



ASAM

American Society *of*
Addiction Medicine





Faculty

Dr. Daniel A. Nauts

Dr. Nauts completed his undergraduate and medical education at the University of Michigan and joined an internal medicine group practice in Bellingham, Washington. He left general internal medicine to develop his Addiction Medicine practice; since that time, he has been instrumental in the creation of inpatient programs for those suffering with substance use and co-occurring disorders, outpatient SUD programs, and medication assisted treatment services. Dr. Nauts is an independent contractor for the Montana Primary Care Association. He is a member of the Drug Utilization Board of Mountain Pacific Quality Health providing oversight to the Medicaid formulary, is recognized as a Fellow of the American Society of Addiction Medicine (FASAM) and is certified in the subspecialty of Addiction Medicine by the American Board of Preventive Medicine. He is the treasurer for the Northwest Society of Addiction Medicine, a Chapter of American Society of Addiction Medicine (ASAM) representing Montana, North Dakota, and Wyoming and is a faculty member of ASAM to provide Data 2000 MAT waiver trainings and The Fundamentals of Addiction Medicine.

Disclosure Information

Daniel A. Nauts, MD

Nature of Relevant Relationship: None





Faculty

Dr. Robert C. Sherrick

Dr. Robert Sherrick is Chief Medical Officer for Community Medical Services, a company that serves patients through over 40 Opioid Treatment Programs in 9 states. He also works at an inpatient addiction treatment facility in Kalispell, Pathways Treatment Center, treating all forms of Substance Use Disorders and dual diagnosis patients. Dr. Sherrick has been providing Medication Assisted Treatment for Opioid Use Disorder since 2003, initially in an office setting using buprenorphine and subsequently with methadone in Opioid Treatment Programs. He established a state-wide buprenorphine treatment program for VA Montana with extensive use of telemedicine. He is board certified in Addiction Medicine through the American Board of Preventative Medicine. He is currently the President of the Northwest Chapter of the American Society of Addiction Medicine.

Disclosure Information

Robert C. Sherrick, MD

Nature of Relevant Relationship: None



Collaboration Board: Day 2 Reflections

Share your successes, challenges, and surprises from
Day 2 of the workshop.





Collaborate Board

Share your reflections from Day 2 of the workshop.

Day 2 Reflections

Session 6

When Your Patient says Yes, But! A “Taste” of Motivational Interviewing

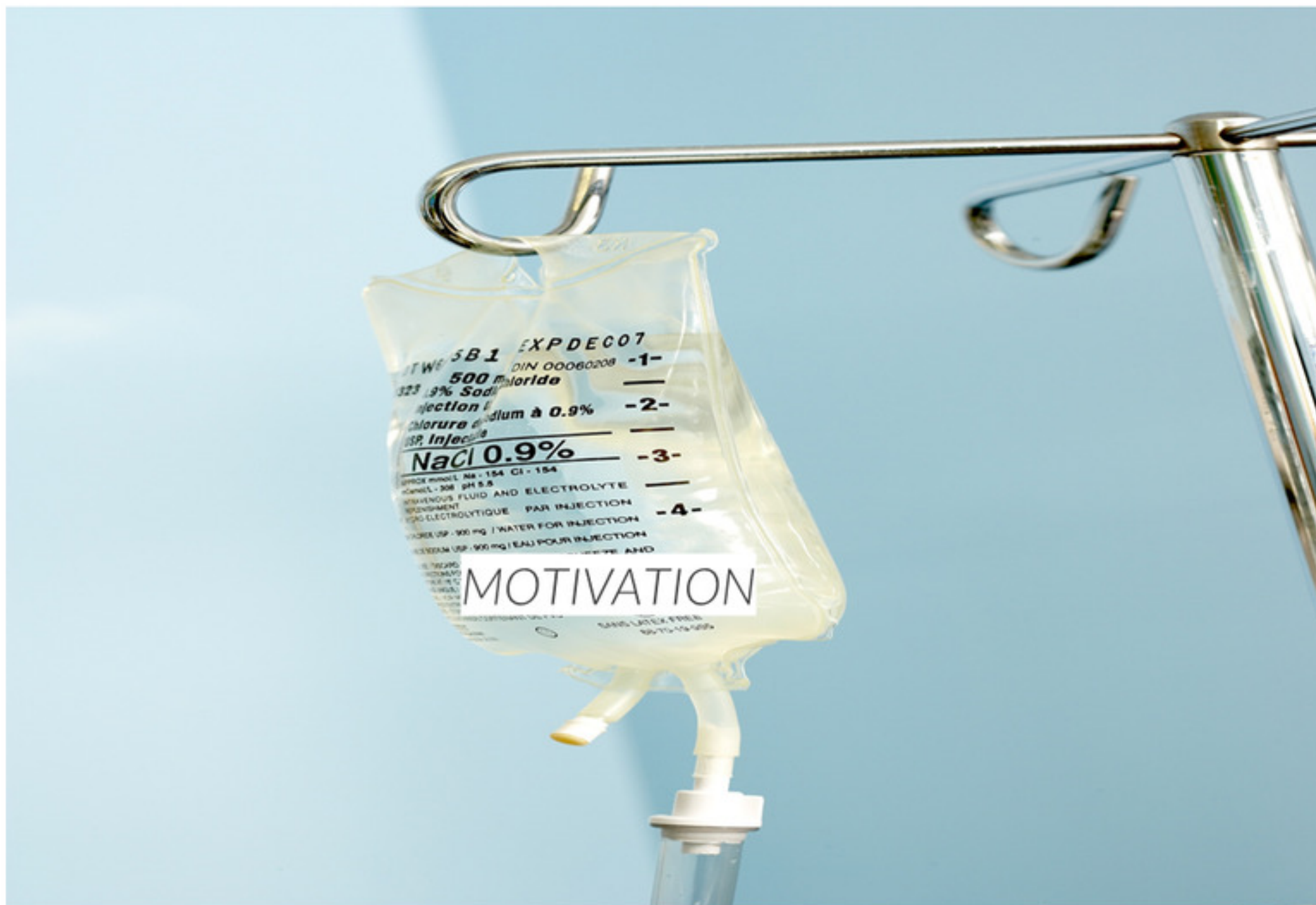


Session Learning Objective

At the end of the session, you will be able to:

- Use motivational interviewing to enhance patients' readiness to change risky behaviors.





What is MI?

Motivational interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change.

Miller and Rollnick

Motivational Interviewing Techniques – Video Examples & Discussion



Motivational Interviewing Techniques

Compare the two examples of motivational interviewing by watching each video and reflecting on the techniques the physician used to convince the patients to change.

Consider the following:

- Were the strategies effective or ineffective?
- How did the video make you feel?
- How do you think the patient reacted?





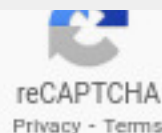
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Video Debrief

Reflect on the techniques the physician used to encourage the patients to change. Were the strategies effective or ineffective?

Collaborate Board

Video Debrief



Verify to continue

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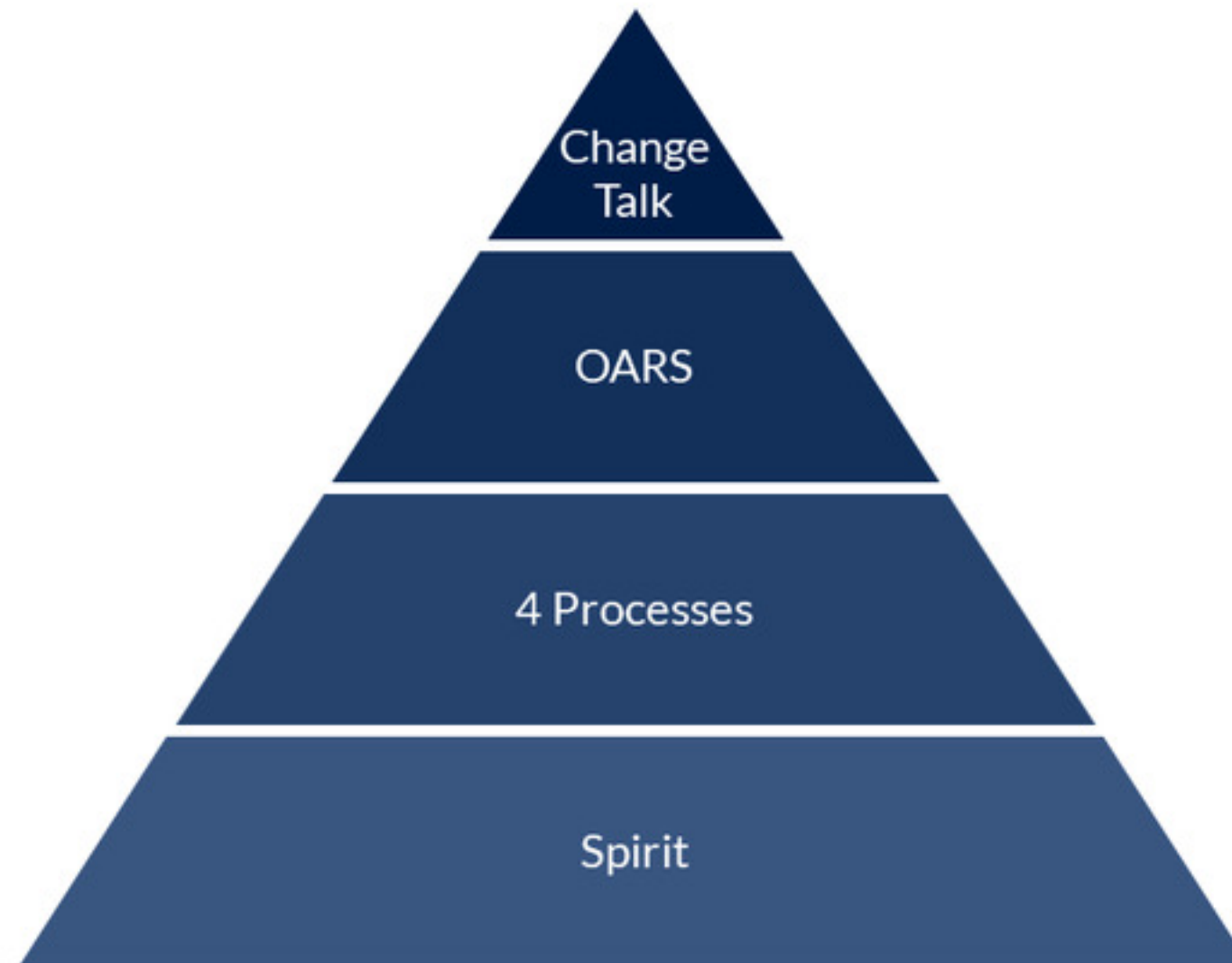
Video Debrief

Reflect on the techniques the physician used to encourage the patients to change. Were the strategies effective or ineffective?

