

# Screening, Brief Intervention & Referral to Treatment

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## Disclosure:

Tom Freese, PhD

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Do not have financial relationships to disclose

-and

will not discuss off label use and/or investigational use in the presentation

# Presentation goals

1. Increase knowledge of screening and brief intervention concepts and techniques
2. Review Screening Steps
3. Review Brief Intervention Techniques



# SBIRT: Review of Key Terms

**Screening:** Very brief set of questions that identifies risk of substance use related problems.

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

**Referral:** Procedures to help patients access specialized care.

# A Public Health Solution: Screening, Brief Intervention (SBI)

Substance abuse leads to significant medical, social, legal, financial **consequences**.

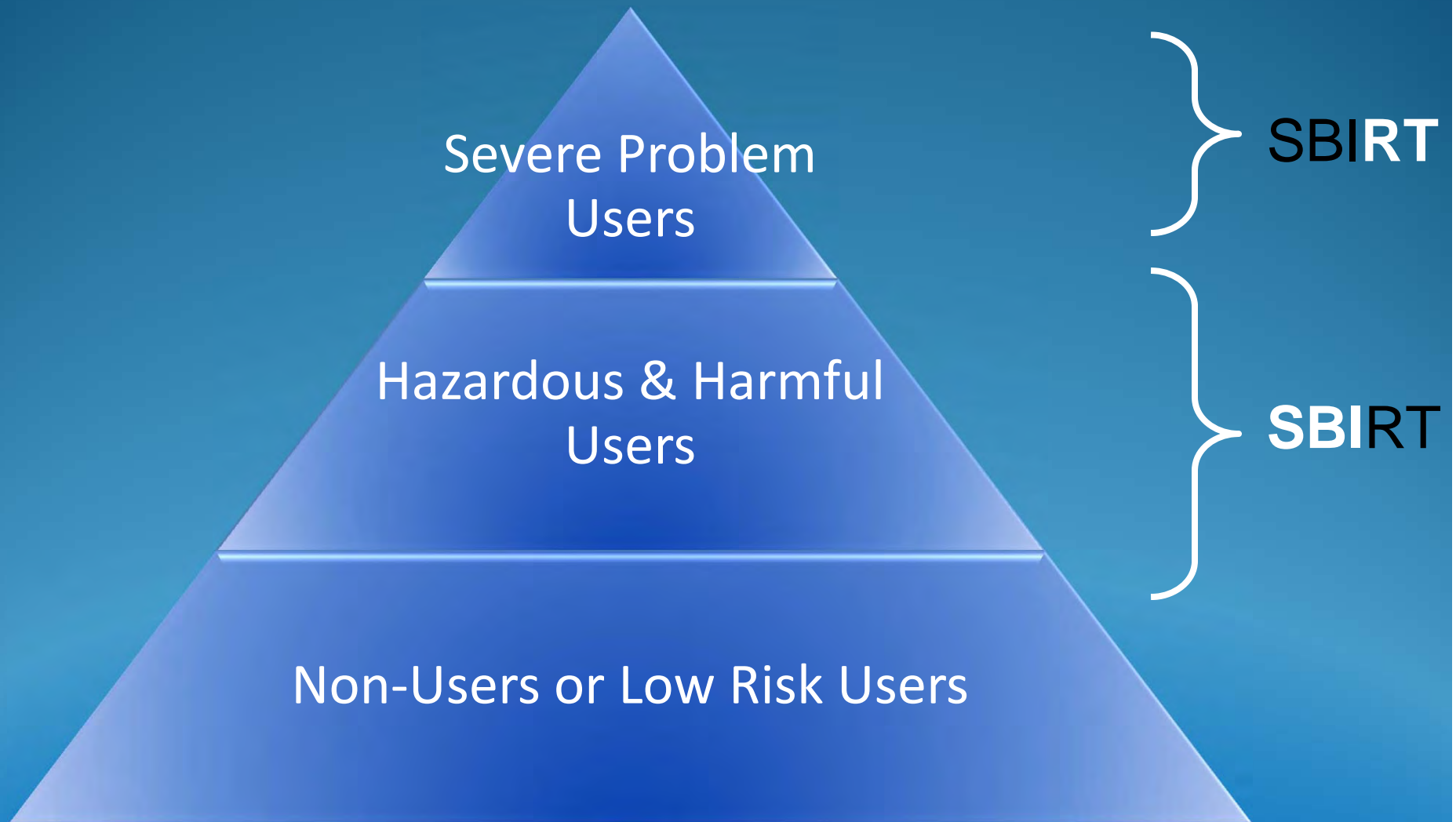
Excessive drinking, illicit drug use, and prescription drug misuse are **often undiagnosed** by medical professionals.

