

# **Screening, Brief Intervention, and Referral to Treatment**

How every OT practitioner can address substance use disorder

Katy Schmidt, OTD, OTR/L

# Outline

**01**

**Substance Use**

**02**

**SBIRT**

Screening

Brief Intervention

Referral to Treatment

**03**

**Case Study**

**04**

**Resources / Q&A**

# Learning Objectives

After the course, learners will be able to...

1. Identify two screening tools for risky substance use.
2. Implement two brief interventions to address risky substance use.
3. Describe one strategy to refer a client to treatment for risky substance use.

# **Substance Use**

An overview



## Risky Alcohol Use

What is one drink?

What is the recommended limit for alcohol per day?

# LOW-RISK DRINKING LIMITS

Source: National Institutes of Health

MEN 18-65



No more than:  
**4 drinks per day**  
AND no more than:  
**14 drinks per week**

WOMEN 18-65\*



No more than:  
**3 drinks per day**  
AND no more than:  
**7 drinks per week**

AGE 66+



No more than:  
**3 drinks per day**  
AND no more than:  
**7 drinks per week**

## WHAT COUNTS AS ONE DRINK?



### One drink is:

12-ounce can of beer

5-ounce glass of wine

A shot of hard liquor (1½ ounces)

\*Women who are pregnant or breastfeeding should not drink.



(UMKC, n.d.)

# Risky Drug Use

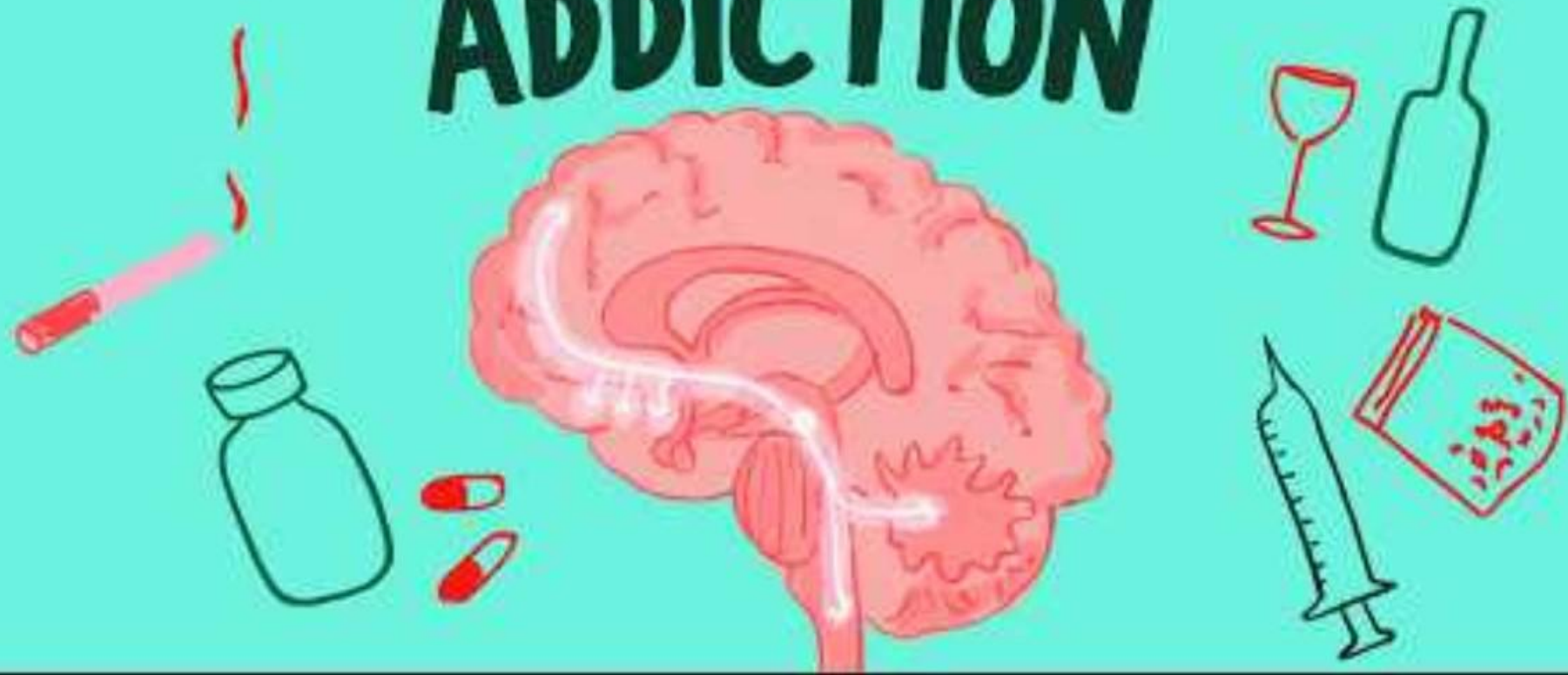
Any use of a recreational drug

*Methamphetamines, cannabis, cocaine, ecstasy, hallucinogens,  
narcotics, inhalants, tranquilizers, barbiturates*

Using a prescription medication  
for non-medical reasons

# THE SCIENCE OF ADDICTION

TEDEd





# Substance Use Prevalence

**58%**



of Americans aged 12+  
used alcohol, tobacco, or  
illicit drug in past month.

