

Welcome to the second module of the “Screening, Brief Intervention, and Referral to Treatment Core Curriculum.” In this module, we’ll address screening patients for substance use in a clinical setting.

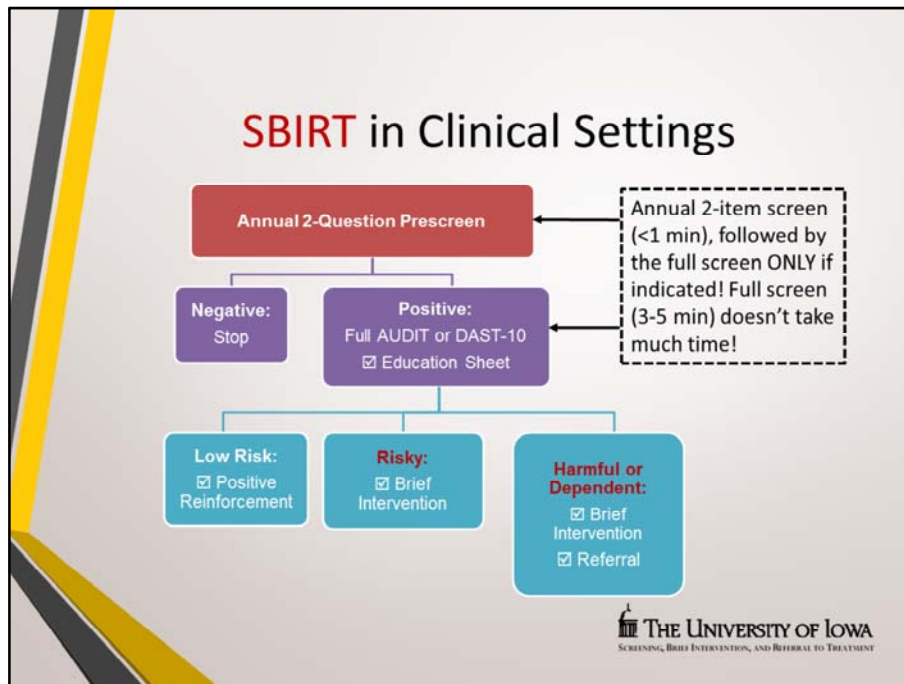


Goals for Today

- Understand universal screening
- Identify substance use risk limits
- Describe SBIRT screening steps, including prescreening and screening
- Discuss how to use two screening tools
- Describe how screening informs brief interventions

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SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

The goal of this session is to provide you with the information, tools, skills, and resources to successfully screen patients. You will learn how this is done within a clinical setting and will be oriented to the use of brief and valid substance use screening tools.



Let's start by looking at the SBIRT prescreening process. It's important to acknowledge that there are several ways to prescreen. For this program, we use the annual 2-question prescreen, which is also called a universal screen. We'll address these two questions in more detail shortly.


This flow chart illustrates how the annual prescreen is used to detect individuals who may be at risk for substance misuse. The Alcohol Use Disorders Identification Test, or AUDIT, and the Drug Abuse Screening Test, or DAST, are only used if the person is positive on the prescreen.

Why Screen Universally?

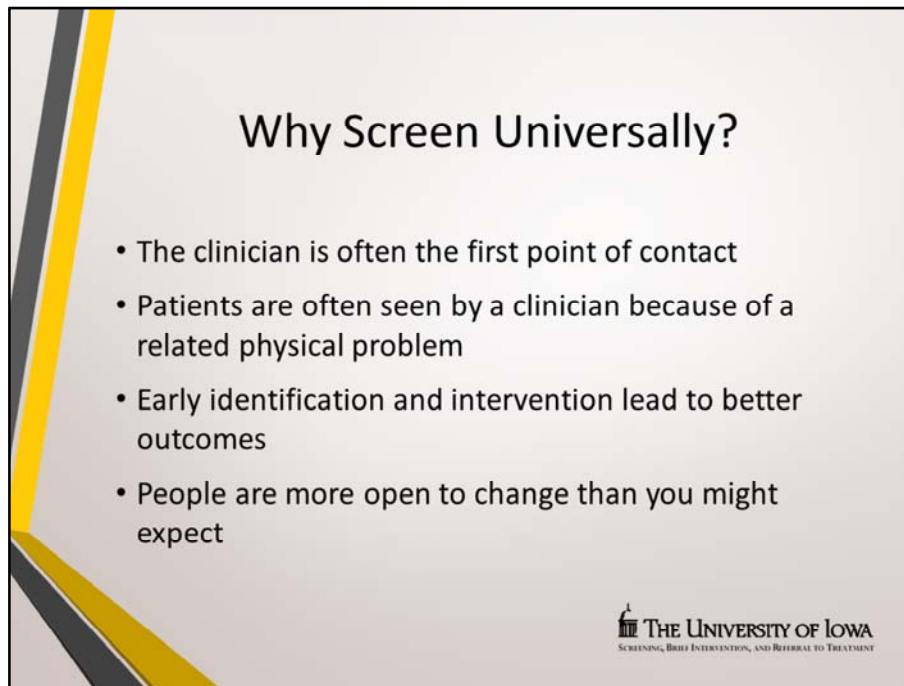
- Normalize clinician/patient conversations
- Detect alcohol and substance use patterns that can increase future injury or illness risks

Why are you asking me about alcohol and drug use?! Do I look like I have issues, or what?!

We screen everyone that comes through the door. It's part of our prevention and wellness approach to health care.

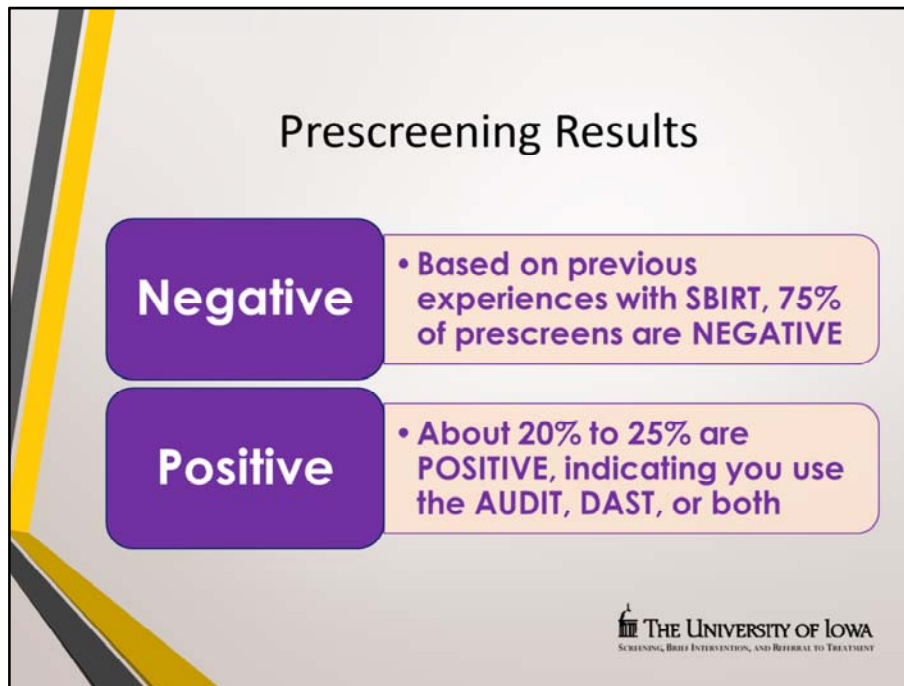
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The annual 2-question prescreening process, or universal screening, normalizes clinician/patient conversations regarding substance use, and can be a significant step toward early detection and effective intervention.

