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The SBIRT Method for Alcohol Misuse Screening and Treatment

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THE SBIRT METHOD FOR ALCOHOL MISUSE SCREENING AND TREATMENT

A Project Presented

by

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to

The Faculty of the Graduate College

of

The University of Vermont

In Partial Fulfillment of the Requirements

For the Degree of Master of Science

Specializing in Nursing

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Abstract

Heavy episodic drinking, or “binge drinking”, is a significant behavioral health problem on American college campuses. It is associated with numerous physical, social, and legal consequences in this population, including but not limited to intoxicated driving, physical and sexual assault, accidents, alcohol poisoning, compromised academic performance, criminal justice system involvement, exclusion from athletic competition, and expulsion from student housing. The Screening, Brief Intervention, and Referral to Treatment method, or “SBIRT”, has gained increasing recognition in recent years as an effective, validated tool for screening for and intervening in behavioral health problems generally and problematic alcohol use in particular. The purpose of this project was to deliver an educational presentation on the use of SBIRT to staff members, primarily clinicians, of a local college that does not currently use SBIRT as a routine part of patient care. A PowerPoint presentation was created and presented during a staff meeting for healthcare providers at the Bergeron Wellness Center at Saint Michael’s College, and an editable screening tool was created and disseminated to the staff for use in their clinic in the event that they decide to adopt SBIRT. A post-presentation quiz and survey was administered, which demonstrated that respondents had gained knowledge from the presentation and had found it useful for their practice.

Keywords: SBIRT; heavy episodic drinking; binge drinking; alcohol abuse; college; routine screening; motivational interviewing

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Chapter I – Introduction

Project Purpose

The purpose of this project was to provide staff members of a local college with education on the SBIRT (Screening, Brief Intervention, and Referral to Treatment) method of screening for and treating problematic alcohol use. Heavy episodic drinking, or “binge drinking”, remains a health challenge on American college campuses nationwide, and has received much coverage in both the popular press and the healthcare literature. Training on SBIRT has been woven into the curriculum of the Master of Science, concentration in nursing program at the University of Vermont, College of Nursing and Health Sciences, in the form of lectures, role-playing exercises, and seminars. The purpose of this project was to transfer the education received on SBIRT to an area of perceived need, which was the health center of a local private college.

Rationale/Support for Importance of Project

Education at the University of Vermont has demonstrated how much more effective the SBIRT method can be in screening for and treating problematic alcohol use than previous methods. Screening has often been non-specific, and patients have not been asked to provide details on frequency of alcohol consumption or amount consumed per episode. Moreover, the SBIRT method is much more collaborative and therapeutic, and less authoritarian in nature, than many previous methods for alcohol intervention have been. As attested to in the literature, the use of SBIRT can increase the awareness of problematic alcohol use in a patient population, and thus increase intervention and, if necessary, referral to appropriate specialty treatment.

Relationship to Advanced Nursing Practice

In *Advanced Practice Nursing: An Integrative Approach* (2014), Hamric et al. write that advance practice registered nurses (APRNs) work in diverse settings and in myriad roles, but are united by the employment of six characteristics of direct clinical care in their practice. The six characteristics listed by the authors include the use of a holistic perspective, the formation of therapeutic partnerships with patients, expert clinical performance, the use of reflective practice, the use of evidence as a guide to practice, and the use of diverse approaches to health and illness management. All of these characteristics are demonstrated by the use of SBIRT in screening for and intervening in problematic alcohol use.

Holism is defined by Hamric et al. as a view of the human being as multidimensional – including physiologic, social, emotional, cognitive, and spiritual – and in ongoing mutual process with the environment. The use of SBIRT, in my view, touches on the physiologic consequences of alcohol consumption, but also on the cognitive, emotional, and especially social consequences as well. Naegle et al. (2013) have noted that the cognitive consequences of alcohol consumption may have a negative impact on academic performance, and that social consequences of alcohol consumption may include physical or sexual assault (which may also be classified as physiologic), criminal justice system involvement, and driving while intoxicated. Such cognitive and social consequences may in turn have emotional consequences, such as regret, depression, or decreased self-esteem.

A therapeutic relationship is essential to SBIRT, as it relies on a collaborative approach rather than an authoritarian one, which has often framed interventions for substance abuse.

Motivational interviewing, defined by Miller and Rollnick (2013) as “a collaborative conversation style for strengthening a person’s own motivation and commitment to change”, is

integral to this therapeutic relationship. It may be argued that for SBIRT to be successful, clients must sense that they are being cared for rather than judged.

Expert clinical performance is demonstrated by the highly skilled use of SBIRT because its success depends on the clinician's proficiency in motivational interviewing and patient engagement. Additionally, the clinician must be knowledgeable about the various consequences of problematic alcohol use in order to persuasively deter patients from engaging in it. Expertise may also include knowledge of local resources for referral to treatment.

The use of evidence as a guide to practice is best demonstrated by the review of literature for published studies explicating the benefits of SBIRT for both patients and providers. As outlined in the literature review for this project, current evidence demonstrates the effectiveness of SBIRT as a screening and intervention modality. It has already been adopted and promoted by various reputable national healthcare organizations and used in many care settings as a result of its evidentiary support.

It may be argued that, as a new and different screening and intervention style, SBIRT inherently exemplifies a diverse approach to treatment. In contrast to traditional healthcare interventions, in which a clinician compels a patient to receive a therapy, SBIRT is essentially non-prescriptive in nature. It is essentially non-proscriptive as well; rather than condemning certain health behaviors, it succeeds by eliciting a patient's inherent recognition that certain behaviors are impeding their ability to flourish, and cultivating a motivation to change.

Finally, the success of SBIRT – both its processes and outcomes – are evaluated through the use of reflective practice. In an ongoing therapeutic relationship, a clinician will reflect on both his or her own success in using SBIRT and on the effect it is having on patient health behavior. This may lead a clinician to realize that his or her use of SBIRT is not being conducted

as well as it could be – for example, that the conversation is being conducted with a judgmental tone – or that a patient is not making a successful move toward healthier behaviors. A reflective practice should include refinement, practice, and ongoing improvement of one’s skill in using the SBIRT method.

Contribution of the Project

This project was intended to have clinical utility for the staff members at Saint Michael’s College in screening for and intervening in problematic alcohol use in their student health center. Ideally, non-clinical academic staff, such as advisors and faculty, would have been in attendance for the project as well, as they were invited to be, and would feel empowered to screen for and intervene in problematic alcohol use in their non-clinical interactions with students. Part of the project included giving an editable version of a screening tool to the staff members, to which they could make ongoing, clinic-specific alterations as they saw fit for their use at the student health center.

