

# NAADAC Launches New Screening Resource

## Communication is Key When Screening for Alcohol Use

The Addiction Professional's Guide to Screening, Brief Intervention and Referral to Treatment (SBIRT) is a 175-page skill-based training manual on SBIRT designed specifically for addiction-focused professionals. This guide brings together the tools that addiction professionals need to screen clients for unhealthy drinking, deliver effective brief counseling, refer to other specialists and provide successful case management and follow-up.

This guide also provides numerous appendices, resources, worksheets and specialty topics on the following:

- Understanding the dynamics of the alcoholic family in order to support both the family members, as well as the client, with alcohol-related issues;
- Assessing and treating older adults whose use of alcohol or prescription pain medications may create additional complications;
- Assessing and treating young adult and adolescents whose drinking patterns are unhealthy; and
- Connecting clients to mutual support groups.

### Want to learn more?

Check out the archived SBIRT webinar featuring Carlo DiClemente, PhD and Tracy McPherson, PhD. Full details can be found at [www.naadac.org/education/webinars](http://www.naadac.org/education/webinars).

### Addiction Professionals and SBIRT

The therapeutic setting is a great place to establish education, prevention and brief intervention programs to impact one of the top three avoidable killers of

Americans today — unhealthy and dependent alcohol use. Screening, Brief Intervention and Referral to Treatment (SBIRT) is the leading evidence-based protocol to identify clients who drink in ways that increase their risk of physical and emotional health problems, disease, injury, work, family and social problems and help them reduce its impact.

SBIRT is widely used in outpatient medical clinics, hospital emergency departments and trauma centers, community health centers and the Veterans Administration, and it is taking hold in the addiction profession. Increasingly, addiction treatment and prevention settings are building SBIRT into practice

and expecting that all clinicians be skilled in SBIRT. Luckily, since many addiction professionals already incorporate screening for alcohol use into their practice, as well as Motivational Interviewing (MI) techniques and referral to other professionals, utilizing the SBIRT protocol does not require much change in workflow.

SBIRT can be an effective and efficient method within the total delivery system of addiction prevention and treatment. Granted, often times in an addiction treatment setting, the individual coming in for services has already self-identified his or her “drug of choice” and associated treatment needs. However, there may be other entry points within the system of care for addiction professionals to use the SBIRT protocol, such as private practice sessions, community mental health center settings, hospitals, primary care clinics, community support center settings, emergency departments or homeless shelters.

Some of the components of the system of care, such as hospitals, primary care clinics, community mental health and other community support centers, may not find it efficient to provide SBIRT services themselves, and therefore, look to addiction professionals to contract them externally. Addiction professionals can create additional revenue streams by providing these services (screening, brief intervention, referral to treatment and follow-up) through contract work, as well as by partnering with another component of the system of care in the community to receive referrals for those individuals identified as needing specific addiction counseling and/or treatment.

### Overview from “35,000 Feet”

There are three core components of SBIRT:

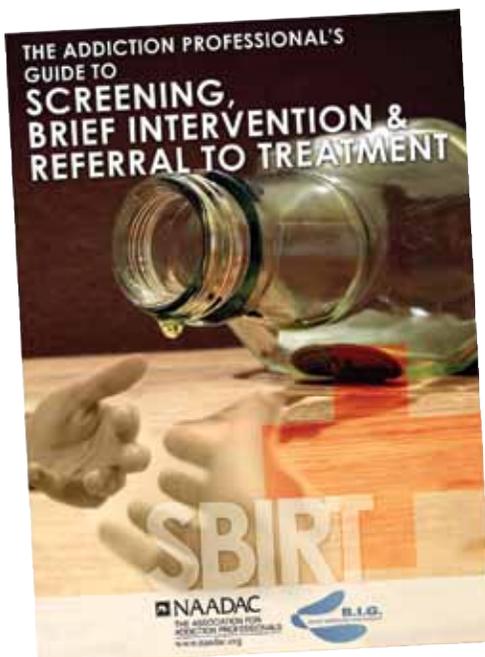
#### 1) Screening – the process of assessing risk

Asking three simple questions about the quantity and frequency of alcohol use (the three question AUDIT-C1) takes 30 seconds to one minute. This is followed by the seven remaining questions of the AUDIT if responses to the first three questions suggest higher addiction than average unhealthy use. Other good, brief screening instruments exist, but the AUDIT is the benchmark questionnaire that we recommend.