**17%**



of Americans aged 12+  
met criteria for  
substance use disorder.

**94%**



of Americans with  
substance use disorder  
did not receive any  
treatment.

# Factors Increasing Risk of Substance Abuse



## Young Adulthood

18-25 years



## Trauma



## Disability



## Pain



## Caregiver stress



## Occupational imbalance

Minimal leisure engagement or  
excessive spare time

# Impact of Substance Use on Occupations



- Performance skill deficits
  - Cognitive
  - Social
  - Emotional
  - Sensory
  - Motor
- Decreased sense of reward
- Substance use is an occupation.
- Substance use is a time-consuming cycle.

# OT's Role in Substance Use Disorder



## Evaluation

Occupational performance  
Performance skills  
Substance use



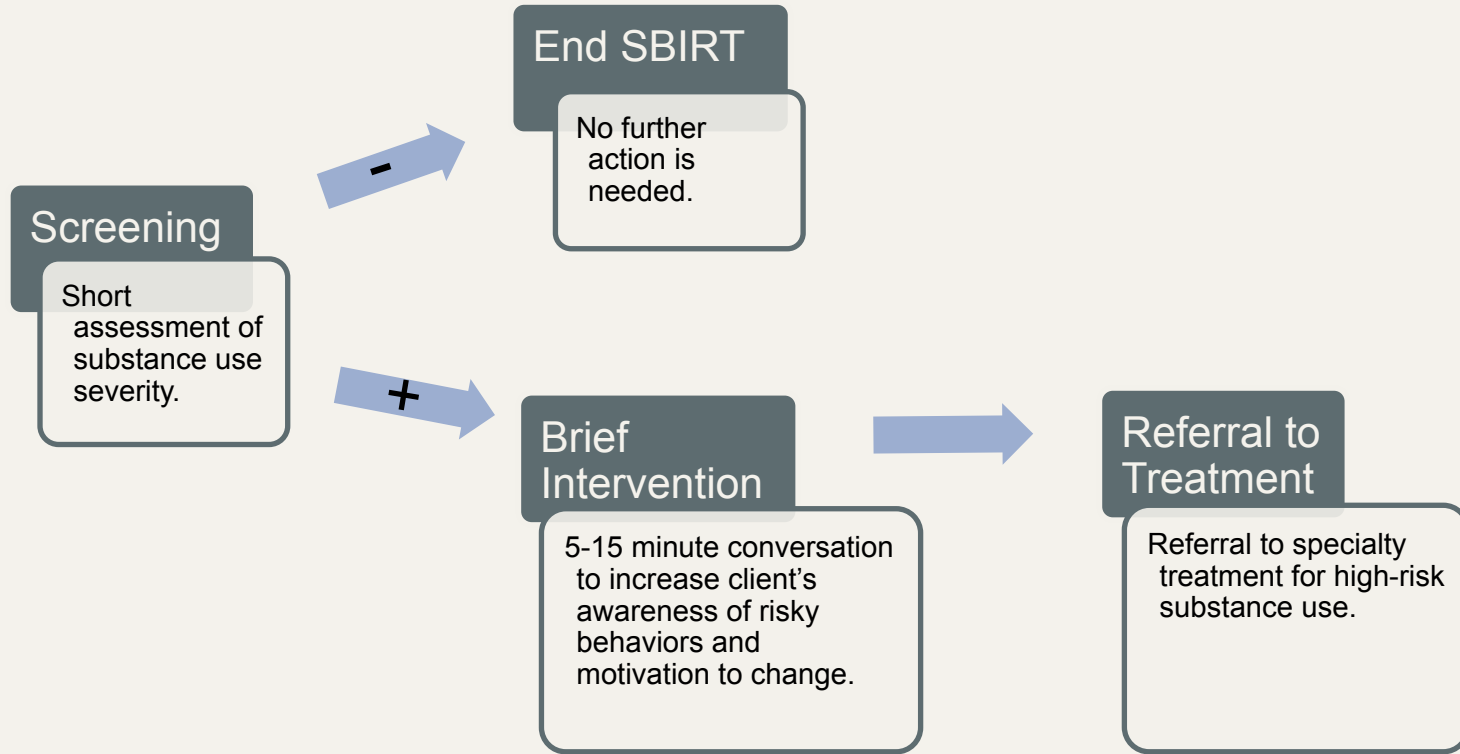
## Intervention

Occupation-based  
Skills training  
Community-based sober routines

# **SBIRT**

An introduction

# SBIRT



## **Who is SBIRT for?**

SBIRT can be used from adolescence through older adulthood. It can also be used for clients' caregivers.