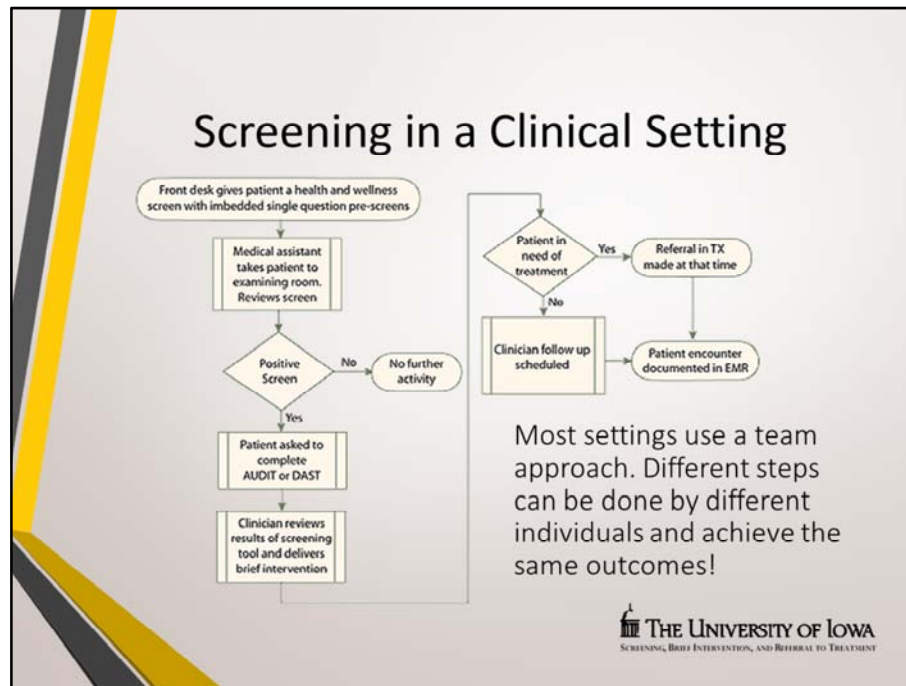


As we discussed in the first module, there are many good reasons to screen for substance misuse in primary care settings. The 2-item screening is an important first step toward making changes to enhance health.

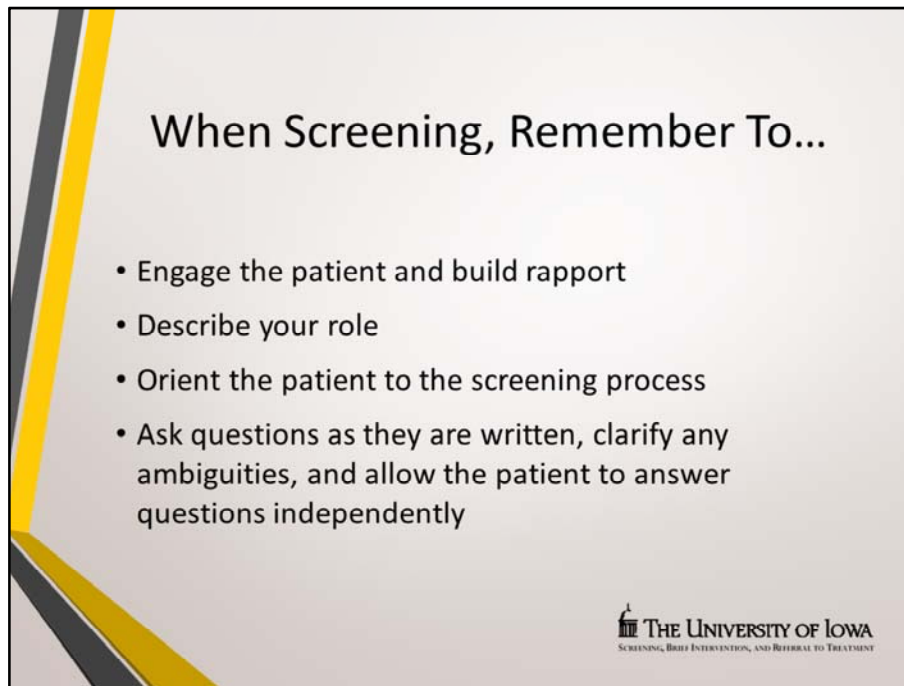
Source: Treatnet. (2008). *Screening, assessment and treatment planning*. Retrieved from <http://www.unodc.org/ddt-training/treatment/a.html>



On average in primary care settings, 20 to 25 percent of individuals screen positive, and the rest are negative. Other settings, such as HIV/AIDS counseling and testing sites or mental health clinics, often have higher rates of positive screens.




This is another way to think about using the annual prescreen in your clinical practice. In most primary care settings, consistent and effective use of the SBIRT process is a team approach.



When Screening, Remember To...

- Engage the patient and build rapport
- Describe your role
- Orient the patient to the screening process
- Ask questions as they are written, clarify any ambiguities, and allow the patient to answer questions independently

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Drinking or drug use can be a sensitive subject. That's why it's important for the clinician to build rapport with the patient, describe their role in the screening process, explain the process to the patient, and address questions effectively.

SBIRT Core Curriculum: Screening for Substance Use in Clinical Settings (Module 2)

UI-branded copy of the annual (prescreening) form

Note: the alcohol question depends on age and sex

Pocket Card

Name: _____ Date: _____

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Screening, Brief Intervention, and Referral to Treatment

Annual Questionnaire

Drinking alcohol and using drugs other than those required for medical reasons can affect your health. These activities can also affect the medications you take. Please help us provide you with the best possible medical care by answering the questions below.

Alcohol: One drink =

12 oz. beer 8 oz. wine 1.5 oz. liquor
any mix

Male – 65 years old or younger	How many times in the past year have you had 5 or more drinks in a day?	None	1 or more
Female – 65 years old or younger	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more
Anyone over 65 years old	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more

Examples of drugs may include: cannabis (marijuana, pot), methamphetamines (speed, crystal), inhalants (glue thinner, aerosols, glue), benzodiazepines (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), narcotics (opoids), or synthetic cannabinoids (K2, spicis) and catinones (bath salts).

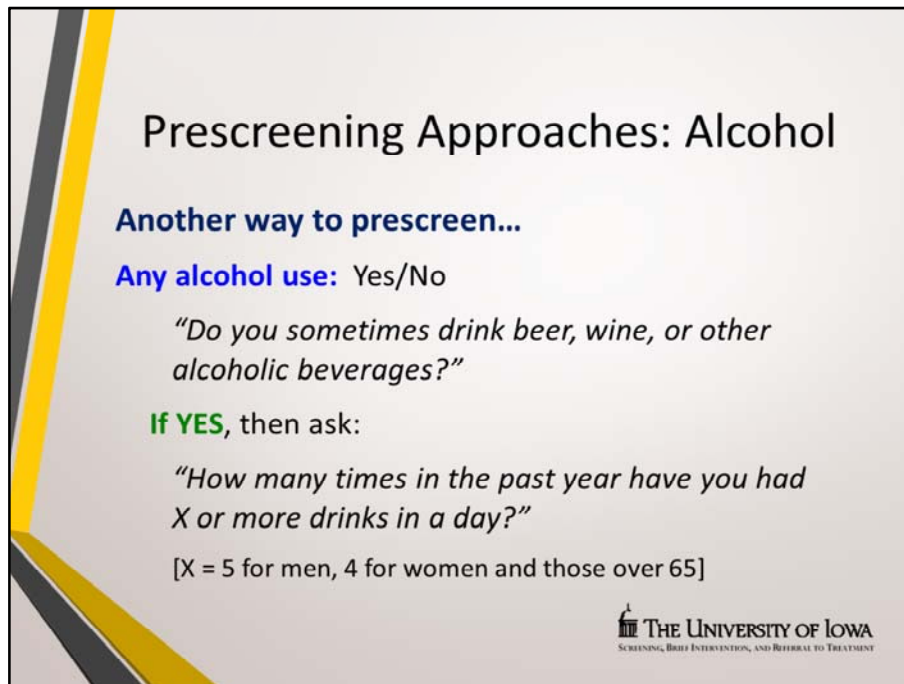
How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?	None	1 or more
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News Consortium for Substance Abuse Research and Evaluation

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SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

This is the Annual Questionnaire that we are using in this program at the University of Iowa. It's available to students, their preceptors, and others who are interested in using SBIRT in clinical settings.

This screening uses an episode of binge drinking as the “trigger” for using the AUDIT. Our question is simply, “How many times in the past year have you had 5 or more drinks in a day?” As you can see, 5 in a day is for men, and we use 4 in a day for women and older adults.



Prescreening Approaches: Alcohol

Another way to prescreen...


