

2017



# INSTRUCTOR TOOLKIT

Faith &  
Spirituality  
Integrated  
SBIRT Student  
Training  
Implementation  
Guide



# INSTRUCTOR TOOLKIT:

## Faith & Spirituality Integrated SBIRT Student Training Implementation Guide

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### **Acknowledgements**

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## PROGRAM DIRECTOR'S WELCOME

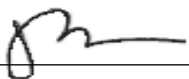
Dear Partners,

We are excited to partner with you on the SBIRT Student Training Initiative! As a reminder, SBIRT is an evidence-based public health approach to identify and address “risk” for substance use disorders among the general population as required by health care reform policies. According to California law, all health professionals must complete four (4) hours of SBIRT training to be able to provide SBIRT within health care settings (training is a one-time requirement). Our online web-based SBIRT training was developed to meet this mandate. Our training includes a cultural competency framework that integrates Faith & Spirituality into the SBIRT Student Training.

The purpose of this implementation toolkit is to help guide you as a faculty trainer on how to implement the web-based student SBIRT training into your courses. It is intended to orient you to the SBIRT training that you will implement in your courses, including important information and resources you can use with the training. Lastly, we also wanted to provide you with information to share with your students about the importance of including a cultural competency framework that integrates faith and spirituality since substance misuse can be a deviation from God’s plan but God always welcomes us back (we include a faith integration handout to provide with your syllabus in the Appendix of this toolkit).

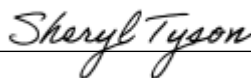
We look forward to reviewing this toolkit with you to help you prepare.

**Sincerely,**



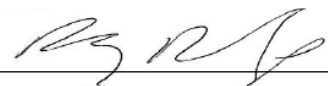
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**Rachel Castaneda, PhD, MPH**  
Project Director



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**Sheryl Tyson, PhD, CNS, RN**  
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## INTRODUCTION

The purpose of this toolkit is to provide faculty with an instructional guide on how to implement the Faith & Spirituality Integrated SBIRT Student Training into their courses. This toolkit has steps to take prior to implementing the training, and demonstrates how to use project specific resources with students for reinforcing SBIRT skills.

The SBIRT student training has two required parts and one highly recommended part for you as a faculty preceptor of the project.

### **Required:**

- The first requirement of the training consists of giving students the online link to the training ([www.sbirtfaithandspirituality.org](http://www.sbirtfaithandspirituality.org)). They should be instructed to register (create an account on the online site) to complete the SBIRT Training (6 modules) as part of the designated course. Students should be assigned this training to be completed as homework and informed that the training takes 4 hours to complete. Students should be required to bring in to class a copy of the Certificate of Completion they will obtain after completing the training.
- The second requirement is having students complete the 30-day follow-up training assessment. This is required for the training from all grantees who receive funds to provide the SBIRT training. Given this, we suggest that this follow-up assessment be included as an in-class assignment where students bring their laptops (or smart phones) to complete it during the first 5 minutes of class. See some Sample Syllabi in Appendix A for an example of how to include it within the class scheduled structure.

### **Highly Recommended:**

- The third part of the training is highly recommended and involves you taking an active role as an SBIRT instructor in facilitating discussions about the SBIRT training and including time for in-class SBIRT practice (i.e. having students engage in SBIRT didactic role plays using the faculty instructional resources provided on the website and in Appendixes B, C, D, & E).

## FACULTY TRAINER CHECKLIST

There are seven steps that you should complete prior to implementing the SBIRT student training into your coursework:

- ✓ Read this Toolkit for information about the SBIRT student training and refer to it in the future.
- ✓ Obtain SBIRT instructor training (in person or online). You can view our SBIRT Summit training online via YouTube:
  - Part 1: <https://youtu.be/XHChuze8POs>
  - Part 2: [https://youtu.be/AL4YR3\\_1j14](https://youtu.be/AL4YR3_1j14)
- ✓ Become familiar with the SBIRT student training by registering as a Faculty for the online training on the Learning Management System (LMS) at: [www.sbirtfaithandspirituality.org](http://www.sbirtfaithandspirituality.org). You can complete the Online SBIRT Training (6 modules) and receive your certificate of completion!
- ✓ Develop a plan of action for integrating the required components of the SBIRT student training (completion of modules and 30-day follow-up) into the designated course syllabi. You can see some sample syllabi in Appendix A.
- ✓ Visit and search the SBIRT training website to learn more about SBIRT.
- ✓ Download instructional resources that you can use in your class on the SBIRT training website. You can also review a list of resources you can use in the classroom for SBIRT discussion and practice (See Appendixes B, C, D, & E).
- ✓ Complete the SBIRT Student Training Implementation Evaluation Form (after the implementation of SBIRT in the class) and email it to the Project team at [healthpsychlab@apu.edu](mailto:healthpsychlab@apu.edu) to let us know how the implementation of the student training went in your courses (satisfaction, challenges, recommendations, other feedback). You will find the Evaluation Form on the next page of this toolkit.

**SBIRT TRAINING IMPLEMENTATION EVALUATION FORM**

**Name:**

**Date:**

**University:**

**Discipline:**

This evaluation form helps ensure that Faith & Spirituality Integrated SBIRT Training is being implemented in the way that it was intended across all partner student training University sites, as well as provide feedback for this training and suggest ways that this training can be improved. After the implementation of the Student SBIRT training in your course, please fill out this evaluation form and return it to [healthpsychlab@apu.edu](mailto:healthpsychlab@apu.edu). This form is also available online at <https://goo.gl/forms/luWgyyGud4oruNN62>.

Yes	No	Please answer the following:
<input type="checkbox"/>	<input type="checkbox"/>	1. I have received SBIRT instructor training (by attending the Annual Training Summit or viewing the Summit training in its entirety online).
<input type="checkbox"/>	<input type="checkbox"/>	2. I have registered as a faculty on the SBIRT Training Learning Management System and reviewed/completed the Online SBIRT Training Modules and have a full understanding of the training.
<input type="checkbox"/>	<input type="checkbox"/>	3. I have developed a plan of action in my syllabi for integrating the required components of the SBIRT student training into my courses (completion of modules with certificate and participation in 30 day follow-up assessment) and included it in the student learning outcomes.
<input type="checkbox"/>	<input type="checkbox"/>	4. I have visited the SBIRT training website to learn more about SBIRT.
<input type="checkbox"/>	<input type="checkbox"/>	5. I have used SBIRT instructional resources in my class to facilitate student learning and practice of SBIRT (i.e., discussion and role play practice).
<input type="checkbox"/>	<input type="checkbox"/>	6. I incorporated SBIRT role plays or simulations in the classroom.

**7. What course(s) did you integrate the SBIRT training in? How many students per course?**

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**8. What challenges/barriers did you encounter during SBIRT implementation?**

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**9. What feedback do you have regarding the SBIRT training? (strengths, recommendations)**

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**10. If you incorporated SBIRT role plays or simulations in your class, please share some comments on your experience. Were there any challenges?**

N/A

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After completing this form, please scan and/or email this form to [healthpsychlab@apu.edu](mailto:healthpsychlab@apu.edu).

Thank you!

# OVERVIEW OF THE ONLINE SBIRT STUDENT TRAINING

The SBIRT Student Training is housed on a Learning Management System (LMS) Instructional Website that student users must register and enroll in.

After registering, students will have their own user account to take the training. The training consists of an introduction (pre-assessment), six interactive Online Modules, designed to take approximately four hours to complete, and a post-training assessment (measuring knowledge, attitudes and skills related to SBIRT practice). After completing these training components, students will be able to obtain a Certificate of Completion (that meets the SBIRT four-hour state requirement of the California Department of Health Care Services [DHCS]). In addition, the LMS has a built-in follow-up feature that is set up to send student users a 30-day follow-up email prompting them to complete a brief 30-day post training assessment during class as well as a 1-year follow-up.

