SBIRT
An Evidence-Based Approach to the Identification, Intervention and Treatment of Substance Use Problems

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Clinical Supervisor, SC SBIRT

Thanks to Steve O’Neil. MA
Goal: Address 6 Questions

1. What is SBIRT?

2. Why are SBIRT programs growing?

3. What has SBIRT accomplished?

4. How does SBIRT work?

5. What can SBIRT do for you?

6. What can you do for SBIRT?
What is SBIRT?

An intervention based on “motivational interviewing” strategies

- Screening quickly assesses the severity of substance use
- Brief Intervention focuses on increasing motivation toward behavioral change.
- Referral to Treatment provides those identified as needing more extensive treatment
Forget Everything You Know

- About Substance Use Problems
- About Substance Using Populations
- About Substance Use Counseling
- About Substance Use Treatment
Understanding the Problem
Goal

The primary goal of SBIRT is to identify and effectively intervene with those who are at moderate or high risk for psycho-social or health care problems related to their substance use.
Learning from Public Health

- The public health system of care routinely screens for potential medical problems (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function), provides preventative services prior to the onset of acute symptoms, and delays or precludes the development of chronic conditions.
The Current Model
A Continuum of Substance Use

Abstinence | Responsible Use | Dependence

SUD
The SBIRT Model
A Continuum of Substance Use

Abstinence | Experimental Use | Social Use
---|---|---

Abuse | Binge Use | Dependence
---|---|---
SUD mild | SUD severe
Types of Drinkers

- Alcohol Dependent: ~ 5%
- Risky or Harmful: ~ 25%
- Low Risk or Abstinent: ~ 70%

Prevalence in US

Goals

- Referral to treatment: Low Risk or Abstinent
- Brief Intervention: Risky or Harmful
- No intervention: Alcohol Dependent

SBIRT Overview 2016
Historically

- Substance use services have been focused in two areas:
  - Primary Prevention – Delaying onset of substance use.
  - Treatment – Providing time, cost, and labor intensive services to patients who are acutely or chronically ill.
Substance Dependent
No Problem
No Intervention
Substance Dependent

No Problem

Enjoy Yourself

Abstinence

SBIRT Overview 2016
What is Moderate Drinking?
People don’t know how much is too much

Not doctors, nurses or substance use providers
U.S. Dietary Guidelines

- "Those who choose to drink alcoholic beverages should do so sensibly and in moderation . . ."

- Women: ≤ 1 drink per day

- Men: ≤ 2 drinks per day
NIAAA Maximum Limits

- Healthy Men < 65
  - ≤ 4 drinks per day AND
  - ≤ 14 drinks per week

- Healthy Women & Men ≥ 65
  - ≤ 3 drinks per day AND
  - ≤ 7 drinks per week
Excessive
Dependent
4% Dependent
25% Excessive
71% Low or No Risk
dependent: 4%

dependence symptoms: 25%
harmful hazardous: 71%

low risk current abstinence lifetime abstinence
If

We could provide a 100% cure to every substance dependent person in the United States we wouldn’t be close to curing most of the substance related problems in our country.
What’s the Problem?

Excessive Drinking
A New Initiative

- Substance use screening, brief intervention, referral, and treatment is a systems change initiative requiring us to re-conceptualize how we understand substance use problems, re-define how we identify substance use problems, and re-design how we treat substance use problems.
Support for SBIRT

- SBIRT is an evidenced based practice that is supported by:
  - Center for Substance Abuse Treatment
  - The World Health Organization
  - The American Preventative Task Force
  - The American Trauma Nurses Association
  - The American Medical Association
  - The American College of Surgeons
  - The Office of National Drug Control Policy
Historically

- Substance use has been seen as:
  - A moral problem
  - An individual problem
  - A family problem
  - A social problem
  - A criminal justice problem
  - A combination of one or more
Substance Use Is A Public Health Problem
Risk Reduction

SBIRT is a primary, secondary, and tertiary prevention and treatment strategy designed to intervene based on patient need and prevent/treat substance use problems at various levels.
SBIRT Provides

- Identification of substance use problems using a public health approach and universal screening.