Anticipated Benefits

The greatest anticipated benefit which may have resulted from completion of the project is that staff members at Saint Michael’s College, both clinical and non-clinical, will have greater skill and confidence in screening for and intervening in problematic alcohol use in their student population. While the presentation itself may not have given staff members the opportunity to develop skill in screening for and intervening in problematic alcohol use, it is hoped that they will subsequently pursue further training in SBIRT using the training resources listed in the presentation. It is anticipated that staff will establish SBIRT screening tools as a routine part of their patient visits, thus incorporating SBIRT into their workflow. It also includes the freedom to adapt an SBIRT screening questionnaire to the unique needs of their clinic by adding questions

that are relevant and omitting existing questions that are not. A secondary benefit, suggested by the literature review, may be improving the attitudes of Saint Michael's College staff toward working with students with problematic alcohol use. One study suggests that many healthcare professionals have an aversion to working with patients who heavily use alcohol, and that SBIRT may help healthcare staff become more receptive to seeing patients with this behavioral health challenge.

Chapter II – Review of Literature

Aim and Methods

The aim of this literature review was to find support for the success of SBIRT as an alcohol abuse screening and intervention tool in general and in the college and young adult population in particular, and to find background information about alcohol abuse among young adults. This was done as part of a project that was completed as a requirement for the degree of Master of Science, concentration in nursing, family nurse practitioner track at the University of Vermont College of Nursing and Health Sciences. The nature of the project was the provision of education about SBIRT to healthcare providers in a local college health setting. The International Nurses Society on Addictions holds the position that registered nurses should also be prepared to deliver SBIRT, given their position as the largest group of licensed healthcare professionals in the United States (Strobbe, Perhats, & Broyles, 2013). Therefore, registered nurse staff were also invited to attend the presentation.

For the literature search, I accessed two healthcare-specific databases through the Dana Medical Library at the University of Vermont: Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Ovid MEDLINE. I performed two searches in CINAHL, one with the keywords “SBIRT” and “college,” the other with the keywords “alcohol abuse” and “college”. I performed two searches in Ovid MEDLINE using the search filters for “Dana Library Full Text Journals@Ovid”, “Health and Psychosocial Instruments”, and “Ovid MEDLINE® Complete” using the keywords “SBIRT” and “SBIRT alcohol”. Literature from within the past 5 years was preferred. In addition to academic resources, I accessed the website of SBIRT Vermont, a Vermont Department of Health-sponsored website regarding the implementation of SBIRT in healthcare settings in Vermont, for ancillary and supportive background information.

Background

Unhealthy alcohol use continues to be a health hazard in colleges and universities in the United States. Although levels of use vary among different surveys and studies (Naegle, Himmel, & Ellis, 2013), likely due to the self-reported quality of the data and employment of different questions and screening tools, even the most conservative estimate shows a high prevalence of excessive alcohol consumption in the college-age population. Indeed, the age group in which excessive alcohol use is most common is 18 – 25 years old (Naegle et al., 2013). The consequences of and problems associated with excessive alcohol consumption are myriad, ranging from physical health consequences such as alcohol poisoning, memory loss, unprotected sexual activity and its potential sequelae, and hangovers, to social consequences such as physical assault, sexual assault, regretted actions, driving while intoxicated, and involvement in the criminal justice system (Naegle et al., 2013). Of particular importance to the college population, alcohol abuse may have a negative impact on academic performance (Naegle et al., 2013), and for athletes, a subset of the college population, consequences may also include exclusion from competition (Agle, Walker, & Gassman, 2013). Notably, the majority of acute alcohol-related negative consequences are the result of heavy episodic drinking or “binge drinking” rather than alcohol dependence (Croff & Clapp, 2015), and the former pattern of drinking is of especial concern among college students, many of whom do not view binge drinking as a problematic behavior (Naegle et al., 2013).

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) method is a standardized technique for screening for and intervening in unhealthy behaviors. It is often used to screen for and intervene in alcohol abuse, but can be used for numerous other health problems and unhealthy behaviors (SBIRT Vermont, 2016). While it has often been associated with

primary care and emergency care settings, its use has begun to expand to other treatment venues as well (Agle, Walker, & Gassman, 2013). The National Commission on Preventive Priorities lists it among the top ten most effective clinical preventive services (Seale et al., 2015). The initial screening portion of SBIRT may begin with a single screening question regarding alcohol, which may be incorporated into the vital signs section of an electronic health record system (Seale et al., 2015). Initial screening may also include questions about amount and frequency of alcohol consumption and negative consequences of alcohol use, which may be asked by a medical assistant while obtaining vital signs (Naegle et al., 2013). Based on the results of initial screening, a more in-depth screening tool, such as the AUDIT-C tool, may be administered by a clinician (Naegle et al., 2013). If the results of in-depth screening suggest problematic use of alcohol or other drugs, the clinician engages in motivational interviewing, a collaborative, non-authoritarian style of interaction in which the clinician tries to discover and inculcate a patient's motivation for making positive changes in health behaviors. If indicated, the patient may be referred to a specialized addiction counselor, and case managers may provide outreach to patients with problematic alcohol use that is refractory to brief intervention (Naegle et al., 2013). The use of SBIRT is promoted by Healthy People 2020, as well as the Joint Commission, the Veterans Health Administration, and the American College of Surgeons (Puskar et al., 2013).

Statistics Regarding Alcohol Abuse in College Students and Young Adults

Naegle, Himmel, & Ellis (2013) found that rates of alcohol abuse vary among different studies and surveys, and the results of this literature search seem to support their claim. The same authors cite a 2011 survey by the American College Health Association (ACHA) which found that 63% of college men and 62% of college women reported drinking alcohol within the past 30 days, and separate studies that found rates of "binge drinking" to be as high as 44% in college

men and 40% in college women (Naegle et al., 2013). By comparison, 1 in 6 or 16.7% of the general population of American adults binge drinks approximately 4 times monthly (CDC, 2015). The 2010 National Survey on Drug Use and Health provided a statistic on binge drinking with a more specific temporal parameter: 16% of college students reported heavy drinking within the past month, a figure more consistent with the rate of binge drinking in the general adult population in the U.S. Nagel et al. (2013) also cite the rates of specific negative consequences from the ACHA survey, including regretted actions (24.7%), memory loss (21%), and physical injury (10.5%).

Though not specific to college students or young adults, Puskar et al. (2013) cite studies that find that 22.5 million people in the United States have a diagnosable substance abuse disorder, while an additional 68 million people have “unhealthy use”. A separate study, conducted across six states, found that 22.7% of respondents screened positive for problematic alcohol or drug use, ranging from “risky” use to dependence or abuse; “risky” in this case was defined as exceeding the maximum daily or weekly number of drinks recommended by the National Institute on Alcohol Abuse and Alcoholism. A relevant statistic cited in this article from a study by Crothers and Dorrian finds that 10% of nurses preferred not to work with patients with problematic alcohol use; this represents a significant portion of the healthcare workforce in the United States (Puskar et al., 2013). The results of the study by Puskar et al. (2013) suggest that education on SBIRT has the potential to change the attitudes of nurses who are reluctant to work with patients with problematic alcohol use.

