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Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT): Best Practices for the Prevention and Treatment of Risky Drinking in Girls/Women of Childbearing Age

Women are the fastest growing group of alcohol users in the United States.

High-risk drinking among women, defined as more than three drinks a day or more than seven drinks per week, increased by 58 percent over the last 10 years, while alcohol use disorders (AUDs) rose by 84 percent. These significant increases pose serious health consequences for women, who have a more rapid progression to alcohol-related problems and AUDs than men. Women who drink are also at risk for alcohol-exposed pregnancy, a leading preventable cause of birth defects and lifelong disabilities.

As one of the largest groups of behavioral health providers, social workers play a vital role in screening women for alcohol use, performing evidence-based interventions to reduce risky alcohol use, and making referrals or delivering treatment for risky drinking.

NASW, along with other leading medical organizations, are members of the Collaborative for Alcohol-Free Pregnancy, a

cross-discipline initiative of the Centers for Disease Control and Prevention (CDC). In partnership with the Health Behavior Research and Training Institute at The University of Texas at Austin's Steve Hicks School of Social Work, NASW is working with the Collaborative to address risky drinking among women by improving practice, education and awareness among healthcare professionals.

This article summarizes a recent literature review of alcohol screening, brief intervention and referral to treatment (SBIRT) for girls ages 12 and older and women of childbearing age published in *Alcohol Research: Current Reviews*.¹ Through this overview of screening instruments, brief interventions, and implementation issues, social workers can determine best practices for preventing and treating risky drinking in women.

SBIRT

The U.S. Preventive Services Task Force (USPSTF) recommends that social workers and other care providers screen all adults ages 18 and older, including pregnant women, for risky alcohol use and provide brief counseling interventions, when appropriate. The American

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Academy of Pediatrics (AAP) recommends screening and providing brief interventions (BI) to adolescent alcohol users because of its nominal cost, low potential for harm, and growing evidence of SBIRT's benefits among adolescent alcohol users.

Alcohol SBIRT is meant to identify, reduce, and prevent problem drinking and consists of three key components: screening, brief intervention, and referral to treatment. Ideally, the first step is to administer a validated prescreen instrument in a practice setting, as part of the routine intake procedure, to identify women who are drinking at or above risky levels. If prescreen instruments suggest risky drinking, a more detailed assessment can be conducted to determine the level of alcohol use and inform BI and/or treatment options. BIs are often based on motivational interviewing (MI) and foster awareness of alcohol-related risks and consequences as well as motivation for change. If a client is identified to be drinking at levels suggesting an AUD, then referral for specialized treatment for further assessment and care is recommended.

SCREENING

SBIRT starts with universal screening to identify clients who have, or are at risk for, alcohol-related problems. Universal screening that meets SBIRT standards involves using a validated prescreen instrument limited to a few questions that need only brief responses. Prescreens and screens should work in succession, and because many instruments can serve both purposes, this process is sometimes simplified into a single step within clinical practice settings.

Universal prescreening and screening must be conducted with valid, age-appropriate instruments with cutoff scores based on sex and age. The following screening practices and instruments have been validated for use within specified age groups of girls and women. Table 1 provides additional information for each instrument mentioned.

Adolescents

The National Institute on Alcohol Abuse and Alcoholism (NIAAA), Substance Abuse and Mental Health Services Administration (SAMHSA), and AAP recommend that all adolescents and young adults ages 12 to 21 be screened for alcohol and substance use behaviors on a yearly basis and, as needed, during acute care visits.

Three prescreen options are applicable to adolescents: the two age-specific questions in NIAAA's Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide; the first three questions of the Screening and Brief Intervention (S2BI); and the three-item Alcohol Use Disorders Identification Test—Concise (AUDIT-C).

Screening instruments that have been validated for use with adolescents and can be used to inform next steps include the ten-item Alcohol Use Disorders Identification Test (AUDIT); brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD); and the Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) screening instrument.