Any alcohol use: Yes/No

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

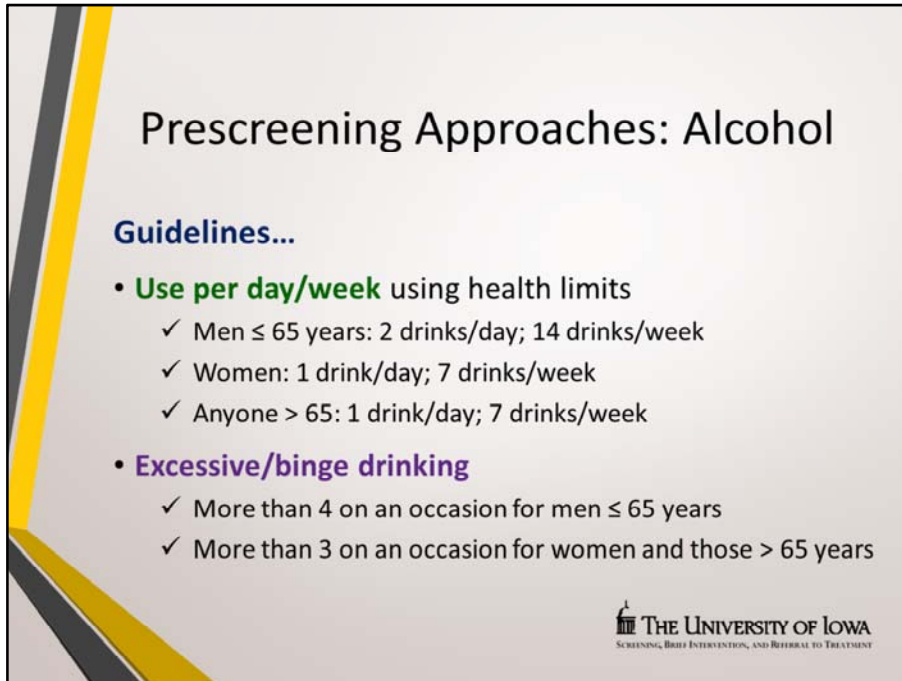
If YES, then ask:

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

[X = 5 for men, 4 for women and those over 65]

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Another approach is to ask if the person uses alcohol at all – a simple yes/no question. If the answer is “yes,” you ask the question about binge drinking that we adopted for our training.



Prescreening Approaches: Alcohol

Guidelines...

- **Use per day/week** using health limits
 - ✓ Men ≤ 65 years: 2 drinks/day; 14 drinks/week
 - ✓ Women: 1 drink/day; 7 drinks/week
 - ✓ Anyone > 65: 1 drink/day; 7 drinks/week
- **Excessive/binge drinking**
 - ✓ More than 4 on an occasion for men ≤ 65 years
 - ✓ More than 3 on an occasion for women and those > 65 years

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Even when we screen clients on their first visit and then annually, we also need to listen carefully in between for comments or reports that suggest screening may be needed to assess level of risk.

The guidelines outlined on the slide related to use per day and week are recommendations for healthy drinking. As discussed before, binge drinking is defined as the number of drinks on a single occasion. As we'll see in a minute, one occasion of heavy drinking, like a wedding or other special event, isn't the issue. We're looking for patterns that suggest risk for negative outcomes.

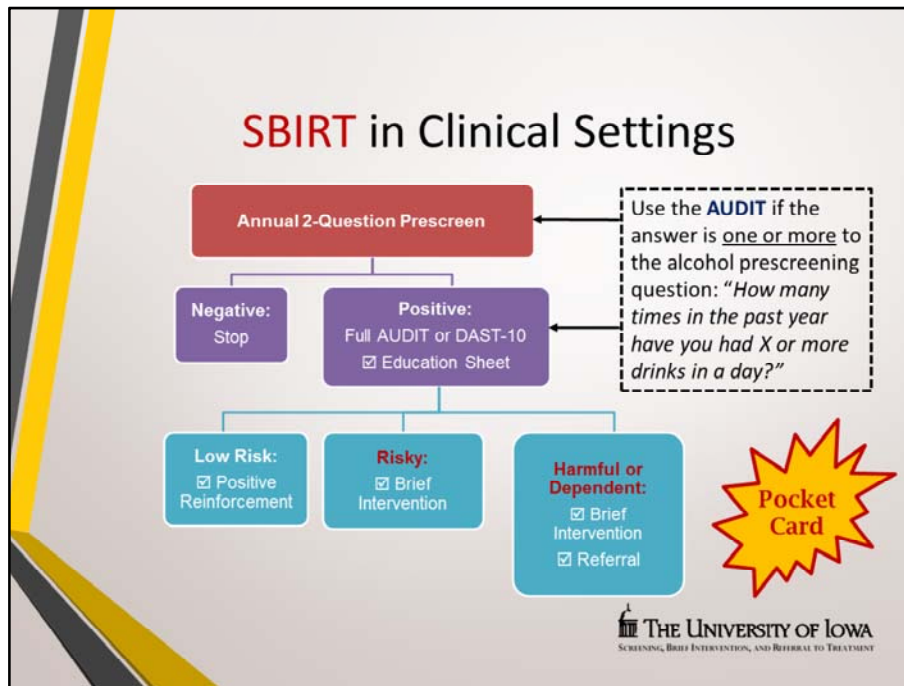


As we talk about number of drinks in a day, it's important to clarify what we mean by "one drink."



A standard drink is defined as 5 ounces of wine, 12 ounces of beer, or 1.5 ounces of spirits. All have an equivalent amount of alcohol, which is 14 grams.

National Institute on Alcohol Abuse and Alcoholism. (2013). What is a standard drink? Retrieved from <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/standard-drink>



If the person responds positively to the prescreening question about alcohol – meaning their answer is one or more days – then the next step is to use the AUDIT.

A presentation slide titled "AUDIT" with a subtitle "Alcohol Use Disorders Identification Test". It features a bulleted list of characteristics and the University of Iowa logo at the bottom right. The slide has a light gray background with a yellow and gray diagonal stripe on the left side.

AUDIT

Alcohol Use Disorders Identification Test

- Public domain tool developed by the World Health Organization (WHO)
- Validated for use in primary care, other settings
- For alcohol screening only
- Ten questions
- Simple and straightforward
- Easy to administer

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The AUDIT is a public domain tool that was created by the World Health Organization and has been translated into numerous languages, including Spanish. It is validated for use in many settings, including primary care.

The scale addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems. This 10-question tool is simple and straightforward to use and can be self-scored by the patient or administered by a worker. It can also be embedded into a tablet or an electronic health record.

SBIRT Core Curriculum: Screening for Substance Use in Clinical Settings (Module 2)

Name: _____ Date: _____

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Screening, Brief Intervention, and Referral to Treatment

AUDIT

Drinking alcohol can affect your health and the medications you take. Please help us provide you with the best possible medical care by answering the questions below.

ALCOHOL CONSUMPTION

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

2. How many drinks containing alcohol do you have on a typical day when you are drinking? 0 to 2 3 or 4 5 or 6 7 to 9 10 or more

3. How often do you have five or more drinks on one occasion? Never Less than monthly Monthly Weekly Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started? Never Less than monthly Monthly Weekly Daily or almost daily

5. How often during the last year have you failed to do what was normally expected of you because of drinking? Never Less than monthly Monthly Weekly Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? Never Less than monthly Monthly Weekly Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking? Never Less than monthly Monthly Weekly Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because of your drinking? Never Less than monthly Monthly Weekly Daily or almost daily

9. Have you or someone else been injured because of your drinking? No Yes, but not in the last year Yes, in the last year

10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? No Yes, but not in the last year Yes, in the last year


UI-branded copy of the AUDIT form

This is available on our website clearinghouse:
www.uiowa.edu/sbirt/

Pocket Card

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SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

Here is an example of what the AUDIT looks like. The University of Iowa format does not include the scoring information on the form itself, so it can be given to the person for self-rating. The options in the columns are scored consistently for all 10 items, from 0 to 4. The far left column is 0 and the far right column is 4. To get the total score, we sum each column and then add the 4 column scores together.

A presentation slide titled "AUDIT Domains" with a light gray background and a yellow and gray decorative border on the left. The slide lists three domains of the AUDIT questionnaire, each with a bulleted list of questions. The first domain, "Hazardous Alcohol Use", includes questions Q1, Q2, and Q3. The second domain, "Dependence Symptoms", includes questions Q4, Q5, and Q6. The third domain, "Harmful Alcohol Use", includes questions Q7, Q8, Q9, and Q10. The University of Iowa logo and name are in the bottom right corner.