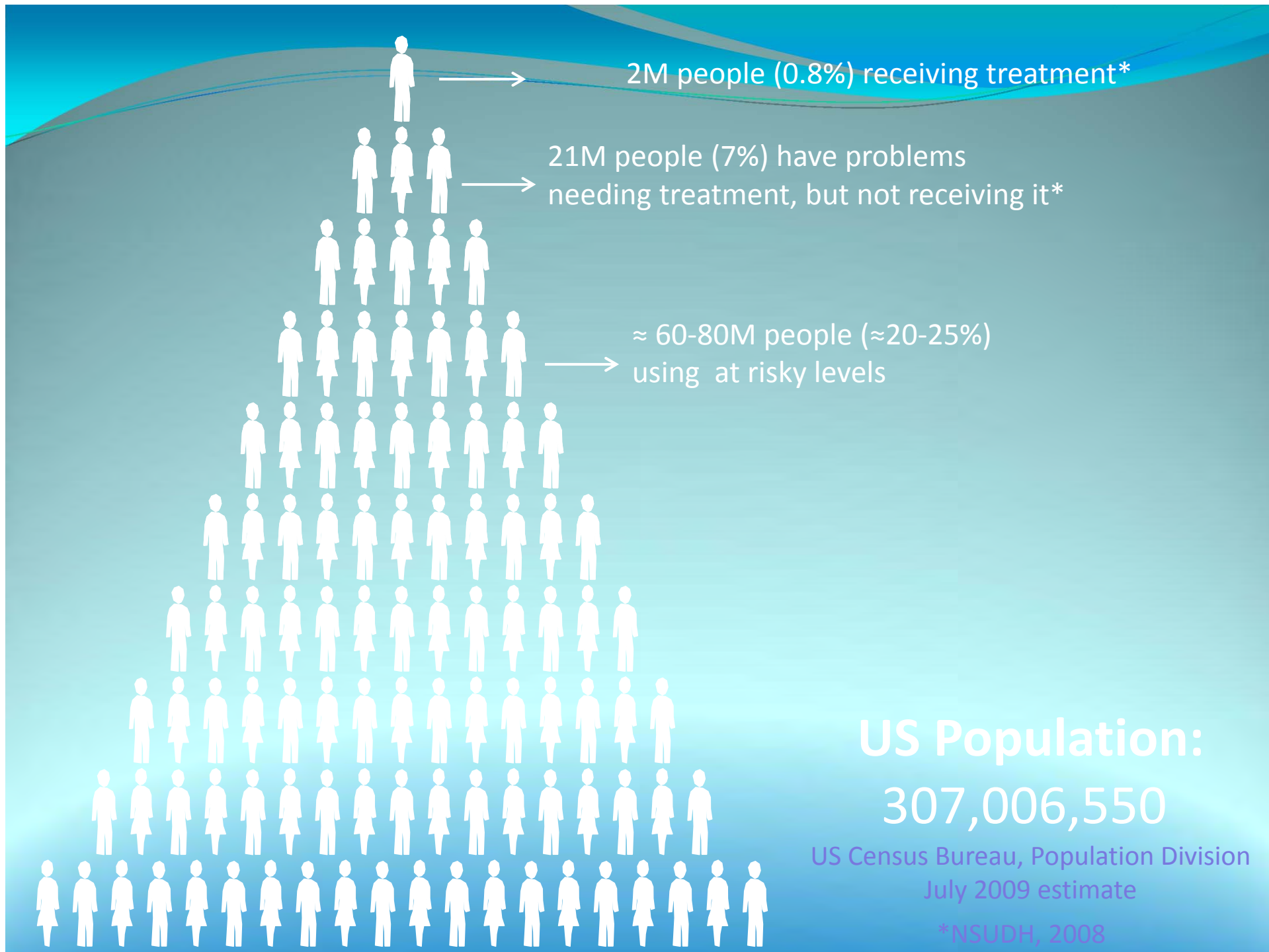
**Treatment GAP**  
**Why SBI?**

The brief intervention itself is **inherently valuable**, and positive screens may not require referral to specialty treatment.

Early, brief interventions are clinically **effective and cost-efficient**.

# Substance Use Problems Among Mental Health &/or Primary Care Populations





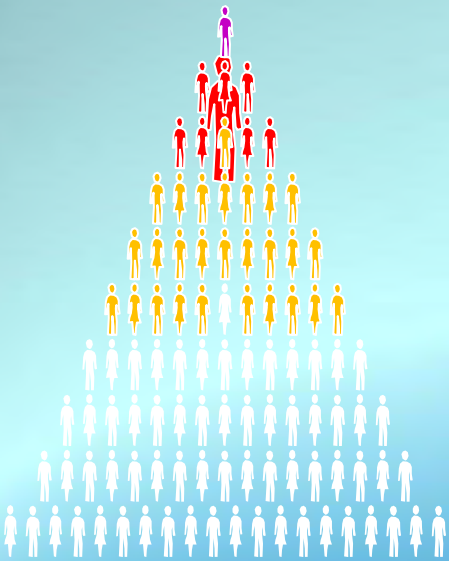
## In treatment (2 Million)

Diagnosable problem with substance use  
Referred to treatment by:\*

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

\*Los Angeles County Data

## In need of treatment (21 Million)



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 problems.
- Some examples...

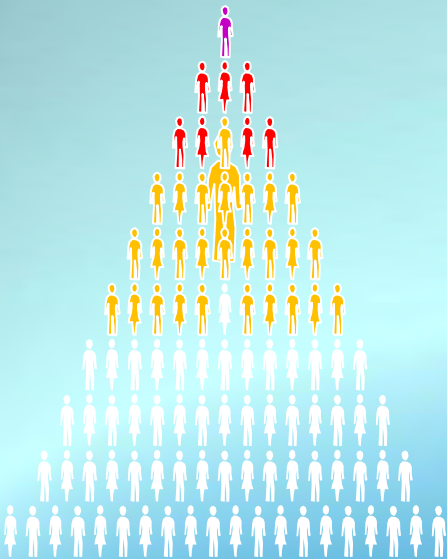


Drinks 3-4 glasses of wine a few times per week

Pregnant woman occasionally has a shot of vodka to relieve stress

Adolescent drinking with his friends on weekends

Drinks and takes vicodin to help with pain



# 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.
- SBI can reduce accidents, injuries, trauma, emergency department visits, depression, drug-related infections and infectious diseases
- Can save \$ - SBI for alcohol saves \$2 - \$4 for each \$1.00 expended
- Research is less extensive for illicit drugs, but promising.