## **Where can SBIRT be used?**

Hospitals, outpatient clinics, long-term care, community health settings, schools, universities, and more. Modify as needed to be appropriate for your practice setting.

## **Who can use SBIRT?**

Any health care provider trained in SBIRT, including practitioners of occupational therapy, physical therapy, medicine, nursing, social work, and counseling.

## **How can I bill SBIRT?**

SBIRT may be reimbursed by commercial insurance, Medicare, and Medicaid.

(NYS OASAS, 2019; Scudder et al., 2021)

# SBIRT Outcomes

## SBIRT

```
graph TD; SBIRT[SBIRT] --> A[Decreased substance use]; SBIRT --> B[Decreased adverse events]; SBIRT --> C[Increased employment]; SBIRT --> D[Improved health];
```

### Decreased substance use

72% ↓ alcohol use &  
80% ↓ illicit drug use  
for up to 6 months.

### Decreased adverse events

Decreased  
hospital visits,  
arrests, and  
homelessness.

### Increased employment

5% ↑ employment

### Improved health

Improved  
self-reported  
physical and  
mental health.

(Babor et al., 2017; NYS OASAS, 2019; Scudder et al., 2021)



# Screening

SBIRT step 1

# Two Levels of Screening



## Pre-screen

Universal.  
Quick.



## Full screen

For those who score  
positively on pre-screen.  
In greater depth.

Patient can take screening alone or clinician can administer screening as an interview.

# Two Question Pre-Screen

## **NIAA Single Alcohol Screening Question**

How many times in the past year have you had  
4 or more drinks in one day?

## **Substance Use Brief Screen**

How many times in the past year have you used a  
recreational drug or used a prescription medication for  
non-medical reasons?

*Any response of one or more should be followed by a full screen.*

# Full Screen



## AUDIT

Alcohol Use Disorder  
Identification Test



## DAST

Drug Abuse Screening Test

## Alcohol screening questionnaire (AUDIT)

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

One drink equals:



12 oz.  
beer



5 oz.  
wine



1.5 oz.  
liquor  
(one shot)

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

Have you ever been in treatment for an alcohol problem?    0    1    2    3    4  
 Never     Currently     In the past

## Drug Abuse Screening Test, DAST-10

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), 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 alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months...		Circle	
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 unable to stop abusing drugs when you want to?	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?	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
Scoring: Score 1 point for each question answered "Yes,"		Score:	

# Scoring Full Screens

RISK ZONE	I—LOW RISK	II—RISKY	III—HARMFUL	IV—SEVERE
AUDIT Score	0-3	4-9	10-13	14+
DAST Score	0	1-2	3-5	6+
Description of Zone	"At low risk for health or social complications."	"May develop health problems or existing problems may worsen."	"Has experienced negative effects from substance use."	"Could benefit from more assessment and assistance."

Proceed with Brief Intervention & Referral  
to Treatment



(UMKC, n.d.)

# Guidelines for Screening

- Normalize the screening.
- Explain whether the results will remain confidential.
- Ask permission before beginning.
- Allow clients to not answer.
- Use the tool's exact wording.



# Brief Intervention

SBIRT step 2



# Brief Intervention Overview



## Quick

5-15 minutes



## Effective

For alcohol, drug, and tobacco use.

## Goals

- Increase the client's awareness of risky behaviors.
- Increase the client's motivation to change behaviors.

# **BAD example of brief intervention**

I am role playing as your OT.  
Imagine you are my client.

We are discussing a behavior you would like to change:  
weight management.

*How did that feel?*

*Did I motivate you to change your behaviors?*

# **GOOD example of brief intervention**

I am role playing as your OT.  
Imagine you are my client.

We are discussing a behavior you would like to change:  
weight management.

*How did that feel?*  
*Did I motivate you to change your behaviors?*

# Communication Styles



## **Directive Communication**

Clinician is the expert  
and speaks most.



## **Guiding Communication**

Patient is the expert  
and speaks most.



# Motivational Interviewing

Communication style  
designed to increase  
motivation to change  
behavior.

# Motivational Interviewing Techniques



## Open Questions

Invites more response than a simple yes/no.

“What...”

“How...”

“Tell me more about...”



## Reflections

Repeat or rephrase what the client said *without adding your thoughts.*

“It sounds like...”

“You’re saying that...”

(Miller & Rollnick, 2023)

# Brief Intervention Steps

## Raise the subject

- Explain your role; ask permission to discuss alcohol/drug use screening forms
- Ask about alcohol/drug use patterns: “What does your alcohol/drug use look like in a typical week?”
- Listen carefully; use reflections to demonstrate understanding

## Provide feedback

- Share AUDIT/DAST zone(s) and description; review low-risk drinking limits; explore patient’s reaction: “Your score puts you in the \_\_\_\_ zone, which means \_\_\_\_\_. The low-risk limits are \_\_\_\_\_. What do you think about that?”
- Explore connection to health/social/work issues (patient education materials): “What connection might there be...?”