Agley, Walker, & Gassman (2013) write that on American college campuses annually, alcohol is responsible for 1,400 deaths, 500,000 unintentional injuries, 600,000 assaults, and 2.1 million episodes of driving while intoxicated. Although the authors do not cite specific figures,

they write that student athletes consume more alcohol, have more frequent heavy episodic drinking, and have higher rates of alcohol-related negative consequences than the general student population (Agle et al., 2013). Croff and Clapp (2015) cite figures for the general young adult (though not necessarily college-enrolled) population, writing that alcohol is responsible for an estimated 1,825 deaths, 696,000 physical assaults, and 97,000 sexual assaults in this population annually.

Definitions of Excessive Alcohol Consumption

Naegle, Himmel, & Ellis (2013) cite a common definition of “binge drinking” as five or more drinks in one episode for a male and four or more drinks in one episode for a female. Puskar et al. (2013) define “at risk” or “risky” alcohol consumption as any amount that exceeds the maximum daily or weekly number of drinks recommended by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), which Strobe, Perhats, & Broyles (2013) cite as no more than four standard drinks per sitting or fourteen standard drinks per week in healthy men younger than 65, and no more than three standard drinks per sitting or seven standard drinks per week in healthy, non-pregnant women younger than 65 and in healthy adults older than 65. The daily and weekly recommendations of the NIAAA are equally important, as it is possible to exceed one recommendation while remaining below the second recommendation. For example, a male who drinks three standard drinks daily is within the recommended daily amount, but in excess of the recommended weekly amount, and a female who drinks six drinks during only one night of the week is within the recommended weekly amount, but in excess of the recommended daily amount. Both scenarios may be classified as “risky” or “at risk” alcohol consumption. Croff and Clapp (2015) highlight the difference between alcohol dependence, which is consumption of alcohol with a frequency that will result in withdrawal if interrupted, and heavy

episodic drinking, which the authors state is the cause of the majority of acute alcohol-related negative consequences. Alcohol dependence within the past year constitutes 3.3% of problematic alcohol use, while heavy episodic drinking within the past year constitutes 22.7%, a statistically greater problem (Oklahoma Department of Mental Health and Substance Abuse Services, n.d.).

Benefits of SBIRT for Patients

The successes of SBIRT and motivational interviewing are well supported in the literature. A study cited by Naegle, Himmel, & Ellis (2013) on which the authors modeled their own study demonstrated that the use of SBIRT for depression screening and intervention found that 2,000 students were diagnosed with depression as a result of the implementation of depression screening, and 90% of them enrolled in a treatment program for depression as a result. Formal screening for risky alcohol use is currently rare in college health, but when implemented, it has been shown to decrease alcohol abuse in the college population (Naegle et al., 2013). A meta-analysis of 62 studies has shown that students who receive face-to-face counseling on alcohol abuse have fewer problems related to alcohol, and that brief clinician intervention leads to a reduction in risky drinking behaviors (Naegle et al., 2013). Puskar et al. (2013) state that successful use of SBIRT leads to reductions in mortality, involvement in the criminal justice system, healthcare costs, and social costs.

Agley, Walker, and Gassman (2013) found that the student athletes that they surveyed indicated that they would answer questions regarding alcohol abuse honestly if they were asked via an electronic online questionnaire. This could form the screening basis for a face-to-face brief intervention. The students surveyed objected to discussing alcohol and drug use with coaches, fearing punishment. They were more open to discussing substance use with academic advisors, trainers, and medical staff. This indicates that SBIRT has the potential to be

implemented by professionals with diverse roles in the academic environment for a holistic approach to intervention.

One of the key benefits of the brief intervention aspect of SBIRT is the correction of inflated estimations of the levels of alcohol consumption by peers, as misperceptions of normative rates of peer alcohol consumption may affect individual behavior (Fitzpatrick, Martinez, Polidan, & Angelis, 2016). Indeed, 71% of college students overestimate the amount of alcohol that their peers consume, and Fitzpatrick et al. (2016) cite Borsari and Carey (2003) and Neighbors, Lee, Lewis, Fossos, & Larimer (2007) as stating that perceived norms are the strongest predictors of excessive alcohol use among the college population.

Effects on Healthcare Professionals' Attitudes and Actions

Education on SBIRT for healthcare staff has been shown to have beneficial effects on healthcare professionals' competence in delivering SBIRT, and in their attitudes toward patients with unhealthy alcohol use. Seale et al. (2015) studied the effect that SBIRT training had on the rate of SBIRT delivery among primary care medical residents in four separate primary care clinics. Patient charts were analyzed before and after SBIRT training was provided for evidence of alcohol use screening, screening results, and the performance of brief interventions. The training under study included a review of the evidence for SBIRT, demonstration videos, role-playing practice, and instruction in making referrals and documenting SBIRT activities. Another study variable was the inclusion of single-question alcohol and tobacco screening in the vital signs section of the electronic health record, which was followed by the administration of AUDIT if warranted by initial screening. The authors found that screening with a validated tool increased from 22.8% of patient visits prior to SBIRT training to 82.8% of patient visits

following SBIRT training. Identification of unhealthy alcohol use increased from 1.8% to 6.3%, and brief intervention performance increased from 1.5% to 3.7%.

Puskar et al. (2013) studied the effects of SBIRT education on the attitudes of nursing students toward patients with unhealthy alcohol use. The authors write that research on healthcare professionals has found stereotypes of and negative attitudes toward patients with unhealthy alcohol use. They also write that some research has shown that nurses hold more negative attitudes toward patients with unhealthy alcohol use than other healthcare professionals do, although they admit that this research is older and not as well conducted. The authors studied the effects of Addiction Training for Nurses using Screening, Brief Intervention, and Referral to Treatment (ATN-SBIRT) on the attitudes and competence of 319 bachelor's degree nursing students at a college in western Pennsylvania during the Psychiatric Mental Health Nursing course taken during their junior year. Effects were measured with the Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ), a 30-item questionnaire using a Likert scale, which was administered immediately prior to and 30 days following the educational seminar. Following the delivery of ATN-SBIRT, nursing students felt an increase in knowledge and skills in working with patients with unhealthy alcohol use, had increased confidence in their right to ask about alcohol and drug use, and felt more supported by colleagues and supervisors in working with patients who use alcohol or drugs although, notably, they did not have increased motivation to work with patients who use alcohol.