The Modules are as follows:

- Module 1: Epidemiology and Science of Substance Use Disorders (SUDs)
- Module 2: Introducing SBIRT in Health Care Fields
- Module 3: Screening Tools for SUDs
- Module 4: Brief Intervention Practice for SUDs
- Module 5: Referral to Treatment for SUDs
- Module 6: Special Considerations

The Modules are designed to be completed in order, followed by a quiz that must be satisfactorily passed (at least 80%) before moving onto the next Module. Students will be able to stop and resume the training at any point (they can sign back in and continue where they left off in the Module). Below is a preview of how the modules are set up for the learner:



## Your SBIRT Training Modules

Introduction: Start with an Introduction to the SBIRT Training Modules	<input checked="" type="checkbox"/>
Module 1: Epidemiology of Substance Use Disorders (SUDs)	<input checked="" type="checkbox"/>
Module 2: Introducing SBIRT in Allied Health Care Fields	<input type="checkbox"/>
Module 3: Screening Tools for SUDs	<input type="checkbox"/>
Module 4: Brief Intervention Practice for SUDs	<input type="checkbox"/>
Module 5: Referral to Treatment for SUDs	<input type="checkbox"/>
Module 6: Special Considerations	<input type="checkbox"/>
End of Course: Training Post-Test Assessment & Satisfaction Survey	<input type="checkbox"/>



## ACCESSING THE WEBSITE

This section provides a step-by-step guide for registering on the Project LMS Website and accessing project related student training resources.

1. Visit this link for accessing the training LMS website: [www.sbirtfaithandspirituality.org](http://www.sbirtfaithandspirituality.org)
2. Click on the “Register Now” button on the top right corner of the page.



3. Complete the registration process and select the “faculty/staff” option.

Which university/organization are you associated with? \*

Azusa Pacific University

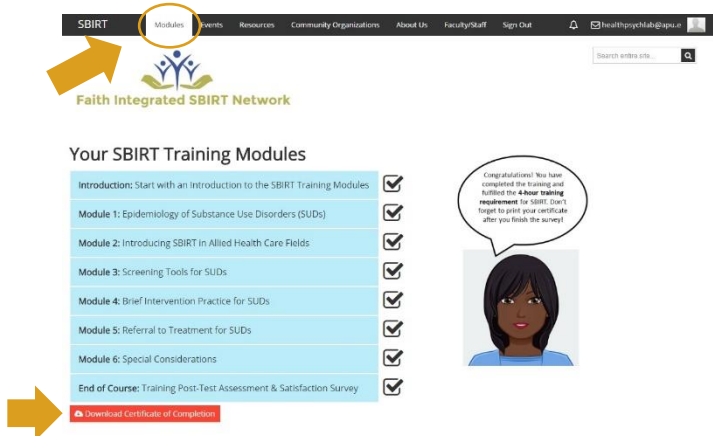
Which academic program are you in? \*

Psychology

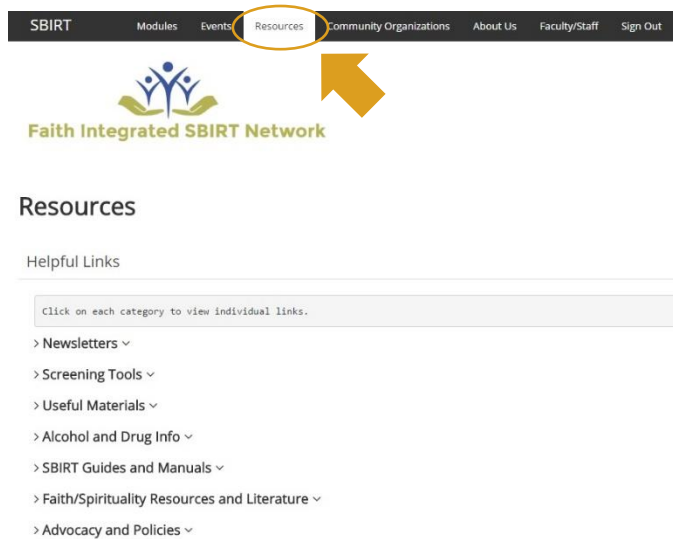
What is your role at this university/organization? \*

Undergraduate student  
Master's student  
Doctoral student  
Faculty/Staff

4. Fill out the Pre-Assessment Questionnaire (the LMS will automatically take you to the pre-assessment after you register).
5. Click on the “Modules” tab to access the training. Complete the Modules. Once complete, the user will be prompted to download their Certificate of Completion. This Certificate can be downloaded again at any time afterwards.



6. Click on the “Resources” tab to explore our available resources and download materials that you can use in the classroom for SBIRT discussion and practice.



7. Under the Faculty/Staff tab on the website, you will find all the SBIRT resources/tools included in this Toolkit. They have been placed there for easy access and download. The Faculty/Staff tab is visible on faculty/staff accounts only. Students will not be able to view this page. Instead, they should be directed to the “Resources” tab to obtain additional information about SBIRT and other materials.



The SBIRT Training Learning Management website was designed by EPG Technologies. The Modules are designed to be mobile-friendly, so that users will be able to access them on their smartphones. However, a computer is recommended for the optimal user experience.

For any technical assistance with the website or training, please email [healthpsychlab@apu.edu](mailto:healthpsychlab@apu.edu) and specify your needs and/or questions. Thank you.

## OVERVIEW OF SBIRT TRAINING

The first experience students will be exposed to during the training is the *Introduction to the SBIRT Training*. This introduction will review the purpose of the training, the integration of faith and spirituality into the SBIRT training experience, how to navigate through the Modules, and how to obtain their Certificate of Completion.

The image displays two screenshots from a presentation. The left screenshot, titled 'Introduction: Start with an Introduction to the SBIRT Training Modules', shows slide 3 of 5. The main heading is 'SBIRT Training Introduction'. The content includes three bullet points: 1) SBIRT practice components (Screening, Brief Intervention, Referral to Treatment) and its integration into the health care system; 2) The training's pace and the path to a Certificate of Completion; 3) The training's fulfillment of California's 4-hour requirement. An 'Acknowledgements' box at the bottom credits SAMHSA and a grant. The right screenshot, titled 'Introduction: Start with an Introduction to the SBIRT Training Modules', shows slide 5 of 5. It lists 'Your SBIRT Training Modules' with checkboxes: Introduction (checked), Module 1: Epidemiology of Substance Use Disorders (SUDs), Module 2: Introducing SBIRT in Allied Health Care Fields, Module 3: Screening Tools for SUDs, Module 4: Brief Intervention Practice for SUDs, Module 5: Referral to Treatment for SUDs, Module 6: Special Considerations, and End of Course: Training Post-Test Assessment & Satisfaction Survey. A speech bubble says, 'You have completed the introduction. Let's get started! Close this window and then click on Module 1 to continue.' A female avatar is shown on the right.

The Introduction also introduces four training avatars that will help students navigate the training. These avatar characters (shown below) represent the health professions of Nursing, Psychology, Counseling, and Social Work.



**Nurse**



**Psychologist**



**Counselor**



**Social Worker**

These four characters will appear throughout the Modules and will help explain the process of SBIRT. After the instruction, students will be prompted to begin Module 1.