## Enhance motivation

- Ask about pros/cons: “What do you like about your alcohol/drug use? What don’t you like?”
- Explore readiness to change: “On a scale of 0-10, how ready are you to make a change in your alcohol/drug use?”
- If readiness is greater than 2: “Why that number and not a \_\_\_\_ (lower one)?”  
If 0-2: “How would your alcohol/drug use have to impact your life for you to think about changing?”

## Negotiate plan

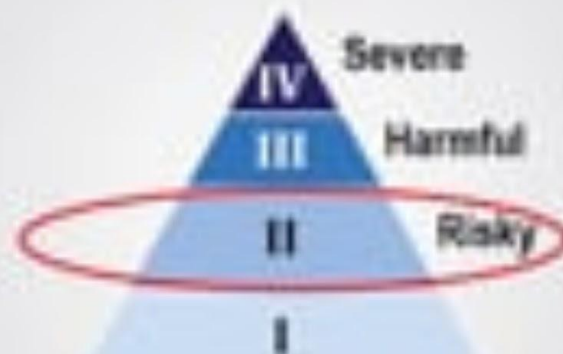
- Summarize the conversation (zone, pros/cons, readiness); ask question: “What steps would you be willing to take?”
- If not ready to plan, stop the intervention; offer patient education materials; thank patient
- Explore patient’s goal for change (offer options if needed); write down steps to achieve goal; assess confidence
- Negotiate follow-up visit; thank patient





## Brief Intervention for a Patient in the Risky Zone

### Risk Zones



# Reflect on the video

Were the 4 steps of brief intervention clear?

What did you like about this clinician's communication?

Did you hear examples of open questions?  
Reflections?



# Reflect on the video

What open questions did you hear?

What reflections did you hear?

What did you like about this clinician's communication?

# Referral to Treatment

SBIRT step 3



# Types of Treatment

- Specialty addiction treatment
  - Therapy / counseling
  - Medication assisted treatment
- Peer support
- Community support from family, friends, school, or church

# Guidelines for Referral to Treatment

- Consider what is most appropriate for your practice setting.
  - Inpatient: Collaborate with doctor, social worker, counselor, etc.
  - Outpatient or community-based: Help client access resources or make first appointment. Follow up.
- Prepare referral resources BEFORE beginning SBIRT with client.
- Keep brochures (behavioral health clinic, AA, NA, etc.) on hand to give to clients.

The logo for FindTreatment.gov features a blue location pin icon to the left of the text "FindTreatment.gov" in a bold, dark blue sans-serif font.

**Filter by**

**Facility Name**

e.g., Montgomery Recovery Services

**Facility Types** *(select all that apply)*

- Substance Use ⓘ
- Mental Health ⓘ
- Health Care Centers ⓘ
- Buprenorphine Practitioners ⓘ
- Opioid Treatment Programs ⓘ

Find at least one local resource that is appropriate for your practice setting.