AUDIT Domains

- **Hazardous Alcohol Use**
 - ✓ Q1: Frequency drinking
 - ✓ Q2: Typical quantity
 - ✓ Q3: Frequency heavy drinking
- **Dependence Symptoms**
 - ✓ Q4: Impaired control over drinking
 - ✓ Q5: Increased salience of drinking
 - ✓ Q6: Morning drinking
- **Harmful Alcohol Use**
 - ✓ Q7: Guilt after drinking
 - ✓ Q8: Blackouts
 - ✓ Q9: Alcohol-related injuries
 - ✓ Q10: Others concerned about drinking

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Although this doesn't relate to scoring the AUDIT, it's interesting to know that the 10 questions are divided into 3 domains that address different levels of behavior.

WHO, 1992.

Name: _____
Date: _____

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THE IOWA CONSENTUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

Scoring Tool

Scoring the AUDIT

The score for each response ranges from 0 to 4, from left to right.
Sum the scores of all responses.

	Low Risk (Neg)	Risky (BI)	Harmful or Dependent (BI & RT)
Score _____	0 – 7	8 – 15	16 +

Scoring the DAST-10

Except for Question 3, the score for each "Yes" is 1. The score for each "No" is 0.
For Question 3, the score for "Yes" is 0, and the score for "No" is 1.
Sum the scores of all responses.

	Low Risk (Neg)	Risky (BI)	Harmful or Dependent (BI & RT)
Score _____	0	1 – 2	3 +

Score Interpretation

Score	Zone	Action	
AUDIT: 0-7	DAST: 0	Low Risk	Encouragement & Praise
AUDIT: 8-15	DAST: 1-2	Risky	Brief Intervention
AUDIT: 16+	DAST: 3+	Harmful or Dependent	Brief Intervention & Referral to Treatment

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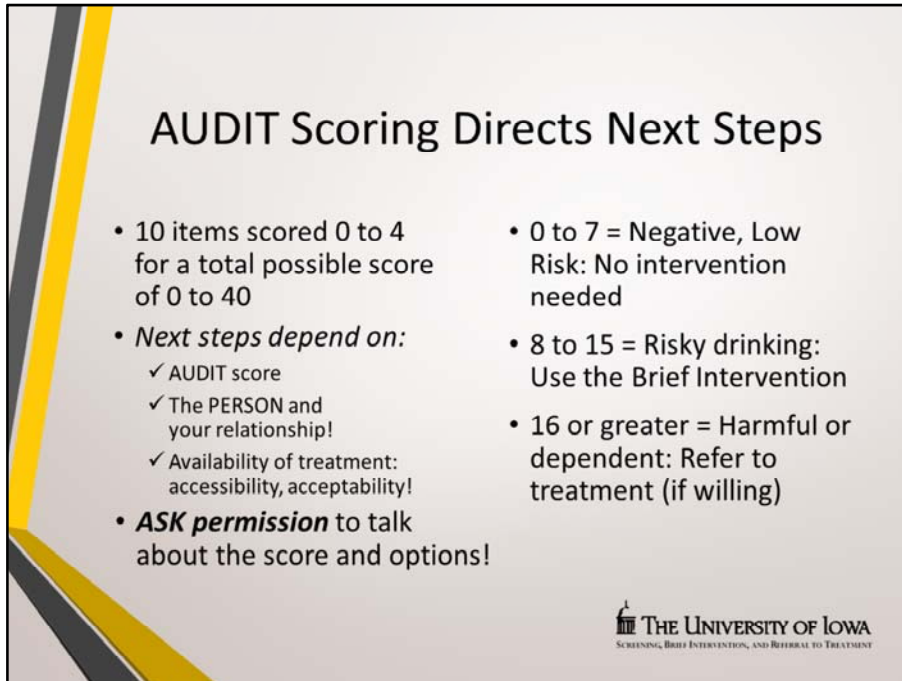
UI-branded copy of scoring information

This is available on our website clearinghouse:
www.uiowa.edu/sbirt/

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SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT


We are using a single Scoring Tool for both the AUDIT and the DAST. The total score on the AUDIT determines what step clinicians take next.

A presentation slide titled "AUDIT Scoring Directs Next Steps". The slide has a light gray background with a decorative yellow and gray diagonal stripe on the left side. It contains two columns of bullet points. The left column lists general information about the AUDIT score and factors for next steps. The right column lists the clinical interpretation of score ranges. The University of Iowa logo is in the bottom right corner.

AUDIT Scoring Directs Next Steps

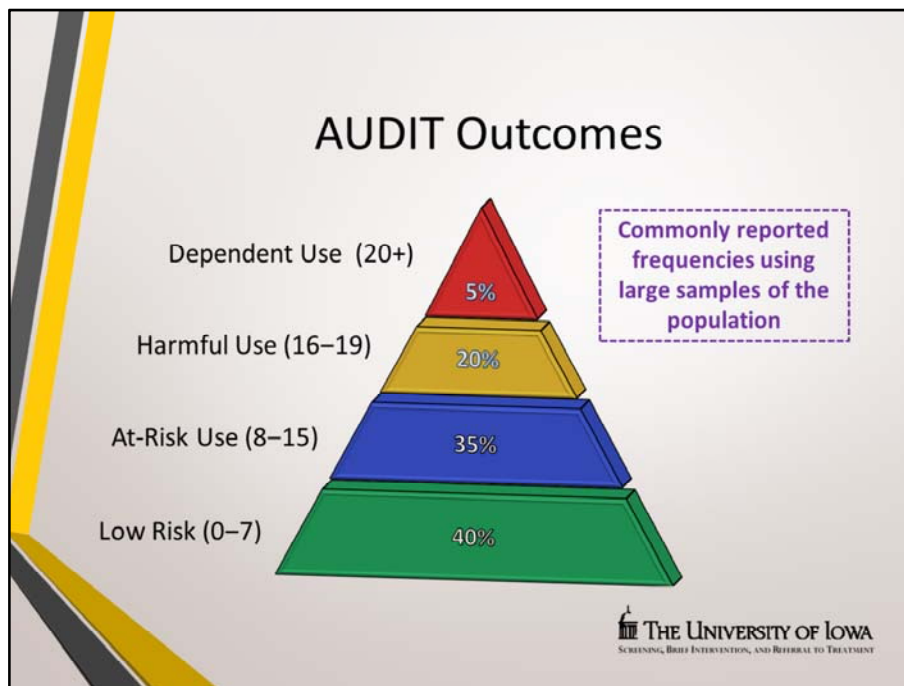
- 10 items scored 0 to 4 for a total possible score of 0 to 40
- *Next steps depend on:*
 - ✓ AUDIT score
 - ✓ The PERSON and your relationship!
 - ✓ Availability of treatment: accessibility, acceptability!
- **ASK permission** to talk about the score and options!

- 0 to 7 = Negative, Low Risk: No intervention needed
- 8 to 15 = Risky drinking: Use the Brief Intervention
- 16 or greater = Harmful or dependent: Refer to treatment (if willing)

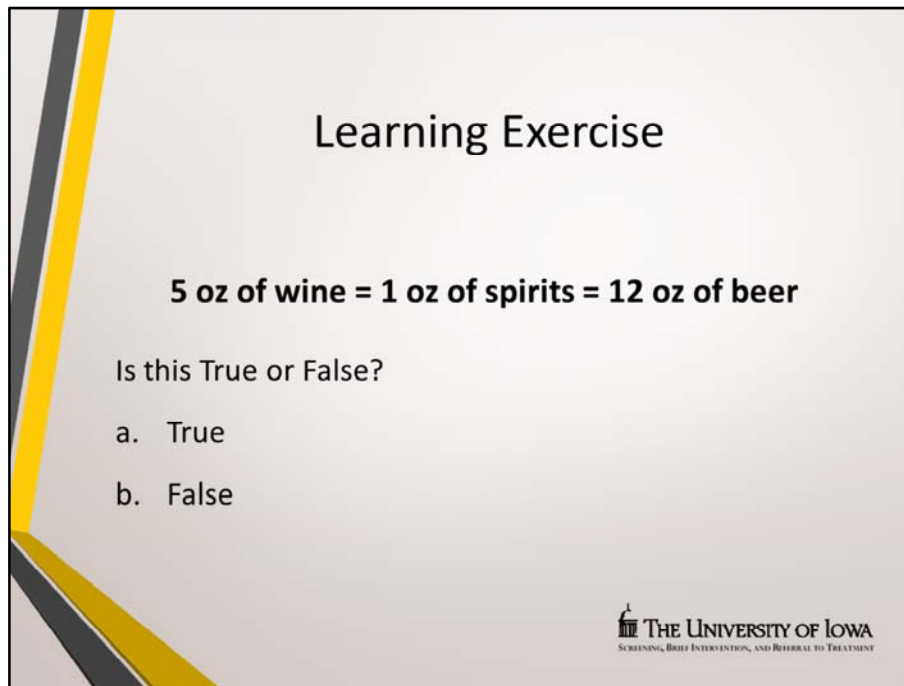
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SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

As shown, individuals who score in the 0 to 7 range are considered LOW risk, and no further intervention is needed – although giving the person positive reinforcement for being in the “healthy drinking” range is a good idea.