Research by Agle, Walker, and Gassman (2013) also found that SBIRT training could be successfully delivered to non-clinical staff within collegiate athletic departments, such as coaches, trainers, and academic advisors. Five staff members of an athletics department in this study were trained in the use of SBIRT by a Ph.D clinical psychologist in a 3-hour beginner

training session and a 2-hour intermediate training session. Prior to the training, the staff members under study were given relevant materials, including a training manual, a role-playing video, and a student-targeted brochure titled *Drugs and Athletic Performance*. Videos of staff members role-playing with actors were taken and evaluated by coders, and participants were given scores that were averages of the coders' findings. Staff performed well on 9 of 11 protocols with a "moderate alcohol use" actor and on 6 of 11 protocols with a frequent use" actor during the "beginner" session, and on 4 of 5 protocols with the moderate use actor and on 4 of 6 protocols with the frequent use actor during the "intermediate" session. The sample size of this study was admittedly limited, but its findings may help to expand the reach of SBIRT to increase the likelihood of exposure to it by students who may have more exposure to specialty healthcare services and less exposure to the general campus healthcare system.

Challenges to the Successful Use of SBIRT in the College Population

Despite the demonstrated success of SBIRT, many challenges exist to its successful implementation in the college setting. Routine screening for unhealthy alcohol use is currently rare, both in the college setting (Naegle, Himmel, & Ellis, 2013) and in healthcare services generally (Seale et al., 2015). Young adults have the highest rate of substance use of any age group, but they also have generally low utilization of healthcare services (Croff & Clapp, 2015). This means that many young adults who could benefit the most from alcohol misuse screening will not encounter a professional who is trained to deliver SBIRT. Males are less likely to seek healthcare services than females (Croff & Clapp, 2015). This is particularly problematic for the delivery of SBIRT, since male college students have a higher rate of binge drinking than female students (Naegle et al., 2013), and could arguably benefit from SBIRT the most.

Among the challenges listed by Puskar et al. (2013) are time limitations, competing medical complaints, the potential awkwardness of discussing substance use with patients, stereotypes of or negative attitudes toward patients with substance abuse problems held by healthcare professionals, and a lack of knowledge, training, and skills in SBIRT use. The authors note that many health professionals view substance abuse as a choice rather than a medical problem, and that healthcare professionals that hold negative attitudes toward patients with substance abuse problems have lower participation in screening and intervention.

The population subset of collegiate athletes may not come into contact with the broader college health system of their respective school, owing to the existence of separate healthcare services (Agle, Walker, & Gassman 2013), and thus may miss the opportunity to encounter an SBIRT-trained professional if none exists within the athletics department.

Summary and Conclusion

This literature review provided information about the prevalence and impact of alcohol abuse on the college population, the benefits of SBIRT as an intervention tool for alcohol abuse generally and in the college population in particular, and the effectiveness of teaching SBIRT to clinicians and other staff members that may be part of a college student's support system. The review supported the claim that collegiate alcohol abuse is a significant health hazard, with myriad negative physical and social health consequences. It also supported the use of SBIRT for its potential to reduce alcohol consumption and its attendant consequences in college students, and has found that training in SBIRT has the potential to improve healthcare professionals' attitude toward and skill in working with patients with problematic alcohol use. Thus, it can be concluded that SBIRT has the potential to benefit both the recipients and providers of healthcare in the college setting.

Chapter III: Methods

Identification of Need

The need for this educational project was identified through a combination of review of the literature, exposure to information on the SBIRT method in the Master of Science, nursing concentration program at the University of Vermont, and professional experience. The literature review revealed that problematic alcohol use is a significant behavioral health issue in the United States, particularly in the college-age cohort. Though exact rates of problematic use varied among different studies, even the most conservative estimates showed a significant prevalence. The literature review also demonstrated that SBIRT can be effectively conducted by both clinical and non-clinical college staff, and that SBIRT training has the potential to improve the attitudes of those who receive it toward caring for patients with problematic alcohol or drug use. Professional experience has demonstrated that current screening methods for problematic use of alcohol or other substances are often too brief and too non-specific to be useful.

Project Materials

Inspiration for the project came from extensive training in SBIRT and motivational interviewing provided during the Master of Science, nursing concentration program at the University of Vermont. Screening tools offered as examples during the presentation included the initial screening form presented by SBIRT Vermont, which includes questions on alcohol use, drug use, and several other health-related behaviors, as well as the UVM Medical Center initial screening form, AUDIT tool, and DAST tool. A post-education quiz and survey was also developed (Appendix A, with correct answers highlighted). The use of post-education surveys and quizzes is based on findings in the literature review for the utility of these tools during SBIRT education.

The project was primarily a PowerPoint presentation (Appendix B) with narration. The content of the PowerPoint included the definition of SBIRT, an explanation of how it is both a conversational tool and part of a workflow process, sample screening forms, statistics from the literature review, and an overview of how SBIRT can be tailored for use in the Bergeron Wellness Center. The PowerPoint was made available to staff members to keep as a file for later reference, and a screening form (Appendix C) was made available to them as a file that could later be edited or added to as staff members wished. The presentation also included a YouTube video of a clinician delivering SBIRT to a college student in an emergency department following an alcohol-related injury, after which the attendees were asked to discuss the ways in which they saw SBIRT and motivational interviewing being used throughout the video.

Enhancements or Inhibitors in Implementing Project Objectives

A potential inhibitor in implementing the objectives of the project was the unpredictability of the number of staff members at Saint Michael's College who would be in attendance. Further increasing the potential for a low turnout was the timing of the presentation during a staff meeting in mid-morning, when many non-clinical professionals outside of the Bergeron Wellness Center likely had prior commitments.

Persons/Situations/Cases Involved

Staff members at Saint Michael's College were the audience for this educational project. Following the literature review, a meeting was held with staff members in the Saint Michael's College Bergeron Wellness Center in the spring of 2016 regarding an educational module for staff about the use of the SBIRT method. Six staff members were present at the meeting, and included a mix of advanced practice registered nurses (APRNs) and licensed mental health staff. Staff present at the meeting expressed that problematic alcohol use was a serious health concern

in their patient population, that they were often uncertain of the extent of heavy episodic drinking in their students, and that SBIRT training would likely benefit their practice. Specific questions discussed with staff members included whether or not non-clinical staff could be included in SBIRT education, whether there exist alcohol screening tools specific to college students, and whether a screening tool could be altered to include new questions specific to an individual clinic. The staff members present ultimately decided on a tentative time of early August for the training, prior to the return of their student athletes, whom they felt would benefit from such a screening tool. Due to scheduling conflicts, this was rescheduled to late October, during a staff meeting. Based on the literature review, which included a study demonstrating the benefit of SBIRT use by both clinical and non-clinical college staff, it was decided that non-clinical staff at the college would be invited to attend the module in addition to clinical staff.

An application for the determination of “Not Research” for the project was submitted to the University of Vermont Institutional Review Board (UVM IRB). The application outlined the nature of the project, and clarified that the project was non-experimental in nature, posed no risk to the participants (i.e. Saint Michael’s College staff members), was not designed to generate new knowledge, and was not intended for publication. Based on these criteria, the UVM IRB approved the designation of the project as non-research.