See reference list

# Screening, Brief Interventions for Alcohol: Major Impact of SBI on 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

# Screening, Brief Interventions for Illicit Drugs: Major Impact of SBI on Morbidity and Mortality

Study	Results - conclusions	Reference
International randomized controlled trial - primary care	<ul style="list-style-type: none"> <li>• 60% of SBI group significantly reduced illicit substance use (3 months).</li> <li>• Most influential components of SBI: hearing screening score, the interview, and “hearing themselves speak”</li> </ul>	World Health Organization, 2008
6-sites nationally: trauma centers, ERs, primary care, hospitals	<ul style="list-style-type: none"> <li>• Rates of illicit drug use reduced 67% (6 months)</li> <li>• Improvements in general health, mental health and social measures</li> <li>• Feasibility of alcohol &amp; drug screening demonstrated in variety of healthcare settings</li> </ul>	Madras et al., 2009
9 hospital ERs in Washington State	<ul style="list-style-type: none"> <li>• Significantly less use of illicit substances and alcohol, improved mental health, increased employment, and reduced homelessness.</li> <li>• Patients twice as likely to enter SU treatment</li> </ul>	Estee et al., 2010
12 sites in Colorado (ER, primary care, FQHCs, trauma units)	<ul style="list-style-type: none"> <li>• Days using illicit drugs reduced by 47% (6 months)</li> <li>• Daily alcohol use reduced by 49% (6 months).</li> </ul>	SBIRT Colorado, 2012

# Screening, Brief Interventions for Alcohol: Saves Healthcare Costs

Study	Cost Savings	Authors
Randomized trial of brief treatment in the UK	Reductions in one-year healthcare costs <i>\$2.30 cost savings for each \$1.00 spent in intervention</i>	(UKATT, 2005)
Project TREAT (Trial for Early Alcohol Treatment) randomized clinical trial: Screening, brief counseling in 64 primary care clinics of <i>nondependent alcohol misuse</i>	Reductions in future healthcare costs <i>\$4.30 cost savings for each \$1.00 spent in intervention (48-month follow-up)</i>	(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 <i>\$3.81 cost savings for each \$1.00 spent in intervention.</i>	Gentilello et al, 2005)

# Screening, Brief Interventions for Illicit Drugs: Saves Healthcare Costs

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

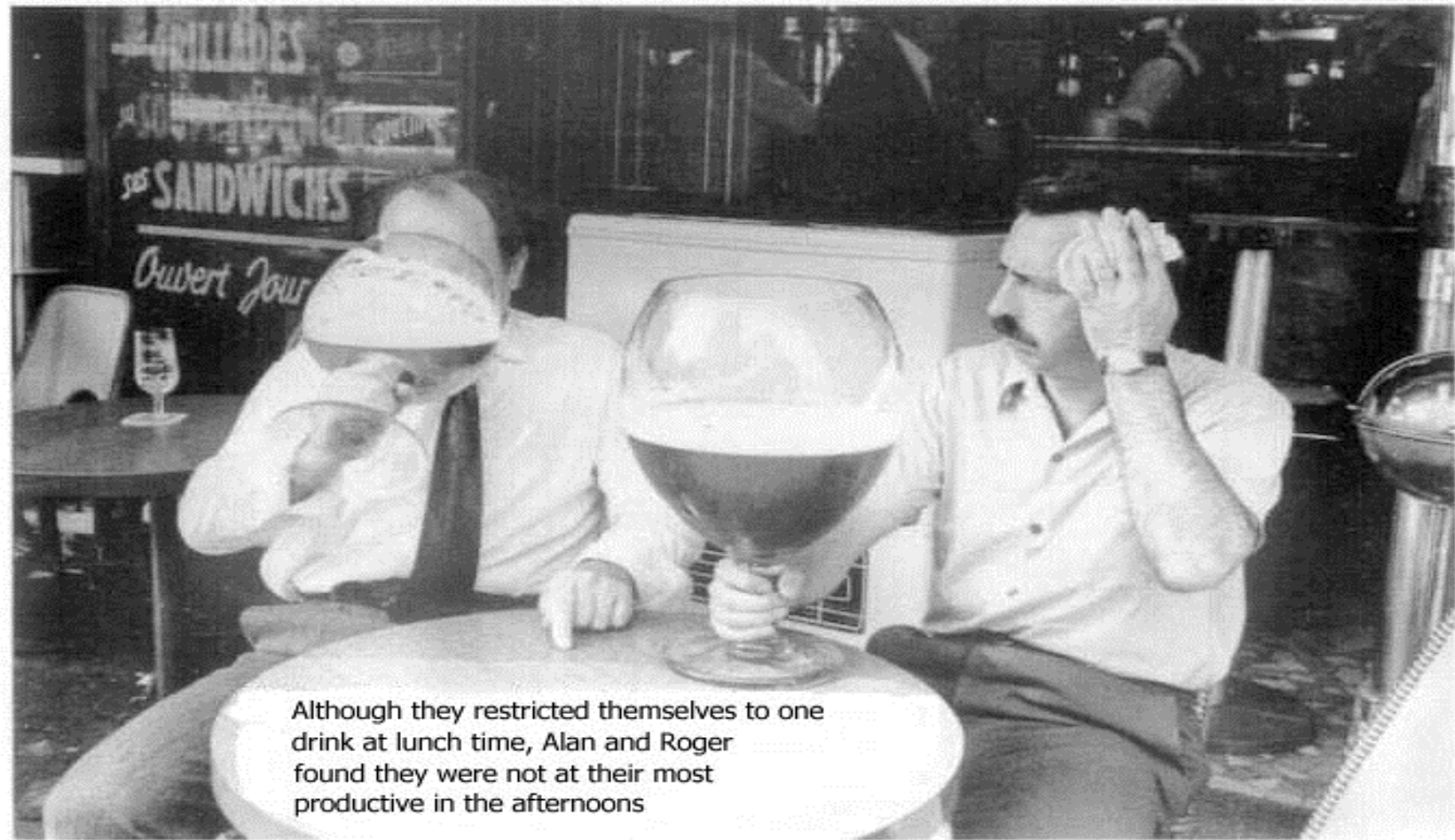
## Coding for Screening and Brief Intervention Reimbursement

