list of 12 step programs in the area. I highly recommend you consider going to them. Getting support from others who have been through the same thing can make a big difference. We've also got an educational brochure she'll give you to read over that offers tips to help you be successful. We'll give you a call next week to see how it's going, if that's ok (Step 7: Provide patient education and resources and plan for follow-up.)

**Ms. Cosgrove:** Thank you.

**MS. COSGROVE - FOLLOWUP BRIEF INTERVENTION**

Case Summary Thus Far:

**Patient:** Ms. Joanne Cosgrove, 44 y/o

**Scenario:** Onset of fatigue about 4 months ago, insomnia for the past 2 months. Nothing has changed in her life so she is not sure what caused these symptoms "out of nowhere." Reports no pain, no depression or anxiety symptoms, no other health problems or changes.

**AUDIT Results:** Ms. Cosgrove's score of 17 on the AUDIT falls into the "Zone III" risk level, which calls for simple advice plus brief counseling and continued monitoring of results. There were no significant findings in Ms. Cosgrove's physical exam or laboratory results related to her substance use problems.

Ms. Cosgrove's AUDIT Results for Review:

Alcohol Use Disorders Identification Test (AUDIT) Joanne Cosgrove [date] Q1: 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 X 4 or more times a week
Q2: How many drinks containing alcohol do you have on a typical day when you are drinking? X 1 or 2 (This is actually an underestimate – She does not “count” the middle-of-night drinks) __3 or 4 __5 or 6 __7 to 9 __10 or more

Q3: How often do you have five or more drinks on one occasion? __Never __Less than monthly X Monthly __Weekly __Daily or almost daily

Q4: How often during the last year have you found that you were not able to stop drinking once you had started? __Never X Less than monthly __Monthly __Weekly __Daily or almost daily

Q5: How often during the last year have you failed to do what was normally expected of you because of drinking? __Never __Less than monthly X Monthly __Weekly __Daily or almost daily

Q6: How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? X Never __Less than monthly __Monthly __Weekly __Daily or almost daily

Q7: How often during the last year have you had a feeling of guilt or remorse after drinking? __Never __Less than monthly __Monthly (She feels bad when she has trouble getting up with the kids in the morning) X Weekly __Daily or almost daily

Q8: How often during the last year have you been unable to remember what happened the night before because of your drinking? __Never X Less than monthly __Monthly __Weekly __Daily or almost daily

Q9: Have you or someone else been injured because of your drinking? X No __Yes, but not in the last year __Yes, during the last year

Q10: Has a relative, friend, doctor, or other healthcare worker been concerned about your drinking or suggested you cut down? __No __Yes, but not in the last year X Yes, during the last year (Her mom mentioned a few times that drinking wine was not a cure for insomnia, and that's part of what prompted her to come to the doctor today)

Ms. Cosgrove was rescheduled for a follow-up visit that will include additional brief interventions.

**Question:** Describe goals for the follow-up brief interventions for Ms. Cosgrove’s alcohol use problem.

Suggested answer: includes: confirming concern, identifying risks and discussing consequences, providing medical advice, being encouraging and supportive, identifying goal, giving advice and support
FOLLOW-UP DISCUSSION

Follow-up Is Important!
Here is a review of the steps in followup for patients who commit to quitting their substance use. How many did you include in your followup plan for Ms. Cosgrove?

Short Term Followup for the Patient Who Quits
Follow-up after a patient quits a substance (or, if appropriate, reduces substance use) is an important component of substance use interventions and can improve success rates (Fiore et al., 2008).

1. For the patient quitting or reducing use of a substance on a particular date, a phone call immediately before that date as a reminder is ideal.
2. A call within several days after a patient quits using a substance or changes their level of use to check in on how it is going can help keep motivation on track.
3. Scheduling a clinic check-in within the first 2 weeks provides the opportunity for a more detailed update on withdrawal symptoms, effectiveness of medication, side effects, etc.
4. In a hospital setting, make a referral for followup in primary care at discharge.

Long Term Followup
Scheduling long term followup after a brief intervention when a significant substance use problem is identified, for example, at 6 months, provides the opportunity for the following steps:

1. Screen for current substance use problems, including urine drug testing and other laboratory tests when appropriate.
2. Provide motivation, encouragement, and/or congratulations when appropriate for the situation.
3. Review the efficacy and side effects of any medications that were prescribed and are still being used. Discontinue their use if indicated.
4. Discuss relapse or continued use despite the brief intervention using a non-judgmental attitude. Consider whether the patient needs additional brief interventions, brief treatment (more intensive brief interventions) or a referral to a specialist or treatment center for more extensive treatment.

BILLING INFORMATION

Billing information for Ms. Cosgrove’s brief screening and brief intervention appointments to date:

These interventions actually took place over several sessions of 15 to 30 minutes each and so were each billed with the CPT code 99408, which is Alcohol and/or substance use disorder structured screening and brief intervention services; 15 to 30 min. Oklahoma Medicaid reimburses alcohol and substance abuse behavioral change code CPT 99408, as well as an annual behavioral health screen using code CPT 99420.

Using General Billing Codes

One can upcode the visit if it meets the criteria, such as additional time or 3 chronic conditions. Tobacco and alcohol could be two of those conditions. For example, bill a 99214 code based on time. A regular office visit, billing code 99213, usually lasts 15 min. If you spend 25 minutes and half is
spent in health education, then you can bill a 99214 code, which is about 40 dollars more than a 99213.