Evaluation of Outcome of Project

The project was evaluated by a post-module survey and quiz. This included questions to evaluate respondents’ knowledge about problematic alcohol use in general and SBIRT in particular, with questions based on content that was included in the presentation. Also included were Likert-type questions to assess respondents’ attitudes toward working with patients with

problematic alcohol use, and two open-ended questions for respondents to comment on the strengths and weaknesses of the presentation.

Presentation

The presentation was given during a staff meeting at the Bergeron Wellness Center at Saint Michael's College on October 27, 2016. Eleven people were in attendance. The group was composed of six nurse practitioners, four counseling professionals, and one administrative staff member. Approximately one hour was spent on the presentation, which included time for questions, comments, and discussion with the attendees.

Specific content in the presentation included the definition of SBIRT and its application to screening for and intervening in problematic alcohol use; a comparison of SBIRT with "traditional" alcohol use screening and intervention; the relevance of SBIRT to the college population in particular; a selection of national healthcare organizations that currently support the use of SBIRT; challenges to the use of SBIRT in the collegiate population; a list of types of clinical and non-clinical collegiate staff members that are qualified and well-positioned to deliver SBIRT; definitions of the terms "alcohol dependence", "risky" or "at risk" alcohol consumption, "heavy episodic drinking" or "binge drinking", and "standard drink"; a YouTube clip of an emergency room clinician delivering SBIRT to a college student with an alcohol-related injury and a discussion of the SBIRT principles employed in the encounter; examples of screening intervals used in local healthcare settings, including the UVM Student Health Center; examples of screening forms used in local clinics; and a screening form made specifically for the Bergeron Wellness Center and intended to be edited and tailored to the specific behavioral health concerns of their patient population. The PowerPoint presentation and editable screening tool were later emailed to Bergeron Wellness Center director Mary Masson to be disseminated to the

presentation attendees and any other Saint Michael's College staff members that could benefit from it, such as athletic trainers, coaches, and residential staff.

Chapter IV: Evaluation and Discussion

Survey Results

It was decided, following discussion with the project committee, to only administer a survey and quiz following the presentation, rather than both prior to and following, as was originally planned. This decision was based on the presumption that details about SBIRT are not common knowledge, and thus there was little point in assessing knowledge of SBIRT prior to the presentation. The survey included nine knowledge-based questions about both problematic alcohol use in general and the use of SBIRT in particular, five Likert-type 1-3 scale questions about respondents' attitudes toward working with patients with problematic alcohol use, and two open-ended questions in which respondents could share what they felt were strengths or areas of potential improvement in the presentation. Responses to knowledge questions and Likert-type questions are presented in Table 1 and Table 2, respectively.

Table 1

Question Number	Number Answered Correctly / Total Number of Respondents
1	10 / 11
2	11 / 11
3	11 / 11
4	10 / 11
5	11 / 11
6	9 / 11
7	11 / 11
8	11 / 11
9	7 / 11

Table 2

Question	1: Not	2: Somewhat	3: Very
10. On a scale of 1 – 3, please rate your level of <i>knowledge</i> regarding problematic alcohol use.	0 / 11	4 / 11	7 / 11
11. On a scale of 1 – 3, please rate your level of <i>confidence</i> in working with students with problematic alcohol use.	0 / 11	6 / 11	5 / 11
12. On a scale of 1 – 3, please rate your level of <i>motivation</i> to work with students with problematic alcohol use.	0 / 11	4 / 11	7 / 11
13. On a scale of 1 – 3, please rate how <i>supported</i> you feel that you are in working with students with problematic alcohol use by your colleagues and by the recommendations of national healthcare organizations.	0 / 10	4 / 10	6 / 10
14. Based on the information that was presented to you in today’s presentation, how likely are you to make a change in your approach to screening for and intervening in problematic alcohol use?	1 / 10	4 / 10	5 / 10

The administrative staff member declined to answer the last two Likert-type questions in the survey because she believed they were not relevant to her. The respondent who was “not at all likely” and one of the respondents who was “somewhat likely” to enact a practice change based on the presentation both noted that they are licensed alcohol and drug counselors (LADC) and feel that motivational interviewing is already integral to their practice, although they did not comment on routine screening.

Stated strengths of the presentation included the YouTube video of a clinician using SBIRT with a college student, the screening tool examples that were handed out, and the promotion of applying SBIRT in the primary care setting. Ways in which the presentation could be improved included time for role-playing and practice, the inclusion of the OARS Model and

other specific motivational interviewing tools, and the use of more handouts. One respondent noted that he or she plans to pursue further SBIRT training.

Achievement of Project Objectives Reflect Results of Evaluation

The objective of this project was to disseminate the education and training on the SBIRT method, which has been integral to the Master of Science, concentration in nursing program at the University of Vermont, to a local college health center. The rationale for this was the perceived especial need for alcohol misuse screening and intervention in the collegiate population. The results of surveys that were completed by attendees to the presentation indicate that this objective was largely met. All knowledge questions regarding alcohol misuse in general and the use of SBIRT in particular were correctly answered by either all or a majority of respondents following the presentation. Comments that were written in response to open-ended questions about the quality of the presentation were encouraging, and many respondents attested to the value that they felt the project had for them. Additionally, verbal feedback provided by attendees during and following the presentation indicated that they perceived a benefit from the project.

Implication for Practice, Education, and Research

The positive response to the project, along with presentation attendees' confirmations that alcohol misuse was indeed a significant behavioral health concern in their patient population, implied that a collegiate health center was an appropriate setting for an educational project on SBIRT, and that SBIRT training is a worthy component of both the initial education and continuing education of both primary care clinicians and mental health clinicians. The implication for practice of this project is that healthcare providers in settings in which problematic alcohol use is likely to be a significant patient health behavior may benefit from

being trained in the use of SBIRT; by extension, their patients may benefit as well. Future research may be aimed at quantifying the effect that SBIRT training has on the prevalence of heavy episodic drinking in a collegiate population, such as by administering alcohol consumption questionnaires to students prior to and following SBIRT implementation in a campus health center.

Limitations of Project

When the project was originally proposed to Bergeron Wellness Center director Mary Masson, she was encouraged to extend an invitation to athletic staff, residential staff, staff from another local college with whom she was acquainted, and anyone else whom she felt could benefit from the presentation. Although she expressed interest in creating as large and diverse an audience as possible, the audience was ultimately limited to clinical and administrative staff members of the Bergeron Wellness Center. This may have been due to the time and space limitations of a staff meeting.

While the survey included questions about respondents' attitudes regarding working with patients with problematic alcohol use, the wording of the questions failed to elicit whether their attitudes were a result of the presentation or present prior to the presentation. Therefore, while it seemed like the project had a positive effect on respondents' knowledge of alcohol misuse screening, it was unclear what effect, if any, the presentation had on respondent's attitudes toward alcohol misuse screening.