Scores of 8 to 15 are considered RISKY drinking that indicate using the Brief Intervention. Scores of 16 or higher signify harmful or dependent levels of drinking that indicate the clinician should use the Brief Intervention, but should also explore referral to specialty treatment with the person.



By way of example, about 40 percent of those screened using the AUDIT are in the low risk range. Thirty-five percent demonstrate some level of risk with their use, 20 percent are at harmful levels of use, and 5 percent score at the dependent level.




Learning Exercise

5 oz of wine = 1 oz of spirits = 12 oz of beer

Is this True or False?

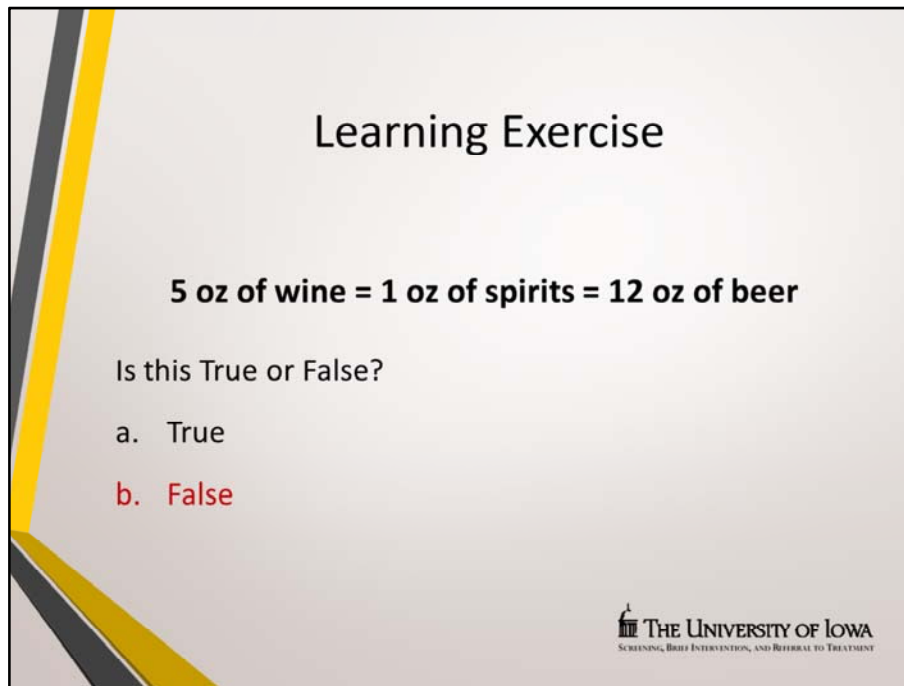
- a. True
- b. False

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SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

Let's look at a question about standard drink size.

Is the following statement true or false?

Five ounces of wine equals one ounce of spirits and equals 12 ounces of beer.


A presentation slide titled "Learning Exercise" with a light gray background and a yellow and gray diagonal stripe on the left. The text on the slide asks if a statement about standard drink equivalents is true or false. The statement is "5 oz of wine = 1 oz of spirits = 12 oz of beer". The options are "a. True" and "b. False", with "b. False" highlighted in red. The University of Iowa logo and name are in the bottom right corner.

Learning Exercise

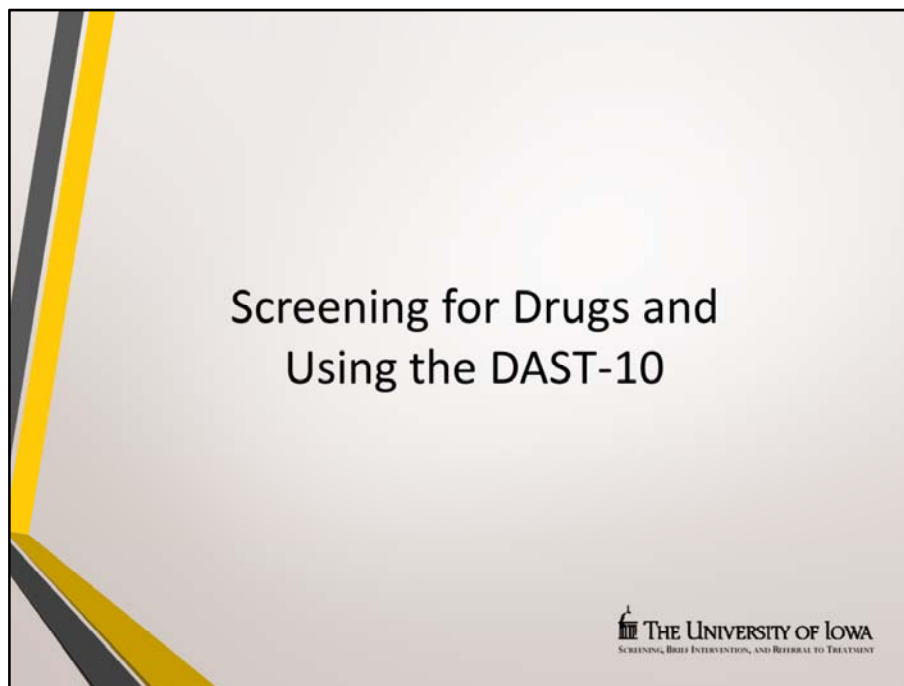
5 oz of wine = 1 oz of spirits = 12 oz of beer

Is this True or False?

- a. True
- b. False**

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SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

This is false. Five ounces of wine and 12 ounces of beer equal a standard drink size, but it takes 1.5 ounces of spirits to equal a standard drink.



Now let's look at information on drug screening and a commonly-used screening tool.

SBIRT Core Curriculum: Screening for Substance Use in Clinical Settings (Module 2)

Name: _____
Date: _____

THE UNIVERSITY OF IOWA
SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

Annual Questionnaire

Drinking alcohol and using drugs other than those required for medical reasons can affect your health. These activities can also affect the medications you take. Please help us provide you with the best possible medical care by answering the questions below.

Alcohol: One drink =

12 oz. beer 8 oz. wine 1.5 oz. liquor
per shot

Male – 65 years old or younger	How many times in the past year have you had 5 or more drinks in a day?	None	1 or more
Female – 65 years old or younger	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more
Anyone over 65 years old	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more

Examples of drugs may include: cannabis (marijuana, pot), methamphetamines (speed, crystal), inhalants (glue, thinner, aerosols, glue), benzodiazepines (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), narcotics (opoids), or synthetic cannabinoids (K2, spices) and cathinones (bath salts).