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	SBI (15-30 minutes)	\$33.41
Commercial Insurance	CPT 99409	SBI (Greater than 30 minutes)	\$65.51
Medicare	G00396	SBI (15-30 minutes)	\$29.42

## Coding for Screening and Brief Intervention Reimbursement

Payer	Code	Description	Fee Schedule
Medicare	G0397	SBI (Greater than 30 minutes)	\$57.69
Medicaid	H0049	Alcohol screening (only)	\$24.00
Medicaid	H0050	SBI (per 15 minutes)	\$48.00

# What is a standard drink?



Although they restricted themselves to one drink at lunch time, Alan and Roger found they were not at their most productive in the afternoons

# 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**

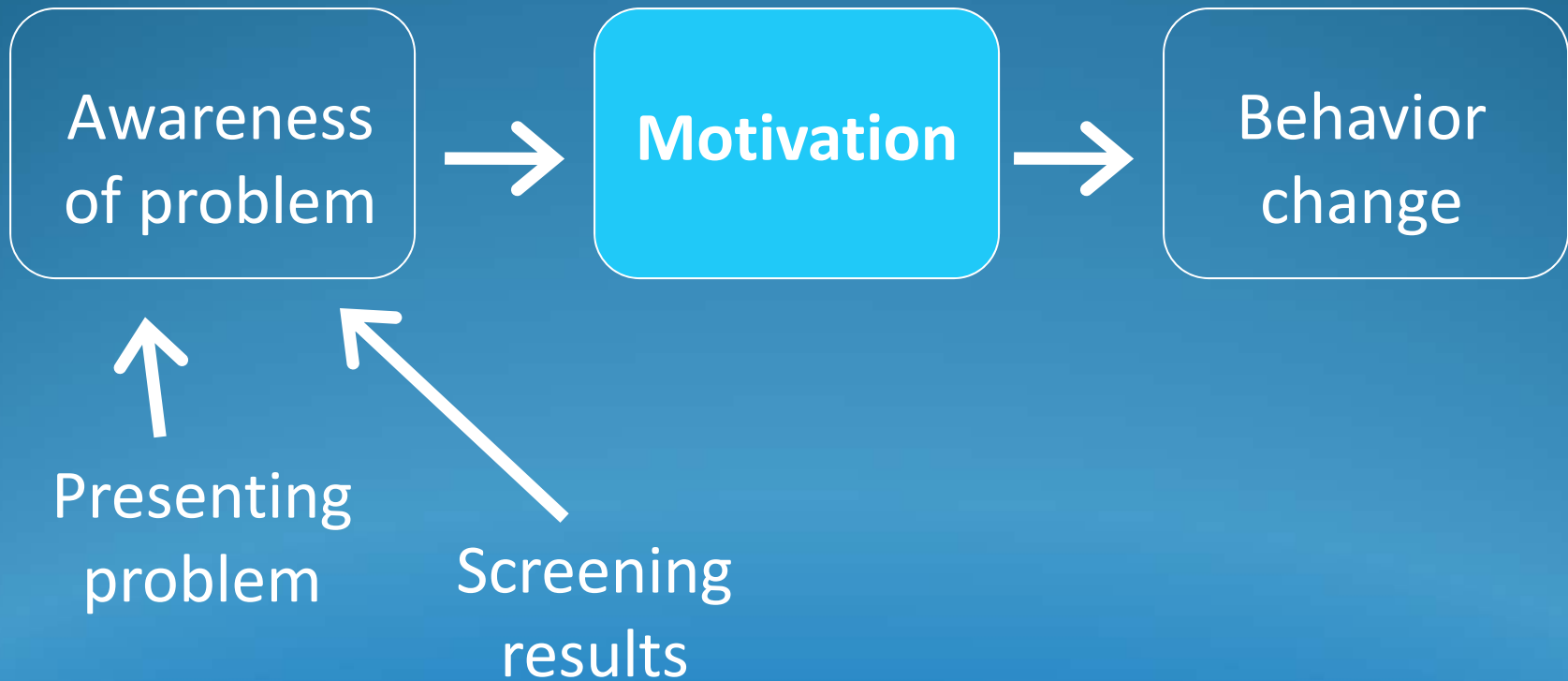


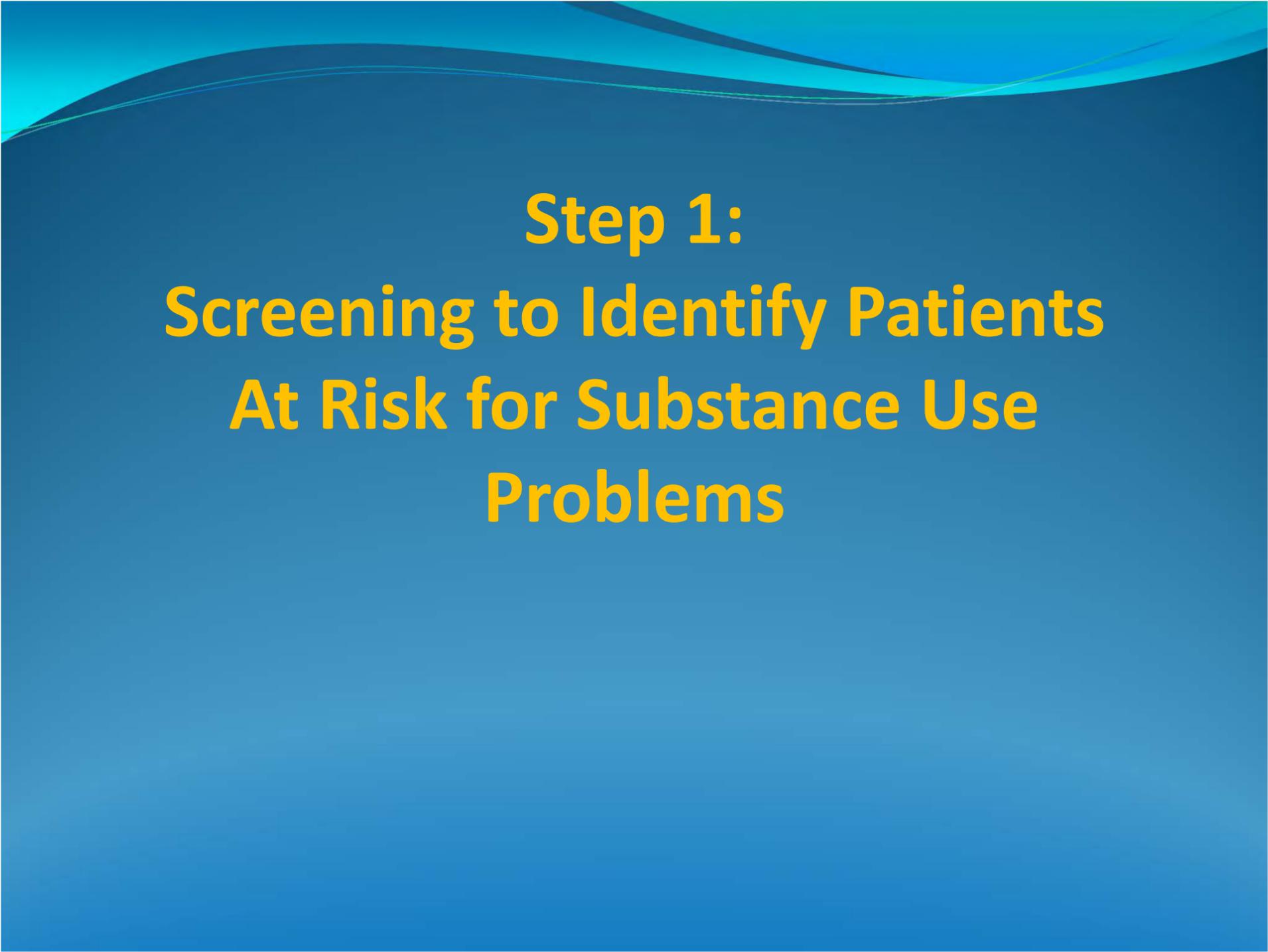
**60 ml**  
**Fortified Wine**  
**3.5 oz**



