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Workplace Alcohol Screening, Brief Intervention, and EAPs: BIG (Brief Intervention Group) Initiative

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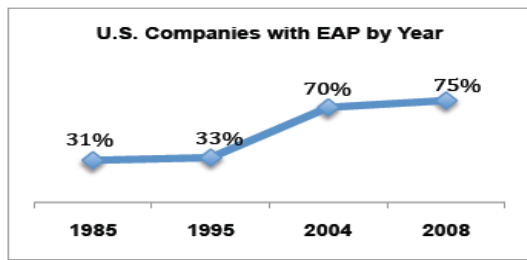# Workplace Alcohol Screening, Brief Intervention, and EAPs: BIG (Brief Intervention Group) Initiative

Most people with alcohol problems work and the majority work full time. Among adults who currently have the disease of alcoholism, 75% work (59% work full-time and 16% work part time). An even higher workforce participation rate is found among adults who currently have alcohol abuse disorders: 82% are employed (66% worked full-time and 16% worked part-time). Analysis of the 2005-2007 National Survey on Drug Use and Health found the prevalence of alcohol use disorders varies substantially between industries.

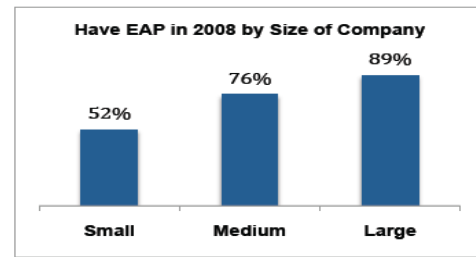| Prevalence of Alcohol Problems by Industry Sector (Percentage)			
Industry Sector	Male	Female	Overall Prevalence
Leisure, Hospitality, Arts	17.4	12.6	15.0
Construction and Mining	15.2	10.0	14.7
Wholesale Trade	14.6	5.3	11.9
Professional	13.3	7.1	10.6
Retail Trade	13.4	6.2	9.7
Finance & Real Estate	11.2	7.6	9.2
Manufacturing	9.5	6.5	8.6
Transportation & Utilities	9.1	4.8	8.2
Information & Communication	12.7	4.8	8.1
Agriculture, Forestry, Fishing, and Hunting	8.7	1.9	7.2
Other Services	8.9	3.8	6.4
Education, Health & Social Services	9.4	4.3	5.4
Public Administration	6.4	4.1	5.3

Source: Ensuring Solutions to Alcohol Problems

Businesses increasingly rely on Employee Assistance Programs (EAPs) to assist workers and their families who have substance use and mental health problems. In the last fifteen years, the proportion of businesses with EAPs has more than doubled, from about 33% in 1995 to 75% in 2009, according to surveys of the Society for Human Resource Management. Well over 100 million American workers are now estimated to have access to an EAP (Masi et al., 2004). Approximately two-thirds of small firms (1-99 employees), three-fourths of mid-size firms (100-499 employees) and 88% of large firms have an employee assistance program.

U.S. Companies with EAP by Year

31% — 1985
33% — 1995
70% — 2004
75% — 2008

SOURCE: SHRM (2008).[26]

Have EAP in 2008 by Size of Company

52% — Small
76% — Medium
89% — Large

SOURCE: SHRM (2008).[26]

Research studies indicate that EAPs are remarkably successful in reducing distress and improving productivity. For example, The Hartford Group (2007) compared short-term disability claims of businesses where employees extensively used EAPs compared with businesses with no EAP services. Disability claims for psychiatric concerns were 17 days shorter at the high-use EAP companies than at the non-EAP companies (55.7 days vs. 72.6). Similar findings were found for differences in shorter duration periods for musculoskeletal claims (54.6 days vs. 67.5) and cancer claims (45.3 days vs. 64.4). Employees who had used the EAP were about twice as likely to return to the workforce compared to employees who did not use the EAP (33% returned vs. 16%). The table below summarizes recent studies of EAP effectiveness.