- Progressive levels of clinical interventions based on level of need and motivation for change.
Primary Goal

- The primary goal of SBIRT is not to identify those who are dependent and need higher levels of care.

- The primary goal of SBIRT is to identify those who are at moderate or high risk for psycho-social or health care problems related to their substance use choices.
What Are We Preventing

- DUI
- Trauma
- Violence
- Pregnancy
- STD
- Substance Dependence
- Health Care Problems
The health care system routinely screens for potential medical problems (cancer, diabetes, hypertension), provides preventative services prior to the onset of acute symptoms, and delays or precludes the development of chronic conditions.
The SBIRT Concept

- SBIRT uses a public health approach to universal screening for substance use problems.

- SBIRT provides:
  - Immediate rule out of non-problem users;
  - Identification of levels of risk;
  - Identification of patients who would benefit from brief advise, and;
  - Identification of patients who would benefit from higher levels of care.
The Moving Parts

- Pre-screening (universal).

- Full screening (for those with a positive pre-screen).

- Brief Intervention (for those scoring over the cut off point).
The Moving Parts

- Brief Treatment (for those who have moderate risk, high risk, abuse, or dependence, would benefit from ongoing, targeted interventions, and are willing to engage).

- Traditional Treatment (for those who are dependent and are willing to engage).
Benefits to You

- New Referral Streams
- Evidence-based Practices
- Improved Outcomes
- Enhanced Relationships with Health Care
- More Inclusive Continuum of Care
- Broader Patient Base
- Alternate Funding Streams
- Larger Role and Increased Credibility
Screening

Module Two

Re-defining the Identification of Substance Use Problems
Screening Does Not Provide A Diagnosis
Screening Does Provide

- Immediate rule-out of low/no risk users.
- Immediate identification of level of risk.
- A context for a discussion of substance use.
- Information on the level of involvement in substance use.
- Insight into areas where substance use may be problematic.
- Identification of patients who are most likely to benefit from brief intervention.
- Identification of patients who are most likely in need of referral to a higher level of care.
Two Levels of Screening

- **Universal:**
  - Provided to *all* adult patients.
  - Serves to rule-out patients who are at low or no-risk.
  - Can (should) be done at intake or triage.
  - **Positive** universal screen = proceed with full screen.

- **Targeted:**
  - Provided to *specific* patients (alcohol on breath, positive BAL, suspected alcohol/drug related health problems)
  - Provided to patients who score **positive** on the universal screen.
Four Types of Intervention

- Feedback only.
- Brief Intervention.
- Extended Brief Intervention or Brief Treatment.
- Referral to a higher level of care.
Approved Screening Tools

- The New York OASAS recognizes the following tools:
  - **AUDIT**: Alcohol Use Disorder Identification Test.
  - **DAST**: Drug Abuse Screening Test.
  - **POSIT**: Problem Oriented Screening Instrument for Teenagers.
  - **CRAFFT**: Car, Relax, Alone, Forget, Family or Friends, Trouble (for adolescents).
  - **ASSIST**: Alcohol, Smoking, and Substance Abuse Involvement Screening Test.
  - **GAIN** or **GAIN-SS**: Global Appraisal of Individual Needs.
  - Or other screening tools approved by OASAS
# A Standard Drink

<table>
<thead>
<tr>
<th>12 oz. of beer or cooler</th>
<th>8-9 oz. of malt liquor</th>
<th>5 oz. of table wine</th>
<th>3-4 oz. of fortified wine (such as sherry or port)</th>
<th>2-3 oz. of cordial, liqueur, or aperitif</th>
<th>1.5 oz. of brandy (a single jigger)</th>
<th>1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 oz.</td>
<td>8.5 oz</td>
<td>5 oz.</td>
<td>3.5 oz.</td>
<td>2.5 oz.</td>
<td>1.5 oz.</td>
<td>1.5 oz.</td>
</tr>
</tbody>
</table>

**Note:** People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25 oz (750 ml.) bottles that hold five standard drinks.
Universal Screening
NIAAA Single Question