Screening adolescents for risky alcohol use can be incorporated into psychosocial approaches. For instance, two conversation guides designed for use with adolescents in healthcare settings are the home environment, education and employment, eating, peer-related activities, drugs, sexuality, suicide/depression, and safety from injury and violence (HEEADSSS) tool, and the strengths, school, home, activities, drugs/substance abuse, emotions/depression, sexuality, safety (SHADESS) tool.

As a reminder, social workers should assure confidentiality to improve the accuracy of adolescent screening responses. In addition, federal and state privacy laws entitle adolescents to privacy regarding substance abuse treatments, so adolescents may benefit from a script ensuring that what is disclosed will not be shared with their caregiver unless an immediate risk of injury to oneself or another is divulged.

Women of Childbearing Age

For women of childbearing age, the USPSTF recommends the use of brief prescreening instruments for alcohol with 1 to 3 items, such as the NIAAA-recommended Single Alcohol Screening Question (SASQ), to quickly identify women who may be at risk, including those who may be at risk of an alcohol-exposed pregnancy (AEP).

If a brief prescreening measure identifies a woman likely at risk for alcohol misuse and/or an AEP, a more comprehensive instrument should be used. For example, the 10-item AUDIT has been validated for use with women of childbearing age, and there are also several assessments designed specifically for this group,

such as the Tolerance, Annoyed, Cut Down, Eye-Opener (TACE) questionnaire and the Tolerance, Worried, Eye-Opener, Amnesia, K/Cut Down (TWEAK) screening instrument.

SCREENING RECOMMENDATIONS

Universal screening should start in early adolescence and be repeated regularly across settings that provide healthcare and social services to girls and women. However, alcohol screening instruments cannot replace a complete substance use assessment. Because these instruments are brief and, in many cases, can be self-administered, it is often recommended that they be used to inform additional steps based on the initial level of risk indicated by these screening instruments.

Settings with access to interdisciplinary professionals may find that more comprehensive assessments are practical, while settings with fewer resources may benefit from using brief instruments like the AUDIT, which has been validated for use across age groups. In addition, questions or measures may be added to assessment protocols to identify other factors correlated with female alcohol use behaviors, such as depression and anxiety, to better inform BI and referral practices. Moreover, social workers need to remain sensitive to how they describe alcohol-related issues, as language such as “alcoholic” or “addict” may discourage women from providing relevant information about their alcohol use.

BRIEF INTERVENTIONS

BIs are evidence-based practices that are short, tailored conversations between women and clinicians following screening results indicating risky alcohol use. The overall goal of BIs is to help adolescent girls and women who are at risk of alcohol-related consequences by explaining how alcohol use may put them at risk and fostering their self-motivation for change. BIs often include conversations on standard drink sizes, low- versus high-risk drinking limits, and potential health and social consequences of drinking. Another common component of BIs is providing personalized normative feedback, with research supporting the use of gender-specific feedback for women.

BIs for risky alcohol use are often based on the principles of MI, a collaborative, client-centered approach that can help women address their

struggles with changing unhealthy behaviors. A core principle of MI is the use of non-confrontational methods to help clients guide themselves toward change without feeling the need to defend their choices.

Adolescents

AAP recommends basing the intervention delivery for youth on the risk identified at the time of screening. Research suggests that encouragement from a provider may delay the start of alcohol use, and thus promote adolescent brain maturation. These interventions may be especially important for female adolescents, especially girls at risk of early alcohol initiation, because of the damaging effects of alcohol on their brain development.

BIs are recommended when an adolescent screens positive for drinking at risky levels. A recent meta-analysis of 185 studies showed BIs reduced drinking and alcohol-related consequences for adolescents and young adults, with effects lasting up to one year across demographic groups.

BIs using MI have been shown to be effective with substance-using adolescent populations. Much of the supporting evidence suggests that adolescents decrease their risky behavior gradually rather than moving directly to abstinence. There is also some research showing that BIs for alcohol use may be particularly effective for adolescent girls, especially when the provider is also female and the information is provided within an ongoing provider-patient relationship.

Women of Childbearing Age

Strong research supports the use of BIs among pregnant and nonpregnant women of childbearing age to reduce alcohol consumption and risks linked to AEPs. For instance, several randomized controlled trials with pregnant women have found significant reductions in alcohol use and improved newborn outcomes following the use of BIs.