**30 ml**  
**Liquor**  
**1.5 oz**

# Goal of Brief Interventions

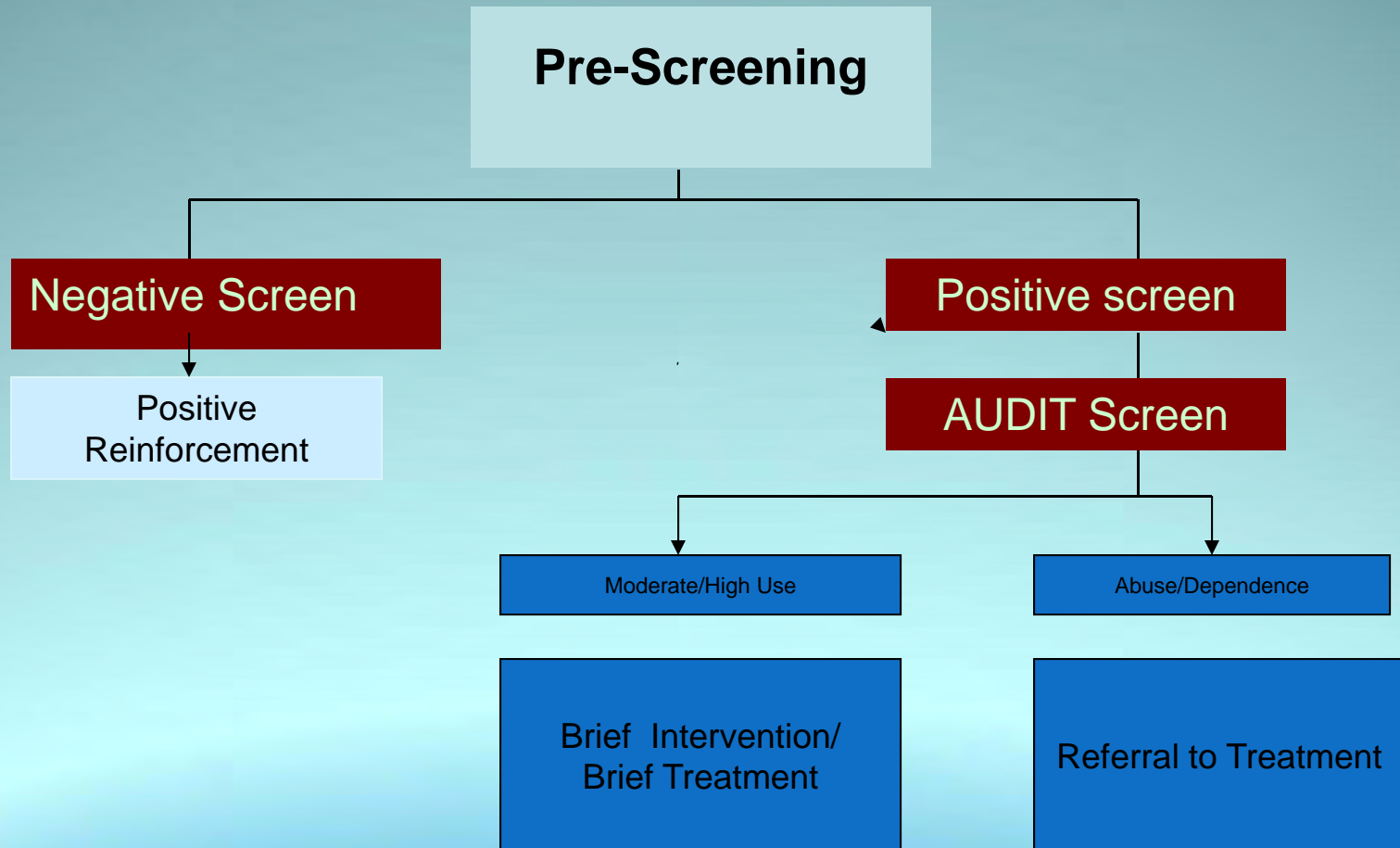




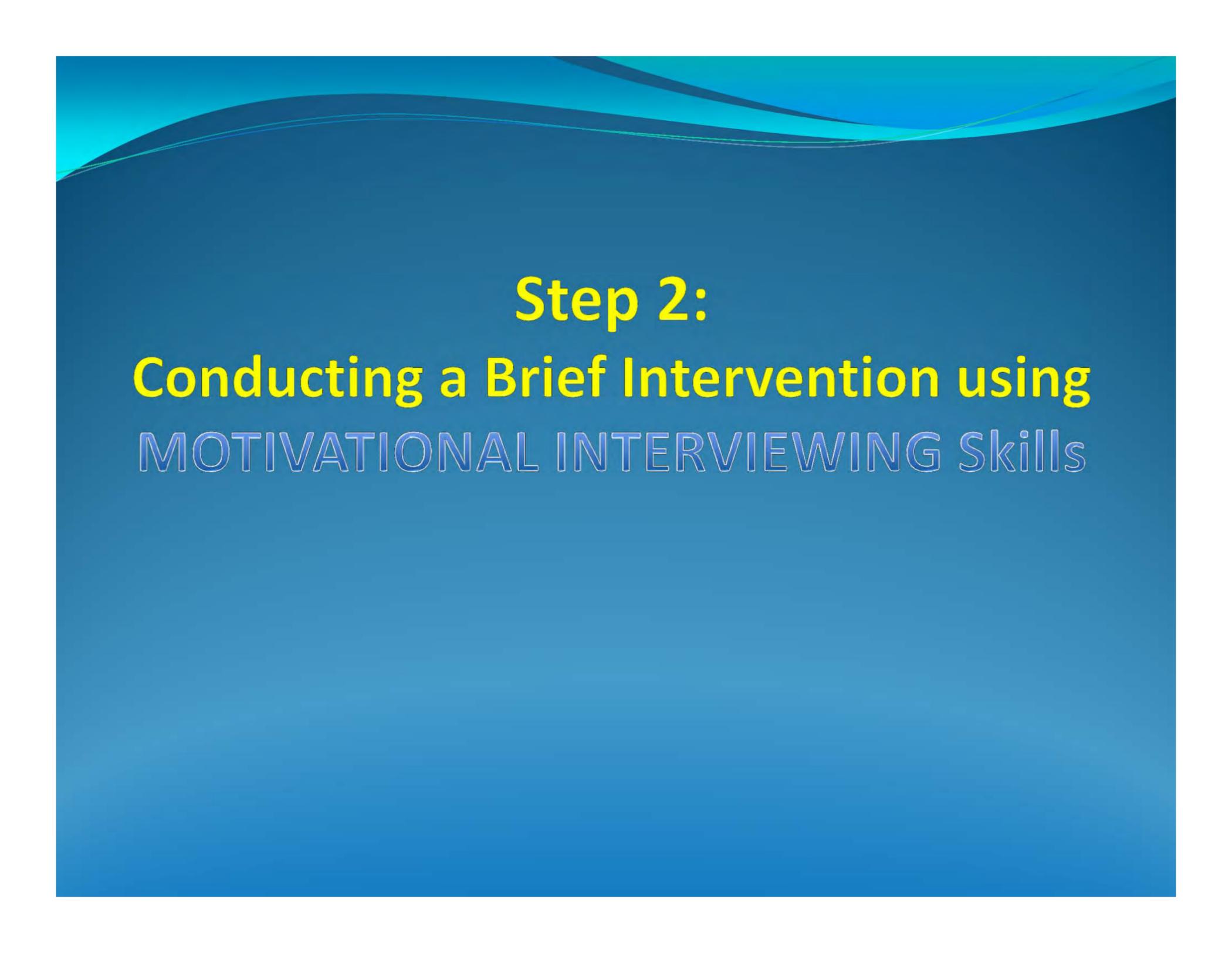
**Step 1:**  
**Screening to Identify Patients**  
**At Risk for Substance Use**  
**Problems**