**Approximate Time to Complete Introduction: 5:00 Minutes**

## MODULE 1: EPIDEMIOLOGY AND SCIENCE OF SUBSTANCE USE DISORDERS (SUDS)

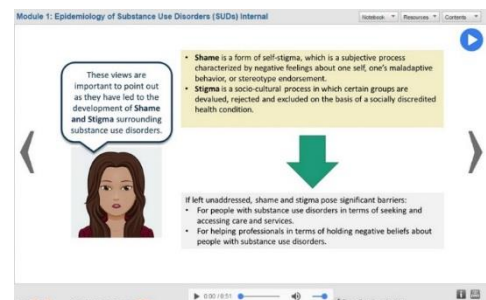
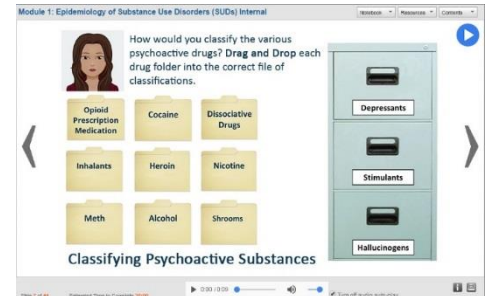
### Module Summary:

In the first Module, students will learn about substances, including how they are classified and current epidemiological trends of use (prevalence and incidence) in the United States (U.S.). They will also be exposed to the science behind substance use disorders, including the effects that substances have on the neurological reward system, and how they are clinically diagnosed using the DSM-5. The module ends with reviewing important considerations when discussing substance use behaviors, including stigma and shame.

### Key Points:

- Psychoactive substances are classified into three categories: Depressants, Stimulants, and Hallucinogens. These categories are defined by the effects the substance has on the body and central nervous system (CNS).
- National data trends show increased marijuana use in the past year by individuals aged 12 and older. In November, California will hold a vote to legalize marijuana for recreational use, just like Colorado, Oregon, Washington, the District of Columbia, and Alaska. Healthcare providers addressing marijuana use should keep these changing regulations in mind when practicing SBIRT and consider the impact these regulations may have on prevention and treatment.
- Substance Use Disorders (SUDs) are defined in this training by the DSM-5 Criteria, which assesses substance use disorders along a spectrum of severity ranging from mild, moderate, to severe. The DSM-5 includes 11 symptom criteria for diagnosing substance use disorders into one of three severity categories (where the severity of the substance use disorder is based on the amount of symptoms an individual exhibits).
- Substance Use Disorders are characterized and treated as a brain disorder that should be effectively treated by the health system, rather than a behavioral/social issue.
- Stigma and shame are very prevalent among individuals who use substances or have a substance use disorder. As healthcare providers, it is important to address and reduce the stigma or shame associated with substance use disorders.

**Approximate Time to Complete Module: 30:00 Minutes**



## MODULE 2: INTRODUCING SBIRT IN HEALTH CARE FIELDS

### Module Summary:

In the second module, students will learn about SBIRT within the context of health care reform changes, and its significance within health care disciplines of psychology, social work and nursing. Specifically, students will learn about SBIRT practice, the populations most appropriate for SBIRT, and SBIRT related policies within the healthcare system. In addition, students will be introduced to the importance of using a cultural competency framework during SBIRT practice as aligned with federal and professional ethical standards, and with an emphasis on integrating cultural values and beliefs of spirituality and faith.



### Key Points:

- SBIRT should be given to all individuals 12 years or older, although it may have the most benefit for individuals who score in the low or moderate risk categories of substance use. (Follow this link to view confidentiality guidelines for youth: [http://www.sbirtfaithandspirituality.org/resources/images/Adolescent Confidentiality Toolkit.pdf](http://www.sbirtfaithandspirituality.org/resources/images/Adolescent%20Confidentiality%20Toolkit.pdf))
- SBIRT is important in diverse healthcare fields because substance use disorders affect multiple aspects of an individual's life, including mental health, medical diseases, social issues, interpersonal issues, and legal issues, among others.
- Integrating cultural competency standards is essential for health care disciplines; and including personal values and beliefs, like faith & spirituality, into practice is an important part of providing patient-centered, culturally competent care.
- It is important to recognize that faith and spirituality can serve as both a barrier and facilitator of substance use behavior (and treatment), depending on the individual's personal perspectives of religion/faith/spirituality, their peers, and how they handle stressful situations.

**Approximate Time to Complete Module: 35:00 Minutes**

## MODULE 3: SCREENING TOOL FOR SUBSTANCE USE DISORDERS

### Module Summary:

In this third module, students will learn about universal screening protocols associated with SBIRT practice, including national guidelines on standard drinking units for men and women. The module also covers validated screening tools commonly used in health care settings for SBIRT practice with clinical examples of how they are used. Lastly, the Module provides additional materials and questions to consider for integrating culturally sensitive measures and questions about faith and spirituality.

### Key Points:

- Screening is the first step of SBIRT and should be administered, either via interview or self-administered, to every patient/client on a regular or annual basis in order to detect risky substance use behavior before it becomes more difficult to treat.
- A standard drink is equivalent to 12 fluid ounces of beer, 8-9 fluid ounces of malt liquor, 5 fluid ounces of wine, and 1.5 fluid ounces of hard liquor or spirits. Binge drinking occurs when a woman has 4 or more drinks and a man has 5 or more drinks within a 2 to 3-hour period.
- SBIRT validated screening tools for identifying substance use risk behaviors include:
  - ✓ Alcohol Use Disorders Identification Test (AUDIT)
  - ✓ Drug Abuse Screening Tool (DAST)
  - ✓ Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
  - ✓ CRAFFT Adolescent Screen (Car, Relax, Alone, Forget, Friends, Trouble)

These screening tools can be found in Appendix C: Validated Screening Tools to be used during role-play activities.

The left screenshot, titled "Module 3: Screening Tools for SUDs", shows a flowchart for selecting screening tools. It starts with the question "There are valid screening tools available for SBIRT practice. However, you need to consider a few things before you select a tool:". The flowchart branches into two main categories: "Who are you screening?" and "What are you screening for?".

Who are you screening?	What are you screening for?	Validated screening tools
Adults	Alcohol	AUDIT or AUDIT-C Alcohol Use Disorders Identification Test
Adults	Drugs	DAST Drug Abuse Screening Tool
Adults	Alcohol & Drugs	ASSIST Alcohol, Smoking, and Substance Involvement Screening Test
Adolescents	Alcohol & Drugs	CRAFFT Car, Relax, Alone, Forget, Friends, Trouble (substance-related areas to assess)

Tools are referred to by acronyms.

The right screenshot, also titled "Module 3: Screening Tools for SUDs", shows the "Scoring the AUDIT:" section. It includes a table with 10 questions and their corresponding scores. A summary box indicates that a score of 7 falls into the mild risk category, and a recommendation to conduct a Brief Intervention is provided.

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never or less than monthly	1-2 times a month	3-4 times a month	5-6 times a month	7 or more times a week
2. How many drinks do you have on a typical day when drinking?	1 or 2	3 or 4	5 or 6	7 or 8	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No	Yes, but not in the last year	Yes, during the last year	Yes, during the last year	Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year	Yes, during the last year	Yes, during the last year	Yes, during the last year

Summary: You learn Esperanza is drinking. She indicates some consequences such as her drinking slightly impacting her ability to carry out obligations and causing her to feel guilty about her drinking.

Score: 7

With a score of 7, Esperanza falls in the mild risk category. You would conduct a Brief Intervention.

- There are multiple ways faith and spirituality questions can be included in SBIRT during screening, which include asking general open-ended questions to assess the role of faith/spirituality in an individual's life or using validated tools available in health care like the SOPP and the HOPE.

**Approximate Time to Complete Module: 30:00 Minutes**



## MODULE 4: BRIEF INTERVENTION FOR SUBSTANCE USE DISORDERS

### Module Summary:

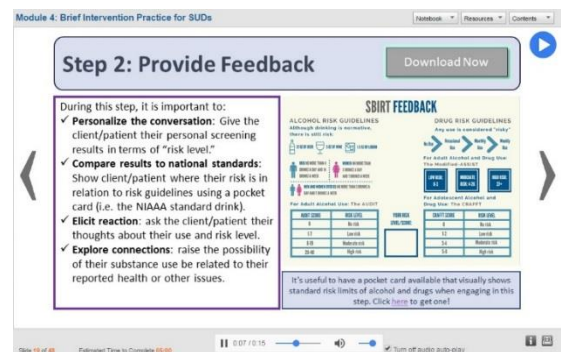
In this fourth Module, students are provided with an overview of how to conduct a brief intervention using the Brief Negotiated Interview (BNI). This module reviews behavior change principles, including stages of change and motivational enhancement strategies. The training exposes the student to the 4 BNI steps: 1) Raise the Subject; 2) Provide Personal Feedback; 3) Enhance Motivation; and 4) Negotiate a Plan.