- How many times in the past year have you had 5 or more drinks in a day (Men) or 4 (Woman)?
- How many times in the past year have you used illegal drugs or prescription drugs other than how they were prescribed by your physician?
Before Starting

I would like to ask you some personal questions that I ask all my patients. These questions will help me to provide you with the best care possible. As with all medical information your responses are confidential. If you feel uncomfortable just let me know.
AUDIT

Benefits:
- Created by the World Health Organization.
- Comprised of 10 multiple choice questions.
- Simple scoring and interpretation.
- Provides 4 zones of risk and intervention based on score.
- Valid and reliable across different cultures.
- Available in numerous languages.

Limitations:
- Addresses alcohol only.
AUDIT

- Ten Questions.
- Five possible answers to each question.
- Alcohol Specific.
- Provides information on frequency of use.
- Provides information on level of use.
- Provides abuse and dependence symptoms.
- Preface: In the past 12 months.....
Alcohol screening questionnaire (AUDIT)
Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:

<table>
<thead>
<tr>
<th>12 oz. beer</th>
<th>5 oz. wine</th>
<th>1.5 oz. liquor (one shot)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Monthly or less</td>
<td>Two to four times a month</td>
</tr>
<tr>
<td>Zero to two</td>
<td>Three or four</td>
<td>Five or six</td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
</tr>
</tbody>
</table>
# AUDIT Zones

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>INTERVENTION</th>
<th>AUDIT score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone I</td>
<td>Feedback</td>
<td>0-7</td>
</tr>
<tr>
<td>Zone II</td>
<td>Brief Intervention</td>
<td>8-15</td>
</tr>
<tr>
<td>Zone III</td>
<td>Extended Brief Interventions or Brief Therapy</td>
<td>16-19</td>
</tr>
<tr>
<td>Zone IV</td>
<td>Referral to a Higher Level of Care</td>
<td>20-40</td>
</tr>
</tbody>
</table>
AUDIT Questions 1 and 2

- How often do you have a drink containing alcohol?
  - Frequency question - Also serves as a rule out question. If the answer is never screen stops here.

- How many drinks containing alcohol do you have on a typical day when you are drinking?
  - Binge use question - Over 4 drinks for males or over 3 drinks for females in binge drinking.
AUDIT Questions 3 and 4

• How often do you have five or more drinks on one occasion?
  • Binge/frequency use question - Over 4 drinks for males or over 3 drinks for females in binge drinking.

• How often during the last year have you found that you were not able to stop drinking once you had started?
  • Dependence question – Loss of control.
AUDIT Questions 5 and 6

- How often during the last year have you failed to do what was normally expected of you because of drinking?
  - Abuse question – Failure to meet role obligations.

- How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
  - Dependence question – Withdrawal.
AUDIT Questions 7 and 8

- How often during the last year have you had a feeling of guilt or remorse after drinking?
  - Implies awareness of negative results of substance use/use consequences.

- How often during the last year have you been unable to remember what happened the night before because of your drinking?
  - Dependence question – Psychological problems caused or exacerbated by substance use.
AUDIT Questions 9 and 10

- Have you or someone else been injured because of your drinking?
  - Abuse question – Recurrent social problems or personality change when intoxicated.

- Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?
  - Implies objective problems identified by others.
Benefits:
- Comprised of 10 multiple choice questions.
- Simple scoring and interpretation.
- Provides 4 levels of risk and intervention based on score.

Limitations:
- Addresses other drugs only.
Drug Abuse Screening Test

- Ten Questions.
- Yes/No Format.
- Drug Specific.
- Provides information on level of use.
- Provides abuse and dependence symptoms.
- Preface: In the past 12 months.....
# Drug Screening Questionnaire (DAST)

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

In the following questions, "drug abuse" refers to:

- Using prescription pain, anxiety, or sleep medications more than directed by, or not prescribed by, your doctor or medical provider.
- Using recreational drugs.