# Case Study

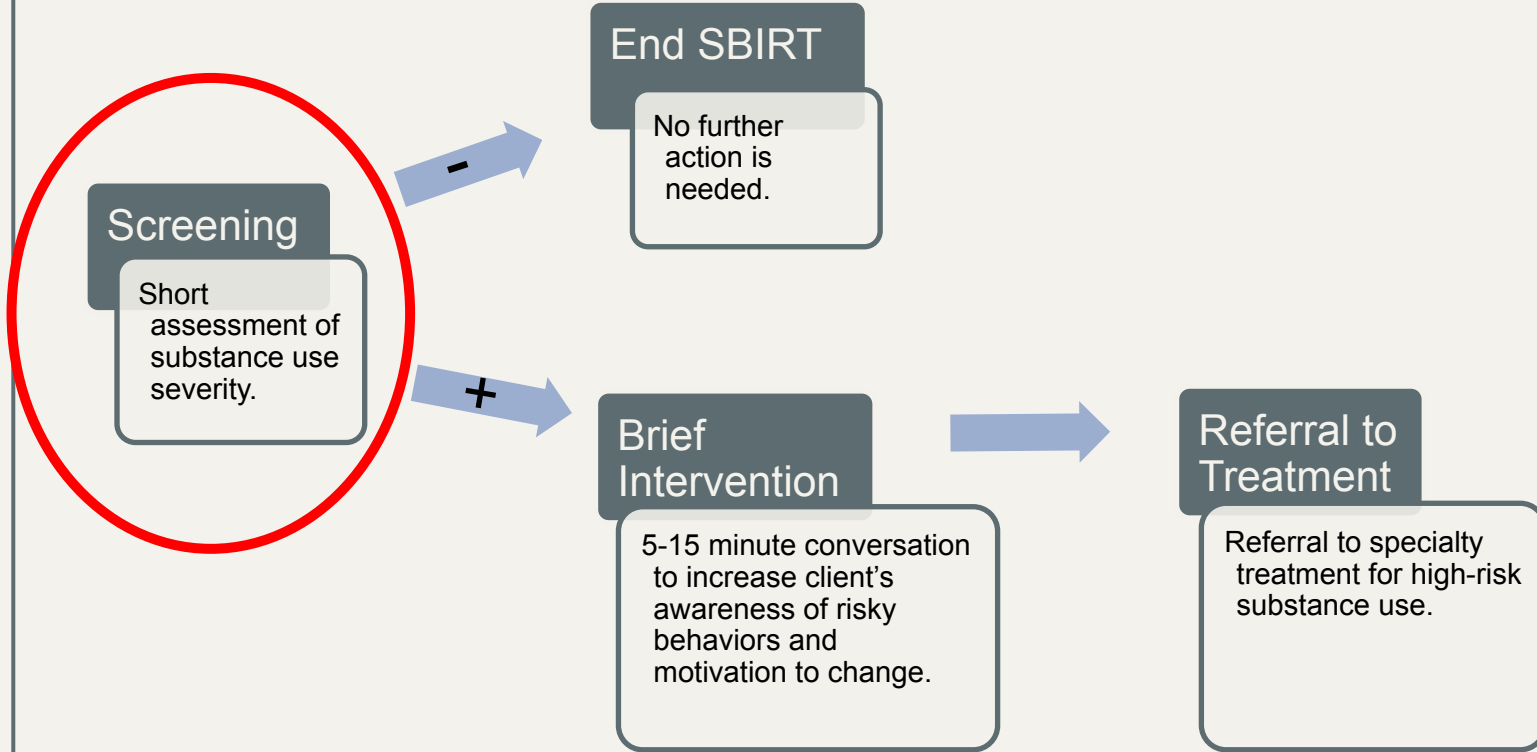
Let's practice

# Chris

Chris is a 40-year-old man referred to OT in an outpatient clinic for carpal tunnel syndrome. Chris is recently divorced and a father of 2 boys, aged 9 and 7. He owns his own catering business, which is struggling.



# SBIRT





# Two Question Pre-Screen

## NIAA Single Alcohol Screening Question

How many times in the past year have you had  
4 or more drinks in one day?

10 or more

## Substance Use Brief Screen

How many times in the past year have you used a  
recreational drug or used a prescription medication for  
non-medical reasons?

Most days

Chris was in a car accident a year ago. He broke his ankle and had multiple surgeries. He was prescribed Percocet and his doctor tapered him off a few months ago. But Chris still had pain and missed the feeling of being on it. Now he gets opioids pain medication from whoever he can – mostly coworkers and friends.

(Gotham, 2017; OHSU, 2024; UMKC, n.d.)

# Full Screen



## AUDIT

Alcohol Use Disorder  
Identification Test



## DAST

Drug Abuse Screening Test

# Alcohol screening questionnaire (AUDIT)

One drink equals:



12 oz.  
beer



5 oz.  
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1.5 oz.  
liquor  
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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
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 to 9	10 or more
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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
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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, during 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, during the last year
Have you ever been in treatment for an alcohol problem?   X Never <input type="radio"/> Currently <input type="radio"/> In the past					
I - 0-3   II - 4-9   III - 10-13   IV - 14+					

Total Score 3  
AUDIT Zone I



## Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Which recreational drugs have you used in the past year? (Check all that apply)

- methamphetamines (speed, crystal)     cocaine  
 cannabis (marijuana, pot)     narcotics (heroin, oxycodone, methadone, etc.)  
 inhalants (paint thinner, aerosol, glue)     hallucinogens (LSD, mushrooms)  
 tranquilizers (valium)     other \_\_\_\_\_

How often have you used these drugs?     Monthly or less     Weekly     Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse (use) more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0                      1