Improved Work Performance	Sample Size	EAP Model	Source
61% of all cases had improved work performance	1,190 cases	Internal programs at many universities with mostly in-person model	Phillips (2004)
50% of all cases had improved absence and productivity at work	882 cases	Internal program with in-person model	Kirk (2006)
64% of cases with work issues as primary problem had improvement after EAP use; Average of 46% improved productivity rating on 1-10 scale for EAP cases	Not specified – 10,000+	National data warehouse with dozens of EAPs; mostly internal programs with in-person counseling model	Amaral (2008a)
Reduction from 15% to 5% of all clients who "could not" do their daily work or who experienced "quite a bit" of difficulty doing their daily work in past 4 weeks	59,685 cases	Blended program with mostly in-person model	Selvik et al (2004)
57% of cases had improvement in ability to work productivity, with average gain in productivity of 43% on 1-10 scale	11,909 cases	National EAP provider - External program with mostly telephonic model	Attridge (2003a)
Number of work cut-back in past 30 days was reduced from 8.0 days to 3.4 days (58% gain in productivity)	3,353 cases	National EAP provider - External program with mostly telephonic model	Baker (2007)

Annually, about 5% of workers who have access to EAPs use them for brief counseling for mental health, substance use, work stress and family issues. That translates into between 5 million and 7 million working people accessing EAP services. Unfortunately, despite the wide availability of EAPs and high prevalence of alcohol use disorders among working people, only about 160,000 of EAP cases explicitly identify alcohol use as a primary problem (Amaral, personal communication, 2009).

George Washington University (GW) is working with the EAP industry to dramatically change this.

The BIG Initiative. Through a cooperative agreement from the National Highway Traffic Safety Administration (NHTSA) and support from the Center for Substance Abuse Treatment (CSAT/SAMHSA), GW is facilitating a collaborative, the Brief Intervention Group ("BIG") Initiative, which brings together all the major EAP corporate and union national, regional, and many local leaders, employers, EAP clinical professional associations and representatives from the Federal and state agencies, with the aim of making screening, brief intervention, and referral to treatment (SBIRT) for alcohol problems routine practice across the EAP industry. The BIG Initiative has organized committees including the Steering Committee made up of senior leaders in the EAP field, the Implementation Committee focused on changing EAP call center practices, the Marketing/Outreach Committee focused on training and supporting change among EAP network providers, and the Performance Measurement and Accountability Committee focused on identification of measurement tools and common metrics to assess program impact on health and business outcomes.

Active partners in the BIG Initiative include Aetna, ValueOptions, OptumHealth, Federal Occupational Health (the federal government EAP), Chestnut, CIGNA, Magellan, MHN, PPC Worldwide, Ceridian, APS and other health plans. There is the potential of reaching over 100 million covered lives in the U.S.

Evidence. Pilot studies conducted in partnership with Aetna Behavioral Health, Optum-United Behavioral Health and ValueOptions show that SBIRT can be adapted to workplace EAPs.   In one pilot site routine alcohol screening and brief motivational counseling was integrated into telephonic EAP intake for employees of a large financial services company. By the end of the 5 month pilot project, 274 (93%) of 295 members who contacted the EAP for services completed the three question AUDIT-C; 40% screened positive. Overall, 18.25% of EAP clients were at moderate or high risk for alcohol-related problems. Brief intervention was offered to all who screened positive.   Most (78%) members offered SBIRT at intake agreed to telephonic clinical follow-up and 72% set an appointment with a face-to-face counselor to further address issues discussed during their initial call.

A second EAP pilot produced similar results. Between August 2008 and February 2009, EAP clinicians completed 361 full AUDITs on 383 clients who contacted the EAP.   More than three-fourths were at no or low risk (79.9%); 12.5% had hazardous or harmful drinking patterns, and 7.6% were at high risk of dependence. Overall, the rates of identifying at-risk drinking jumped from 7.5% of EAP clients prior to the pilot to 20.1% during the 6 months after the project started. Approximately one in ten EAP clients who screened positive were referred to substance use and mental health services, and 64% to follow-up EAP.

	Pre-SBI Time Period (n=681)	Post-SBI Time Period (n=383)	p-value
EAP Alcohol Identification			
At-Risk Drinking (hazardous use or greater)	7.5% (51)	20.1% (77)	<0.0001
EAP Telephonic Alcohol Interventions			
Conducted Alcohol education & risk reduction	9.8% (67)	13.3% (51)	0.0465
Discussed Alcohol intervention / treatment options	9.5% (65)	10.7% (41)	0.5442