Please check which recreational drugs you have used in the past year:

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

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

0 1 3 6
I II III IV
## DAST Levels

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>INTERVENTION</th>
<th>DAST SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Feedback</td>
<td>0</td>
</tr>
<tr>
<td>Low Risk</td>
<td>Brief Intervention</td>
<td>1-2</td>
</tr>
<tr>
<td>Moderate/High Risk</td>
<td>Extended Brief Interventions or Brief Therapy</td>
<td>3-5</td>
</tr>
<tr>
<td>Likely Dependence</td>
<td>Referral to a Higher Level of Care</td>
<td>6-10</td>
</tr>
</tbody>
</table>
DAST Questions 1 and 2

- Have you used drugs other than those required for medical reasons?
  - Rule out question - If the answer is no screen stops here.

- Do you abuse more than one drug at a time?
  - Involvement question - Implies deeper use history.
DAST Questions 3 and 4

- Are you unable to stop using drugs when you want to?
  - Dependence question – Loss of control.

- Have you ever had blackouts or flashbacks as a result of drug use?
  - Dependence question – Psychological problems caused or exacerbated by substance use.
DAST Questions 5 and 6

- Do you ever feel bad or guilty about your drug use?
  - Implies awareness of negative results of substance use/use consequences.

- Does your spouse (or parents) ever complain about your involvement with drugs?
  - Abuse question – Recurrent social or interpersonal problems.
DAST Questions 7 and 8

- Have you neglected your family because of your drug use?
  - Abuse question – Failure to meet role obligations.

- Have you engaged in illegal activities in order to obtain drugs?
  - Involvement question – Implies changes in social norms.
DAST Questions 9 and 10

- Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
  - Dependence question – Implies high frequency/high dose exposure.

- Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?
  - Dependence question – Physical problems caused or exacerbated by substance use.
Let’s Review

- Screening does not provide a diagnosis.
- Screening does provide immediate rule-out of no risk/low risk users.
- Screening does provide immediate identification of level of risk.
- There are 2 levels of screening:
  - Universal.
  - Targeted.
- There are 4 types of intervention:
  - Feedback.
  - Brief Intervention.
  - Extended Brief Intervention or Brief Treatment.
  - Referral to a higher level of care.
2. Why are SBIRT programs growing?

- Research has shown that low-cost SBIRT interventions
  - decrease patients’ alcohol and drug consumption
  - reduce subsequent DUI’s
  - reduce healthcare costs by decreasing future substance related health issues
  - reduce hospital readmissions for alcohol-related trauma
SBIRT is endorsed by Important Payers and Policymakers
For Payers and Policymakers, SBIRT Makes Good Financial Sense

**Wisconsin Alcohol SBI Cost Benefit Studies**
- Reduction in hospital costs, ED visits, and associated problems resulted in $1,000 savings per person screened

**Texas SBIRT Cost Benefit Studies**
- A net savings of $4.00 in ED costs for every $1.00 invested in SBIRT. ED saw a 50% reduction in recurrent alcohol-related injuries

**Washington State SBIRT Cost Benefit Studies**
- Reduction in Medicaid expenditures $185.00 per patient per month who received SBIRT screening and brief intervention
Coding & Billing for SBIRT Services

- SBIRT services are now reimbursable by Medicare & private insurers for approved providers
3. What Has SBIRT Accomplished at MCCG? (July 2009 – December 2012)

- ED nurses administered Brief Screens – 172,544 patients
  - Approximately 95% of all ED admissions!
- Positive prescreens (21.4%) – 36,992 patients
- Brief Interventions – approximately 15,800 patients received BI’s
- Approximately 1,100 patients received referral to Brief Treatment at MCCG or Referral to Other Treatment Agencies
Does It Work?
Past 30 Day Drinking Days at baseline and 6 months for Intervention Patients

- Baseline: 11.69 days
- 6 Months: 5.75 days

Intervention % Drop: 50.81 %
Past 30 Day Binge Drinking Days at baseline and 6 months for Intervention Patients