Do you inject drugs?    No     Yes

Have you ever been in treatment for a drug problem?    No     Yes

**Total Score: 6**

I    II    III    IV  
0   1-2   3    4-6



# Scoring Full Screens



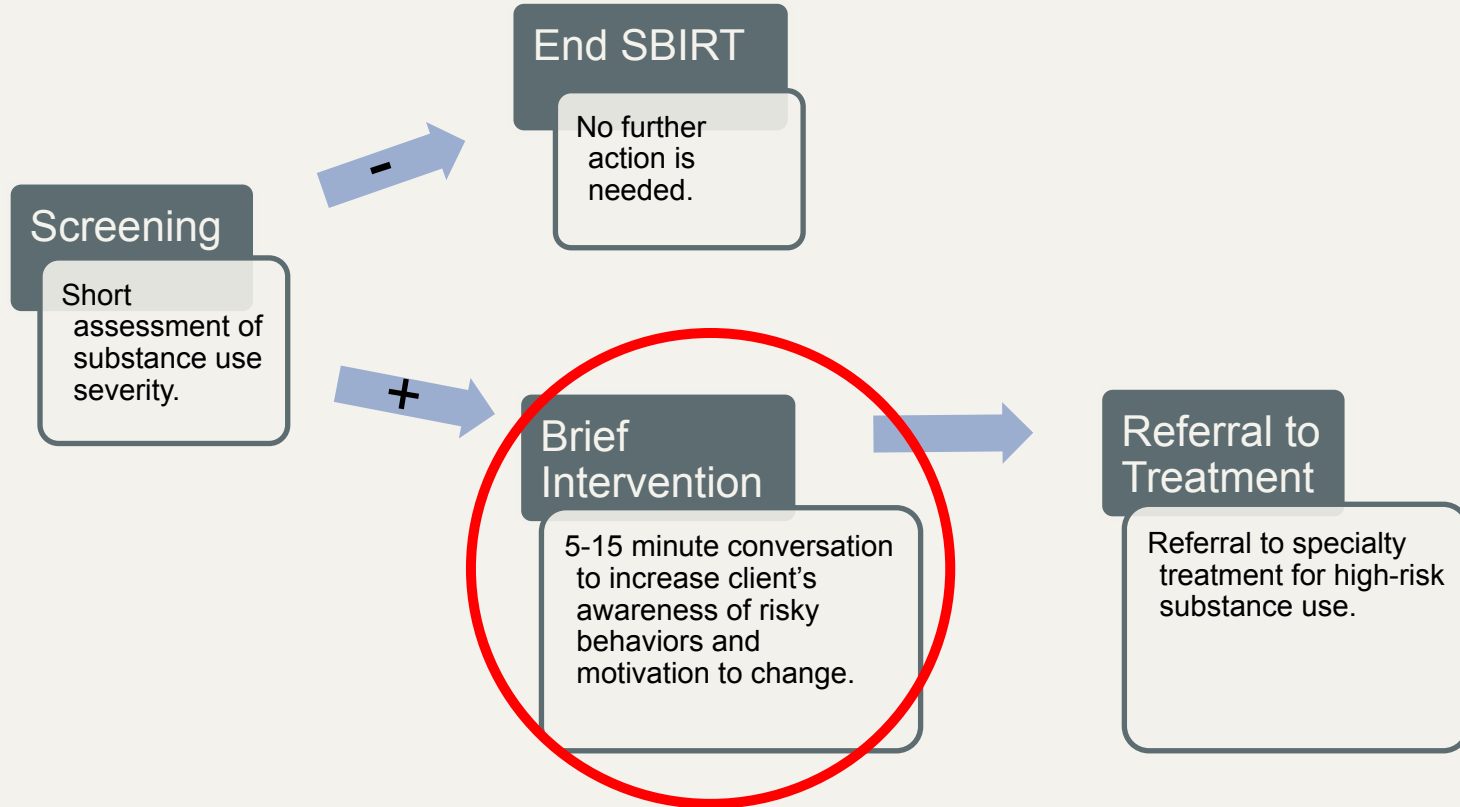
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Proceed with Brief Intervention & Referral to Treatment



# SBIRT



# Brief Intervention Steps



## Raise the subject



- Explain your role; ask permission to discuss alcohol/drug use screening forms
- Ask about alcohol/drug use patterns: “What does your alcohol/drug use look like in a typical week?”
- Listen carefully; use reflections to demonstrate understanding

## Provide feedback

- Share AUDIT/DAST zone(s) and description; review low-risk drinking limits; explore patient’s reaction: “Your score puts you in the \_\_\_\_ zone, which means \_\_\_\_\_. The low-risk limits are \_\_\_\_\_. What do you think about that?”
- Explore connection to health/social/work issues (patient education materials): “What connection might there be...?”

## Enhance motivation

- Ask about pros/cons: “What do you like about your alcohol/drug use? What don’t you like?”
- Explore readiness to change: “On a scale of 0-10, how ready are you to make a change in your alcohol/drug use?”
- If readiness is greater than 2: “Why that number and not a \_\_\_\_\_ (lower one)?”  
If 0-2: “How would your alcohol/drug use have to impact your life for you to think about changing?”