The practice of the BI (using the 4 steps) are demonstrated in this Module by three healthcare SBIRT videos. The Module concludes with a discussion on how to incorporate cultural components of faith and spirituality into the practice of brief interventions and reviews how these components can play a role in the behavior change process.

(Role play materials for the Brief Intervention are included in Appendix D).

### Key Points:

- Steps 1 and 2 introduce the subject of substance use and provide feedback on screening results. Motivational Interviewing (MI) is an essential aspect during these steps and plays an important role in the initial stages of behavior change. Motivational Interviewing includes the Stages of Change model, OARS (Open-ended questions, Affirmations, Reflective Listening, and Summary Statements), and MI Skills (Empathy, Roll with Resistance, Support Self Efficacy). [See Appendix D for useful MI instructional resource handouts.]
- During Step 3 of the BI (Enhance Motivation), some useful techniques to help motivate behavior change include the Decisional Balance Exercise, Values Exploration, and the Readiness to Change Ruler. The key is to encourage the patient/client to come up with their own reasons for change.
- Faith and Spirituality is best integrated into steps 3 and 4 of the BI (Enhance Motivation and Negotiate a Plan). Faith/Spirituality can be leveraged by asking questions such as, “Does faith/spirituality play a role in your decision to change?” or “How can faith/spirituality serve as a support for you?”



**Approximate Time to Complete Module: 65:00 Minutes**

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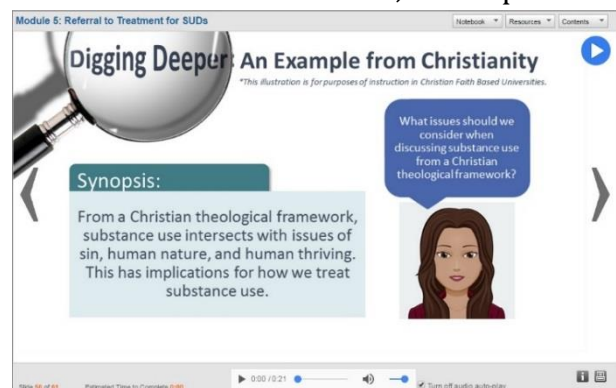
## MODULE 5: REFERRAL TO TREATMENT FOR SUDS

### Module Summary:

In this fifth Module, students are provided with a detailed overview of the specialty treatment system that is designed to address substance use disorders in local communities. Students are shown how to locate resources for making referrals, as well as the critical steps involved with making a referral to this treatment system when needed. Students are encouraged to build a referral network that includes non-secular (faith-based or spiritually focused) treatment centers. The Module also examines how substance use issues are viewed under a cultural lens of faith and spirituality broadly within multiple religious groups, with an illustration of how substance use issues are viewed within the Christian faith, specifically.

### Key Points:

- The SUD treatment system is categorized into “Levels of Care” defined by the American Society for Addiction Medicine (ASAM) distinct risk criteria. Levels of care include detoxification services, medication assisted treatment services, clinical treatment services (i.e. residential treatment, intensive outpatient, and outpatient treatment), and aftercare recovery support services.
- When individuals screen at moderate or high risk from the screener, they should be given a referral to treatment. It is important to address environmental level barriers and individual level barriers that may prevent the individual from seeking treatment, including faith/spiritual barriers. One way to address these barriers is by providing a warm handoff to a referral site that is sensitive to their psychological, physical, and spiritual needs.
- Different religious and cultural groups may have differing views on substance use. As a healthcare practitioner, it is important to be aware of the population that you serve and engage in professional development to become culturally competent healthcare providers.
- From a Christian theological framework, substance use intersects with issues of sin, human nature, and human thriving. A common misconception is that individuals who suffer from substance use disorders are “more sinful” or choose to live in sin. However, it is important to keep in mind that Scripture says all human beings are sinful and that no sin is better or worse than another. Instead, it is important to acknowledge the biological, social, psychological or environmental factors that influence substance use behaviors. Rather than condemning those who use substances, the job of a healthcare professional is to guide individuals towards wholeness and growth.



**Approximate Time to Complete Module: 50:00 Minutes**

## MODULE 6: SPECIAL CONSIDERATIONS

### Module Summary:

This sixth Module provides students with an overview of special ethical considerations when integrating faith and spirituality into SBIRT practice, including coercion, violation of privacy, discrimination, and harm. It includes case examples that illustrate such issues when working with diverse individuals from various religious or cultural backgrounds. Module 6 expands on the concept of cultural competence by encouraging students to practice cultural humility within their field. Lastly, the Module provides brief examples from research findings on various cultural elements, such as race/ethnicity, gender, age, and sexual orientation.

### Key Points:

- When integrating faith/spirituality into SBIRT, it is important to keep in mind the ethical principles of your discipline so as not to intentionally or unintentionally violate a client/patient's ethical rights.
- All healthcare providers should be aware of any biases or stereotypes that they might hold and take steps to reduce these biases or stereotypes. These steps include putting yourself in the patient/client's shoes, building a partnership with the patient/client, take care of yourself and protect your mental resources, be positive, and counter negative stereotypes by exposing yourself to positive images.
- Culturally responsive care occurs when a healthcare provider is both culturally competent and possesses cultural humility. All healthcare providers should strive to provide culturally responsive and person-centered care to their clients/patients.

**Approximate Time to Complete Module: 30:00 Minutes**

## SBIRT IN-CLASS TRAINING

### INTRODUCING SBIRT TO STUDENTS

For many students, as well as faculty and preceptors, SBIRT is a completely new concept. Knowing how to talk about SBIRT with students is an essential part of the learning experience. Some components that may be important to explain include:

1. Explain that SBIRT is being implemented into their courses as part of a government grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement Faith & Spirituality Integrated SBIRT Student Training at Faith-based Universities in California, including Azusa Pacific University, Biola University, California Baptist University, Concordia University Irvine, Fresno Pacific University, and La Sierra University, with the goal of improving cultural competency in the prevention and treatment of substance use disorders.
2. Describe and define the SBIRT acronym, which stands for **S**creening, **B**rief **I**ntervention, and **R**eferral to **T**reatment. These three components are evidence-based practices that have been formulated into a three-step effort to address risky substance use among the general population.
3. Explain why SBIRT is important to your discipline, whether it is nursing, psychology, social work, or other. For example:
  - a. **Substance use effects multiple aspects of life**, including mental health, physical health, social issues, interpersonal issues, and legal issues.
  - b. **SBIRT is brief**: it should take no more than 5-15 minutes to complete.
  - c. **SBIRT is cost effective**: substance use costs the government billions of dollars each year. Addressing substance use issues before they become more serious issues (with SBIRT) can save a significant amount of money – money that can then be used to address other needs.
  - d. **SBIRT can be practiced in a variety of settings**, including primary care settings, mental health settings, emergency room settings, and social service settings, among others.
4. Discuss the requirements associated with this SBIRT Training that you have integrated into your course syllabus. Inform the students that they will be required to complete a 4-hour online training assignment as well as participate in a 30-day follow-up assessment in class.
5. Inform students that completing the 4-hour online training will award them with a certificate to practice SBIRT in practicum or work settings (that they will need to turn in for credit).
6. Highly Recommended: Let students know that they may be given the opportunity to practice SBIRT in class via role play (per faculty discretion/time).

For your convenience, there is an SBIRT Student Handout that covers this information included in Appendix B.

## SBIRT TRAINING IMPLEMENTATION IN COURSEWORK

The SBIRT training should be incorporated into your course syllabus. There is no protocol for how this is done and you can use a model that best fits your class structure/instructional needs. For example, you can include the training as one complete section added at the beginning of the course and followed up at a 30-day mark OR you can divide the training up throughout the course and include the discussion of the training within different core concepts of the class. In this Toolkit, we provide you with some *example syllabi* to guide your decision. (See Appendix A for sample syllabi).