Comparison of Project Outcomes with Review of the Literature

The review of the literature found that alcohol misuse is a significant behavioral health concern in the collegiate population. Throughout the presentation, several staff members confirmed that they perceived alcohol misuse to be a significant health concern – and also safety

concern – in their patient population. Indeed, the Bergeron Wellness Center was replete with literature and posted information on the health consequences of excessive alcohol consumption in its waiting room and hallways, suggesting that the organization was already attempting to curtail problematic alcohol use in its population, albeit without the formal use of screening and brief intervention.

One staff member lamented that non-clinical staff could not be in attendance to the presentation, and another staff member concurred. This is consistent with findings in the literature that the collegiate population can benefit from having SBIRT delivered by non-clinical staff, with whom they likely have more frequent and sustained contact than with clinical staff.

Two mental health staff – both licensed alcohol and drug counselors – stated on their survey forms that they use motivational interviewing already in their practice, although they did not indicate whether they use formal screening or referral to treatment. That they already find motivational interviewing to be an effective intervention strategy for problematic alcohol use is validating of the finding in the literature that brief clinician intervention tends to reduce risky drinking behaviors and that students who receive face-to-face counseling about problematic alcohol use have fewer alcohol-related problems (Naegle et al., 2013).

Conclusion

Excessive alcohol use is most common in the young adult population. It is also a health problem that can be successfully intervened in with remarkably few material resources, employing screening and conversation rather than diagnostic technology or pharmacotherapy. Although SBIRT can be delivered well by many types of clinicians, and even by non-clinicians, it seems particularly congruent with the holistic, preventive worldview of nursing. Indeed, the interdisciplinary intervention studied by Naegle, Himmel, & Ellis (2013) was notably led by

advanced practice registered nurses (APRNs) acting in management roles. A true curtailment of problematic alcohol use in the college setting will require a change in the culture of colleges and universities, a culture in which unhealthy alcohol use is prevalent (Naegle et al., 2013).

However, widespread implementation of SBIRT may be the first step toward addressing this problem, as multiple individual changes will eventually total a broad change. The aim of this project has been to help to engender such an implementation in one local setting that could particularly benefit from SBIRT.

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Appendix A

This survey is intended to evaluate the effect of today's educational project on SBIRT. It is anonymous, and will be very helpful to me. I greatly appreciate your taking the time to complete it.

1. Screening, Brief Intervention, and Referral to Treatment, or "SBIRT" for short, is:
 - a. A standardized technique in screening for and intervening in unhealthy behaviors
 - b. A workflow process that may be integrated into patient care in a clinical setting
 - c. A conversational tool to elicit details of patient health-related behavior and instill motivation for change
 - D. All of the above

2. Which of the following is NOT a common consequence that is often associated with problematic alcohol use in the college population?
 - a. High risk sexual activity
 - b. Poor academic performance
 - c. Acute bacterial pneumonia
 - d. Physical or sexual assault

3. Which of the following phrases is most consistent with the SBIRT approach to screening for and intervening in problematic alcohol use?
 - a. "You really shouldn't drink so much".
 - b. "Excessive alcohol use is associated with several negative health consequences. Would it be alright if we talked about your alcohol intake based on the results of your screening form?"
 - c. "Are you a light drinker, a social drinker, or a heavy drinker?"
 - d. "It's not unusual to drink a lot while you're in college. Just try to cut back once you've graduated. You wouldn't want to make it a habit for life".

4. One factor that particularly contributes to heavy episodic drinking in the college population is:
 - a. Exposure to positive representations of alcohol use in movies and on television
 - b. Overestimation of the amount of alcohol consumed by one's peers
 - c. The alcohol consumption patterns of one's parents
 - d. Concomitant tobacco use

5. Within the student population, the subgroup that is both the least likely to use the general campus health clinic and the most likely to be problematic alcohol users is:
 - a. Male athletes
 - b. Male non-athletes
 - c. Female athletes

- d. Female non-athletes
6. Challenges to the use of SBIRT include all of the following EXCEPT:
- Time limitations on visits
 - Competing, more highly prioritized medical complaints during a visit
 - A current lack of support for the use of SBIRT from any national health organization
 - Awkwardness and discomfort that providers and patients may feel in discussing alcohol use and other behavioral health issues
7. Which of the following staff members on a college campus are NOT qualified to deliver SBIRT:
- Primary care clinicians and mental health professionals
 - Registered nurses
 - Non-clinical staff, such as academic advisors, coaches, and athletic trainers
 - All of the above staff members are qualified to deliver SBIRT
8. A “standard drink” is a drink that contains approximately 0.6 fluid ounces of “pure” alcohol. Which of the following is NOT a standard drink?
- 12 ounces of regular beer
 - 15 ounces of craft beer or hard cider
 - 5 ounces of wine
 - 1.5 ounces of brandy or hard liquor
9. “Alcohol dependence” is defined as “consumption of alcohol with a frequency that will result in withdrawal if interrupted”. “Heavy episodic drinking”, also known as “binge drinking”, is defined as “consumption of an excessive number of alcoholic beverages in one episode”. Compared to older population groups, the college-aged population is:
- More likely to experience alcohol dependence, but less likely to participate in heavy episodic drinking.
 - More likely to participate in heavy episodic drinking, but less likely to experience alcohol dependence.
 - More likely to both experience alcohol dependence and participate in heavy episodic drinking.
 - Less likely to either experience alcohol dependence or participate in heavy episodic drinking.
10. On a scale of 1 – 3, please rate your level of *knowledge* regarding problematic alcohol use.
- Not knowledgeable
 - Somewhat knowledgeable
 - Very knowledgeable

11. On a scale of 1 – 3, please rate your level of *confidence* in working with students with problematic alcohol use.

1. Not confident
2. Somewhat confident
3. Very confident

12. On a scale of 1 – 3, please rate your level of *motivation* to work with students with problematic alcohol use.

1. Not motivated
2. Somewhat motivated
3. Very motivated

13. On a scale of 1 – 3, please rate how *supported* you feel that you are in working with students with problematic alcohol use by your colleagues and by the recommendations of national healthcare organizations.

1. Not supported
2. Somewhat supported
3. Very supported

14. Based on the information that was presented to you in today's presentation, how likely are you to make a change in your approach to screening for and intervening in problematic alcohol use?


1. Very likely
2. Somewhat likely
3. Not at all likely

15. Please comment on ways that you felt this presentation was useful to you.

16. Please comment on ways that you felt this presentation could have been improved.

Appendix B

The SBIRT Method for Alcohol Misuse Screening and Treatment



By Blake C. McKnight, RN, BSN

1

What Is SBIRT?