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?	None	1 or more
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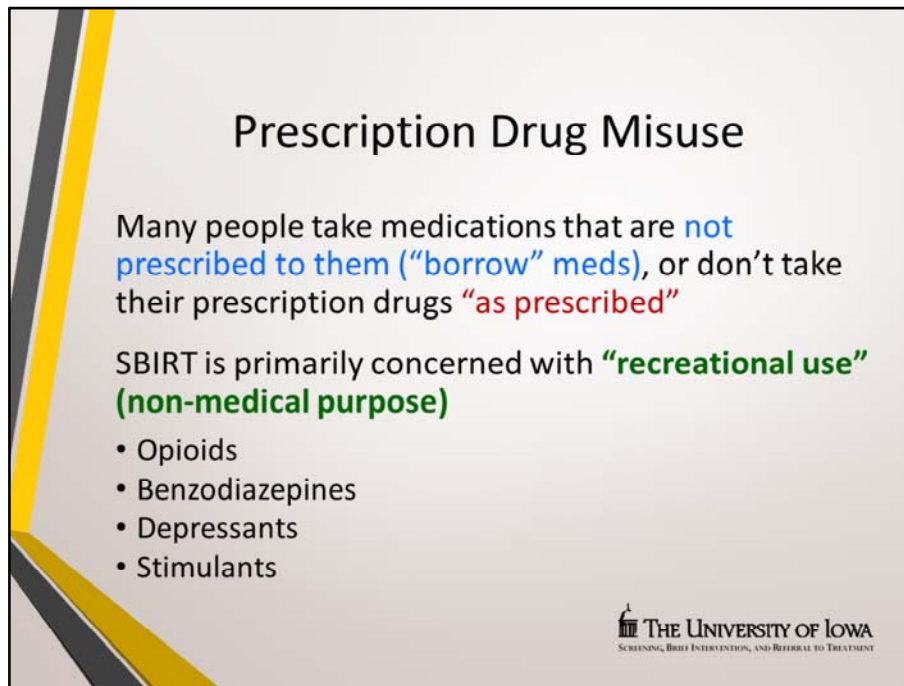
UI-branded copy of the annual (prescreening) form

Illicit drug use, but also use of prescription drugs for non-medical purpose!

Pocket Card

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SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

The second question in our annual 2-question prescreening questionnaire is related to drug use. It asks, “How many times in the past year have you used an illegal drug, or used a prescription medication for NON-medical purposes?”




Prescription Drug Misuse

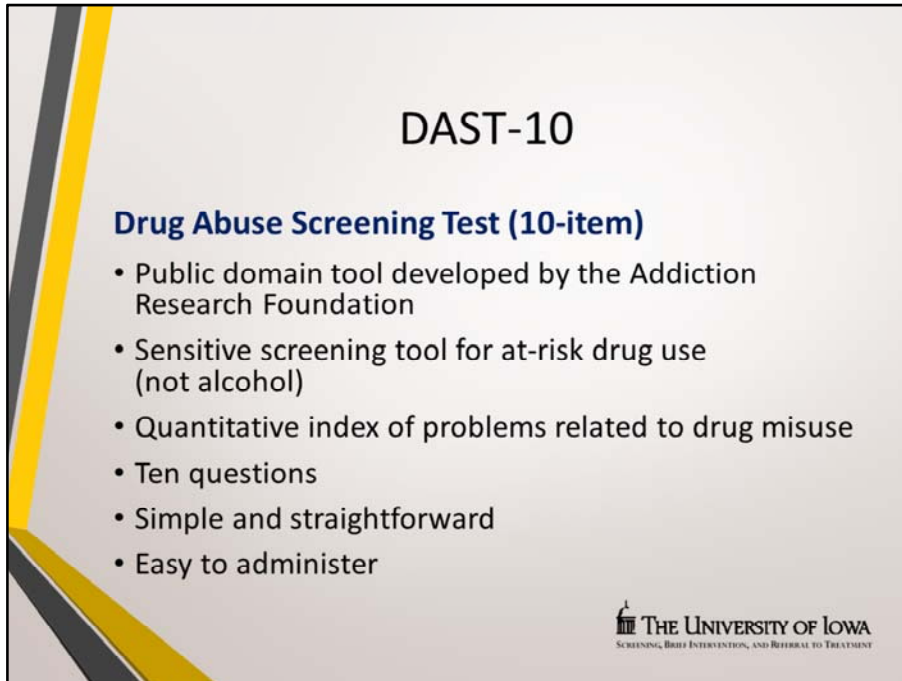
Many people take medications that are **not prescribed to them** (“borrow” meds), or don’t take their prescription drugs **“as prescribed”**

SBIRT is primarily concerned with **“recreational use” (non-medical purpose)**

- Opioids
- Benzodiazepines
- Depressants
- Stimulants

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As clinicians, you are likely concerned about misuse of medications in general, like borrowing pills from a family member or friend, and not taking prescription drugs as prescribed – whether that’s taking too much, or too little, or taking medications for the wrong reasons. But SBIRT is really concerned with the use of prescription drugs for NON-medical, or recreational use. Some of the most common categories used recreationally are listed on the slide.

A presentation slide titled "DAST-10" with a yellow and grey decorative border on the left. The title "DAST-10" is centered at the top. Below it, the subtitle "Drug Abuse Screening Test (10-item)" is in blue. A bulleted list follows, detailing the tool's origin, sensitivity, quantitative nature, number of questions, simplicity, and ease of administration. The University of Iowa logo and name are in the bottom right corner.

DAST-10

Drug Abuse Screening Test (10-item)

- Public domain tool developed by the Addiction Research Foundation
- Sensitive screening tool for at-risk drug use (not alcohol)
- Quantitative index of problems related to drug misuse
- Ten questions
- Simple and straightforward
- Easy to administer

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SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

The 10-item DAST scale is recommended for screening for at-risk drug use. It is a public domain tool that was originally developed by the Addiction Research Foundation, now part of the Centre for Addiction and Mental Health in Canada. It has two forms, with the DAST-10 being a condensed version of the original DAST-28.

The image displays a UI-branded copy of the DAST-10 form and a 'Pocket Card' graphic. The form is titled 'DAST-10' and includes instructions for use. It contains 10 screening questions with 'Yes' and 'No' response options. The 'Pocket Card' graphic is a yellow starburst shape with the text 'Pocket Card' inside. The form is branded with 'THE UNIVERSITY OF IOWA' and 'Screening, Brief Intervention, and Referral to Treatment'.

Name: _____ Date: _____

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Screening, Brief Intervention, and Referral to Treatment

DAST-10

Using drugs other than those required for medical reasons can affect your health and some medications you take. Please help us provide you with the best possible medical care by answering the questions below.

These questions refer to the past 12 months.

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

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UI-branded copy of the DAST-10

This is available on our website clearinghouse:
www.uiowa.edu/sbirt/

Pocket Card

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This is the University of Iowa-branded copy of the 10-item DAST that we are providing to students, their preceptors, and others who are interested in using SBIRT in practice. Like the AUDIT, we have taken the scoring information off the form so the person can self-administer the scale. Note that “Yes” is scored 1 point for all items except number 3, “Are you always able to stop using drugs when you want to?” For this question, “Yes” is scored as 0 and “No” is scored as 1.

A presentation slide titled "DAST-10 Scoring Directs Next Steps". The slide has a light gray background with a decorative yellow and gray diagonal stripe on the left side. It contains two columns of bullet points. The left column includes: "10 items scored; YES = 1 and NO = 0, except item 3, for a total score of 0 to 10"; "Next steps depend on:" followed by a list of three factors (DAST score, The PERSON, and Availability of treatment); and "Most treatment is outpatient; inpatient for severe risk". The right column includes: "0 = No Risk: No action needed"; "1 to 2 = Low level 'At Risk': Brief Intervention; monitor and reassess later"; "3 to 5 = Moderate level 'At Risk': Brief Intervention or refer to treatment"; and "6 to 10 = Substantial level 'High Risk': Refer to treatment". At the bottom right is the logo for The University of Iowa, with the text "SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT" below it.

DAST-10 Scoring Directs Next Steps

- 10 items scored; YES = 1 and NO = 0, except item 3, for a total score of 0 to 10
- *Next steps depend on:*
 - ✓ DAST score
 - ✓ The PERSON
 - ✓ Availability of treatment: accessibility, acceptability
- Most treatment is outpatient; inpatient for severe risk
- 0 = No Risk: No action needed
- 1 to 2 = Low level "At Risk": Brief Intervention; monitor and reassess later
- 3 to 5 = Moderate level "At Risk": Brief Intervention or refer to treatment
- 6 to 10 = Substantial level "High Risk": Refer to treatment

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The total score is just the sum of the positive answers, remembering that item number 3 is reverse-scored. Like the AUDIT, we use the total score to decide next steps. Given that the DAST follows a positive prescreen, scores will range from 1 to 10.

Scores of 1 to 2 are considered low-level risk that is best addressed with the Brief Intervention. Scores of 3 to 5 also indicate using the Brief Intervention, but suggest referral might be needed as well. Scores of 6 to 10 are considered high risk-use that is best addressed in specialty treatment, so referral is the next best step. However, next steps depend on the person AND the availability and acceptability of treatment – which we'll talk about again in a later module.