In addition to the previously mentioned components of BIs, interventions with women of childbearing age often also include feedback on the potential effects of alcohol on fetal and child development. Experts recommend that postpartum women receive information on infant exposure to alcohol through breastmilk and that contraceptive use be integrated into BIs with nonpregnant women who are at risk of an AEP.

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An effective prevention and intervention program developed for use with women of childbearing age is CHOICES, an established AEP prevention program based on the principles of MI and designed to provide nonpregnant women of childbearing age with information to help them avoid an AEP. The CHOICES protocol has been widely disseminated across health and social service settings, including primary care facilities, jails, and sexually transmitted disease clinics.

REFERRAL TO TREATMENT

Referral to treatment is designed to help women who are drinking at NIAAA-defined “heavy” or “dependent” levels with accessing appropriate treatment, choosing facilities, and overcoming barriers to treatment engagement. Treatment options for women with AUD may include residential treatment and self-help or support group programs. There are also options that cater exclusively to women, such as the Women for Sobriety program. Specialized alcohol treatment should take into account a woman’s medical, social, and cultural needs. Social workers should be aware of local treatment options in order to conduct warm handoffs—referrals facilitated in the presence of the client to encourage communication between the patient and treatment team—when needed. Special attention to the treatment selection for pregnant and postpartum women is needed to ensure appropriate medical care and social support options are available. Social workers may choose to access SAMHSA’s online resource guide, NIAAA’s Online Treatment Navigator tool (<https://alcoholtreatment.niaaa.nih.gov>), and NIAAA’s publicly available resource guides, with information specific to referrals: Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide and Helping Patients Who Drink Too Much: A Clinician’s Guide.

APPROACHES TO FACILITATING SBIRT IMPLEMENTATION

Studies show that providers often feel uncomfortable implementing SBIRT. For example, one study found that one-third of women who endorsed alcohol consumption in women’s health clinics were not asked how much they drank and that most women engaging in risky drinking did not receive advice about reducing their drinking. Another study showed that about half of women at risk of an AEP did not receive information about this risk from their healthcare providers.

Evidence suggests that having a practice champion, using an interprofessional team, communicating the details of each SBIRT step, establishing relationships with referral partners, conducting ongoing SBIRT training for sustainability, integrating SBIRT practices with the organization’s flow, and incorporating SBIRT into electronic health records are all ways to facilitate ongoing SBIRT efforts.

Technology

The use of technology may help facilitate SBIRT in clinical settings that lack available staff and time for ongoing face-to-face implementation. A recent systematic review of women’s experiences with technology-based screening found that the perception of anonymity made it easier to share potentially stigmatizing information compared to in-person, face-to-face screening methods. Studies also suggest that the flexibility offered by some technology-based treatments may also appeal to women who are not willing or able to participate in more formal treatment programs.

CONCLUSION

SBIRT is crucial to the ongoing identification and intervention of risky alcohol use among adolescent girls and women. As the rate of female alcohol use increases, so too should the implementation of SBIRT. By taking the lead in prevention and intervention efforts, social workers can help promote lifelong health and well being among women, including those at risk of an AEP.

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Table 1. Alcohol Screening Instruments