Collaborate Board

Video Debrief

4 Major Elements of MI



1. The Spirit of MI



“The capacity and potential for change is within every person.”





Counselor Empathy Effect

Counsel in a **reflective, empathic** manner -

- Resistance decreases.
- Change talk increases.

Miller et al, 1980
Miller & Baca, 1983

Counsel in a **directive, confrontational** manner -

- Resistance increases.
- Change talk decreases.

Patterson & Forgatch, 1985
Miller et al. 1993

2. The Four Processes in MI

1 Planning

2 Evoking

3 Focusing

4 Engaging



Miller and Rollnick, 2013

3. Microskills AKA OARS



Open-ended
questions

Affirmation

Reflection

Summarize



4. Change Talk



A. *Preparatory Change Talk*
(still ambivalent)

- i. Desire
- ii. Ability
- iii. Reasons
- iv. Need

B. *Mobilizing Change Talk*
(indicates resolution of ambivalence)

- i. Commitment
- ii. Activation
- iii. Talking Steps



4A. Preparatory Change Talk



DARN – CAT

i. Desire to change:



4A. Preparatory Change Talk



DARN - CAT

ii. Ability to change:
"I could..."



4A. Preparatory Change Talk



DARN - *CAT*

iii. Reasons to change:

If I stopped drinking
then my health would
improve.”



4A. Preparatory Change Talk



DARN – *CAT*

iv. Need to change:

“I really have to stop smoking; my kids are on my case.”



Summarize Change Talk



4B. Mobilizing Change Talk



C

Commitment – likely to act on making changes.

“I will quit smoking...”

“I could reduce my drinking by not going to the bar...”

A

Activation – ready to; willing to.

“I plan on stopping in the next week...”

T

Taking Steps – patient has already taken steps toward change.

“I have stopped buying cigarettes last week.”

Miller, W. R. and Rollnick, S. 2013. *Motivational Interviewing: Helping People Change*.

Encourage & Reinforce Change Talk - DARN CAT

Desire – want; wish; like

Ability – can; could; able

Reasons – specific reason for change

Need – need to; have to; must; important

Commitment Language Predicts Change

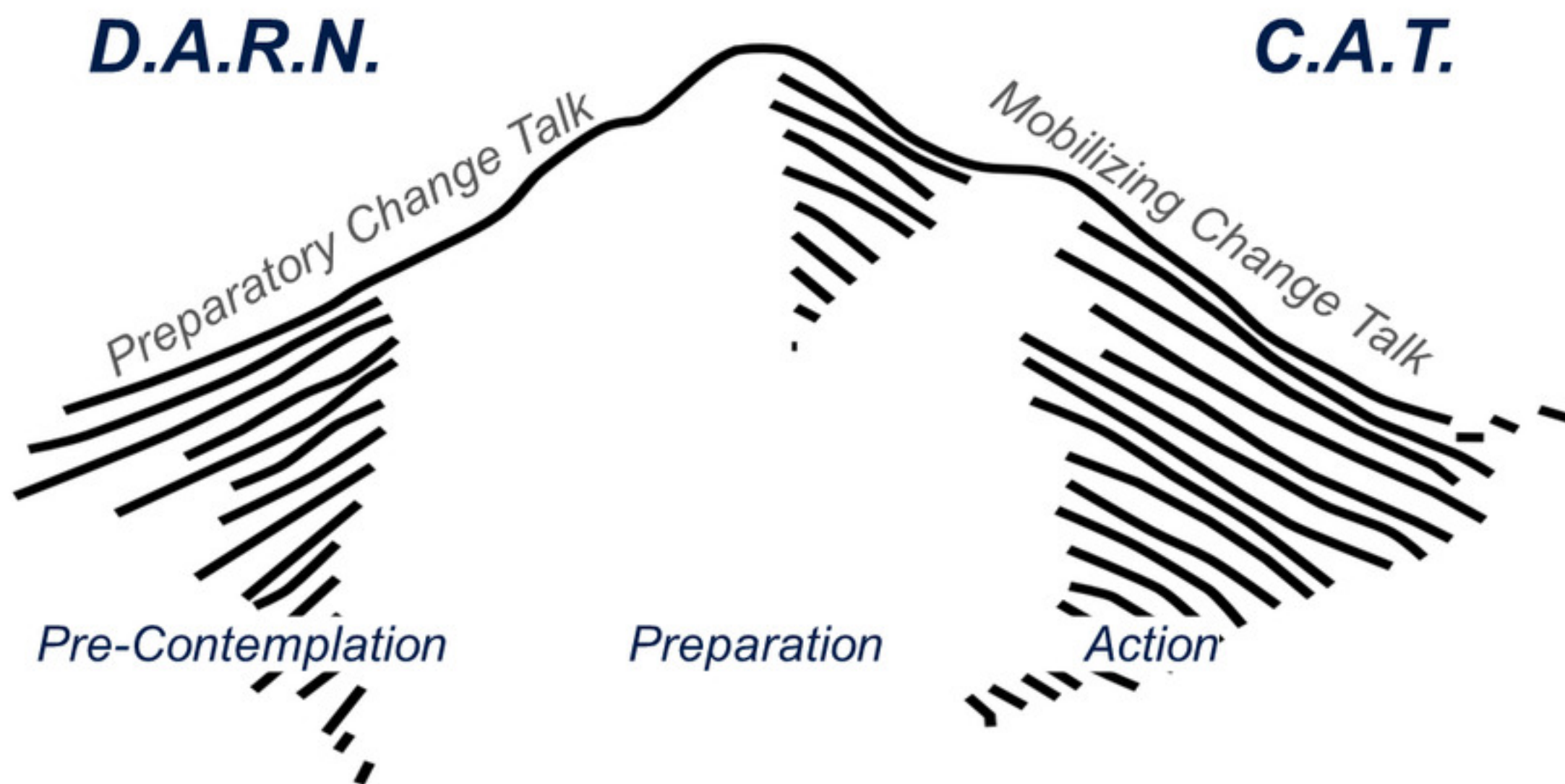
Commitment – will; intend to; going to

Activation – ready to; willing to (w/o specific commitment)

Talking Steps – report recent specific action toward change



The MI Hill



4 Major Elements of MI - Summary





Getting started in MI *Elicit – Provide – Elicit (EPE)* *(Ask – Tell – Ask)*

- **Ask/Elicit:** “What is your understanding about...?”
- **Tell/Provide:** “Would you mind if I share some further info?”
- (ask permission) “What happens to some people is that...”
- **Ask/Elicit:** “What do you make of this...?”



“Real-Play” Motivational Interviewing Demonstration

Watch a demonstration of the screening process.
Complete the ***Motivational Interviewing Scoring Sheet***.



PDF Instructions

1. Download the PDF.
2. Name the PDF after the title in the document.



Motivational Interviewing Scoring Sheet

(Use "Real Play" Motivational Interviewing Demonstration)

| Clinician Behavior | Tally | Total |
|--------------------|-------|-------|
| Closed questions | | |
| Open questions | | |
| Simple reflections | | |
| Affirmations | | |

Glossary of Terms

- Closed question
- Open question
- Simple reflection
- Complex reflection
- Affirmations highlighting client's strengths.

Targets

- Twice as many reflections as questions
- At least 50% complex reflections

<https://cf.nearpod.com/neareducation/new/Webpage/515659662/iconoriginal.pdf?AWSAccessKeyId=AKIA5LQSO4AXIHKV2NEC&Expires=2147483647&Signature=mcLA24QfKAzLOd7JzK4YyEPXc%2Fg%3D>



Demonstration Debrief

What is one thing that stood out to you during the motivational interviewing demonstration?

Collaborate Board

Demonstration Debrief

Goals for MI Proficiency Life-Long Learning Skills

- Spirit of MI *must* be present.
- Notice the 4 processes in the short time:
 - Percent Open Questions: **70%**
 - Reflections to Questions Ratio: **> 2 to 1**
 - Percent Complex Reflections: **50%**



PDF Instructions

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Tips for Motivational Interviewing

1. How can I start the conversation with open-ended questions? How can I stop myself from asking "why" questions? How can I get permission before giving advice?

Examples:

- a. How can I help you today?
- b. Given we have 30 minutes today, what would you like to talk about today?
- c. Since the last time we met, how have things changed for you?

2. Listen for Desire, Ability, Reasons, Needs, Commitment, Action, Taking Steps
Construct at least one reflection for each statement you hear. Go as deep as you feel comfortable but be tentative.

Examples:

- a. What I hear you say is
- b. It seems to me you are feeling
- c. This means a lot to you because you are pulled in two opposing directions

3. Construct at least one reflection (to generate change talk), e.g.,
I appreciate how hard you are trying, like you aren't stopping completely. That tells me you are committed to change.

4. If you feeling stuck, ask: "Or 'please Tell me more?'"

5. Summarize your understanding of what you heard and move into focusing.

6. Scale readiness to change.
 - a. Given everything you've said, how important is it for you to <insert behavior change>? On a scale of 1 to 10, where 10 is the most important is it for you to <insert behavior change here>?
 - b. On a similar scale, how confident are you to <insert behavior change here>?
 - c. Optional question: On a scale of 1 to 10, how likely are you to <insert behavior change here>? By when?

7. Help me understand what is good about staying the same for you? What else? Use OARS (open ended questions, Affirmations, reflections and summary statements". Help me understand what is not so good about staying the same? What else? Use OARS.

8. Ask: So, what do you think/feel you will do next? Listen for Change talk or sustain talk.

limited goals.

10. End interview with a brief summary and ask: When would you like to come back and see me again to discuss how things are going for you?

<https://cf.nearpod.com/neareducation/new/Webpage/515679414/iconoriginal.pdf?AWSAccessKeyId=AKIA5LQSO4AXIHKV2NEC&Expires=2147483647&Signature=S3firQNxwYcqOparpceS%2BQ6SVq0%3D>

Motivational Interviewing Practice Exercise (Breakout Room Activity)



A “Taste” of MI

1. You will be placed into small groups within Zoom breakout rooms to practice motivational interviewing.
2. Two volunteers from your group will engage in a role-play exercise.
 - 1 patient
 - 1 interviewer
3. The volunteers will engage in two rounds of role-play (15 minutes per round).
4. After time is called for the first round, the patient and interviewer will switch roles for the second round.
5. Each person in the dyad will play each of the roles once.



PDF Instructions

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2. Name the PDF after the title in the document.



"Taste of MI" Real Play Worksheet

Patient Directions

Select a personal behavior that you might wish, need, should or know how to change, but have been unsuccessful or only moderately successful in accomplishing so far. Note that you will be sharing this behavior with others, so don't select a personal behavior that might cause you some discomfort if shared. If you prefer, you could select a behavior from a patient with whom you have experience, who has been unsuccessful in changing that behavior. Divulge information only if you feel comfortable with the interviewer.