If you do not ask, clients will not tell you about unhealthy drinking.

#### 2) Brief Intervention – a behavior change strategy focused on helping your client reduce or stop unhealthy drinking.

If screening indicates unhealthy alcohol use, you may choose to provide immediate feedback on how her drinking compares to others her age and gender,



offer simple advice, explore the pros and cons of her drinking and ask if she is willing to change. Brief intervention can take as little as 30 seconds (when providing normative behavior information or brief advice) or can extend to 3–5 minutes or longer, and may take place in one or several sessions. Alcohol may be your client’s primary problem and may become the focus of your interaction, or unhealthy alcohol use may be a factor that complicates the problems that your client came to resolve. Brief intervention can help many, but certainly not all, clients to make changes. Some will not be ready to change or may need specialized addiction treatment.

**3) Referral to Treatment and Follow-up – linking your client to specialized addiction treatment and staying with the client to support sustained success.**

When alcohol problems are more serious or complicated, more intensive and specialized addiction-focused treatment may be a good option. “Referral to treatment” means connecting your client to a physician for medical treatment or a specialty addiction treatment program. “Follow-up” means care management according to your organization’s protocols, as well as supporting your client during treatment and post-treatment follow-up contacts. Follow-up in the form of brief contact is appropriate for all clients.

SBIRT is simple, brief and effective. An analysis of more than 360 controlled clinical trials of treatments for alcohol use disorders found that screening and brief intervention was the most effective treatment method of more than 40 methods studied.

The U.S. Preventive Services Task Force reviewed the research literature on screening for unhealthy alcohol use and brief counseling and recommended that it be routinely provided to adolescents and adults.

For some addiction professionals, the Addiction Professional’s Guide to Screening, Brief Intervention and Referral to Treatment (SBIRT) training program will be a refresher — reminding and reinforcing skills that you already know and use. Perhaps it will increase the use of skills already well-honed and encourage professionals to use them more often. For others, the training program will fill a gap, provide new information and teach new skills. Regardless of your experience with the skills, the important first step is the same — you have to ask. Everything else flows from simply asking in a sensitive manner about your clients’ alcohol use.

This is an excerpt from the Addiction Professional’s Guide to Screening, Brief Intervention and Referral to Treatment (SBIRT). For more information, visit NAADAC’s online bookstore at [www.naadac.org/component/oscommerce/index](http://www.naadac.org/component/oscommerce/index).



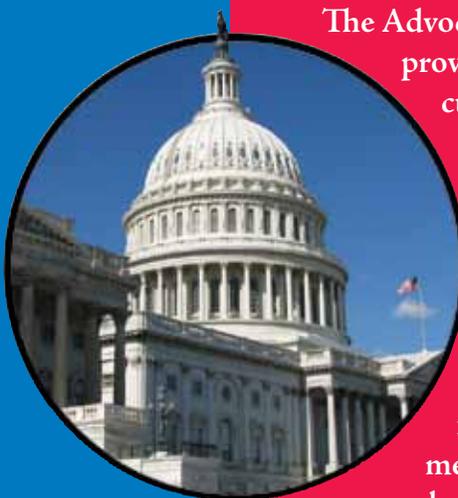
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The Advocacy Leadership Summit will provide up-to-date information on current national issues that impact how you do business and provide services. This includes the Affordable Care Act, Parity implementation and other policies affecting the field of addiction. The agenda is designed to prepare you for face-to-face meetings with your members of Congress to help re-shape how they view addiction.

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