A third pilot of SBIRT in a combined EAP and outpatient MHSA telephonic referral setting completed 3,091 screenings over a ten month period. This pilot was implemented for a large employer in the transportation industry. Adoption of the formal AUDIT-based screening process was rapid (see figure below). Nearly 7% of initial screenings resulted in a full AUDIT being conducted. Half of callers (1,551) reported any alcohol use, and of these 12% were identified as having elevated AUDIT results (score of 8 or higher).
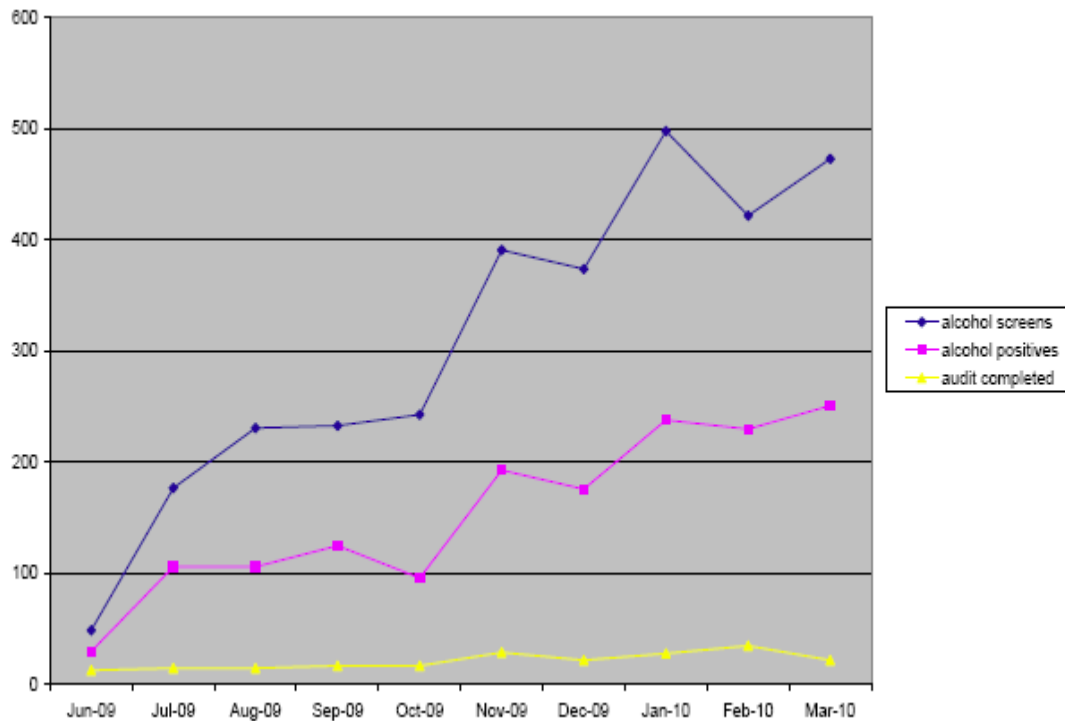
BIG Aims. The BIG Initiative aims to change the routine practice of EAPs in the U.S. and Canada. By October 2010, the BIG Initiative aims to increase the number of EAP clients who are identified with an alcohol problem by 50% over 2009, and by another 50% by October 2011. The BIG Initiative is an exciting opportunity to bring the evidence-based practice of alcohol screening, brief intervention and treatment into workplace settings across the country, and to reduce the negative impact of undetected and untreated alcohol problems that reduce productivity, drive up health care costs, increase vehicle crashes and job loss.

Open by saying: "*How can I help you today?...*proceed with Intake

Introduce screening by saying: *"We ask all our clients intake questions to help us better understand who you are and what your needs might be. As part of our holistic approach and as a preventive measure, we also ask some screening questions of all our clients. Your answers will remain confidential"...*proceed with screening [embed alcohol questions, e.g., start with depression, go to alcohol, drug use, then close with stress]

Conduct AUDIT-C Hazardous Use Prescreen (3 questions)
Q1: Frequency of drinking
Q2: Quantity in a typical day
Q3: Frequency of heavy use
Record responses and add Q1+Q2+Q3, then Enter AUDIT-C score
If client refuses at any point, indicate "Refused AUDIT-C"

If AUDIT-C = <4 for men, <3 for women and adults over age 65

Follow NEGATIVE PRESCREEN Procedures:
- AUDIT-C score feedback
- Alcohol education
- Normative feedback

Brief Intervention RESPONSE
- "*From your responses, your drinking is in a healthy range, which means that you are at lower risk for many health and emotional concerns than those who drink at higher ranges. The U.S. recommended guidelines for low-risk drinking for women and adults over 65 is no more than 1 drink per day or 7 drinks per week, and for men no more than 2 drinks per day or 14 drinks per week. Most people, about 72% of adults in the U.S. never exceed these daily or weekly limits. Would you like me to send you some more information on healthy drinking patterns?*"