Intervention %
Drop: 60.13 %

# of Binge Drinking Days During the Past 30 Days

Baseline
6 months

Baseline
6 months

Intervention %
Drop: 60.13 %

# of Binge Drinking Days During the Past 30 Days
Past 30 Day Drug Use Days at baseline and 6 months

Baseline | 6 Months
---|---
4.9 | 1.7

Intervention %
Drop: 65 %

SBIRT Overview 2016
4. How Does SBIRT Work?
Step 1: Brief Screening

- Add 3 substance abuse screening questions to triage assessment
- All patients age 18 and over
Prescreening Questions

1. Have you used any tobacco products in the past 12 months?  
   □ YES  □ NO

2. **Women**: How many times in the past 12 months have you had 4 or more drinks in a day?  
   □ _______

2a. **Men**: How many times in the past 12 months have you had 5 or more drinks in a day?  
   □

3. In the last twelve months, did you smoke pot (marijuana), use another street drug, or use a prescription painkiller, stimulant, or sedative for a non-medical reason?  
   □ YES □ NO

   “Which ones?” ____________
   “Any others?” ____________
• Positive prescreen triggers automatic referral to Health Educator for full screen - with permission
• “We have a Health Educator who is available to talk with all of our patients about healthy habits. If it’s alright with you, she can speak with you after the doctor sees you.”
Step 2: Full Screening

- Performed by Health Educator using electronic tablet
  - **AUDIT**: Alcohol Use Disorder Identification Test.
  - **DAST**: Drug Abuse Screening Test.
Assessment Helps Direct Intervention (intervention based on risk score)

- **Lower Risk**, recommend brief advice.
- **Moderate Risk**, recommend Brief Intervention (provided on-sight by Health Educators)
- **High Risk**, possible dependence--Referral for Treatment
Brief Intervention

- Delivered by HE
- Based on motivational interviewing techniques (10-30 minutes)
- Focused on increasing insight regarding substance use and increasing motivation to change
Brief Treatment

- Used for patients with problems related to substance use
- 6-12 structured clinical counseling sessions with Master’s level clinician, offered at MCCG
Referral to treatment

- Provided to high risk patients that may benefit from more extensive treatment
MOTIVATIONAL INTERVIEWING

DEFINITION: Motivational interviewing is a client-centered, evidence-based, goal-oriented method for enhancing intrinsic motivation to change by exploring and resolving ambivalence with the individual.

SPIRIT: Collaboration; acceptance; evocation; compassion
Why Motivational Interviewing?

- Evidence-based >200 clinical trials
- Effective in reducing maladaptive behaviors (e.g., problem drinking, gambling, HIV risk behaviors, smoking, overeating)
- Effective in promoting adaptive health behavior change (e.g., exercise, diet, medication adherence)

Miller & Rose, 2009; Lai DTC, Cahill K, Qin Y, Tang J-L, 2010
Four Fundamental Processes

- Engaging
- Focusing
- Evoking
- Planning
The processes are somewhat linear......

- Engaging necessarily comes first
- Focusing (identifying a change goal) is a prerequisite for Evoking
- Planning is logically a later step

Engage - Shall we walk together?
Focus - Where?
Evoke - Why?
Plan - How?
Motivational Interviewing

- Assumes motivation is fluid and can be influenced
- Motivation influenced in the context of a relationship – developed in the context of a patient encounter
- Principle tasks – to work with ambivalence and discord
- Goal – to influence change in the direction of health
MOTIVATIONAL INTERVIEWING

- Avoid confrontation, labeling, stereotyping
- Ask open-ended questions
  - “What do you like about _______?”
  - “What do you like less about _______?”
- Reflective listening to encourage talk about _______.
- Offer information in a non-judgmental manner.
- Make connection between _________ and current visit
Ambivalence is normal.

Things have got to change. I can’t end up here again. I’m going to kill someone. My wife/boss is going to kill me.

I’m not an alcoholic. This is no big deal. Why don’t they quite bugging me?
5. What Can SBIRT Do for You?

- Help patients with education, prevention and treatment substance use disorders
6. What can you do for SBIRT?

- Please keep asking the prescreen questions and encourage consent!

- THANK YOU!
Thank You!

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