Name: _____
Date: _____

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Teaching, Research, and Service

Scoring Tool

Scoring the AUDIT

The score for each response ranges from 0 to 4, from left to right.
Sum the scores of all responses.

	Low Risk (Neg)	Risky (Bl)	Harmful or Dependent (Bl & RT)
Score _____	0 – 7	8 – 15	16 +

Scoring the DAST-10

Except for Question 3, the score for each "Yes" is 1. The score for each "No" is 0.
For Question 3, the score for "Yes" is 0, and the score for "No" is 1.
Sum the scores of all responses.

	Low Risk (Neg)	Risky (Bl)	Harmful or Dependent (Bl & RT)
Score _____	0	1 – 2	3 +

Score Interpretation

Score	Zone	Action
AUDIT: 0-7 DAST: 0	Low Risk	Encouragement & Praise
AUDIT: 8-15 DAST: 1-2	Risky	Brief Intervention
AUDIT: 16+ DAST: 3+	Harmful or Dependent	Brief Intervention & Referral to Treatment

Iowa Consortium for Substance Abuse Research and Evaluation

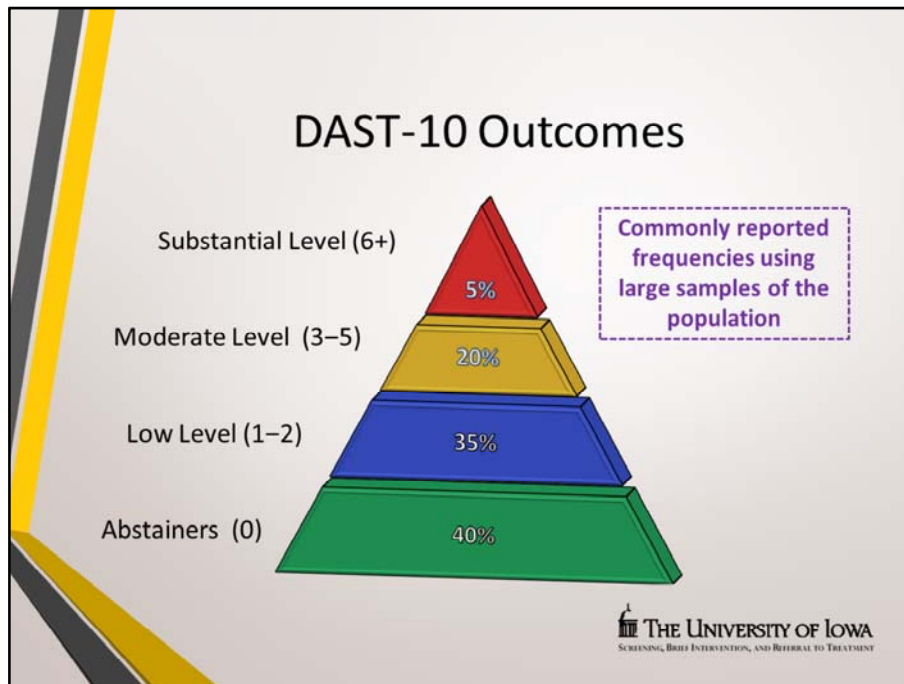
**UI-branded copy
of scoring
information**

This is available
on our website
clearinghouse:
www.uiowa.edu/sbirt/

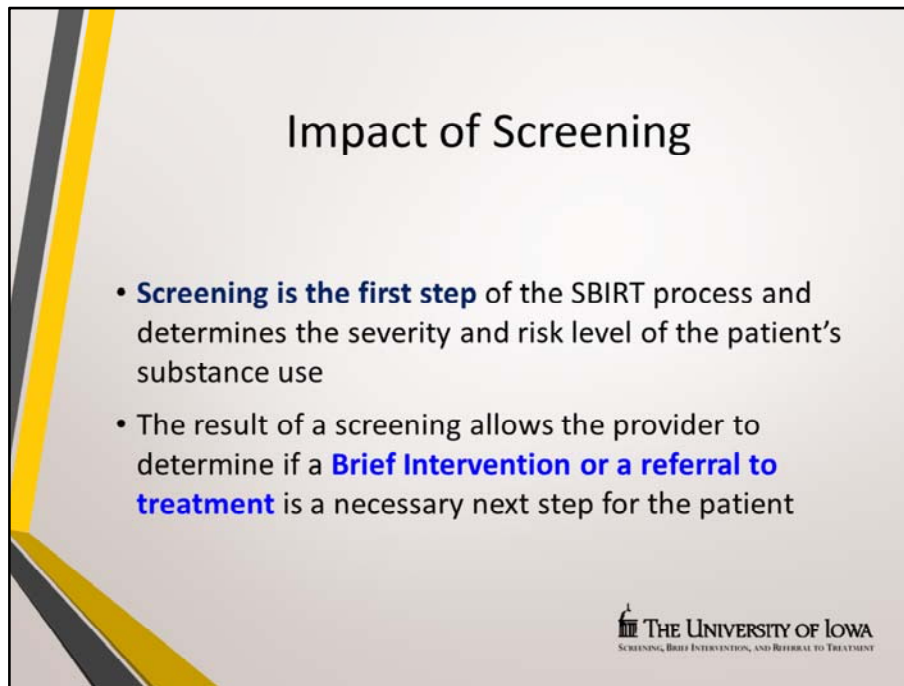
Pocket
Card

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As before, our Scoring Tool includes cut-points for both the AUDIT and the DAST.




About 40 percent of persons report no use of illicit drugs, or recreational use of prescription drugs. About 35 percent score at the “low level” and 20 percent score at the moderate level – both of which indicate using the Brief Intervention. Of importance, less than 5 percent of the population are viewed as being at substantial risk that requires intensive treatment.



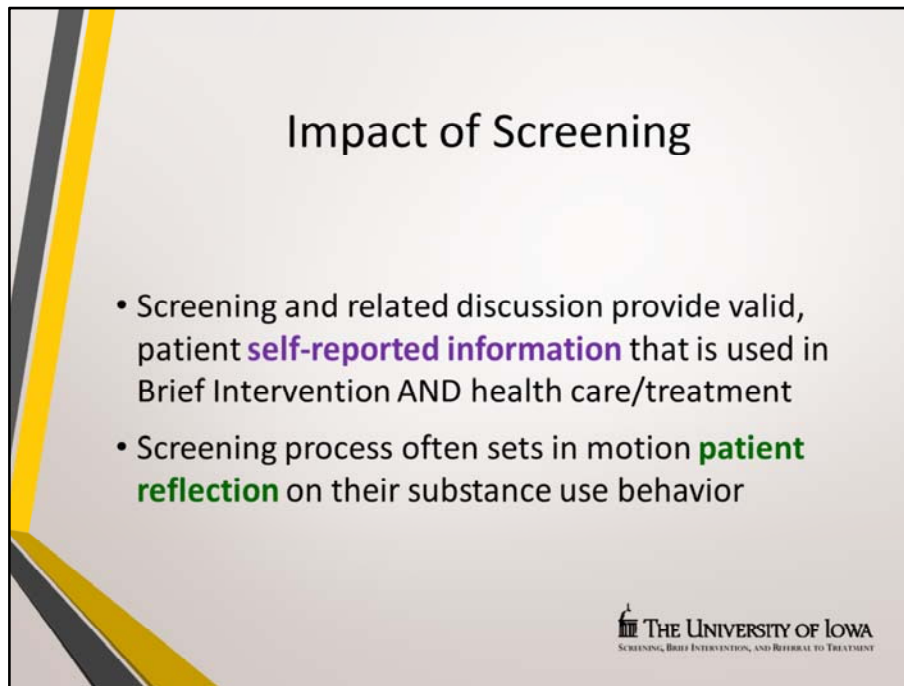
The slide features a light gray background with a decorative yellow and gray diagonal stripe on the left side. The title 'Impact of Screening' is centered at the top. Below the title, there are two bullet points. The first bullet point states that screening is the first step of the SBIRT process and determines the severity and risk level of the patient's substance use. The second bullet point states that the result of a screening allows the provider to determine if a brief intervention or a referral to treatment is a necessary next step for the patient. In the bottom right corner, there is a logo for The University of Iowa, with the text 'SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT' below it.