- ▶ “Screening, Brief Intervention, and Referral to Treatment”
- ▶ A standardized technique in screening for and intervening in unhealthy behaviors.
- ▶ Both a workflow process and a conversational tool.
- ▶ Uses “motivational interviewing” as part of the “brief intervention” step.

2

What Is SBIRT?

- ▶ “Referral to treatment” entails referring a patient with refractory problematic alcohol use to an addiction specialist, and possibly involving a case manager to engage in outreach for patients who are non-adherent with a treatment plan for curbing alcohol use.
- ▶ Often associated with primary care and emergency care settings, but has recently begun to be delivered in many other types of settings as well.

3

Traditional Alcohol Use Intervention vs. SBIRT

Traditional	SBIRT
▶ Authoritarian	▶ Collaborative
▶ “You should not...”	▶ “Can we talk about...?”
▶ Non-specific – “I’m a social drinker”	▶ Specific – “I drink X number of drinks per episode, Y times per week”
▶ “I think you should change your behavior because it may result in these consequences.”	▶ “Can you tell me why you are motivated to change your behavior?”

4

Why Is SBIRT Important in Caring for the College Population?

Although levels of use vary among different surveys, the most conservative estimate still shows a high prevalence of problematic alcohol use in the 18 – 25 year old age group.

Consequences of and problems associated with problematic alcohol use include:

<ul style="list-style-type: none"> ▶ Alcohol poisoning ▶ Memory loss ▶ High risk sexual activity ▶ Hangovers ▶ Physical or sexual assault ▶ Intoxicated driving 	<ul style="list-style-type: none"> ▶ Regretted actions ▶ Criminal justice system involvement ▶ Poor academic performance ▶ Exclusion from athletic competition
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5

Why Is SBIRT Important in Caring for the College Population?

- ▶ Many college students fail to realize that heavy episodic alcohol use is a problematic behavior with many potential negative consequences.
- ▶ The rate of heavy episodic drinking in this population may be as high as 16% within the past month (2010 National Survey on Drug Use and Health).
- ▶ Alcohol is responsible for 1,400 deaths, 500,000 unintentional injuries, 600,000 assaults, and 2.1 million episodes of intoxicated driving on American college campuses annually.

6

Why Is SBIRT Important in Caring for the College Population?

- ▶ Student athletes consume more alcohol, have more frequent heavy episodic drinking, and have higher rates of alcohol-related negative consequences than the general student population
- ▶ Overestimating the amount of alcohol that one's peers drink is associated with higher alcohol consumption by oneself.

7

Who Supports the Use of SBIRT?

- ▶ The Joint Commission
- ▶ The Veterans Health Administration
- ▶ The American College of Surgeons
- ▶ Healthy People 2020
- ▶ The National Commission on Preventive Priorities
- ▶ Substance Abuse and Mental Health Services Administration

8

Challenges to the Use of SBIRT in the Collegiate Population

- ▶ Young adults have the highest rate of problematic substance use of any age group, but they also have generally low utilization of healthcare services. In other words, the population that could arguably benefit from SBIRT the most is also the population least likely to encounter it.
 - ▶ Within the student population,
 - ▶ Male students and student athletes have higher rates of problematic alcohol use.
 - ▶ Male students are less likely than female students to seek healthcare services.
 - ▶ Athletes often receive specialized care within athletic departments rather than from the general campus healthcare system.
 - ▶ This creates an even greater disconnect between the populations that could benefit from SBIRT and their actual exposure to SBIRT.

9

Challenges to the Use of SBIRT in the Collegiate Population

- ▶ Other challenges:
 - ▶ Widespread collegiate culture of problematic alcohol use
 - ▶ Time limitations
 - ▶ Competing medical complaints
 - ▶ Awkwardness and discomfort around discussing substance use with patients
 - ▶ Stereotypes of or negative attitudes held by healthcare professionals toward patients with problematic substance use
 - ▶ Lack of knowledge, training, and skill in SBIRT use
 - ▶ Viewing problematic substance use as a poor personal choice rather than a health problem


10

Who Should Be Trained to Deliver SBIRT in the College Setting?

- ▶ The literature suggests that training multiple professionals in a collegiate setting, not only primary care clinicians or mental health staff, can be beneficial for the student population and can extend the reach of SBIRT.
 - ▶ Multiple professionals, including clinical and non-clinical staff
 - ▶ Primary care clinicians
 - ▶ Mental health clinicians
 - ▶ Registered nurses
 - ▶ Academic advisors
 - ▶ Athletic trainers
 - ▶ Coaches

11

Sample Initial Screening Form



▶ Source: <http://sbirt.vermont.gov/initial-screening-forms/>

12

Definitions and Limits

- ▶ **Alcohol dependence:** consumption of alcohol with a frequency that will result in withdrawal if interrupted.
- ▶ **“Risky” or “at risk” alcohol consumption:** any amount of alcohol consumption that exceeds the maximum daily or weekly number of drinks recommended by the National Institute on Alcohol Abuse and Alcoholism.
 - ▶ For healthy men younger than 65 years old: no more than four standard drinks per sitting or fourteen standard drinks per week
 - ▶ For healthy, non-pregnant women younger than 65 and in healthy adults older than 65: no more than three standard drinks per sitting or seven standard drinks per week

13

Definitions and Limits

- ▶ **Heavy episodic drinking, or “binge drinking”:** consumption of an excessive number of alcoholic beverages in one episode. A common definition is five or more drinks in one episode for a male and four or more drinks in one episode for a female.
- ▶ “Binge drinking” is the cause of the majority of acute alcohol-related negative consequences among the college population.

14

Definitions and Limits

- ▶ **Standard drink:** a drink that contains approximately 0.6 fluid ounces of “pure” alcohol (SBIRT Vermont).
 - ▶ 12 ounces of regular beer
 - ▶ 9 ounces of craft beer or hard cider
 - ▶ 5 ounces of wine
 - ▶ 1.5 ounces of brandy or hard liquor

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An Example of an Alcohol-Related SBIRT Encounter with a College Student

- ▶ https://www.youtube.com/watch?v=Svg1D0m_SM
- ▶ During the video, try to think of the ways in which the clinician is demonstrating the use of SBIRT.

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How Did the Clinician Demonstrate the Use of SBIRT and Motivational Interviewing During This Encounter?

- ▶ 0:23 – Asks permission to discuss results of routine screening form.
- ▶ 0:33 – Discusses specific amounts, frequency, and type of alcohol consumption (2 or 3 beers and 2 or 3 mixed drinks per episode, 2 or 3 times per week, with a maximum of 10 drinks consumed in one episode).
- ▶ 0:50 – Presents factual, non-judgmental information about the potential health and safety consequences of exceeding the recommended number of alcoholic beverages consumed per episode, using specific numbers (“for women, drinking more than 3 drinks at one time or more than 7 drinks a week can cause serious injury or illness”).