## Negotiate plan

- Summarize the conversation (zone, pros/cons, readiness); ask question: “What steps would you be willing to take?”
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# Brief Intervention Steps



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# Brief Intervention Steps



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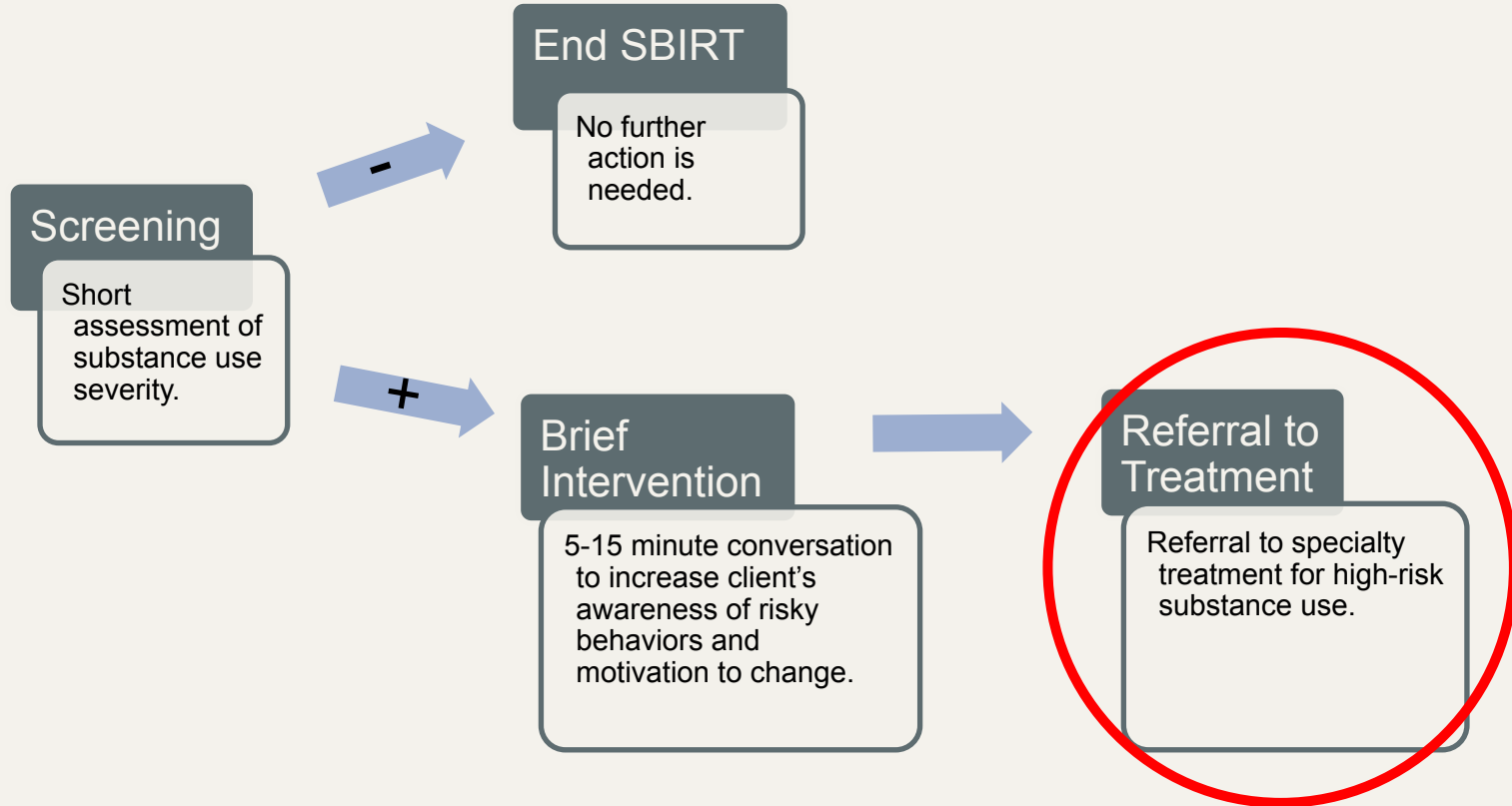
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# SBIRT



# Referral to Treatment



What type of treatment would be best for Chris?

- Specialty addiction treatment
  - Therapy / counseling
  - Medication assisted treatment
- Peer support
- Community support from family, friends, school, or church

# Referral to Treatment

## BHG Nashville Treatment Center VCPHCS IX LLC

<http://bhgrecovery.com>

2410 Charlotte Avenue,  
Nashville, TN 37203

615-321-2575  
1.03 Miles



**!** This facility **does not offer** transportation assistance.

### Services

#### Type of Care

Substance use treatment

#### Service Setting (e.g., Outpatient, Residential, Inpatient, etc.)

Outpatient  
Outpatient methadone/buprenorphine or naltrexone treatment  
Regular outpatient treatment

#### Opioid Medications used in Treatment

Methadone used in Treatment  
Buprenorphine used in Treatment

#### Type of Alcohol Use Disorder Treatment


Does not treat alcohol use disorder

#### Type of Opioid Treatment

Buprenorphine maintenance  
Federally-certified Opioid Treatment Program  
Methadone maintenance  
Maintenance service with medically supervised withdrawal after stabilization

### Payment, insurance, or funding accepted

- ✓ Federal, or any government funding for substance use treatment programs
- ✓ Medicare
- ✓ Medicaid
- ✓ Federal military insurance (e.g., TRICARE)
- ✓ Private health insurance
- ✓ Cash or self-payment
- ✓ SAMHSA funding/block grants

 Contact this facility to make sure they take your specific insurance or coverage.