If yes, offer to email booklet and links
- "Tips for Cutting Down on Drinking" booklet http://pubs.niaaa.nih.gov/publications/Tips/tips.pdf
- EAP website

Document "BI provided" or "BI refused"
Document "alcohol education materials provided"

Close alcohol SBI:
- *"Thank you for taking a few minutes to talk with me."*

STOP alcohol BI, continue EAP intake

If AUDIT-C = 4+ for men, 3+ for women and adults over age 65

Follow POSITIVE PRESCREEN Procedures:
- **Complete remaining AUDIT items Q4 – Q10**
- Record responses and add <u>ALL</u> AUDIT items (Q1-Q10), Enter total score
- Identify Level of Risk (Low, Moderate, High)
- If member refuses at any point, indicate "Member refused AUDIT"

Risk Level	Intervention	AUDIT score*
Level I - Low Risk	▪ AUDIT score feedback ▪ Alcohol Education ▪ Normative Feedback [no follow-up]	0-7
Level II - Moderate Risk	▪ AUDIT score feedback ▪ Alcohol Education ▪ Normative Feedback ▪ Simple Advice ▪ Referral to EAP Provider and/or other resources ▪ Schedule Follow-up	8-19
Level III- High Risk	▪ AUDIT score feedback ▪ Alcohol Education ▪ Normative Feedback ▪ Simple Advice ▪ Referral to Appropriate Level of Care (Specialist for Dx Eval, Tx, Alc DM, Community Resources) ▪ Schedule Follow-up	20-40

Level I

See "Follow Negative Prescreen"

Level II

Continue to "Brief Intervention Response"

Level III

Continue to "Brief Intervention Response"

Level II/Moderate (Score 8-19)	Level III/High (Score 20-40)

Brief Intervention for Risky Drinking RESPONSE ….

AUDIT Score Feedback…in a non-judgmental manner
- "*From your responses, your drinking puts you at higher risk for many health and emotional concerns than those who drink at lower ranges. These questions have been given to thousands of people, so you can compare your drinking to others. Your score was [#]…on a scale of 0-40 which places you in the category of [moderate or high] risk.*"

Alcohol Education
- "*Unhealthy alcohol use can put you at risk for injury, accidents, and health problems such as diabetes, cancer, insomnia, high blood pressure, stroke, heart and gastrointestinal problem, depression and other conditions.*"
- "*The U.S. recommended guidelines for low-risk drinking for women and adults over the age of 65 is no more than 1 drink per day (or 7 drinks per week) and for men no more than 2 drinks per day (or 14 drinks per week).*"

Normative Feedback
- "*Most people, about 72% of adults in the U.S. never exceed these daily or weekly limits.*"

Simple Advice
- "*Reducing your alcohol consumption to safer drinking levels can decrease your risk.*"
- "*Would you like some suggestions on how to do this?*" (e.g., cut back, abstain, limit to no more than 1 drink per day, alternate with healthier non-alcoholic beverage or replace with activity like walking).
- "*I'd recommend that you bring up your alcohol use with your counselor at your next appointment.*"

Provide Alcohol Educational Materials
- "*Could I send you some information about healthy drinking?*"
  If yes, offer to email booklets and links to websites:
  - Rethinking Drinking booklet http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf
  - Rethinking Drinking: Alcohol and Your Health website http://rethinkingdrinking.niaaa.nih.gov/; and
  - "Tips for Cutting Down on Drinking" booklet http://pubs.niaaa.nih.gov/publications/Tips/tips.pdf
  - EAP/BH website and other materials as appropriate: (e.g., Mixing Alcohol and Medication; Alcohol and Women; Young Teens and Drinking; Alcohol and Older Adults; Prevention for Children)

Close Alcohol SBI on Good Terms

Say "Thank You"
- "*Thank you for taking a few minutes to talk with me about your alcohol use. I appreciate your openness and sharing your experiences/thoughts with me today.*"

Document "BI provided" or "BI refused"
Document "alcohol education materials provided"
Continue standard EAP Follow-up procedures

Ask Permission for Follow-up

- "*I would like to see how things are going for you over the next few months. Would you mind if I followed up with you? Is it okay to call your [cell phone]?*"

Document "Agreed to follow-up" or "Refused follow-up"

Set Follow-up appointment

PROVIDE REFERRAL

Moderate Risk Cases (as appropriate)
Offer referral to provider for alcohol use – affiliate provider, alcohol disease management, community resource (e.g., AA)