Examples of such behavior might include losing weight, exercise more, read, work less, eat more fruit and vegetables, adopt a salt free diet, smile more, etc.

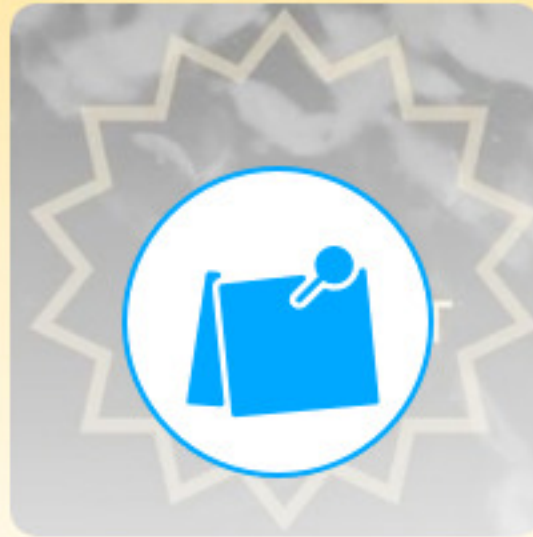
Interviewer Role

The interviewee in your group will select a behavior that s/he wishes to change, but has been unsuccessful in accomplishing so far. As the interviewer, you will not do anything. Do not offer advice, nor try to persuade the interviewee to do anything. Now, one at a time, each interviewer will ask the interviewee to change talk- or action talk- or DARN statements- if possible.

Interviewer Questions

1. Why would you want to change this behavior? (This explores reasons and needs to change)
2. If you did decide to change this behavior, what would you need to do about it in order to succeed? (This explores resources)
3. What are the three best reasons for you to change this behavior? (This evokes reasons to change)
4. How important would you say it is for you to make this change, on a scale from 0 to 10, where 0 is "not at all important" and 10 is "extremely important"? And why are you at ___ rather than a lower number of 0? (elicits desire to change and reflection on ambivalence)

5. Then ask one more question: "So, what do you think you'll do?" And listen with interest to the answer. Also, work to elicit commitment to change and listen for CAT statements.



MI "Real-Play" Reflections Collaborate Board

What was your experience taking part in the motivational interviewing practice exercise? Share some of your key takeaways.

MI "Real-Play" Reflections

Knowledge Checks



Quiz

Thomas is a 27-year-old employed carpenter who has screened positive for drinking above NIAAA guidelines. What is the best way to initiate a discussion about his alcohol use?

- ☐ “Thomas, you are on your way to becoming an alcoholic.”
- ☐ “It is very important that you tell me the truth about your drinking.”
- ☐ “What other drugs are you using?”
- ☐ “Is it okay with you if we talk about your alcohol consumption?”
- ☐ “If you don’t stop drinking you are going to get sick.”

Quiz

Jeremy is a 40-year-old male who is drinking alcohol above NIAAA guidelines. You have already raised the subject of his alcohol use and advised him that he is at high risk for related health issues. You want to motivate Jeremy to cut down his drinking. Which statement can elicit change talk (encourage the patient to describe his own motivation for change)?

- ☐ “Think about what your drinking is doing to your family and friends.”
- ☐ “On a scale of zero to ten how ready are you to change your drinking habits?”
- ☐ “Why do you drink so much?”
- ☐ “I am going to have to order a liver biopsy if you don’t stop.”
- ☐ “Here is a referral to addiction medicine specialist who can help you deal with your alcohol problem.”

Quiz

Sarah is a 27-year-old female who presents to your smoking cessation clinic. During the assessment Sarah says: “I just hate when people can smell the smoke on me, it’s like they think I’m a scumbag.” Which of the following options is the best reflection response?

- ☐ “I can assure you that people don’t think you are a scumbag.”
- ☐ “It is often best to ignore how other people view your smoking when you are trying to quit.”
- ☐ “Do you feel like you are like a scumbag because of your smoking?”
- ☐ “It really bothers you when people judge you negatively for being a smoker.”
- ☐ “I feel you made the right decision in coming here today, and I am happy to help you quit smoking.”

Quiz

Steve is a 48-year-old man with a severe alcohol use disorder who is currently drinking 15 beers per day. He has a strong desire to change his behavior due to the many negative consequences of alcohol in his life. Which of the following statements made by Steve is the best indicator of his ability to change?

- ☐ "I'd better stop drinking if I want to be around for my children."
- ☐ "My wife told me she would leave me if I continue drinking like this."
- ☐ "I know that if I have an anti-craving medication I can cut down my drinking."
- ☐ "I lost my job this past month because I was showing up to work intoxicated."
- ☐ "I really want to be around more for my daughter and cutting down drinking will help me to do that."

Quiz

Motivational interviewing is most effective for:

- Guiding your patient to stop their unhealthy drinking by evoking their own reasons to change
- Instructing your patient to stop their unhealthy drinking by telling them the consequences of drinking
- Persuading your patient to stop their unhealthy drinking by enlisting their social supports
- Using your patients' guilt to make a change in their unhealthy drinking
- Eliciting your patients' fear to make a change in their unhealthy drinking

Quiz

Motivational interviewing is a life-long learning skill set. Which one of the following best reflects proficiency in MI practice?

- ☐ Open-ended questions are more frequent than closed-ended questions
- ☐ Reflections are employed more than twice as often as open-ended questions
- ☐ **Complex reflections are at least as frequent as simple reflections**
- ☐ The “spirit of MI”: collaboration, compassion, acceptance, and evocation is present throughout
- ☐ **All of the above**

Session Feedback



Poll

Presenters were knowledgeable, unbiased, engaging.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree

Poll

This session enhanced my current knowledge and/or skill base.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree

Poll

The small group breakout work allowed me to apply the learning objectives for this session.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree

Session 7

Should I Open Pandora's Box?: Screening, Brief Intervention, and Referral to Treatment (SBIRT)



Session Learning Objective

At the end of the session, you will be able to:

- Use validated patient screening tools to detect substance use and interpret a spectrum of results.
- Offer the interventions that are appropriate to specific substances and severity of usage patterns.
- Respond to hazardous drinking with brief counseling strategies that are appropriate to the patient's readiness to change.
- For patients suspected of having an SUD, conduct a biopsychosocial assessment to provide a diagnosis and match the patient to an appropriate level of care.
- Prescribe pharmacotherapy appropriately for alcohol, tobacco, and opioid use disorders.
- Offer patients and families information and referral to behavioral interventions including support groups and mutual aid groups that assist in the recovery process.



Prevalence of Substance Use

| Substance | Female | | Male | |
|---------------|--------|-------|-------|-------|
| | 2017 | 2018 | 2017 | 2018 |
| Tobacco | 16.6% | 16.6% | 28.6% | 26.6% |
| Alcohol | 48.1% | 47.9% | 55.5% | 54.5% |
| Illicit Drugs | 8.8% | 9.5% | 13.7% | 14% |

SAMHSA, National Survey on Drug Use and Health, Ages 12+ in the US, past month use.

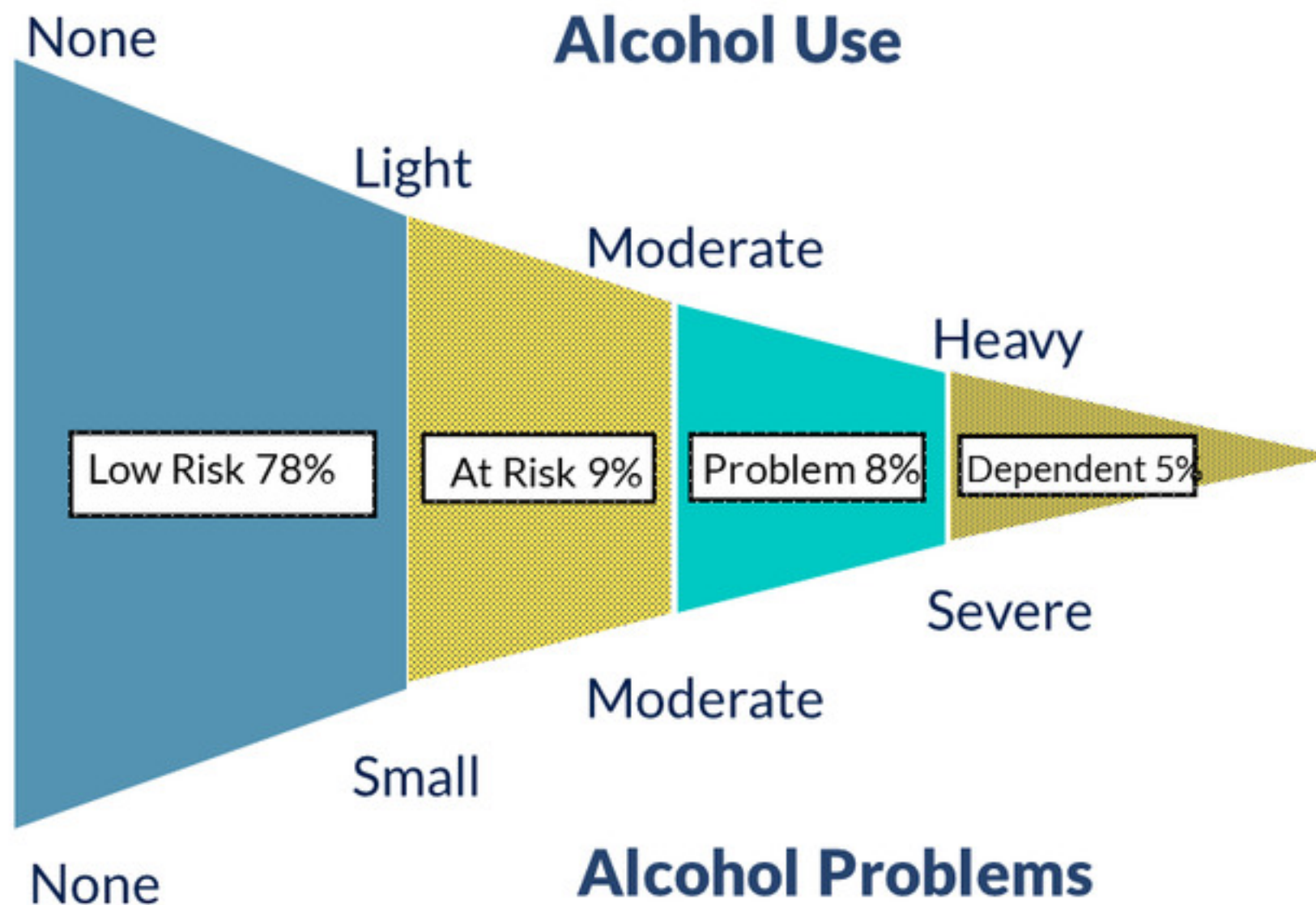


Why is screening important?