| INSTRUMENT | APPLICABLE AGE RANGE | TIME TO ADMINISTER (MIN) | NOTES | LINK(S) |
|--|--|--------------------------|--|--|
| NIAAA Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide | Adolescents ages 9 to 18 | ~2 | Asks about personal alcohol use as well as that of friends Endorsed by the AAP and includes elementary, middle and high school-age appropriate questions | Publicly available NIAAA guide containing screening questions (page 8): www.niaaa.nih.gov/sites/default/files/publications/YouthGuide.pdf |
| Screening to Brief Intervention (S2BI) | Adolescents ages 12 to 17 | ~2 | Screens for alcohol, tobacco, marijuana, and illicit drug use by asking one frequency- of-use question per substance | Publicly available NIDA link to online version with options for patient/clinician administration: www.drugabuse.gov/ast/s2bi/# |
| Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD) | Adolescents ages 12 to 17 | ~2 | An adaptation of the questions found within NIAAA's guide | Publicly available NIDA link to web-based instrument with options for patient or clinician administration: www.drugabuse.gov/ast/bstad/# |
| Alcohol Use Disorders Identification Test (AUDIT) | Adolescent girls ages 12 to 19, adults, pregnant women | ~2 to 3 | The most widely tested alcohol screening instrument Evidence suggests a lack of gender bias between female and male adolescents | Publicly available link to self-report instrument: https://cde.drugabuse.gov/sites/nida_cde/files/AUDIT-SelfReport_v1.0_2014May20.pdf |
| Alcohol Use Disorders Identification Test-Concise (AUDIT-C) | Adolescent girls ages 12 to 19, adults, pregnant women | ~1 | Identifies the quantity and frequency of alcohol consumption | Publicly available SAMHSA link: www.integration.samhsa.gov/images/res/tool_audic.pdf |
| Car, Relax, Alone, Forget, Friends, Trouble (CRAFTT) | Adolescents ages 12 to 21 | ~2 to 3 | Recommended by both NIAAA and AAP Was able to detect preconception substance use in small cohort of pregnant adolescents and young women ages 17 through 25 | Publicly available SAMHSA link which states that the CRAFTT may be reproduced in [this] exact form for use in clinical settings courtesy of the Center for Adolescent Substance Abuse Research at the Boston Children's Hospital: www.integration.samhsa.gov/clinical-practice/sbirt/CRAFTT_Screening_interview.pdf Link from Boston Children's Hospital with additional information: http://craftt.org/ |
| NIAAA Single Item Alcohol Screening Questionnaire (SASQ) | Adults | ~1 | Also referred to as "single binge drinking question" | Publicly available SAMHSA link to NIAAA's Helping Patients Who Drink Too Much: A Clinician's Guide, which includes NIAAA SASQ (page 4): www.integration.samhsa.gov/clinical-practice/Helping_Patients_Who_Drink_Too_Much.pdf |
| Quick Drinking Screen (QDS) | Women of childbearing age | ~1 | Data show that women's answers to QDS items were highly similar to 90-day timeline responses | Publicly available USPSTF Final Recommendation Statement: Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions; includes NIAAA SASQ question: www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions |
| Tolerance, Annoyed, Cut Down, Eye Opener (T-ACE) | Women of childbearing age | ~1 | Identifies varying levels of alcohol consumption, and is acceptable for use among culturally diverse obstetric populations | Publicly available link that states that this screener can be freely used as it is in the public domain: www.nova.edu/gsc/forms/quick_drinking_screen.pdf Publicly available NIAAA link containing copyright information: https://pubs.niaaa.nih.gov/publications/t_ace.htm |
| Tolerance, Worried, Eye Opener, Amnesia, K-Cut Down (TWEAK) | Pregnant women | ~2 | Validated questionnaire for identifying drinking among women, including those at risk for an AEP | Publicly available NIAAA link containing T-ACE questions: arh28-2/78-79.htm">https://pubs.niaaa.nih.gov/publications/>arh28-2/78-79.htm |
| Parents, Partner, Past, Present Pregnancy (4P's Plus) | Pregnant women | ~1 | Recommended by the USPSTF | Publicly available NIAAA link with more information: https://pubs.niaaa.nih.gov/publications/assessingalcohol/instrumentpdfs/74_tweak.pdf |

METAPHOR ANALYSIS IN PUBLIC POLICY AND PRIVATE PRACTICE

A Social Work Perspective

GERALD V. O'BRIEN

In this time of unparalleled partisanship and negativity, it is impossible to ignore the prevalence and impact of metaphors in the news, politics, and social media. In this unique and important work, O'Brien encourages the reader to educate, engage, and make the connection between individual work and policy. Focusing on the emotionally charged issues associated with social work, he shows the reader how metaphors are used to oversimplify complex issues like poverty, immigration, and mental health. He demonstrates how the overt and covert use of dehumanization, objectification, "positive" stereotyping, and fear- and disgust-based metaphors shape public opinion and policy and can damage an individual's self-worth and perception.



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