Some things to consider when incorporating SBIRT in the syllabus include:

- ✓ Map the SBIRT Student Training to the course learning outcomes as appropriate to your university guidelines.
- ✓ Provide students with adequate time to complete the 4-hour online training. This can be assigned as homework throughout a certain period of time.
- ✓ Ensure that students complete the online training by requiring them to present their Certificate of Completion or Progress Report (see figures 1 & 2) in order to receive credit. NOTE: If you encounter students who have already completed the SBIRT online training as part of a previous course, we recommend that you request a copy of their Certificate of Completion to verify that they previously completed the training. These students may still be eligible to receive credit. You may also encourage that they review material from the website.
- ✓ Assign the online training to be completed **at least 30-days prior to the end of the course since students are also required to complete the a follow-up assessment 30 days after completing the training (See the section titled “Importance of the Post Assessment Follow-Up” on page 23 for more).**
- ✓ Set aside time in-class to discuss SBIRT and conduct role plays. This is highly recommended. (See the section titled “SBIRT Role Play” on page 24 for details).

### Your SBIRT Training Modules

☰ My Progress Report	
Introduction: Start with an Introduction to the SBIRT Training Modules	☑
Module 1: Epidemiology of Substance Use Disorders (SUDs)	☑
Module 2: Introducing SBIRT in Allied Health Care Fields	☑
Module 3: Screening Tools for SUDs	☑
Module 4: Brief Intervention Practice for SUDs	☑
Module 5: Referral to Treatment for SUDs	☑
Module 6: Special Considerations	☑
End of Course: #1 Post-Test Assessment & Satisfaction Survey	☑
Follow-Up: #2 Post-Test Assessment & Satisfaction Survey	☑
📄 Download Certificate of Completion	★ Obtain Continuing Education Credits

⚠ Problems downloading a certificate, click here for another approach.



**Figure 1.** The progress report feature can be located on the Modules Page and appears as a bar located above the Modules. Students may click on the “My Progress Report” bar at any time to view or download their progress report. **Figure 2** below is what the student will see upon opening their progress report. The progress report will show if and when the student completed each module, as well as whether or not the student has completed the Post Assessment and Post Assessment Follow-Up.

# SBIRT Training Progress Report

Learner: Student's Name

Learner Email: Student's Email

Learner ID: xxxxx

Report Generated: 4/26/2017 4:20:35 PM

Activity	Status	Time Completed
Registration	☑ Completed	6/3/2016 12:25:46 PM
Pre-Assessment	☑ Completed	9/14/2016 1:41:00 PM
Introduction: Start with an Introduction to the SBIRT Training Modules	☑ Completed	9/14/2016 2:56:09 PM
Module 1: Epidemiology of Substance Use Disorders (SUDs)	☑ Completed	9/14/2016 2:56:09 PM
Module 2: Introducing SBIRT in Allied Health Care Fields	☑ Completed	10/18/2016 3:56:18 PM
Module 3: Screening Tools for SUDs	☑ Completed	10/18/2016 4:38:35 PM
Module 4: Brief Intervention Practice for SUDs	☑ Completed	10/19/2016 9:35:54 AM
Module 5: Referral to Treatment for SUDs	☑ Completed	10/19/2016 3:30:07 PM
Module 6: Special Considerations	☑ Completed	10/21/2016 11:35:52 AM
End of Course: #1 Post-Test Assessment & Satisfaction Survey	☑ Completed	10/21/2016 11:43:24 AM
Follow-Up: #2 Post-Test Assessment & Satisfaction Survey	☑ Completed	11/29/2016 10:21:03 AM

[Download Progress Report](#)

## IMPORTANCE OF THE POST ASSESSMENT FOLLOW-UP

SAMHSA has mandated that each grantee administer GPRA satisfaction surveys to all individuals trained in SBIRT practice in order to continue receiving grant funding and assess the quality of the trainings provided (See Appendix F: GPRA Surveys). Each trainee is required to complete a follow-up survey, titled Follow-Up: #2 Post-Test Assessment & Satisfaction Survey, 30 days after completing the training. The required follow-up rate is set at 80% overall. For the purposes of SBIRT training, the GPRA survey has been incorporated into the Post-Test Assessment Follow-Up within the Learning Management System, which uses a built-in system to prompt the user (student) with an email to complete the assessment at a given time (30 days from the completion of the Baseline Post-Assessment). We ask that all students be required to complete the follow-up assessment **in class** to ensure a high follow-up rate.

For certain classes, it may not be possible for students to complete the Post Assessment Follow-Up due to shorter course lengths. In this situation, the Follow-Up: #2 Post-Test Assessment & Satisfaction Survey has been made available starting at the 15-day mark. Students in such classes should be instructed to complete the follow-up survey 15 days after completing the training. It should be noted that students will not receive an email prompt at the 15 day mark and that it will be the responsibility of the students to log into their training accounts and select the Follow-Up: #2 Post-Test Assessment & Satisfaction Survey to complete.

### HELPFUL TIP:

Based on feedback we have received from faculty members, providing points or extra credit to students for completing the Post Assessment Follow-Up survey is an effective way to ensure participation in the Follow-Up. Faculty may ask students to print a copy of their progress report to verify that they have completed the Post Assessment Follow-Up to receive credit.

Module 5: Referral to Treatment for SUDs	<input checked="" type="checkbox"/>
Module 6: Special Considerations	<input checked="" type="checkbox"/>
End of Course: #1 Post-Test Assessment & Satisfaction Survey	<input checked="" type="checkbox"/>
Follow-Up: #2 Post-Test Assessment & Satisfaction Survey	<input checked="" type="checkbox"/>
<a href="#">Download Certificate of Completion</a>	<a href="#">★ Obtain Continuing Education Credits</a>



? Problems downloading a certificate, click here for another approach.

## SBIRT ROLE PLAY (HIGHLY RECOMMENDED)

Engaging students in role play is highly recommended for providing a comprehensive SBIRT training. We believe that practicing SBIRT in the classroom is essential to learning, and is also highly favored by students. However, we recognize that not all courses lend themselves to the incorporation of role play; therefore, the SBIRT Online Student Training was designed with the capacity to be a standalone SBIRT training course. If you would like to incorporate role play into your courses, we provide materials that can help facilitate this process. Role play materials are made available in Appendixes B, C, D, and E, as well as in the Faculty Tab on the website. In general, it is advised that certain materials be available for role play:

1. Alcohol and Drug Screening Tools (i.e. the AUDIT, DAST-10, ASSIST, CRAFFT).
2. Patient/Client case studies or backstories.
3. Visual aids, such as a pocket card and/or readiness ruler.
4. A fidelity checklist/evaluation.
5. Brief Intervention Script (optional material to guide BI)

### **Role Play Set Up**

The Role Play is designed for students in groups of three: the healthcare provider, the client/patient, and the observer. Students should be given the opportunity to play each of the three roles. The student playing the healthcare provider is responsible for determining the client/patient's risk level and judge whether or not a brief intervention or referral to treatment is necessary based on the risk score. The healthcare provider will need to demonstrate skills in conducting screening, delivering a brief intervention, motivational interviewing strategies, and cultural competence. The role of the client/patient is flexible and open for interpretation. The client/patient may choose to be cooperative with the healthcare provider, or they may demonstrate resistance to change. A good healthcare provider will be able to navigate through resistance and keep the client/patient on track with the discussion. Lastly, the role of the observer is to evaluate the performance of the healthcare provider and determine on a scale of 0 to 5 the proficiency with which the healthcare provider demonstrated each item listed on the evaluation. The purpose of the fidelity evaluation is to ensure that SBIRT is being practiced as it was intended.