- *At least 38 million Americans drink too much— they are risky, hazardous or harmful drinkers.*
- 9.4% of Americans reported in the past month use of illicit drugs and 2.5% report use prescription drugs in a way that was not prescribed.
- *Brief intervention is effective and can reduce alcohol consumption by 10-30% in those who drink too much.*
- *The US Preventive Services Task Force recommends alcohol screening and brief counseling (Grade B recommendation, same as flu shots and cholesterol screens).*
- Most healthcare professionals lack adequate training in SBI & rarely do it.



Relationship Between Alcohol Use and Alcohol Problems





At-Risk Drinking

- Men under age 65 cross the line from low risk to at-risk drinking whenever they
 - Drink more than 4 standard drinks in a day, or
 - Drink more than 14 drinks per week or more than 4 drinks/day.

<https://arcr.niaaa.nih.gov/binge-drinking-predictors-patterns-and-consequences/drinking-patterns-and-their-definitions#article-toc5>



At-Risk Drinking

- Women and men age 65 and older cross the line from low risk to at-risk drinking whenever they
 - Drink more than 3 standard drinks on a given day, or
 - Drink more than 7 drinks per week

<https://arcr.niaaa.nih.gov/binge-drinking-predictors-patterns-and-consequences/drinking-patterns-and-their-definitions#article-toc5>

Rankings of Preventive Services

National Commission on Prevention Priorities

25 USPSTF-recommended services ranked by:

- **Clinically preventable burden (CPB)** -
How much disease, injury, and death would be prevented if services were delivered to all targeted individuals?
- **Cost-effectiveness (CE)** - return on investment - How many dollars would be saved for each dollar spent?

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008; <http://www.prevent.org/content/view/43/71>

Rankings of Preventive Services

| # | Service | CPB | CE |
|---|--|-----|----|
| 1 | Childhood immunizations | 5 | 5 |
| 2 | Tobacco use, brief prevention counseling | 5 | 5 |
| 3 | Alcohol screening & intervention | 3 | 5 |
| 4 | Aspirin chemoprevention | 3 | 5 |
| 5 | Cervical cancer screening | 4 | 4 |
| 6 | Colorectal cancer screening | 4 | 4 |
| 7 | Chlamydia and gonorrhea screening | 3 | 4 |
| 8 | Cholesterol screening | 4 | 3 |

1 = lowest; 5 = highest

Michael V. Maciosek, Amy B. LaFrance, Steven P. Dehmer, Dana A. McGree, Thomas J. Flottemesch, Zack Xu and Leif I. Solberg
The Annals of Family Medicine January 2017, 15 (1) 14-22



Quick Screening Strategy

Use brief yet valid prescreening questions:

- The NIAAA Single-Question Screen or the AUDIT C (VA)
- The Single-Question Drug Screen

Negative

- In primary care, SBIRT screening will typically yield 75-90% **negative** responses.

Positive

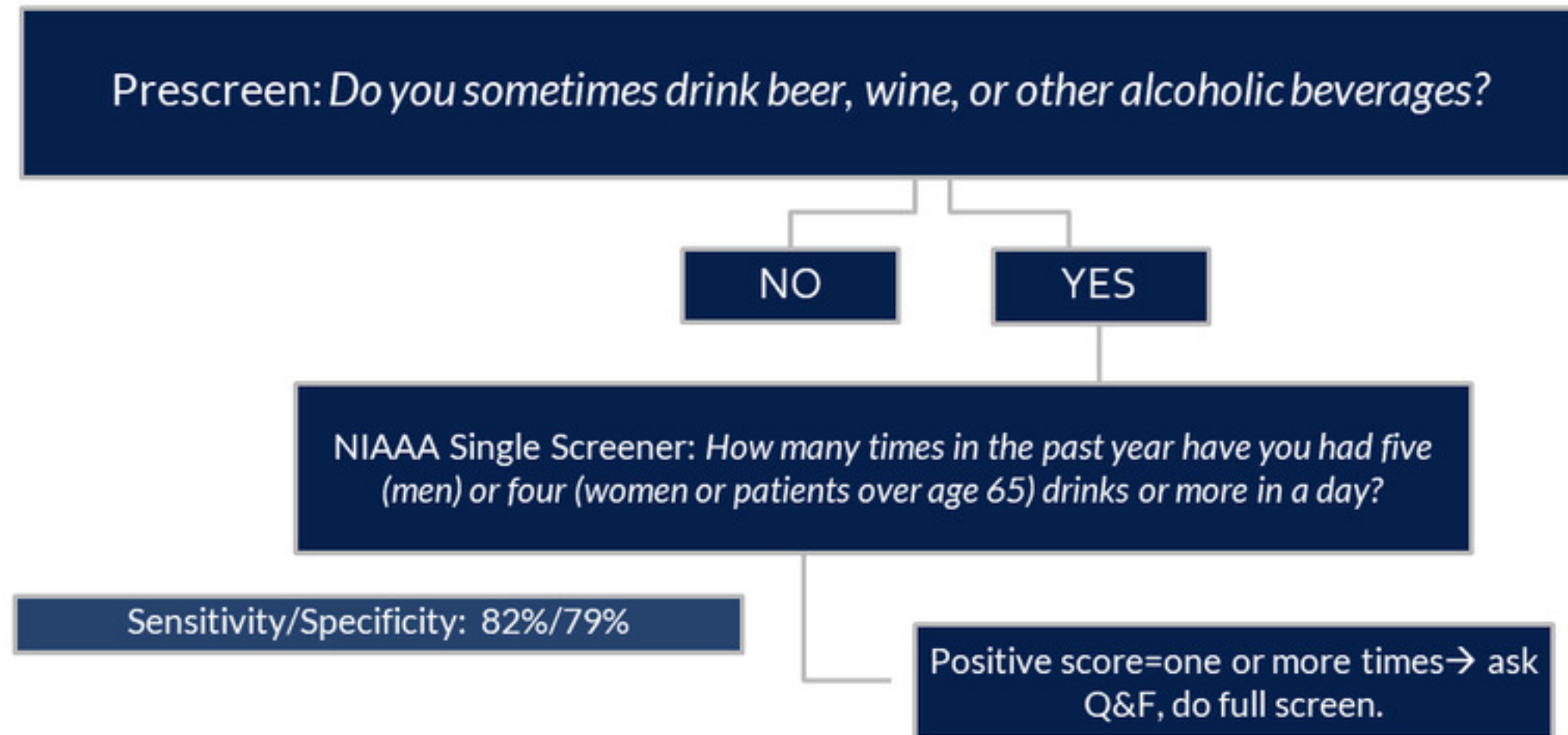
- If you get a positive screen, you should ask further assessment questions.

NIAAA (2007) http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm

Seale et al (Drug Alc Dep 2019); Smith et al (Arch Int Med 2010) <http://archinte.jamanetwork.com/article.aspx?articleid=225770>