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How Did the Clinician Demonstrate the Use of SBIRT and Motivational Interviewing During This Encounter?

- ▶ 1:03 – Asks the patient to make the connection between alcohol consumption and consequences (“do you see any connection between your drinking and your visit today to the emergency department?”), and “you’re saying there may be a connection between your drinking and your head injury?”).
- ▶ 1:52 – Uses a “readiness ruler” to let the patient quantify her motivation to change her behavior. Although the patient chooses “4”, the clinician words this positively: “you’re 40 percent on your way to change”. She then asks the patient to explain why she chose 4 rather than a lower number.
- ▶ 3:29 – Helps the patient make the connection between alcohol consumption and other social consequences (poor academic performance, waking up alone in a strange place, possible expulsion from student housing).

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How Did the Clinician Demonstrate the Use of SBIRT and Motivational Interviewing During This Encounter?

- ▶ 3:53 – Asks the patient to create a plan to reduce her alcohol consumption. This is a collaborative, rather than authoritarian, approach.
- ▶ 4:30 – Presents other possible consequences of excessive alcohol consumption (pregnancy, infection, or waking up alone in a strange place again).
- ▶ 5:06 – Provides additional resources to help patient adhere to her plan to consume less alcohol.
- ▶ 5:25 – Emphasizes primary care provider as an ally and an additional resource for helping to decrease alcohol consumption.

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How Did the Clinician Demonstrate the Use of SBIRT and Motivational Interviewing During This Encounter?

- ▶ 5:35 – Puts patient's plan to reduce alcohol consumption in writing on her discharge instructions, including specific number of drinks per episode.
- ▶ 6:31 – Ends the encounter by thanking the patient for her clarity and honesty.
- ▶ Throughout the encounter, she clarifies the exchange of information ("is that correct?"), demonstrates compassion rather than judgment ("I'm really worried about your drinking"), and listens attentively.

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How Often Should Students Be Screened?

- ▶ Some examples:
 - ▶ Community Health Center of Burlington, a patient is engaged in SBIRT if they have a positive screening and have not been engaged in a brief intervention in the past month. If they have been engaged in a brief intervention within the past month and are being seen again, they are not engaged in another brief intervention. (Reynolds, A.L., RN, personal communication, July 27, 2016)

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How Often Should Students Be Screened?

- ▶ UVM Medical Center Adult Primary Care in Burlington: "there is no standard interval where SBIRT has to be used. Rather it is a tool that each provider can use at their own discretion". (Burgess, L., MD, personal communication, August 4, 2016)

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How Often Should Students Be Screened?

- ▶ University of Vermont Student Health Center: students receive an SBIRT screening at the beginning of a primary care visit using an electronic kiosk during registration if no SBIRT screening has been performed within the past 6 months. If an SBIRT screening has been performed within the past 6 months, the registration kiosk does not present screening questions. (Flynn, C., MD, personal communication, July 28, 2016)


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**How Often Should Students Be Screened?
What Can This Look Like in Practice?**

- ▶ At UVM Student Health Services, the response to a positive screening is based on "risk level":
 - ▶ "Mild risk" patients only receive a brief intervention.
 - ▶ "Moderate risk" patients receive a brief intervention during the current visit and a request/invitation to engage in brief treatment at the student health center during a separate visit with a dedicated SBIRT clinician.
 - ▶ "High risk" patients are referred elsewhere by the SBIRT clinician for more intensive alcohol or drug treatment. The referral is typically to formal alcohol or drug treatment at an off-campus service, but may occasionally be to the UVM Counseling and Psychiatry Services department if a student already has care established there with a provider who is licensed to perform alcohol or drug treatment.

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A Real World Example



- ▶ The initial screening form given out at UVM Medical Center, Adult Primary Care, Burlington
- ▶ PHQ-2: Patient Health Questionnaire-2
- ▶ SASQ: Single Alcohol Screening Question
- ▶ SSASQ: Single Substance Abuse Screening Question


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A Real World Example, continued




26

A Real World Example, continued



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An Editable Sample Screening Form for St. Michael's



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Further Resources

- ▶ SBIRT Vermont
 - ▶ <http://sbirt.vermont.gov/>
 - ▶ Video testimonials about SBIRT, screening forms and interpretation guides, local training resources, and more
- ▶ SBIRT Training
 - ▶ <http://www.sbirttraining.com/>
 - ▶ Group of online SBIRT training modules for purchase
- ▶ National Highway Traffic Safety Administration Screening and Brief Intervention Tool Kit for College and University Campuses
 - ▶ <http://www.nhtsa.gov/files/2011/07/77/ToolKit%20Screening%20and%20Brief%20Intervention.pdf>
 - ▶ A detailed guide to alcohol screening and brief intervention for the collegiate population

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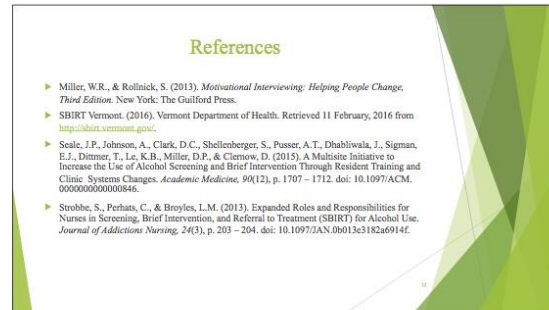
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Appendix C

Please complete for your healthcare provider

Because we care, we ask EVERYONE about behaviors that affect their health.

Do you wear a seatbelt? Yes No Sometimes

When riding a bicycle, skateboarding, or skiing/snowboarding,
do you wear a helmet? Yes No Sometimes N/A

Do you dial or text while driving? Yes No Sometimes N/A

Do you get a flu shot yearly? Yes No Sometimes

Are you pregnant / trying to become pregnant? Yes No

Do you use tobacco products? Yes No Sometimes

PHQ-2

1. Over the last 2 weeks, how often have you been bothered by any of the following?
 - a. Little interest or pleasure in doing things?
 - a. Not at all (0)
 - b. Several days (1)
 - c. More than half the days (2)
 - d. Nearly every day (3)
 - b. Feeling down, depressed, or hopeless?
 - a. Not at all (0)
 - b. Several days (1)
 - c. More than half the days (2)
 - d. Nearly every day (3)

SASQ

1. For females, how many times in the past year have you had 4 or more alcoholic beverages in a single day?
 - a. Never (0)
 - b. Once (1)
 - c. More than once (2)
2. For males, how many times in the past year have you had 5 or more alcoholic beverages in a single day?
 - a. Never (0)
 - b. Once (1)
 - c. More than once (2)

SSASQ

1. How many times in the past year have you used an illegal drug used a prescription medication for non-medical reasons?
 - a. Never (0)
 - b. Once (1)
 - c. More than once (2)