### **Tips for Conducting the Role Play**

- Show the students an example of SBIRT being conducted in a video (See Appendix E).
- Ask the observer to record (via smartphone or camera) the other two students during role play and analyze their performance.
- Debrief the students afterwards and discuss any challenges/barriers or successes they experienced during role play.
- Inform students that they can access SBIRT materials on the website under the "Explore Resources" tab if they would like materials to use during SBIRT practice in their practicum or work sites.



## SBIRT AT PRACTICUM SITES

The goal of SBIRT student training is to equip and prepare students to practice SBIRT in the workforce. The likelihood of students carrying over this training into their work sites may be increased by experience in a practicum or clinical site. However, we recognize that it may not always be appropriate or feasible to conduct SBIRT practice at practicum or clinical sites. The difficulty with continued uptake of SBIRT in the practice setting is something that the Faith & Spirituality Integrated SBIRT Network is working to improve. The next step will be to conduct focus groups and develop case models for each of the three disciplines of Psychology, Nursing, and Social Work. Our goal is to be able to create a comprehensive case model for SBIRT implementation into the practice setting by our next Summit in 2017.

If you have experience with SBIRT implementation into practice sites and would be willing to share this information with us, we would love to hear from you at [healthpsychlab@apu.edu](mailto:healthpsychlab@apu.edu) or over the phone at (626) 815-6000 ext. 2417.

## CONTACT INFORMATION

### We would love to hear from you!

Please contact us if you have any questions regarding SBIRT student training or if you have any feedback you would like to share with our team.



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### The Faith & Spirituality Integrated SBIRT Network

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Email:

[healthpsychlab@apu.edu](mailto:healthpsychlab@apu.edu)

Phone:

(626) 815-2788

Address:

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918 East Alost Avenue  
Azusa, CA 91702



## APPENDIX

### APPENDIX A: INTERDISCIPLINARY SAMPLE SYLLABI

#### UNDERGRADUATE PSYCHOLOGY SYLLABUS: ABNORMAL PSYCHOLOGY

### **SAMPLE SYLLABUS 1: Undergraduate Psychology Course Abnormal Psychology**

**Course Description:** The major focus of this course is mental illness and abnormal behavior, in light of modern theory and knowledge. Current trends and modern methods of diagnosis, understanding, treatment, and prevention are discussed. Students enrolled in this course may be required to share information regarding their personal life, family, or relationships.

**Additional Description:** This course provides a foundation on the taxonomy, epistemology, prevalence, course, and treatment of mental disorders as classified in DSM-5 from biological, psychological, and sociocultural perspectives that incorporate viewpoints from a number of theoretical frameworks. Case studies will be utilized frequently to supplement understanding of these disorders and provide examples of how they are manifested in people's lives. Be aware that details from cases may be disguised or altered to protect confidentiality. The class will be lecture oriented, with opportunities for group discussion, personal reflection, and creative engagement with the course material.

**Course Learning Outcomes:** In order to communicate the goals of this course, this course utilizes common language developed by the University's Department of Psychology, the University's Assessment Protocol, and American Psychological Association (APA). The hope is that the students, faculty, administration, and other interested parties know the purpose of the course and how it serves the mission of the University and the Department of Psychology and how the course aligns with appropriate outcomes identified by APA and the Assessment Protocol.

**Essential Goals:** Assessment 1. Gaining basic understanding of the subject (e.g., factual knowledge, methods, principles, generalizations, theories)

**Important Goals:** Assessment 8. Developing skill in expressing oneself orally or in writing  
Assessment 11. Learning to analyze and critically evaluate ideas, arguments, and points of view

Course Goals and Objectives	Department of Psychology Goals	APA SLO Goals	Assessment	Student Assignment/ Outcomes/ Measurements
<p>Students will demonstrate <b>knowledge and understanding of abnormal psychology</b> including: diagnostic categories and subtypes; history of abnormal psychological conceptualization, assessment, and diagnosis; Current research and methods of assessment and treatment for psychological disorders; etiology and biopsychosociocultural factors in disordered behavior; and ethical practices pertaining to abnormal psychology</p>	<p>SLO 1: DISCIPLINARY KNOWLEDGE. Students demonstrate a working knowledge of psychology's content domains, key theories, concepts, principles, themes, and applications of psychology in society</p>	<p><b>Goal 1: Knowledge Base In Psychology</b></p>	<p>Assessment 1, 3</p>	<p>Exams 1-4; Final Exam (M.C.); <b>SBIRT Training</b></p>
<p>Students will demonstrate <b>proficiency in scientific inquiry</b> related to abnormal psychology including: Current literature review and examination of the current issues in abnormal psychology, illustrated by APA writing</p>	<p>SLO 2: CRITICAL THINKING, SCIENTIFIC INQUIRY AND EFFECTIVE COMMUNICATION. Students demonstrate effective expression of critical thought and scientific inquiry in their engagement with psychology literature, conduct of psychological research, and written, oral, and interpersonal communication</p>	<p><b>Goal 2: Scientific Inquiry and Critical Thinking</b> <b>Goal 4: Communication</b></p>	<p>Assessment 8, 9, 11</p>	<p>Journal Article Review</p>
<p>Students will identify and critically analyze the <b>professional issues</b> related to the application of abnormal psychology including: issues related to professional <b>ethics, multiculturalism, and personal self-awareness.</b></p>	<p>SLO 3: VALUES AND ETHICS. Students demonstrate knowledge of the APA ethical and multicultural ethical standards for the practice of psychology and are able to utilize those standards in decision making and actions in scientific inquiry, sociocultural, and interpersonal contexts. Students articulate and behaviorally express values that build and enhance interpersonal relationships and community engagement at local, multicultural, and cross cultural levels.</p>	<p><b>Goal 3: Ethical and Social Responsibility in a Diverse World</b></p>	<p>Assessment 1, 4, 9, 10</p>	<p>Mid-Term Paper</p>

Students will demonstrate a <b>faith-integrated worldview</b> approach to abnormal psychology, including: Faith integrated conceptualizations of identity, behavior and pathology in terms of etiology, conceptualization and treatment issues within a Christian psychological perspective.	SLO 3: VALUES AND ETHICS. Students demonstrate knowledge of the APA ethical and multicultural ethical standards for the practice of psychology and are able to utilize those standards in decision making and actions in scientific inquiry, sociocultural, and interpersonal contexts. Students articulate and behaviorally express values that build and enhance interpersonal relationships and community engagement at local, multicultural, and cross cultural levels.	<b>Goal 3: Ethical and Social Responsibility in a Diverse World</b>	Assessment 4, 7, 10	Term Paper
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### Course Schedule

Date	Topic (Assignment Due in Bold)	Reading <sup>1</sup>	Assignment
9/1	Introduction and Overview of Syllabus	Syllabus	
9/6	Ch. 1 Research and Abnormal Psychology	1.1-1.9	Reading Ch. 1
9/8	Ch. 2 History of Abnormal Psych: Prehistory - 19th Century	2.1	
9/13	Ch. 2 History of Abnormal Psych: 19th Century-Present	2.2-2.3	Reading Ch. 2
9/15	Ch. 3 Biological Causes of Abnormal Psychology	3.1-3.3;	
9/20	Ch. 3 Psychological and Sociocultural Causes	3.4-3.6	Reading Ch. 3
9/22	Ch. 4 Assessment of Abnormal Psychology	4.1, 4.3	
9/27	Ch. 4 Classifying Abnormal Psychology	4.5-4.6	Reading Ch. 4
9/29	Ch. 5 Stress and Health	5.1-5.4	
10/4	Ch. 5 Treatment and Prevention of Stress-Related Disorders	5.5-5.8	Journal Article
10/6	Ch. 6 Anxiety Disorders	6.1-6.5	
10/11	Ch. 6 Obsessive Disorders	6.6-6.8	
10/13	Ch. 7 Unipolar Depression	7.1-7.3	Mid-Term Paper 1
10/18	Ch. 7 Bipolar Disorders and Suicide	7.4-7.9	
10/20	Exam Day		Exam 1
10/25	Ch. 9 Eating Disorders	9.1-9.3	Reflection Paper
10/27	Ch. 9 Obesity	9.4-9.6	
11/1	Ch. 10 Cluster A and B Disorders	10.1-10.4	Mid-Term Paper 2
11/3	Ch. 10 Cluster C Disorders and Psychopathy	10.5-10.8	
11/8	Ch. 11 Substance Use Disorders	11.1-11.3	<b>SBIRT Training</b>
11/10	Exam Day		Exam 2
11/15	Ch. 12 Homosexuality & Gender Dysphoria	12.1-12.3	<b>SBIRT Certificate</b>
11/17	Ch. 12 Paraphilias and Ch. 13 Schizophrenia	13.1-13.2	Term Paper Outline