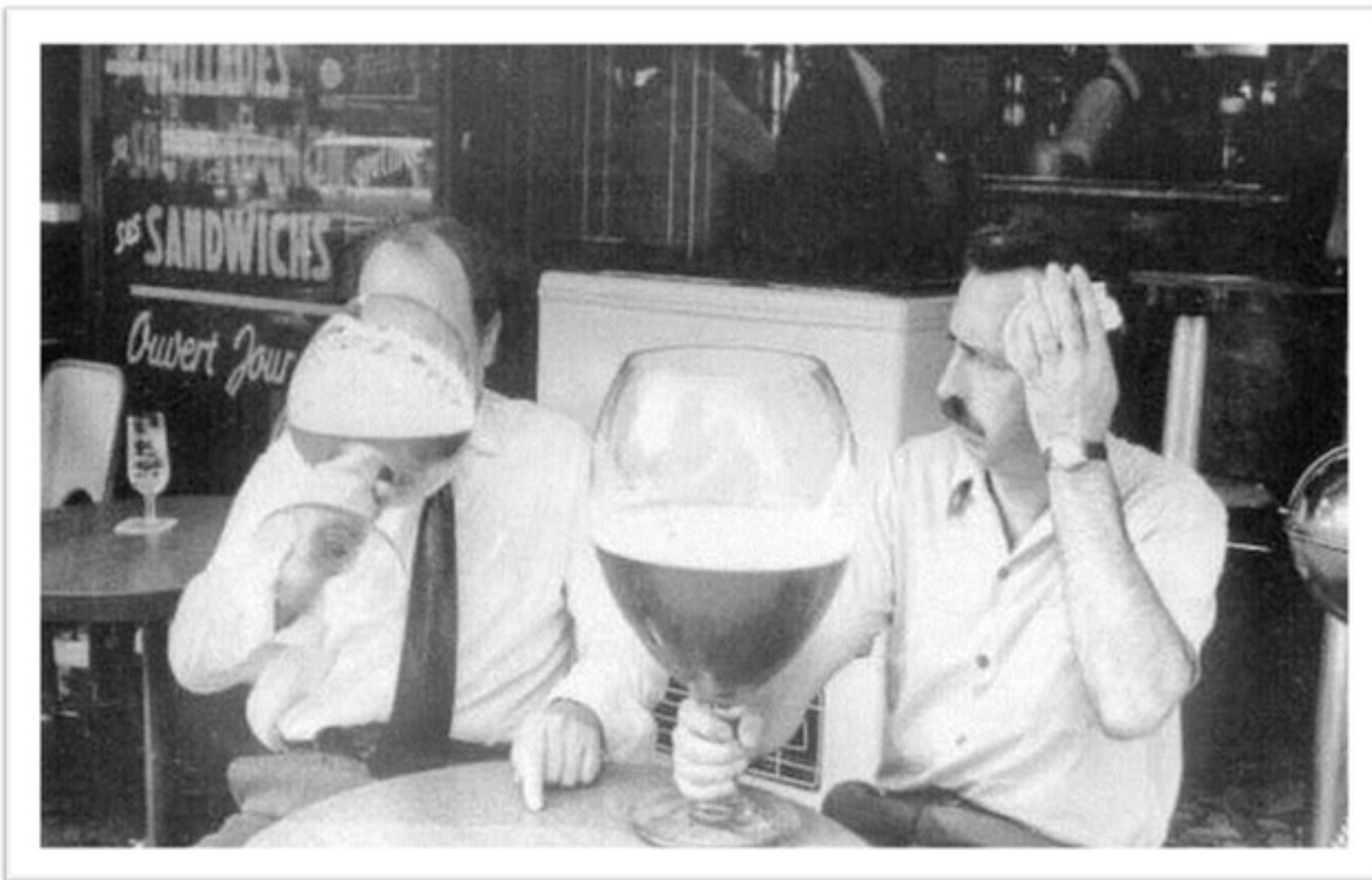


Alcohol Initial Screening

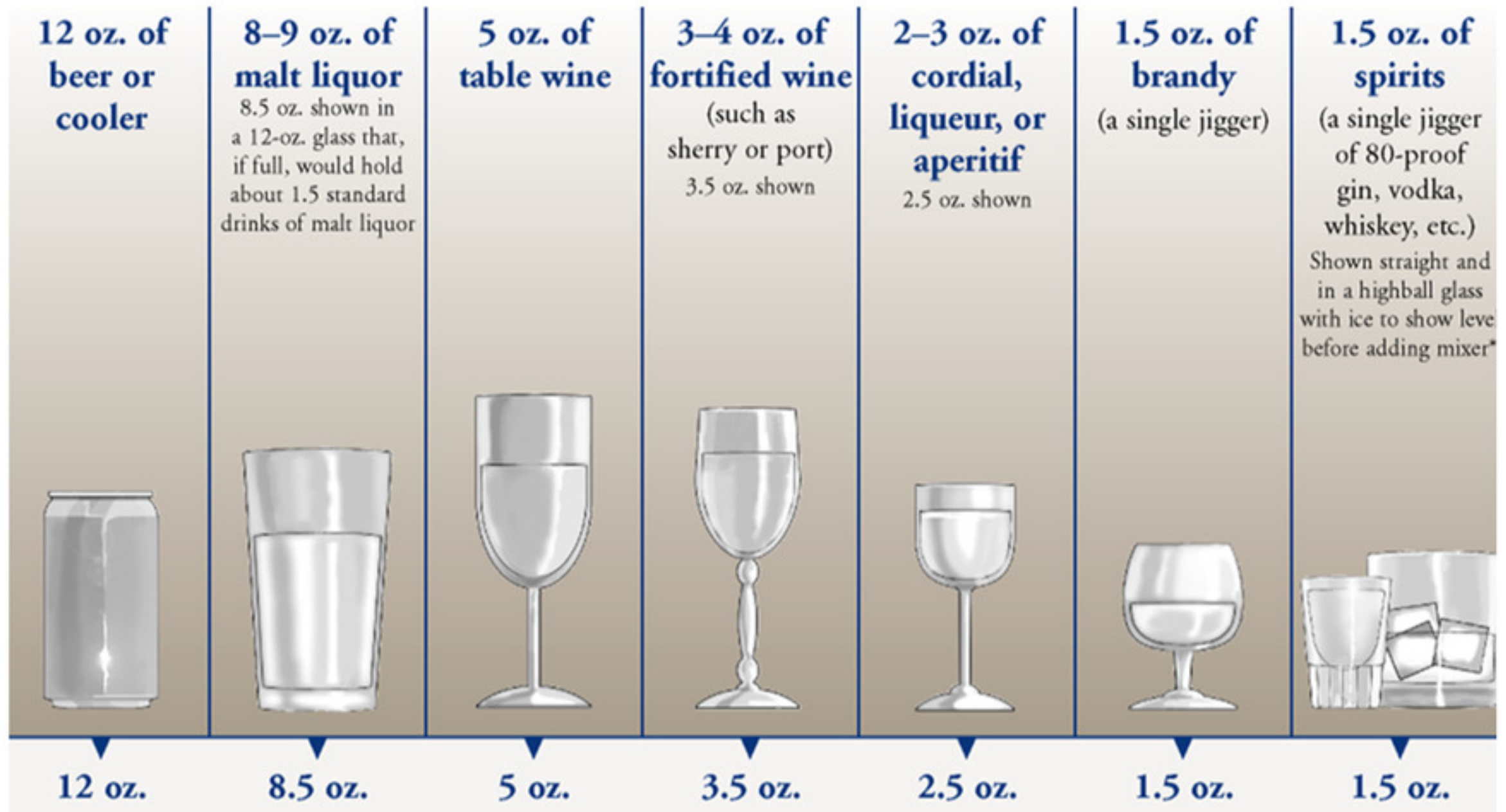


Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2009). Primary care validation of a single-question alcohol screening test. *J Gen Intern Med* 24(7), 783–788

When screening, it's useful to clarify what one drink is!



What is a “standard” drink?



Single Question Screen for Unhealthy Drug Use

In the last 12 months, on how many days did you use pot (marijuana), use another street drug, or use a prescription medication 'recreationally' (just for the feeling, or using more than prescribed)?

- A response of 1 or more is considered positive.
- 65% sensitive, 99% specific for detecting drug use
- Similar sensitivity and specificity to previous single drug screen (Smith et al), but clearly identifies marijuana use and avoids use of the word "illegal"

Seale JP et al, Drug Alc Dep, 193:104-109, 2018; Smith, PC, et.al., Arch Int Med, 170:1155-1160, 2010

Step 2: Screening for high risk alcohol use/alcohol use disorder.

- Alcohol: AUDIT (Alcohol Use Disorders Identification Test)
- **World Health Organization:**
http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf

Seale JP et al, Drug Alc Dep, 193:104-109, 2018; Smith, PC, et.al., Arch Int Med, 170:1155-1160, 2010



AUDIT – Alcohol Use Disorders Identification Test

- Developed by the World Health Organization.
- 10 Questions.
- Valid across cultures, sensitivity/specificity vary w/population.
- Takes less than 5 minutes.
- Consider self-administration using pen and paper or e-tablets.

Reinert, DF, Allen JP. Alcohol ClinExp Res. 26(2):272-279, 2002, www.niaaa.nih.gov/guide

The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that you ask some questions about your use of alcohol. Your answers remain confidential so please be honest. Place a check mark in one box that best describes your answer to each question.

One drink equals:



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

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

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1. Right-click on the gray space around the document or move your mouse to the top of the gray space and right-click on the dark gray drop-down bar.
2. Select the “Save as” option.
3. Rename the PDF using the title in the document.
4. Save the PDF in the FOAM folder you have created on your device.



The Alcohol Use Disorders Identification Test: Self-Report Version

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One drink equals:



| Questions | 0 | 1 | 2 | 3 | 4 | |
|--|------------------------------------|---|---|--|--|--|
| 1. How often do you have a drink containing alcohol? | Never <input type="checkbox"/> | Monthly or less <input type="checkbox"/> | 2-4 times a month <input type="checkbox"/> | 2-3 times a week <input type="checkbox"/> | 4 or more times a week <input type="checkbox"/> | |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 1 or 2 <input type="checkbox"/> | 3 or 4 <input type="checkbox"/> | 5 or 6 <input type="checkbox"/> | 7 to 9 <input type="checkbox"/> | 10 or more <input type="checkbox"/> | |
| 3. How often do you have four or more drinks on one occasion? | Never <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weekly <input type="checkbox"/> | Daily or almost daily <input type="checkbox"/> | |
| 4. How often during the last year have you found that you were not able to stop drinking once you had started? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily or almost daily <input type="checkbox"/> | |
| 5. How often during the last year have you failed to do what was normally expected of you because of drinking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily or almost daily <input type="checkbox"/> | |
| 6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weekly <input type="checkbox"/> | Daily or almost daily <input type="checkbox"/> | |
| 7. How often during the last have you had a feeling of guilt or remorse after dinking? | Never <input type="checkbox"/> | Less than monthly <input type="checkbox"/> | Monthly <input type="checkbox"/> | Weekly <input type="checkbox"/> | Daily or almost daily <input type="checkbox"/> | |
| 8. How often during the last year have you been unable | <input type="checkbox"/> | Less than <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily or <input type="checkbox"/> | |

<https://cf.nearpod.com/neareducation/new/Webpage/883462969/iconoriginal.pdf?AWSAccessKeyId=AKIA5LQSO4AXIHKV2NEC&Expires=2147483647&Signature=KwecUkL8n0Jq5gqfRg60a6Nx4%2FA%3D>

| | | | | | |
|---|--------------------------------|---|---|------|--------------------------|
| drinking? | <input type="checkbox"/> | year | <input type="checkbox"/> | year | <input type="checkbox"/> |
| 10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? | No <input type="checkbox"/> | Yes, but not in the last year <input type="checkbox"/> | Yes, during the last year <input type="checkbox"/> | | |
| Total | | | | | |

Scoring the AUDIT (if single question screen is positive)



Johnson, Lee, Vinson & Seale, 2013; McGinnis, Justice, Kraemer, Saitz, Bryant & Fiellin, 2013; Rubinsky, Kivlahan, Volk, Maynard, & Bradley, 2010.

Step 2: Screening for High-Risk Drug Use - Guidelines

- Always ask validated screening questions as written.
- Demonstrate a respectful, nonjudgmental attitude.
- Because the screening question does not specify the drug(s) use, the provider must ask which drugs are used.
- Ask quantity and frequency of use.
- What other drugs, if any?
- Any IV drug use? Have you ever had a drug overdose?
- Administer DAST-10 (Drug Abuse Screening Test).
- (https://www.bu.edu/bniart/files/2012/04/DAST-10_Institute.pdf)

Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4), 363–371.

Drug Screening Questionnaire (DAST-10)

I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

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

If you have difficulty with a statement, then choose the response that is mostly right. You may choose to answer or not answer any of the questions in this section.

| These questions refer to the past 12 months | No | Yes |
|---|----|-----|
| 1. Have you used drugs other than those required for medical reasons? | 0 | 1 |
| 2. Do you use more than one drug at a time? | 0 | 1 |
| 3. Are you always able to stop using drugs when you want to? (If never used drugs, answer "Yes") | 1 | 0 |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use? | 0 | 1 |
| 5. Do you ever feel bad or guilty about your drug use? (If never used drugs, answer "No") | 0 | 1 |
| 6. Does your partner (or parent) ever complain about your involvement with drugs? | 0 | 1 |
| 7. Have you neglected your family because of your use of drugs? | 0 | 1 |
| 8. Have you engaged in illegal activities in order to obtain drugs? | 0 | 1 |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | 0 | 1 |
| 10. Have you had medical problems as a result of your drug use? (e.g., memory loss, hepatitis, convulsions, bleeding, etc.) | 0 | 1 |

Score _____

Interpreting the DAST-10

In these statements, the term “drug use” refers to the use of medications at a level that exceeds the instructions, and/or any non-medical use of drugs. Patients receive 1 point for every “yes” answer with the exception of question #3, for which a “no” answer receives 1 point. DAST-10 Score Degree of Problems Related to Drug Use Suggested Action.

| DAST-10 Score | Degree of Problems Related to Drug Use | Suggested Action |
|---------------|--|------------------------------------|
| 0 | No problems reported | None at this time |
| 1-2 | Low level | Monitor, re-assess at a later date |
| 3-5 | Moderate level | Further investigation |
| 6-8 | Substantial level | Intensive assessment |
| 9-10 | Severe level | Intensive assessment |

Skinner, H. A. (1982).The Drug Use Screening Test. *Addictive Behavior*, 7(4), 363-371.