- "*Based on the information you provided, I would encourage you to consider getting additional help for dealing with issues related to alcohol. I would like to refer you/put you in touch with a provider on your health plan. What do you think about this? Do you have any thoughts or concerns?*"

High Risk Cases
Offer referral to Specialist for Diagnostic Assessment and Evaluation – addiction specialist, alcohol disease management, behavioral health provider or program, community resource (e.g., AA)

- "*Based on the information you provided, I would encourage you to consider getting additional help for dealing with issues related to alcohol. I would like to refer you/put you in touch with a provider on your health plan. What do you think about this? Do you have any thoughts or concerns?*"

Document Referral

STOP alcohol BI, continue EAP intake

Alcohol Use Disorder Identification Test (AUDIT/AUDIT-C)
Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. (see below, What is a Standard Drink?) Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

Questions*	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	
2. How many drinks containing alcohol do you have on a typical day of drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 +	
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
AUDIT-C Score (add items 1-3) *Positive screen=4 men/3 women and adults over age 65*						
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, 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	
AUDIT Score (add items 1-10)						

*Questions that use the term "alcohol" refer to any form of alcohol, including beer, wine, liquor, or any other alcoholic beverage.

AUDIT Scoring

♦ Questions 1–8 are scored 0, 1, 2, 3, or 4 points. Questions 9 and 10 are scored 0, 2, or 4 only.

♦ Scores are generated by adding up points.

♦ AUDIT-C score of 4+ for men, and 3+ for women and anyone over age 65 indicates a positive alcohol prescreen (older adult cut-off adapted to reflect U.S. recommended guidelines).

♦ AUDIT score of 8+ generally indicates at-risk, harmful, or hazardous drinking.

What's a Standard Drink?

Below is information on what defines a standard drink in the U.S. People often are unaware of what a standard drink is and underestimate their consumption when responding to screening items such as "How many drinks containing alcohol do you have on a typical day of drinking?" The standard drink table below can be used during screening to help a person more accurately quantify the amount of alcohol consumed.

12 oz. of beer or cooler	8-9 oz. of malt liquor 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor	5 oz. of table wine	3-4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown	2-3 oz. of cordial, liqueur, or aperitif 2.5 oz. shown	1.5 oz. of brandy (a single jigger)	1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer*
12 oz.	8.5 oz	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

AUDIT/AUDIT-C:

♦ Developed by the World Health Organization (WHO) http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf
♦ Detects alcohol problems experienced in the last year.
♦ Administered quickly (verbally, written, or by computer) in < 5 min.
♦ AUDIT-C (items 1-3) administered in ~1-2 min. as a *prescreen* to see if further screening (items 4-10) is needed.
♦ The full AUDIT is 10 items. "Box 2" shows item domain and content.

Box 2

Domains and Item Content of the AUDIT

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

AUDIT Scores & Recommended Level of Intervention

World Health Organization (WHO) original:

AUDIT score	Risk Level	Intervention
0-7	Zone I	Alcohol education
8-15	Zone II	Simple advice
16-19	Zone III	Simple advice plus brief intervention and follow-up with continued monitoring if possible
20-40	Zone IV	Referral to a specialist for diagnostic evaluation and treatment

Workplace Adaptations Tested in EAP/MBHO Settings:

Risk	Intervention (3 levels)	AUDIT score
Level I - Low	▪ Alcohol Education	0-7
Level II - Moderate	▪ Alcohol Education ▪ Normative Feedback ▪ Simple Advice ▪ Brief Intervention (with/without MI-informed - focused on behavior change) ▪ Follow-up	8-19
Level IV- High	▪ Alcohol Education ▪ Normative Feedback ▪ Simple Advice ▪ Brief Intervention (with/without MI-informed – focused on connecting to referral) ▪ Referral to Specialist for Diagnostic Evaluation and Treatment ▪ Follow-up	20-40

Risk	Intervention (4 levels)	AUDIT score
Level I - Low	▪ Alcohol Education	0-7
Level II - Medium	▪ Alcohol Education ▪ Normative Feedback ▪ Simple Advice	8-15
Level III - Substantial	▪ Alcohol Education ▪ Normative Feedback ▪ Simple Advice ▪ Brief Intervention (with/without MI-informed - focused on behavior change) ▪ Follow-up	16-19
Level IV- Severe	▪ Alcohol Education ▪ Normative Feedback ▪ Simple Advice ▪ Brief Intervention (with/without MI-informed – focused on connecting to referral) ▪ Referral to Specialist for Diagnostic Evaluation and Treatment ▪ Follow-up	20-40