# SBI Procedures:

*Follow-up Action Depends on Score*



Screen	Target Population	# Items	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 computerized
DAST-10	Adults	10	To identify drug-use problems in past year	Different settings	Self-admin or 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 computerized



**Step 2:**  
**Conducting a Brief Intervention using**  
**MOTIVATIONAL INTERVIEWING Skills**

# MI - The Spirit: *Clinician*

- Nonjudgmental and collaborative
- Based on consumer and clinician partnership
- Gently persuasive
- More supportive than argumentative
- Listens rather than tells
- Communicates respect and acceptance for consumers and their feelings
- Resistance is met with reflection

## MI - The Spirit: *Client*

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

# Where do I start?

- What you do depends on where the consumer is in the process of changing
- The first step is to be able to **identify where the consumer is coming from**

## Stages of Change: Primary Tasks

### 1. Precontemplation

#### Definition:

Not yet considering change or is unwilling or unable to change.

#### Primary Task:

Raising Awareness

### 2. Contemplation

#### Definition:

Sees the possibility of change but is ambivalent and uncertain.

#### Primary Task:

Resolving ambivalence/  
Helping to choose change

### 3. Determination

#### Definition:

Committed to changing.  
Still considering what to do.

#### Primary Task:

Help identify appropriate  
change strategies

### 4. Action

#### Definition:

Taking steps toward change but  
hasn't stabilized in the process.

#### Primary Task:

Help implement change strategies  
and learn to eliminate  
potential relapses

### 6. Recurrence

#### Definition:

Experienced a recurrence  
of the symptoms.

#### Primary Task:

Cope with consequences and  
determine what to do next

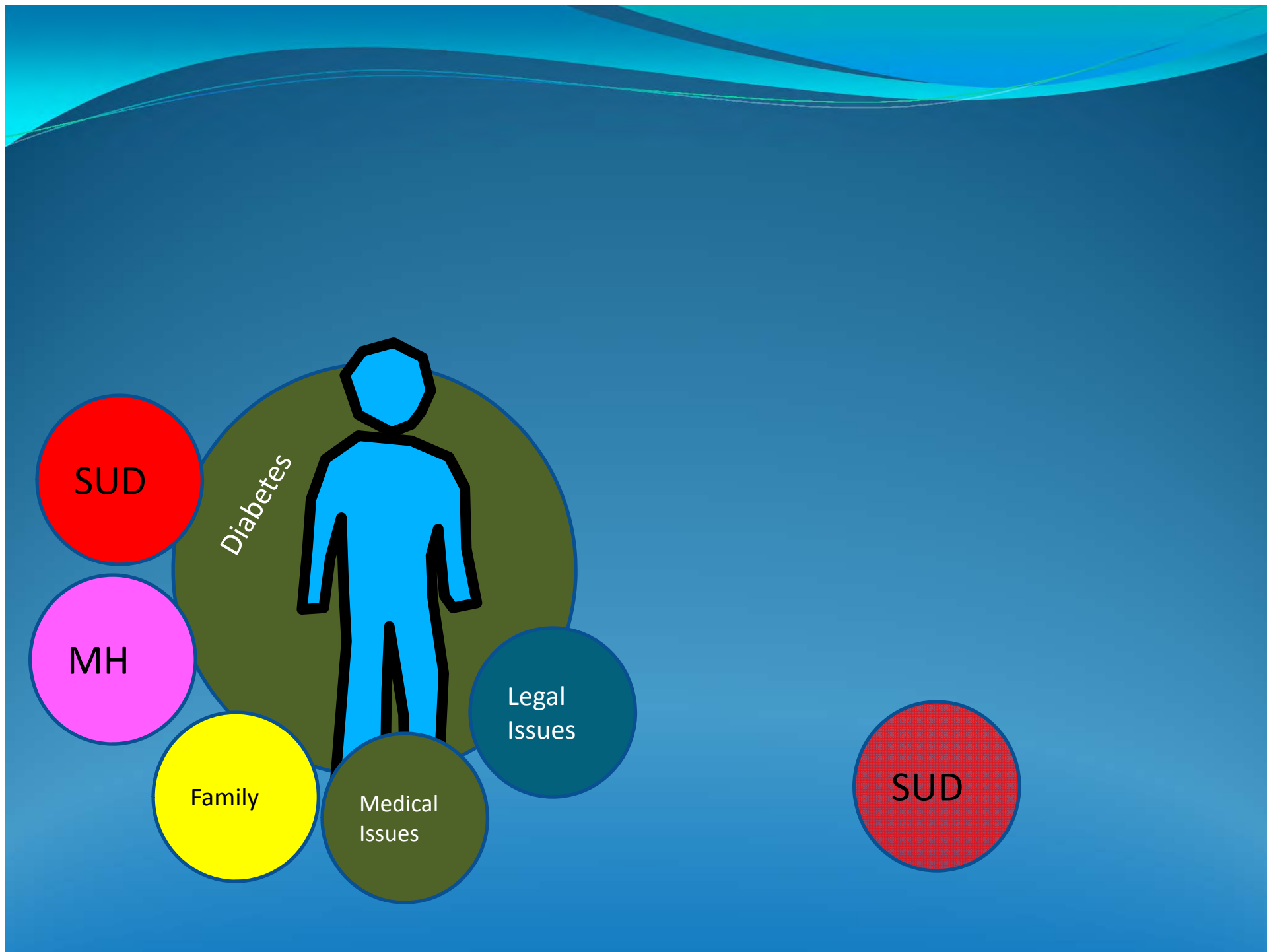
### 5. Maintenance

#### Definition:

Has achieved the goals and is  
working to maintain change.