PDF Instructions

Download the PDF on the next page:

1. Right-click on the gray space around the document or move your mouse to the top of the gray space and right-click on the dark gray drop-down bar.
2. Select the “Save as” option.
3. Rename the PDF using the title in the document.
4. Save the PDF in the FOAM folder you have created on your device.



DAST-10 Questionnaire

I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months. When the words "drug use" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed, hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right. You may choose to answer or not answer any of the questions in this section.

| These questions refer to the past 12 months | No | Yes |
|--|----|-----|
| 1. Have you used drugs other than those required for medical reasons? | | |
| 2. Do you use more than one drug at a time? | | |
| 3. Are you always able to stop using drugs when you want? (If never use drugs, answer "Yes") | | |
| 4. Have you had "blackouts" or "flashbacks"? | | |
| 5. Do you ever feel bad or guilty about using drugs? (If never use drugs, answer "No". | | |
| 6. Does your spouse (or parent) or other family member have any concerns about your drug use? | | |
| 7. Have you neglected your family or social responsibilities because of drug use? | | |
| 8. Have you engaged in illegal activities to obtain drugs? | | |
| 9. Have you ever experienced problems (e.g., memory loss, loss of interest in life, depression, etc.) because of taking drugs? | | |
| 10. Have you had medical problems (e.g., hepatitis, convulsions, bleeding, etc.) because of drug use? | | |
| Total | | |
| DAST-10 Score | | |

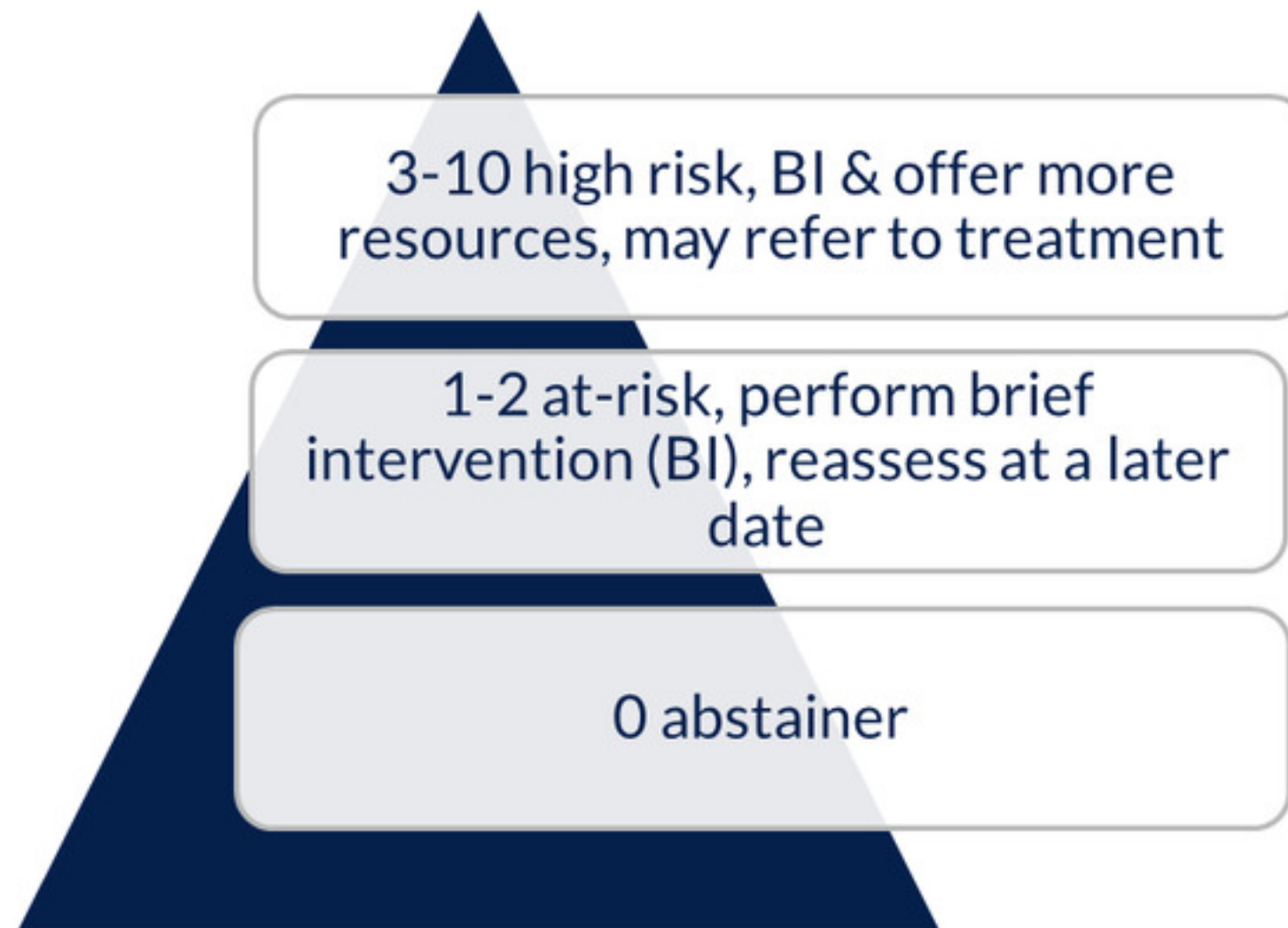
Interpreting the DAST-10

In these statements, the term "drug use" refers to the use of medications at a level that exceeds the instructions, and/or any non-medical use of drugs. Patients receive 1 point for every "yes" answer with the exception of question #3, for which a "no" answer receives 1 point. DAST-10 Score Degree of Problems Related to Drug Use Suggested Action.

| DAST-10 Score | Degree of Problems | Suggested Action |
|---------------|--------------------|-----------------------|
| 3-5 | Moderate level | Further investigation |
| 6-8 | Substantial level | Intensive assessment |
| 9-10 | Severe level | Intensive assessment |

Skinner, H. A. (1982). The Drug Abuse Screening Test. Addictive Behavior, 7(4),363-371.

Scoring the DAST



Addiction Research Foundation, 1982; Yudko et al, 2007





Intervention Card: Front

Do you sometimes drink beer, wine or liquor?

How many times in the last 12 months have you had X or more drinks in one day?

Men: X = 5 Women: X = 4

What is a standard drink?

| 12 oz Beer | 8-9 oz Malt Liquor | 5 oz Wine | 1.5 oz/1 shot |
|--|--|--|---|
|  |  |  |  |
| ~5% | ~7 % | ~12% | ~40% |

The percent of "pure" alcohol expressed here as alcohol/volume varies by beverage.

Your Risk Level:

| AUDIT | | DAST |
|----------------------------------|-------------|---------------------------------|
| ≥14 | High Risk | ≥3 |
| 4-13 or + single question screen | At Risk | 1-2 or + single question screen |
| | No/low risk | |

In the last 12 months, on how many days did you use pot (marijuana), use another street drug, or use a prescription medication "recreationally" (just for the feeling or more than prescribed)?

Lower Risk Drink Limits

| | Per Day | Per Week |
|---------------|---------|----------|
| Healthy Men | 4 | 14 |
| Healthy Women | 3 | 7 |
| All ages >65 | 3 | 7 |

No drinking/using if driving, pregnant, possibly dependent or otherwise contraindicated

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely


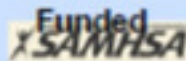

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Intervention Card: Back

| Zone II: At Risk AUDIT 4-13; DAST 1-2 or Positive Single-Question Screen | | Zone III: High Risk AUDIT ≥ 14; DAST 3+ | |
|--|---|--|--|
| Raise the Subject | Ask permission: "I appreciate you answering our health questionnaire.. Could we take a minute to discuss your results?" | Additional Steps: Ask: "If you go a day or 2 without drinking/using do you ever get sick, shaky, have tremors/seizures/cramps, or see/hear things that are not there?" Offer menu of options for more help: ► Medication (naltrexone, acamprosate, disulfiram, methadone, Suboxone) ► Referral •Counseling/Brief treatment •Support group (e.g., AA, NA, Celebrate Recovery) •Treatment or substance abuse program | |
| Provide Feedback | 1. Identify risk level: refer to pyramid & provide patient's AUDIT/DAST score & risk level(s). "What do you make of this?" 2. Explain any connection between substance use and the reason(s) for patient's current medical visit. 3. Educate regarding low risk drinking limits 4. Give recommendation to quit or cut back. | | |
| Enhance Motivation | On a scale of 0-10, how <u>ready</u> are you to cut back or quit your alcohol/drug use?" If >0, "Why that number and not a lower one?" [If time allows, also use rulers to ask about <u>importance, confidence</u>] Use OARS: Open-ended questions, Affirmations, Reflections, Summaries. Look for and reflect change talk. If readiness is low, ask about good & not so good aspects of substance use. | | |
| Negotiate Plan | If you were to make a change, what would be your first step?" Encourage a specific plan/goal to reduce use, abstain and/or seek referral. Support patient autonomy & make an affirming statement. Schedule follow-up. | | |

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#1U79T026019
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#1U79T1026019
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2015

SECSAT

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by SAMHSA



Screening Role-Play Demonstration – Pat's Case

Faculty will perform a role-play demonstration. Review information on Pat presented in the case and share your reflections on the role play demonstration.



PAT CASE INFORMATION

Pat is 25 years old. S/he has come in with a chief complaint of symptoms of an upper respiratory infection (runny nose, non-productive cough, no chills or fever) and request for more pain pills. S/he NIDA single screening question for prescription drug use for non-medical reasons is positive and were asked to complete the DAST-10 before seeing their healthcare provider.

Eight months ago, s/he fell at work and broke their ankle. S/he had surgery, and the doctor prescribed s/he hydrocodone for the pain. S/he started using the pills more often because "s/he liked the way it felt." S/he was still experiencing some pain when s/he ran out of their prescription, so s/he borrowed a few pills from a friend. When the doctor stopped prescribing the pain medication altogether, s/he started buying the pills on the street. S/he takes 6-8 hydrocodone tablets per day, never used IV drugs, and never had an overdose. S/he also smokes one pack of cigarettes per day and does not drink alcohol. S/he has found themselves struggling to pay for necessities, like rent and utilities, the money s/he has spent buying the pills, but s/he feels nauseated when s/he isn't using the pills. When s/he cannot get enough pills, s/he has smoked marijuana in addition to the pills to get rid of the pain. S/he asked their parents to help them pay rent for a couple of months, but they refused. S/he is worried about their financial aid if s/he is still using the pills. S/he feels guilty about how much money s/he has been spending and that s/he has had to ask their parents to help them pay rent. S/he parents have complained about helping them with rent and let them know they will not do so anymore if s/he is still using the pills. S/he hasn't seen their family for a few months because s/he feels their life is out of control.

