

SBIRT- Screening

Standard Drink



Lower Risk Drinking Levels

Standard Drinks	Men	Women Men >65
Per Day	No more than 4	No more than 3
	AND	**AND**
Per Week	No more than 14	No more than 7

Screening Results Interpretation

RISK LEVEL	AUDIT Score	DAST Score	Intervention	
Zone I	Low Risk	0-7	0	No Intervention. Encourage low use levels
Zone II	At-Risk Use	8-15	1-2	Brief intervention to encourage reduction
Zone III	Harmful Use	16-19	3-5	Extended Brief Interventions or Brief Therapy
Zone IV	Dependent Use	20-40	6-10	Referral to Higher Level of Care





SBIRT- Brief Intervention




Brief Negotiated Interview (BNI)

Raise the Subject	<ul style="list-style-type: none"> Ask permission to talk about substance use Build rapport Screen and ask permission to review results
Provide Feedback	<ul style="list-style-type: none"> Review results and refer to AUDIT/DAST score and risk levels. Express concern about use level and effect on health Establish connection between use and current visit
Enhance Motivation	<ul style="list-style-type: none"> Evoke a response to information provided Ask what changes patient/client would be considering Use the Readiness Ruler to assess readiness to change Reinforce positive and develop discrepancies
Negotiate and Advise	<ul style="list-style-type: none"> "What do you think you can do to cut back on?" Advise as needed. Summarize and determine follow-up

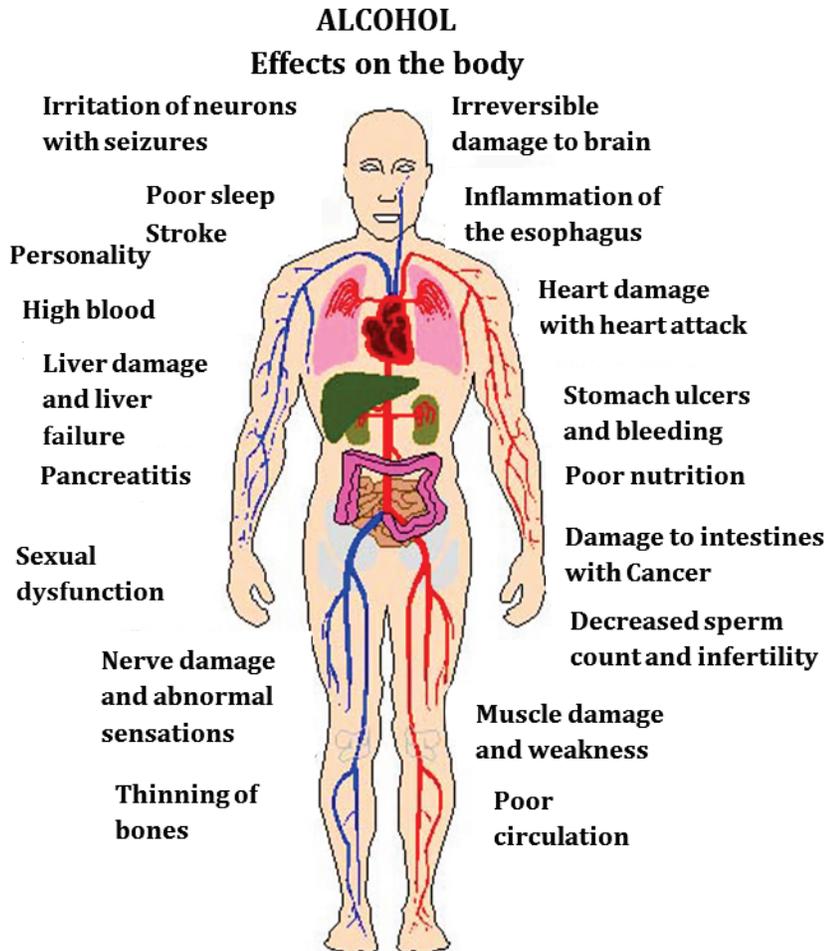
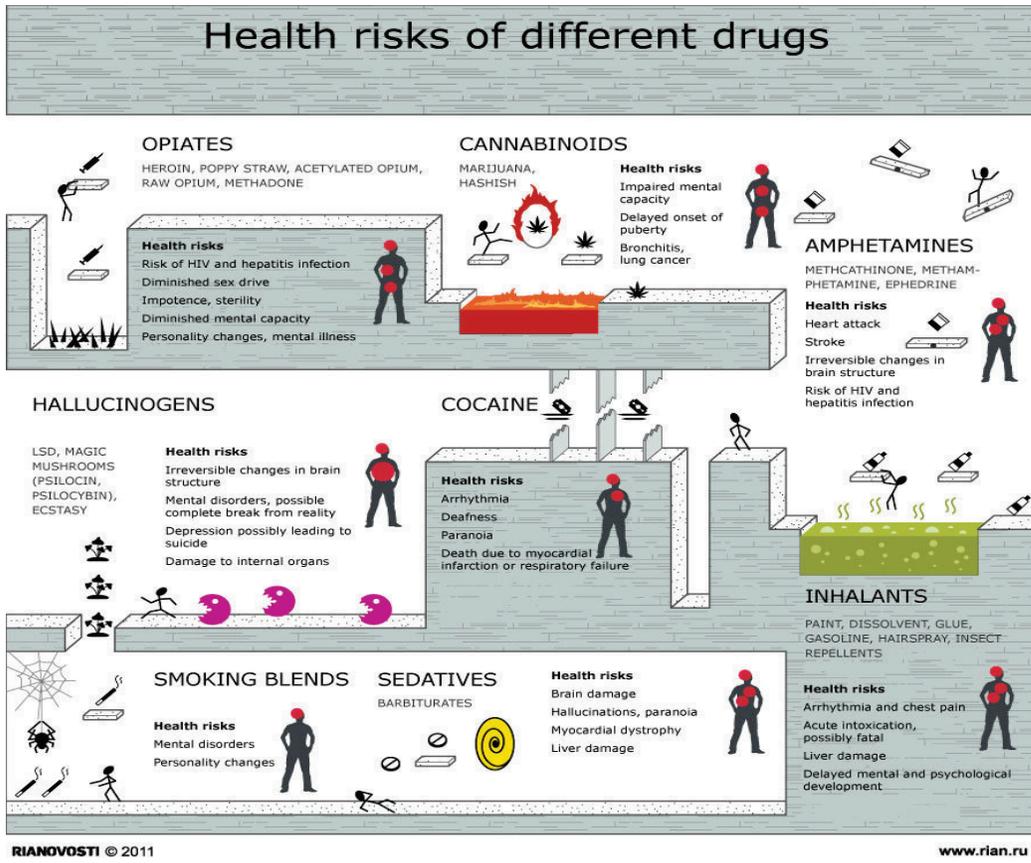
SBIRT-Referral to Treatment