Impact of Screening

- **Screening is the first step** of the SBIRT process and determines the severity and risk level of the patient's substance use
- The result of a screening allows the provider to determine if a **Brief Intervention or a referral to treatment** is a necessary next step for the patient

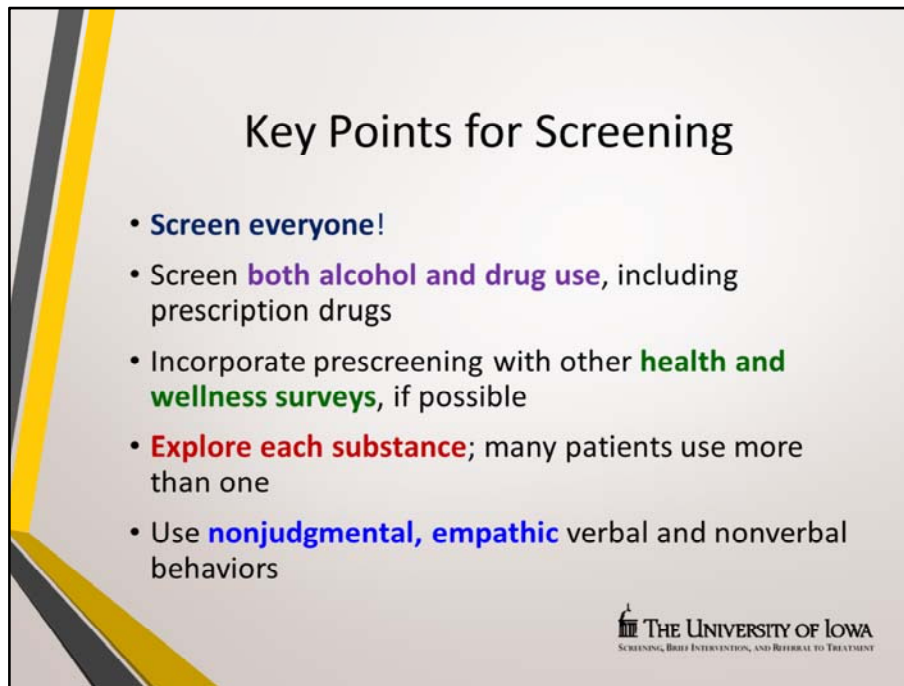
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In the SBIRT process, the first step is screening. Based on the results of the screening, you can determine if further action is necessary.




One of the benefits of screening is that it provides the clinician with valid, patient-reported information that can guide both “next steps” related to substance use, and also overall health care and treatment of other conditions.

In addition, the process of screening often stimulates the person to think, consider, and reflect on his or her substance use behavior. As discussed in Motivational Interviewing, this reflection can support readiness to change toward more healthy habits.



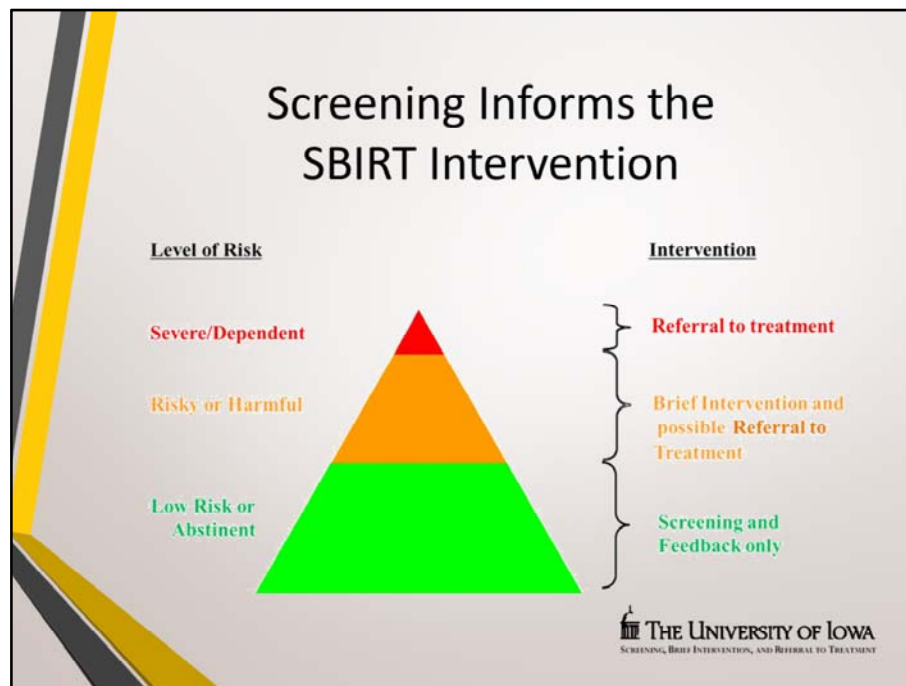
Key Points for Screening

- **Screen everyone!**
- Screen **both alcohol and drug use**, including prescription drugs
- Incorporate prescreening with other **health and wellness surveys**, if possible
- **Explore each substance**; many patients use more than one
- Use **nonjudgmental, empathic** verbal and nonverbal behaviors

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The key points to remember about screening for alcohol and drug use are listed on this slide. One of the most important is that everyone should be screened.

Throughout screening, using principles and skills of Motivational Interviewing (like being non-judgmental and empathetic) will increase the likelihood of having successful, productive conversations about the individual's substance use.




The full alcohol and drug screens stratify patient risk levels into zones of use. These zones inform the type of intervention to be delivered.

Low-risk users receive screening and feedback only. Risky and harmful users receive Brief Intervention and possibly referral to treatment. Persons at severe and dependent ranges are referred for further assessment and specialty care.


What's Next? **SBIRT**

The Brief Intervention

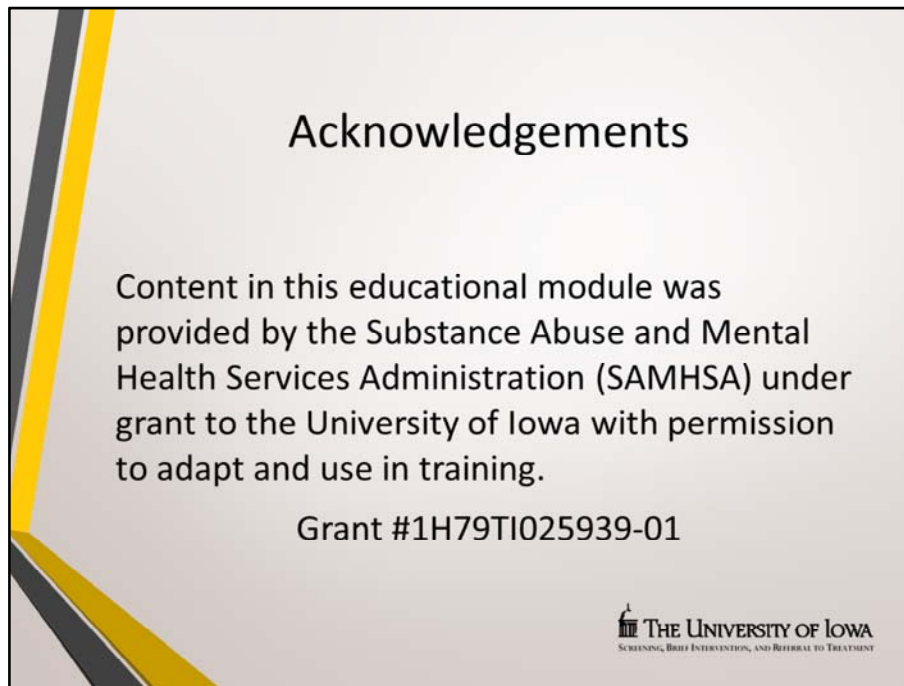
- A semi-structured interview process based on Motivational Interviewing that is an evidence-based practice and can be completed in 5–15 minutes



The illustration shows a black silhouette of a human head in profile, facing left. Inside the head, a blue brain is depicted at the top. Below the brain, a green tree with a brown trunk stands on a green hill. A path, colored red and blue, leads from the bottom of the frame up to the base of the tree. The background of the illustration is a gradient of blue and green.

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In the next session, you will learn about the Brief Intervention.



Thank you to our funding agency for supporting this program.