Responses to Clinician

| DAST-10 Question | |
|--|---|
| 1. Have you used drugs other than those required for medical reasons? | S/he has used hydrocodone for non-medical reasons. |
| 2. Do you use more than one drug at a time? | S/he uses marijuana in addition to the pills on occasion to get rid of the pain (once per week). |
| 3. Are you always able to stop using drugs when you want to? | S/he cannot stop because at first it felt so good, but now it just feels awful when s/he stops. |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use? | S/he has experienced many blackouts or flashbacks as a result of drug use. |
| 5. Do you ever feel bad or guilty about your drug use? | S/he feels guilty about how much money s/he has been spending and that s/he has had to ask their parents to help them pay rent. |
| 6. Does your spouse (or parent) ever complain about your involvement with drugs? | S/he parents have complained about helping them with rent and let them know they will not do so anymore if s/he is still using the pills. |
| 7. Have you neglected your family or friends because of drug use? | S/he hasn't seen their family for a few months because s/he feels their life is out of control. |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | S/he has been feeling sick and needs to take the pills or feels anxious and gets terrible nausea. |
| 10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc.)? | S/he has not experienced any medical problems as a result of their drug use. |

<https://cf.nearpod.com/neareducation/new/Webpage/907900785/iconoriginal.pdf?AWSAccessKeyId=AKIA5LQSO4AXIHKV2NEC&Expires=2147483647&Signature=UYVL6vM3JeY6WqLUiwjplcz0zM%3D>

Drug Screening Questionnaire (DAST-10)

Pat's DAST-10 Questionnaire & Score

| These questions refer to the past 12 months | No | Yes |
|---|----|-----|
| 1. Have you used drugs other than those required for medical reasons? | 0 | 1 |
| 2. Do you use more than one drug at a time? | 0 | 1 |
| 3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes") | 1 | 0 |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use? | 0 | 1 |
| 5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No." | 0 | 1 |
| 6. Does your spouse (or parent) ever complain about your involvement with drugs? | 0 | 1 |
| 7. Have you neglected your family because of your use of drugs? | 0 | 1 |
| 8. Have you engaged in illegal activities in order to obtain drugs? | 0 | 1 |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | 0 | 1 |
| 10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.?) | 0 | 1 |
| Subtotal | 1 | 7 |
| Total DAST-10 Score | 8 | |



Watch the Role-Play in Zoom



Discussion (Collaboration Board)


Share your reflections on the role play demonstration.



Screening Debrief

1. Did the clinician demonstrate respect during the interview?
2. Were the validated screening questions asked “as written”?
3. Did the clinician determine all drugs being used by the patient and the quantity and frequency of use for each drug?
4. Were important high-risk factors such as IV drug use and history of previous overdose assessed?
5. Was the manner in which the alcohol and drug use information was obtained nonjudgmental, comfortable, engaging and time-efficient?
6. How might this screening interview have been improved?



Share your reflections  role play demonstration.

Collaborate Board

Share your reflections on the role play demonstration.

What you've learned from Pat's Screening Interview:

- Smokes 1 pack per day of cigarettes, drinks no alcohol.
- Positive on single drug screening question.
- Uses two drugs.
- Quantity and frequency of drug use.
- Information about IV use and overdose history.
- DAST 10 score (8)—remember that scoring for Q3 is reversed (1 point for “no” response).
- High risk patient, needs BI + additional resources.



Key Points for Screening

- Screen everyone for tobacco, alcohol, and other drug use.
- Use validated tools and ask questions verbatim.
- Consider use of single question screens regularly as part of clinical routines (in triage?).
- Ask quantity and frequency for each substance; many patients use more than one. (Note: “occasional” & “social” are not acceptable answers!)
- Use tools such as AUDIT and DAST to identify level of severity.
- Follow up positives or "red flags" by assessing details and consequences of use as time allows.
- Demonstrate nonjudgmental, empathic verbal and nonverbal behaviors during screening.



Brief Prescreen Questions (Adults)

1. In the past year how often have you used any tobacco products?

☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly ☐ Daily/Almost daily

2. Do you sometimes drink beer, wine or other alcoholic beverages?

☐ Yes ☐ No

3. (If yes) In the past year how often have you had 4/5 or more drinks in a day? [for Women and Men age 65 & older: 4 or more drinks a day; For Men: 5 or more drinks a day.]

☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly ☐ Daily/Almost daily

4. In the past year did you use pot (marijuana), use another street drug, or use a prescription medication recreationally (just for the feeling, or using more than prescribed)?

☐ Yes ☐ No



Selected References

- *For clinicians:*
 - SBIRT: A Step-By-Step Guide, 2012 edition, Massachusetts Department of Public Health,
<https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf>
- *For patients:*
 - www.alcoholscreening.org



Performing Brief Interventions





Brief Interventions

- 3 minutes or more.
- Aimed to motivate behavior change.
- Designed to:
 - provide personal feedback.
 - enhance motivation.
 - promote self-efficacy.
 - promote behavior change.
- Effective in decreasing unhealthy alcohol use in primary care.

Plan to Use Two Brief Intervention Pathways

- For patients with **at-risk** use but no alcohol or substance use disorder: conduct a brief intervention, provide follow-up and ongoing care.
- For patients with **high-risk use and possible alcohol or substance use disorder**: conduct brief intervention, offer menu of additional support options, & negotiate a plan that may include referral.



Steps of the Brief Intervention For All Patients:

Raise the
subject

Provide
feedback

Enhance
motivation

Negotiate plan



Video – Brief Intervention for “Mr. Walker”





Interactive video

Steps of the Brief Intervention For At-Risk Patients:

Raise the Subject

- Simple but important step.
- Ask permission to talk about alcohol and/or drugs.
- Can use screening forms as conversation starters.



Steps of the Brief Intervention For At-Risk Patients:

Provide Feedback

- State level of risk.
- Elicit the patient's thoughts about this.
- Identify risks that may be relevant to the patient.
- Address or ask about possible connection to health issues.
- For at-risk patients, state low risk limits.
- Give recommendation to cut back to these limits.



Steps of the Brief Intervention For At-Risk Patients:

Enhance Motivation

- Use the 0 – 10 readiness scale.
- Ask, “Why not a lower number?”
- Explore pros and cons.



Steps of the Brief Intervention For At-Risk Patients:

Negotiate Plan

- If patient is ready: “What would that look like for you?”
- Encourage a specific plan/goal to reduce use, abstain and/or seek additional help.
- Re-state recommendation.
- Schedule follow-up.



Brief Intervention Role-Play (Breakout Room Activity)



Clinical Summary: What You Know about Sam

- 37 y.o. patient with hypertension and 10 days of shoulder pain after trimming trees
- Brief screen results: smokes ½ pack cigarettes/day, positive on NIAAA single question screen, negative on single drug screen
- AUDIT score is 10 (at-risk) → needs Brief Intervention



Brief Prescreen Questions (Adults)

1. In the past year how often have you used any tobacco products?

☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly ☒ Daily/Almost daily

2. Do you sometimes drink beer, wine or other alcoholic beverages?

☒ Yes ☐ No

3. (If yes) In the past year how often have you had 4/5 or more drinks in a day? [for Women and Men age 65 & older: 4 or more drinks a day; For Men: 5 or more drinks a day.]

☐ Never ☐ Once or Twice ☐ Monthly ☒ Weekly ☐ Daily/Almost daily

4. In the past year did you use pot (marijuana), use another street drug, or use a prescription medication recreationally (just for the feeling, or using more than prescribed)?

☐ Yes ☒ No



The Alcohol Use Disorders Identification Test: Self-Report Version

Patient Name: Sam

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

Place an X in one box that best describes your answer to each question.

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

Sam: Brief Intervention Role-Play Instructions

1. Assign Roles within your Group. (1 minute)

You will be placed in small groups in Zoom breakout rooms to assign roles in the role-play.

- 1 volunteer to role-play "Sam" - the patient.
- 1 volunteer to role-play "Healthcare Provider."
- 1 volunteer to be the Brief Intervention Debrief Leader.
- Observers—Everyone remaining in the group.

2. Review Sam Case Information & Role-Play Instructions. (3 minutes)

All case material is in Session 5 Reference Document 6, "Sam Case Information (Breakout Room Activity).pdf. Allow 3 minutes before beginning your role-playing for the "patient" to review "Instructions for How to Role-Play "Sam" and the "healthcare provider" to review Sam's AUDIT and "How to Role-Play 'Healthcare Provider.'" Debrief Leader and Observers should also review their instructions.

3. Perform Role-Play Exercise (8 minutes)

You will have 8 minutes for the role-play, in which the "healthcare provider" leads "Sam" through the brief intervention process. Start when both are ready.

4. Brief Intervention Debrief Discussion (5 minutes)

At the conclusion of your role-play, the Brief Intervention Debrief Leader will lead a 5 minute discussion of observers' answers to the Brief Intervention Debrief questions.

5. Large Group Discussion Facilitated by Faculty (5 minutes)



PDF Instructions

Download the PDF on the next page:

1. Right-click on the gray space around the document or move your mouse to the top of the gray space and right-click on the dark gray drop-down bar.
2. Select the “Save as” option.
3. Rename the PDF using the title in the document.
4. Save the PDF in the FOAM folder you have created on your device.



SAM CASE INFORMATION

Clinical Summary

- 37 y.o. patient with hypertension and 10 days of shoulder pain after trimming trees.
- Brief screen results: smokes 1/2 pack cigarettes/day, positive on NIAA single question screen, negative on single drug screen.
- Audit score is 10 (at-risk) --> needs Brief Intervention.



<https://cf.nearpod.com/neareducation/new/Webpage/907901584/iconoriginal.pdf?AWSAccessKeyId=AKIA5LQSO4AXIHKV2NEC&Expires=2147483647&Signature=POUqFNfwPqLHvQTgJb10EDUUDHI%3D>

Discussion (Collaboration Board)


Share your reflections on the role play demonstration.



Discussion of Role Play (Collaboration Board): Share your reflections on the role play exercise

1. Which of the 4 steps of the BNI did the clinician carry out?
 - a. Ask Permission
 - b. Provide feedback
 - c. Enhance motivation
 - d. Negotiate a plan
2. What was particularly well done?
3. What suggestions do you have for improvement, or what might you have done differently?
4. What, if anything, do you find helpful about the Brief Negotiated Interview approach?
5. What parts are challenging?
6. Other comments or suggestions?



Share your reflections  role play demonstration.

Collaborate Board

Share your reflections on the role play demonstration.

Part 2: Brief Interventions for Patients at Higher Risk Levels

- Use the same intervention outline.
- Encourage abstinence.
- Evaluate withdrawal risk.
- With patient's permission, offer a menu of options.
- Consider using a “prescription for change.”