Statewide resources are available from
 South Carolina Department of Alcohol and other Drug Abuse Services
 (DAODAS) see
<http://www.daodas.state.sc.us/index.asp>

SBIRT is a Billable Service. Check with your agency for billing details and current billing codes.

Funded by SAMHSA
 Grant #
 1U79TI025374-01
 Spring 2014 Edition





Alcohol Use Disorders Identification test (AUDIT)

NAME: _____ Date: _____

The following questions concern information about your alcohol use during the past 12 months. Carefully read each question and choose answer 0, 1, 2, 3, or 4. Place the correct answer number in the blank box.

	0	1	2	3	4	Answer
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?	1 or 2	3 or 4	5 or 6	7, 8 or 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 from 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 you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured as a result of your drinking?	No		Yes but not in the last year		Yes during the last year	
10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	No		Yes but not in the last year		Yes during the last year	
Add the numbers in the Answer column to obtain the AUDIT score.						

AUDIT

Administration & Interpretation

The AUDIT is a 10-item, yes/no, self-report that should take less than 8 minutes to complete. The AUDIT was designed to provide a brief instrument for clinical screening and treatment evaluation and can be used with adults and older youth. The AUDIT screening instrument can be self-administered or by a healthcare professional.

Scoring and Interpretation –Add the points in the Answer column to determine score. Interpretations are as follows:

AUDIT Screening Results Interpretation			
Risk Level		AUDIT Score	Intervention
Zone I	Low Risk	0-7	No intervention. Encourage low risk use
Zone II	At-Risk	8-15	Brief Intervention to encourage reduction/abstinence
Zone III	Harmful Use	16-19	Extended Brief Intervention or Brief Therapy
Zone IV	Dependent Use	20-40	Referral to Higher Level Care

DRUG USE QUESTIONNAIRE (DAST -10)

NAME: _____ Date: _____

The following questions concern information about your potential involvement with drugs (excluding alcohol and tobacco) during the past 12 months. Carefully read each question and decide if your answer is "YES" or "NO". Then, check the appropriate box beside the question. The term "drug abuse" means the use of "street drugs, recreational drugs, illegal drugs or the use of prescribed or over-the-counter medications in excess of the directions or for non-medical uses. Remember that the questions do not include alcohol or tobacco.

What recreational/prescription drug have you used in the past year? _____

These questions refer to the past 12 months only.	YES	NO
1. Have you used drugs other than those required for medical reasons?		
2. Do you abuse more than one drug at a time?		
**3. Are you always able to stop using drugs when you want to? **		
4. Have you had "blackouts" or "flashbacks" as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Does your spouse (or partner) ever complain about your involvement with drugs?		
7. Have you neglected your family because of your use of drugs?		
8. Have you engaged in illegal activities in order to obtain drugs?		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc...)?		
Total YES answers		

Scoring: Score 1 point for each question answered, "YES", **except** question 3 for which a "NO" answer receives 1 point and 0 for a "YES".

DRUG USE QUESTIONNAIRE (DAST -10) Administration & Interpretation

The DAST-10 is a 10-item, yes/no, self-report that should take less than 8 minutes to complete. The DAST-10 was designed to provide a brief instrument for clinical screening and treatment evaluation and can be used with adults and older youth. The answer options for each item are “YES” or “NO”. The DAST-10 screening instrument can be self-administered or by a healthcare professional.

Scoring and Interpretation – For the DAST-10, score 1 point for each question answered, “YES”, except for question (3) for which a “NO” answer receives 1 point and (0) for a “YES”. Add up the points and interpretations are as follows:

DAST-10 Screening Results Interpretation			
Risk Level		DAST-10 Score	Intervention
Zone I	Low Risk	0	No intervention. Encourage low risk use
Zone II	At-Risk	1-2	Brief Intervention to encourage reduction/abstinence
Zone III	Harmful Use	3-5	Extended Brief Intervention or Brief Therapy
Zone IV	Dependent Use	6-10	Referral to Higher Level Care

Motivational Interviewing

Ten Strategies for Evoking Change Talk

- 1. Ask Evocative Questions:** Ask open question, the answer to which is change talk.
- 2. Explore Decisional Balance:** Ask first for the good things about status quo, then ask for the not-so-good things.
- 3. Ask for Elaboration:** When a change talk theme emerges, ask for more details. In what ways? Tell me more...? What does that look like?
- 4. Ask for Examples:** When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give me an example. What else?
- 5. Look Back:** Ask about a time before the current concern emerged. How were things better, different?
- 6. Look Forward:** Ask what may happen if things continue as they are (status quo). Try the miracle question: If you were 100% successful in making the changes you want, what would be different? How would you like your life to be five years from now?
- 7. Query Extremes:** What are the worst things that might happen if you don't make this change? What are the best things that might happen if you do make this change?
- 8. Use Change Rulers:** Ask, "On a scale from zero to ten, how important is it to you to [target change] - where zero is not at all important, and ten is extremely important? Follow up: And why are you at ___ and not ____ [lower number than they stated]? What might happen that could move you from ___ to [higher number]? Instead of "how important" (need), you could also ask how much you want (desire), or how confident you are that you could (ability), or how committed are you to (commitment). Asking "how ready are you?" tends to be confusing because it combines competing components of desire, ability, reasons and need.
- 9. Explore Goals and Values:** Ask what the person's guiding values are. What do they want in life? Using a values card sort can be helpful here. If there is a "problem" behavior, ask how that behavior fits in with the person's goals or values. Does it help realize a goal or value, interfere with it, or is it irrelevant?
- 10. Come Alongside:** Explicitly side with the negative (status quo) side of ambivalence. Perhaps _____ is so important to you that you won't give it up, no matter what the cost.