### Testing

Breathalyzer or blood alcohol testing  
Drug and alcohol oral fluid testing  
Drug or alcohol urine screening  
TB screening  
Metabolic syndrome monitoring

### Transitional Services

Discharge Planning  
Naloxone and overdose education

### Recovery Support Services

Self-help groups  
Housing services  
Assistance with obtaining social services  
Employment counseling or training

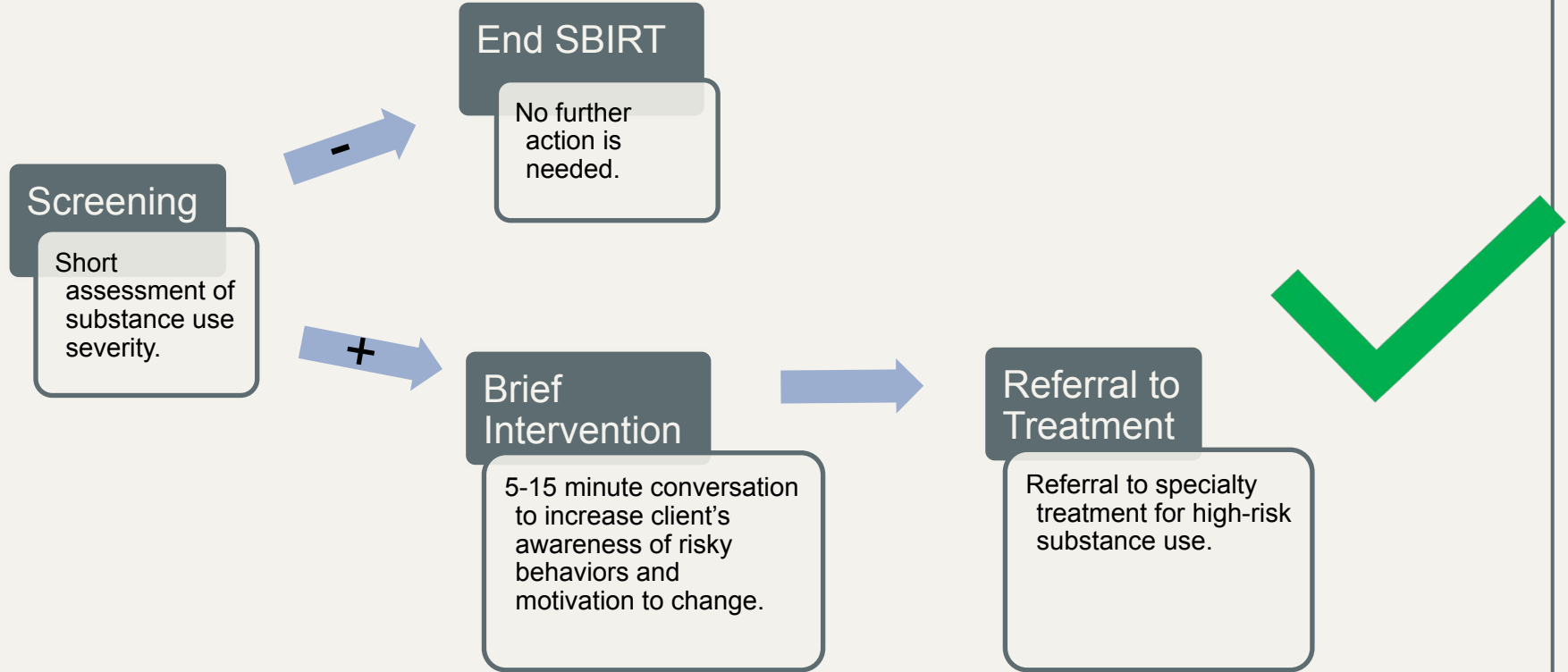
### Education and Counseling Services

HIV or AIDS education, counseling, or support  
Hepatitis education, counseling, or support  
Health education services other than HIV/AIDS or hepatitis  
Substance use disorder education  
Smoking/vaping/tobacco cessation counseling





# SBIRT





# What is your next step to use SBIRT in your work?

*Some ideas...*

- Ask about substance use during evaluations.
- Educate clients about recommended limits.
- Use guiding communication (open questions & reflections).
- Find local treatment facilities or peer support groups.
- Gather brochures for local resources.
- Print the SBIRT Cheat Sheet for easy reference.
- Download the SBIRT app.
- Tell colleagues about SBIRT.
- Try the entire SBIRT process with a client ASAP! 😊

# Resources



# Questions?

[katy.schmidt@belmont.edu](mailto:katy.schmidt@belmont.edu)