#### Primary Task:

Develop new skills for  
maintaining recovery



# Conducting a Brief Intervention

F L O



# FLO: The 3 tasks of a BI

F

Feedback

L

Listen & Understand

O

Options Explored

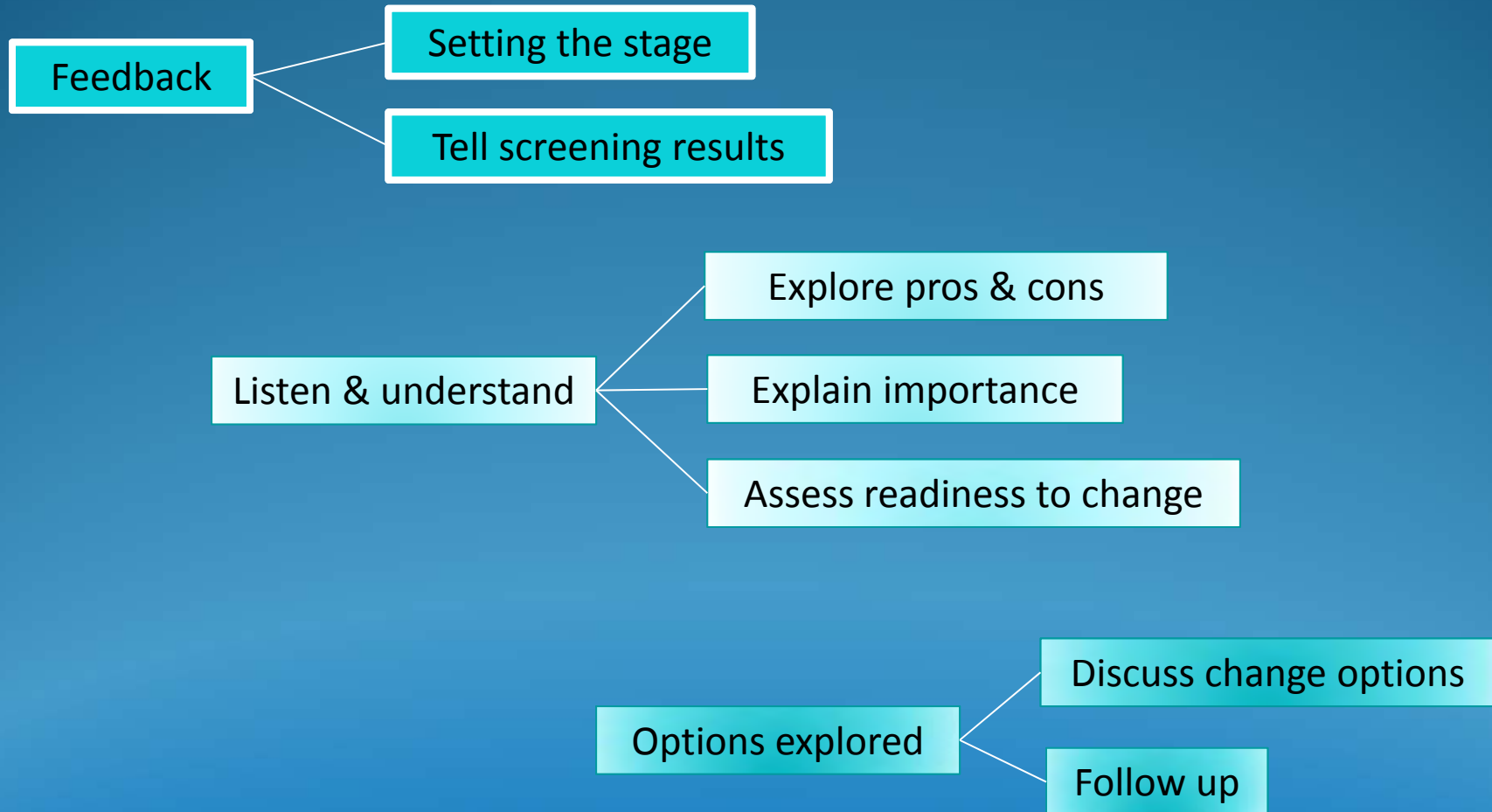


Warn

**Avoid Warnings!**

(that's it)

# How Does It All Fit Together?



# The 3 Tasks of a BI

O Options Explored

L Listen & Understand

F Feedback

# The 1<sup>st</sup> Task: Feedback

## The Feedback Sandwich



Ask Permission

Give Advice

Ask for Response

# The 1<sup>st</sup> 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 2<sup>nd</sup> 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!**

# Digging for Change: The Decisional Balance

The good  
things  
about  
\_\_\_\_\_

The not-  
so-good  
things  
about \_\_\_\_\_

The not-so-  
good things  
about  
changing

The good  
things  
about  
changing

**Avoid questions that inspire a yes/no answer.**

# The 2<sup>nd</sup> 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?

1

2

3

4

5

6

7

8

9

10

# The 3<sup>rd</sup> 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 3<sup>rd</sup> 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)

# 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

- 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.

# **“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

# Questions or Discussion

Thank you for your participation!

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