**PRESCRIPTION DRUG MONITORING PROGRAMS**

Prescription drug monitoring programs, available in Oklahoma, as well as many other states, track pharmacy activity and can give you a report on your patient's prescriptions for scheduled substances. A pattern of obtaining prescriptions from multiple pharmacies and/or providers is called "doctor shopping" and may indicate substance use disorder or diversion.

**SUMMARY AND KEY POINTS**

**SUMMARY**

Here is a summary of recommended skills, organized by medical provider core competencies:

Provide patient-centered care

- Consistently screen every patient for all substance use problems using a standardized approach.
- Screening tools for specific substances include AUDIT for alcohol, AHRQ's guide for tobacco, or DAST for drugs.
- Look for red flags of substance use problems and clusters of symptoms that -- when considered together -- may indicate a substance use disorder, but don't consider the absence of red flags to mean there is no substance use problem.
- Be sensitive and non-judgmental, listen and empathize in order to connect with the patient
- Perform a brief intervention with all patients who screen positively for substance use problems
- Review screening results, gauge patient's resistance, and mention treatment options
- Discuss the harm substance use is causing (health and family, work, etc.) and benefits of quitting or cutting back
- For patients who show a willingness to change substance use, discuss a treatment plan of cutting back or stopping use.
- Encourage, support, and even push patients, but remember that changing habits is difficult
- Employ motivational interviewing techniques during the brief intervention:
  - Ask rather than tell; Ask permission and establish rapport
  - Evaluate and resolve ambivalence
  - Use active listening; understand the patient's view accurately
  - Ask open-ended questions
  - Be non-judgmental; use non-accusatory language
  - Express empathy
  - Avoid or de-escalate resistance
  - Assess motivation and elicit statements of motivation
  - Plan for change
• Compromise on partial solution or treatment
• Summarize the discussion and treatment plan at the end of the appointment.

Use evidence based care

• Standardized screening is the best way to detect a range of substance use disorders
• Select from dozens of validated screening tools. For example:
  • AUDIT can be used for alcohol screening
  • DAST can be used for drug screening
• Discuss screening responses with your patients to get more insight and information about their substance use
• Use screening results to determine if brief intervention will be sufficient or referral to treatment is needed

RESOURCES AVAILABLE THROUGH THIS MODULE:

Alcohol Use Disorders Identification Test (AUDIT) Edit
The 10-question Alcohol Use Disorders Identification Test (AUDIT) was developed by the World Health Organization (WHO) specifically for primary care settings as a screen for detecting at-risk or hazardous drinking. A shorter version of the AUDIT also is used in primary care and consists of the first 3 questions of the AUDIT. Note: The AUDIT manual from WHO suggests adjusting Question 3 based on the size of the standard drink in the country where it will be used. The U.S. standard drink is now 14 grams, therefore many clinicians are now using 4 drinks rather than 6 drinks in Question 3; alternatively, have the patient refer to a diagram showing the standard drink size.

AUDIT Edit
AUDIT Questionnaire
CAGE Edit
CAGE Questionnaire
CAGE-AID Edit
CAGE-AID Questionnaire
Commentary: DSM-5 New Addiction Terminology, Same Disease Edit
Brief critique and explanation of the changes in terminology and classification for substance use disorder as described in DSM-5. The author highlights the impact of the changes in vocabulary as well as the potential fallacies created by them.

DAST Edit
DAST Questionnaire
DAST 10 Drug Use Questionnaire Edit
DAST 10 Drug Use Questionnaire
DAST: Drug Abuse Screening Test Edit
Self-report questionnaire used for screening patients for drug abuse and dependency.

Helping Smokers Quit - A Guide for Clinicians Edit
A website that explains the 5 A’s for tobacco cessation.

NIAAA Clinician’s Guide: Helping Patients Who Drink Too Much Edit
This Guide is written for primary care and mental health clinicians. It has been produced by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a component of the National Institutes of Health.
Health, with guidance from physicians, nurses, advanced practice nurses, physician assistants, and clinical researchers.

**NIDA Quick Screen - Online**
The NIDA quick screen is an online screening tool for substance abuse filled out by the patient. Based on the patient's responses, it generates a substance involvement score that suggests the level of intervention needed. This is the short, online version of the longer screening tool, the NIDA Modified ASSIST.

**NM ASSIST Screening Tool**
The NM ASSIST (NIDA-Modified Alcohol, Smoking, and Substance Involvement Screening Test) clinicians through a short series of screening questions and, based on the patient's responses, generates a substance involvement score that suggests the level of intervention needed.

**SAMHSA Substance Use Disorders**
SAMHSA's breakdown on changes to substance-related addictive disorder diagnoses introduced by DSM-5.

**Referral and consultation communication between primary care and specialist physicians: finding common ground**
This study found that specialists and PCPs perceive the quality of their communications with each other differently regarding referral and consultations. Physicians who did not receive timely communications regarding referrals or consultation reported that it impacted their ability to provide high quality care. This highlights the importance of effective referral as a clinical skill, and the need to improve inter-profession communication between primary care physicians and specialists.

**SAMHSA's Buprenorphine Physician and Treatment Program Locator**
A directory of treatment programs and physicians authorized to treat patients with buprenorphine.

**SBIRT Readiness Ruler**
This pocket-sized card assists clinicians with performing brief interventions.

**State Prescription Drug Monitoring Programs**
Question and answer page on prescription drug monitoring programs and link to information on each state's program.

**Tobacco Use Assessment Form**
Tobacco Use Assessment Form

**REFERENCES USED IN THIS MODULE:**

**Practice Gap References**


Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services


Page 47 of 53 June 15, 2018 Update Basics of SBIRT in Primary Care (for providers in Oklahoma) www.sbirt.clinicalencounters.com
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