11/22	Ch. 13 Schizophrenia, Neurodevelopment, and Treatment	13.3-13.7	
11/24	No Class: Thanksgiving		
11/29	Ch. 14 Brain Impairment, Delirium, & Dementia	14.1-14.4	Film Analysis
12/1	Ch. 14 Amnesia and Brain Injury	14.5-14.7	
12/6	Ch. 15 ODD, CD, & ADHD	15.1, 15.3	
12/8	Ch. 15 Autism, Learning Disorders & RDoC	15.5-15.8	<b>SBIRT 30 Day</b>
TBD	Final Examination (Covers Chapters 12-15 + 2 Essay Questions)		Term Paper

## Assignments

- Attendance and Participation.** See Policies (above) for more information on this policy. 5 points will be deducted for each additional unexcused absence beyond the one absence allowed. A subjective evaluation of the student's participation will also contribute to the determination of the attendance grade.
- Reading Chapters 1-4.** This assignment involves reading and completing the associated quizzes on the online platform. All quizzes are open-book. See Policies (above) for more information about how points are awarded for this course component.
- Reflection Paper.** This 2.5-3.5 page paper will involve either a personal response that details the student's experiential and cultural impressions of mental illness OR an analysis of cultural or media trends that impact perceptions of mental illness. More details will be provided later.
- Mid-Term Paper 1 & 2.** The student will submit two 2-3 page Mid-Term papers, each addressing a summary of the clinical features of a single diagnosis from a list of options. More details will be provided later.
- Journal Article Review:** Select and read one article from the following: Wakefield (2007) or Deacon (2013). Based on this article, submit a 3-4 page review. More details will be provided later.
- Film Analysis.** This 3-4 page paper involves a critical analysis of a movie depicting mental illness. Students will apply course material in their analysis of the movie. More details will be provided later.
- SBIRT Training.** The student will complete a 4 hour online training of Faith & Spirituality Integrated SBIRT and be prepared to practice SBIRT in class. More details will be provided later. You are required to complete the training, show Completion Certificate; and a 30 day follow-up to receive credit in this course.
- Term Paper.** This 5-7 page faith integration paper gives the student an opportunity to elaborate on similarities and differences between Christian views and biopsychosocial views of a particular immoral behavior. More details will be provided later.
- Exams 1-2.** In-class mid-term exams will assess student's knowledge of Abnormal Psychology from the selected chapters. Exams will include a multiple choice section and an essay response section. The essay question will be worth 10 points and will be provided in advance of the exam. Please bring a scantron and Blue Book unless told otherwise.
- Final Exam.** The final exam will assess student's knowledge of Abnormal Psychology from the selected chapters. Multiple choice questions will address Chapters 12-15, additional readings, and Christian integration. There will also be 2 cumulative essay response questions, each worth 10 points. The instructor will provide 3 possible essay exam questions and 2 of these will be on the final exam. Please bring both a scantron and blue book unless instructed otherwise. The date of the final exam is determined by the APU finals exam schedule.

All assignments should be completed using APA style citations, formatting, and references.

### Determination of Grades

<b>Assignment</b>	<b>Points</b>	<b>Percent</b>	<b>Clock Hours</b>
Attendance and Participation	30	6%	45
Reading Chapters 1-4	36	7%	8
Reflection Paper	32	6%	6
Mid-Term Paper #1	25	5%	5
Mid-Term Paper #2	25	5%	5
Journal Article Review	45	9%	8
Film Analysis	38	8%	7
Term Paper Outline	10	2%	3
Term Paper	64	13%	12
SBIRT Training	30	6%	5
Exam #1	50	10%	10
Exam #2	50	10%	10
Final Exam	65	13%	13
<i>Total</i>	<i>500</i>	<i>100%</i>	<i>137</i>

**SAMPLE SYLLABUS 3: Undergraduate Nursing Course:  
Health Assessment**

**COURSE CREDIT DESCRIPTION:**

Following the Credit Hour policy, to meet the identified student learning outcomes of this course, the expectations are that this 3 unit course, delivered over a 5 week term will approximate 5 hour/week classroom/direct faculty instruction.

**COURSE DESCRIPTION:**

This course provides the nursing student with skills in physical and psycho-social assessment with focus on adult clients. History-taking and physical examination techniques presented in the course will assist the student to develop a strong base of assessment skills upon which further knowledge and practice can be built.

**University Assessment Protocol and Objectives:**

By the end of this course, students should be able to demonstrate mastery of the following learning outcomes. The classroom assignments that the instructor will use to assess mastery are identified in the table below:

<p align="center"><b>Student Learning Outcome</b> <b>(Course Outcomes)</b>  “By the end of this course, students should be able to...”</p>	<p align="center"><b>Assessment</b></p>	<p align="center"><b>Assignments Used to Assess</b></p>
<p>Describes the components of a complete health history. Performs a basic and routine examination of the adult client in an organized and systematic manner using the techniques of inspection, palpation, percussion, auscultation and smell in the adult client. Describe normal findings as well as common deviations and abnormalities expected during the routine physical examination of the adult client. Report assessment findings using appropriate terminology.</p>	<p>Gaining factual knowledge (terminology, classifications, methods, trends).</p>	<p>Health history paper and final demonstration of head-to-toe examination</p>
<p>Utilizes therapeutic communication techniques to facilitate communication. Identify risk factors in the health history associated with prevalent conditions. Identify problems and diseases of the different body systems through physical</p>	<p>Learning to apply materials (to improve rational thinking, problem</p>	<p>Health history paper, quizzes <b>SBIRT</b></p>



examination techniques. Formulate nursing diagnoses based on the health history and physical exam.	solving and decisions).	
<p>Demonstrates accountability for the development of a complete knowledge base of sound physical assessment skills and performance, upon which professional practice can be based. Communicates clearly, accurately and effectively in various written and verbal formats. Documents nursing interventions and outcomes thoroughly and accurately. Serves as a patient educator and advocate at a beginning level based on the identification of patient needs and rights.</p> <p>Serves as a patient advocate by reporting to instructor and client any deviation from normal findings. Understands limits to one's scope of practice and adhere to licensure laws and regulations.</p>	Developing specific skills, competencies and points of view needed by professionals in the field most closely related to this course.	Class and lab attendance and participation, health history paper, quizzes

WEEK DATE	TOPIC	ASSIGNMENTS DUE DATES
1	Orientation to class; Syllabus Review; Gathering a Health History	<ol style="list-style-type: none"> <li>1. Quiz on assigned reading (Sakai)</li> <li>2. Faith Integration Discussion (Sakai)</li> <li>3. <b>SBIRT Online Training</b></li> </ol>
2	Assessment exam of Skin, HEENT, and Neck systems	<ol style="list-style-type: none"> <li>1. Quiz on assigned reading (Sakai)</li> <li>2. Presentations for Skin, Eyes, Ears, and Throat</li> <li>3. Faith Integration Discussion (Sakai)</li> <li>4. <b>Health History first draft due</b></li> </ol>
3	Assessment of Cardiac, Respiratory, and Abdominal systems	<ol style="list-style-type: none"> <li>1. Quiz on assigned reading (Sakai)</li> <li>2. Presentations for Cardiac, Respiratory, and Abdomen</li> <li>3. Faith Integration Discussion (Sakai)</li> </ol>
4	<b>Assessment of Breast, Reproductive, Musculoskeletal, and Neurologic systems</b>	<ol style="list-style-type: none"> <li>1. Quiz on assigned reading (Sakai)</li> <li>2. Presentations for Breast, Reproductive, Musculoskeletal, and Neurologic</li> <li>3. <b>Final Health History paper with first draft</b></li> <li>4. Faith Integration Discussion (Sakai)</li> <li>5. <b>SBIRT 30-Day Follow-Up Assessment</b></li> </ol>
5	Putting it all together	<b>Final Exam: Complete PE demonstrations</b>

## **ASSIGNMENTS:**

Assignments are due at the beginning of class for the week they are assigned. In addition to your textbook, bring your Course Syllabus to class each week.