Ensuring Solutions
to Alcohol Problems
THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER

The "BIG" Initiative

Alcohol Screening, Brief Intervention, & Referral to Treatment (SBIRT)

Resources

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EASNA 2010

Alcohol SBIRT Resources

- **Web-based Training**
  - **NIAAA Clinician's Guide Online Training Videos (companion guide below).** http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/VideoCases.htm
  - **American College of Emergency Physicians' (ACEP) Alcohol Screening and Brief Intervention in the Emergency Department.** http://acepeducation.org/sbi/
  - **Emergency Department Alcohol Education Project's Screening, Brief Intervention, Referral and Treatment (SBIRT).** http://www.ed.bmc.org/sbirt/index.htm
  - **AlcoholCME.org.** http://www.medstudentlearning.com/alcoholcme
  - **Colorado SBIRT videos.** http://sbirtcolorado.org/healthcare_videosandwebcasts.php

- **Guides, Toolkits, and Other Information**
  - **NIAAA Helping Patients Who Drink Too Much: A Clinician's Guide.** http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm and http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide.htm
  - **World Health Organization's AUDIT: Guidelines for Use in Primary Care** http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf **and Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care.** http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf
  - **American College of Emergency Physicians' (ACEP) Brief Negotiated Intervention (BNI) Manual: Screening and Brief Intervention for Unhealthy Alcohol Use in the ED.** http://acepeducation.org/sbi/media/bni_manual.pdf
  - **Richard Saitz and Boston Medical Center's Alcohol Clinical Training (ACT).** http://www.bu.edu/act/mdalcoholtraining/index.html
  - **American College of Surgeons Committee on Trauma (COT) Alcohol Screening and Brief Intervention (SBI) for Trauma Patients: COT Quick Guide.** http://www.facs.org/trauma/publications/sbirtguide.pdf
  - **Veterans Affairs HCRC Teaching Guide for Health Care Providers: Reducing Alcohol Use with Brief Intervention.** http://www.hepatitis.va.gov/vahep?page=prtop03-wp-01-res
  - **CDC's Screening and Brief Intervention for Unhealthy Alcohol Use: A Step-by-Step Implementation Guide for Trauma Centers.** http://www.cdc.gov/InjuryResponse/alcohol-screening/pdf/SBI-Implementation-Guide-a.pdf

More…

- **GW's Workplace SBI Toolkit.**
  http://www.ensuringsolutions.org/solutions/solutions_show.htm?doc_id=450551

- **GW's Workplace Screening and Brief Intervention: What Employers Can and Should Do About Excessive Alcohol Use.**
  http://www.ensuringsolutions.org/usr_doc/Workplace_SBI_Report_Final.pdf

- **GW's EAP and Workplace SBI Resources websites.**
  http://www.ensuringsolutions.org/resources/resources_show.htm?doc_id=335841&cat_id=988 and
  http://www.ensuringsolutions.org/resources/resources_list.htm?cat_id=964

- **NIAAA's Rethinking Drinking website and booklet.**
  http://rethinkingdrinking.niaaa.nih.gov/ and
  http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf

- **Join Together's Screening and Brief Intervention: Making a Public Health Difference.** http://www.jointogether.org/aboutus/ourpublications/pdf/sbi-report.pdf

- **Join Together's SBI Resources: AlcoholScreening.Org** and
  http://www.jointogether.org/keyissues/sbi/resources-sbi.html

- **NHTSA's Screening and Brief Intervention Tool Kit for College and University Campuses.** http://www.friendsdrivesober.org/documents/SBI_College.pdf

- **APHA's Alcohol Screening and Brief Intervention: A Guide for Public Health Practitioners.** http://www.apha.org/NR/rdonlyres/B03B4514-CCBA-47B9-82B0-5FEB4D2DC983/0/SBImanualfinal4_16.pdf

- **IRETA SBIRT website.** http://www.ireta.org/sbirt/links.htm

- **SAMHSA SBIRT website.** http://sbirt.samhsa.gov/about.htm

Motivational Interviewing Resources

- **William Miller's Treatment Improvement Protocol (TIPS): Enhancing Motivation for Change in Substance Abuse.** http://ncadi.samhsa.gov/govpubs/BKD342/

- **Motivationalinterview.org Training Resources.** http://motivationalinterview.org/training/index.html

- **Motivational Interviewing.org Library.** http://www.motivationalinterview.org/library/index.html

- **Motivational Interviewing Video Series.** http://www.motivationalinterview.org/training/miorderform.pdf