Video – Brief Intervention for “Tom”





Interactive video

Steps of the Brief Intervention For All Patients:

Raise the
subject

Provide
feedback

Enhance
motivation

Negotiate
plan



Encouraging abstinence (alcohol): “My best medical advice would be for you to quit.”

AUDIT

≥ 14

4-13

Or + single
question screen

0- 3 or

– single
question screen

*Your risk
level:*

High
Risk

At Risk

No/Low Risk

DAST

≥ 3

1-2

Or + single
question screen

0 or

– single
question screen



Encourage abstinence for most drug use.

AUDIT

≥ 14

4-13

Or + single
question screen

0- 3 or

- single
question screen

Your risk
level:

High
Risk

At Risk

No/Low Risk

DAST

≥ 3

1-2

Or + single
question screen

0 or

- single
question screen

- No known low risk zone for drug use.
- Casual marijuana use still carries consequences.
- Medical marijuana possible exception.
- Thus far, clinical trials suggest less effect of BI for drugs vs. alcohol.



In addition to high AUDIT/DAST scores, there are other reasons we might recommend abstinence.

- Prior history of alcohol or substance dependence
- Pregnancy
- Medications
- Serious mental illness, medical condition



Offer a Menu of Options: Ask Permission

- “Many patients at your risk level find they do better with more support. Could I share with you some of the things that have helped some of my other patients?”



Menu of Options

- Medication: naltrexone, acamprosate, or disulfiram for alcohol; buprenorphine or methadone for opioids.
- Self-help/support group (e.g., AA/NA, Celebrate Recovery, Smart Recovery, etc.).
- Individual counseling (brief treatment).
- Formal substance use treatment programs.



MI Principles for Making Treatment Referral

- Respect patient's autonomy— “Any decision you make is entirely up to you.”
- Make every effort to help patients make contact with treatment providers while they are still in your office (“warm handoff”).

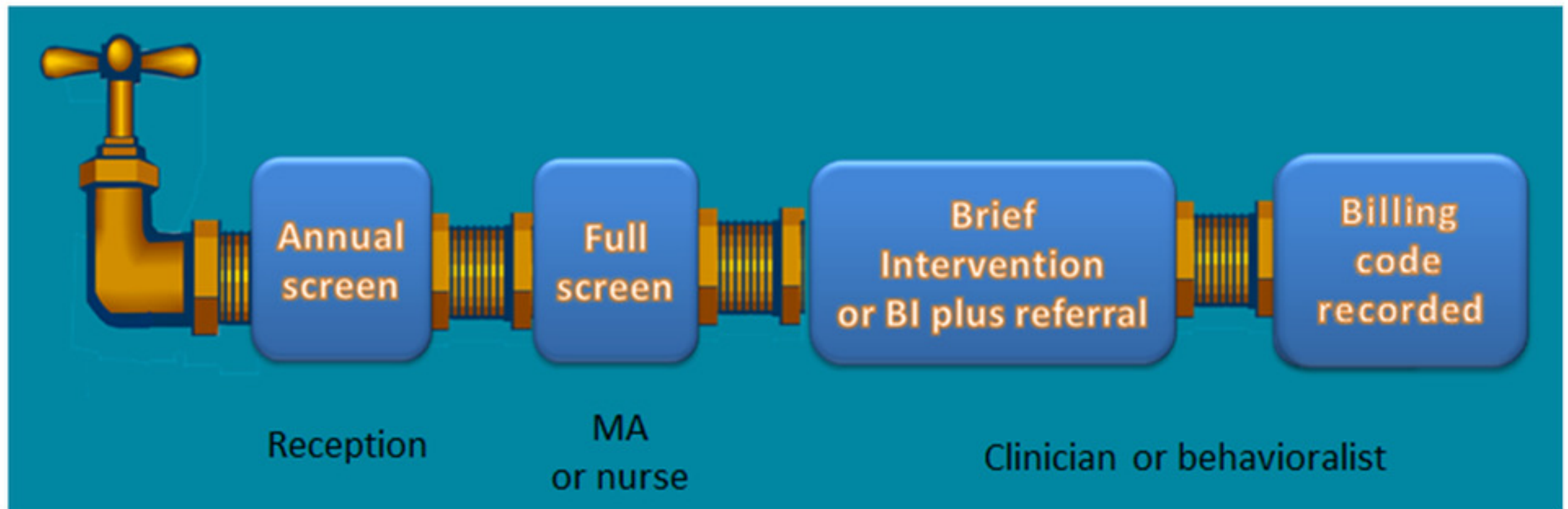




Prescription for Change

- “Those are great ideas! Is it okay for me to write down your plan, your own prescription for change?”
- “Please help me summarize the steps you will take to change your [X] use.”
- “I’ve written down your plan, a prescription for change, for you to keep with you as a reminder.”

Workflow Resembles a Pipeline



Billing the Brief Intervention

| Service | Payer | Code | Description |
|---|---------------------------|-------|---|
| Full screen + Brief intervention | Medicaid* & Commercial | 99408 | • 15-30 minutes spent administrating and interpreting a full screen, plus performing a brief intervention. |
| | Medicare | G0396 | |
| | Medicaid* & Commercial | 99409 | • Same as above, only ≥ 30 minutes. |
| | Medicare | G0397 | |

- Not all states have approved Medicaid SBIRT codes
- Use a 25 modifier
- Reimbursement: \$26 - \$30 and \$52 - \$65



Suggestions for Installing Your “SBIRT Pipeline”

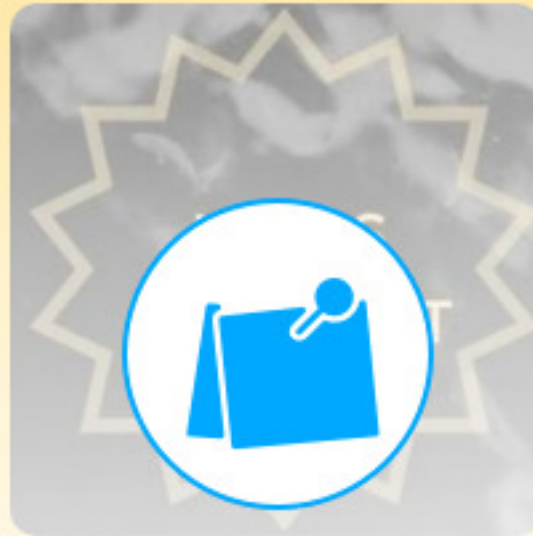
- Get buy-in from key stakeholders.
- Identify clinic champions.
- Provide training for both screening and brief intervention and include this in new employee orientation.
- Make tools (screening forms, intervention cards) available.
- Standardize how screening and BI will be recorded in your EHR (retrievable fields, smart phrases, etc.).



Reflection on Learnings

Reflect on how you might apply what you learned in this session to your own practice. What are your “take-home lessons” for screening and brief intervention?





Reflection on Learnings **Collaborate Board**

What are your "take-home lessons" for screening and brief intervention? How does it work best for you? What would make it more effective in your practice? What questions or suggestions do you have regarding brief interventions for patients with possible alcohol or substance use disorder?

Reflection on Learnings

Knowledge Checks



Quiz

A 28-year-old male is drinking above NIAAA guidelines; he is employed and has mild elevation of his GGT. He has never met criteria for alcohol use disorder- -moderate or severe. The most appropriate next step is:

- ☐ Prescribe naltrexone to support abstinence
- ☐ Refer to an addiction treatment provider for counseling and medication
- ☐ Refer to an addiction treatment provider for medically-managed withdrawal treatment and linkage to follow-up care
- ☐ **Inform the patient that his drinking exceeds safe limits and advise him to cut back or stop**
- ☐ Invite his friends and family to conduct an intervention

Quiz

A 45-year-old male reports consuming 60 standard drinks per week for the past 2 years. He suffers monthly blackouts after a binge. He has lost his job and missed his daughter's dance recital due to a hangover. There has been a pattern of missing work due to his drinking. He drinks within an hour of waking to manage his shakes. His wife is ready to divorce him if he doesn't stop drinking. Physical examination reveals a fine tremor and no flaps. AST is twice the upper limits of normal. ALT level and bilirubin are normal. The next best step is to:

- ☐ Prescribe naltrexone to support abstinence
- ☐ Refer to an addiction treatment provider for counseling and medication
- ☐ Refer to an addiction treatment provider for medically-managed withdrawal treatment and linkage to follow-up care
- ☐ Inform the patient that his drinking exceeds safe limits and advise him to cut back or stop
- ☐ Invite his friends and family to conduct an intervention

Quiz

A 60-year-old CEO of a bank reports difficulty sleeping for 4 weeks. Alcohol consumption: 3 standard drinks of beer on weekdays; ≥ 5 on weekends; No depressive symptoms/cravings/social or physical harm. Physical exam: Normal. Labs: GGT mildly elevated; AST and ALT are normal. What advice will you give him to reduce his health risks from alcohol consumption?

- ☐ No more than 8 drinks a week and 1 per day
- ☐ No more than 10 drinks a week and 2 per day
- ☐ No more than 12 drinks a week and 3 per day
- ☐ No more than 14 drinks a week and 4 per day
- ☐ No more than 16 drinks a week and 5 per day

Quiz

A 75-year-old single, retired female with well-controlled hypertension, is very active and plays golf twice per week attends an annual health examination. Alcohol consumption: 4 glasses of wine per day--two with lunch and two with dinner since retirement; No history of an alcohol use disorder. Current Medications: 1. Hydrochlorothiazide 25mg PO QD; 2. ECASA 81mg PO QD What is the best advice you can give her to reduce her health risks from drinking alcohol?

- ☐ No more than 3 drinks per day and no more than 7 total drinks per week.
- ☐ No more than 3 drinks per day and no more than 14 total drinks per week.
- ☐ No more than 3 drinks per day and no more than 21 total drinks per week.
- ☐ No more than 4 drinks per day and 14 drinks total per week.
- ☐ No more than 4 drinks per day and 21 drinks total per week.

Quiz

A 25-year-old school bus driver drinks less than 2 standard drinks most days but consumes 6 standard drinks at least once per week. He has never met criteria for an alcohol use disorder and never drinks and drives. The next best step is to

- ☐ Provide a brief intervention.
- ☐ Refer him to an alcohol treatment agency.
- ☐ Prescribe naltrexone 25mg PO QD for 3 days and then increase to 50mg PO QD.
- ☐ Prescribe acamprosate 666mg PO TID.
- ☐ Declare him unfit to drive.

Session Feedback



Poll

Presenters were knowledgeable, unbiased, engaging.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree

Poll

This session enhanced my current knowledge and/or skill base.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree

Poll

The small group breakout work allowed me to apply the learning objectives for this session.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree

Final Reminders





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THANK YOU