### **Attendance and Participation**

Your reading and sharing of the assigned readings will be crucial for your learning and that of your classmates. Your active, informed participation (which may include active listening) and any written preparation targeted to class activities will determine this part of your grade.

Attendance at every class session is extremely important. More than one absence for either the theory or the lab part of class may warrant withdrawal or failure. If you must miss class, you are responsible for the material presented and any makeup work assigned by the instructor.

### **Spiritual Discussion**

Each week an assigned Faith Integration discussion forum is posted on Sakai. You are expected to post your reply before the in-class session of that week. Responses should be 1-2 paragraphs in length and include evidence-based responses to the questions when possible. Participation and interaction are essential components and are graded. Students are expected to respond thoughtfully to at least 1 other student entries.

### **Weekly Quiz**

There will be a quiz each week based on the required readings. These quizzes are to be completed in the Sakai companion site prior to the in-class session of the assigned week. No late quizzes will be allowed.

### **Group Presentation/Case Study Scenario**

You will partner up in teams of 1-2 and will be given a case study scenario on a particular body system to be presented in class as assigned by the instructor. Your team will be given 15 minutes to complete your presentation.

### **Complete Health History 1<sup>st</sup> Draft**

The Health History paper for this class is a complete written health history for one client. This 1<sup>st</sup> draft is due the second week of class. It will be graded for revisions which is why it is imperative you submit a complete (no parts missing) 1<sup>st</sup> draft paper. These points are all or nothing. If you leave out a portion of the Health History paper you will get zero points for the assignment.

### **Health History Paper**

The Health History paper for this class is a complete written health history for one client. This paper is due the second week of class. It will be graded for revisions, you must turn in the final paper by the fourth class or it will be considered late. All late papers will be deducted 10% of your grade. It should be typed in APA format to include a title page and reference page.

### **Physical Exam**

You will be required to demonstrate a complete physical exam on the last night of class for you Final Exam. You will be given 20 minutes to complete the assigned exam.

\*\*\*To pass the class, you must be able to perform the Final Physical Exam with a minimum of 73%.

**Home Assignment: Faith and Spirituality Integrated (SBIRT) Training.**

- You will be required to complete a 4-hour online training of Faith & Spirituality Integrated SBIRT. SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. Upon completion of the training be prepared to practice SBIRT in class. The goal of SBIRT training is for you to become proficient in screening patients to determine their level of alcohol and/or drug use, inform them of the results of the screen, and if indicated, engage the patient in a brief motivational conversation (called a motivational interview) regarding next steps.
  - The online training must be accessed through the following link: ([www.sbirtfaithandspirituality.org](http://www.sbirtfaithandspirituality.org)). Follow the instructions to register by creating an account.
  - After you have registered complete the 6 SBIRT training modules.
  - Upon completion of the online training print out a copy of the Certificate of Completion. You must bring a copy of the Certificate of Completion to class in order to practice SBIRT.
  - In class you will be required to practice delivering the SBIRT intervention with a standardized patient (fellow student).
  - Completion of both the online training and in class practice are required for you to earn points for completing the assignment.
  - You must complete a 30-day follow up evaluation in order to receive credit for completing the SBIRT course.

**Nursing Process**

In order to earn an A, you must have a completed nursing process on the top 2 nursing problems identified in the Health History Summary

**COURSE EVALUATION CRITERIA**

Points for this course will be earned from the following activities:

Faith Integration Forum Discussions (10 points each x 4)	40 points
Quizzes (30 points each x 4)	120 points
Attendance & on-time arrival (5 points/week x 4)	20 points
Active participation in lab (5 points/week x 4)	20 points
Group Presentation (Case-study)	75 points
Complete Health History 1 <sup>st</sup> Draft	25 points
Health History Paper	100 points
Physical Exam Demonstration	100 points
<b>SBIRT Training Modules</b>	<b>60 points</b>
<b>SBIRT Standardized Patient Practice</b>	<b>40 points</b>
<b>Total</b>	<b>600 points</b>

UNDERGRADUATE SOCIAL WORK SYLLABUS: PRACTICE II – INTERVENTION/EVALUATION

**SAMPLE SYLLABUS 4: Undergraduate Social Work Course  
Practice II – Intervention/Evaluation**

**Course Description:** This course ends a two-course sequence that provides the foundation for social work practice with individuals and families. Content includes goal-setting and contracting, planning and implementing change strategies, utilizing evidence-based practice research, interdisciplinary collaboration, advocacy, resource development and practice evaluation.

Course Student Learning Outcome	Competency	Practice Behavior	Assignments/Method of Assessment
1) Demonstrate ability to develop mutually agreed upon intervention goals and objectives. 2) Demonstrate ability to select appropriate intervention strategies for particular consumer issues. 3) Describe strategies to evaluate and monitor consumer progress over time 4) Identify treatment outcomes that are appropriate for specific interventions for individuals with serious emotional or behavioral issues.	SLO 10 (EPAS 2.1.10) Engages, assesses, intervenes and evaluates individuals, families, groups, organizations, and communities.	10(A) Engagement 1. Develops rapport and addresses confidentiality appropriately with individuals, families, groups, organizations and/or communities. 2. Uses empathy and other interpersonal skills (e.g. attending behaviors and basic interviewing skills). 3. Develops a mutually agreed-on focus of work and desired outcomes. 10(B) Assessment 1. Collects organizes and interprets consumer system/organizational data. 2. Assesses consumers/consumer systems and strengths and limitations. 3. Develop mutually agreed upon intervention goals and objectives and select appropriate intervention strategies.	1. Readings 2. Topics: Introduction to evidence-based practice; ethical issues in evidence-based practice; behavioral health-care oriented best practices 3. Assessment: a) Midterm exam b) role play assignment c) integrative assignment d) <b>SBIRT</b>
Course Student Learning Outcome	Competency	Practice Behavior	Assignments/Method of Assessment
6) Demonstrate a working knowledge of relevant theoretical frameworks and	SLO 7 (EPAS 2.1.7) Apply knowledge of human behavior and the social environment.	7.4 Utilizes a range of theoretical frameworks to guide the processes of assessment, intervention, and evaluation.	1. Readings 2. Topics: Recovery model, illness management and recovery, CBT, <b>SBIRT</b> ,

evidence-based services (such as the recovery paradigm and self-help strategies) to intervene with consumers of mental health services.			motivational interviewing, and solutions focused therapy models. 3. Assessment: a) Midterm exam b) role play assignment c) integrative assignment
7) Translate research, identified in the literature as demonstrating effective treatment outcomes, into practice principles for individuals with serious emotional or behavioral problems	SLO 3 (EPAS 2.1.3) Apply critical thinking to inform and communicate professional judgments.	3.3 Utilizes appropriate models of assessment, prevention, intervention and evaluation. 3.4 Demonstrates effective oral communication in working with individuals, families, group, organizations, communities, and colleagues.	1. Readings 2. Topics: Evaluating evidence for practice, including research, cultural applications, and community based evidence. 3. Assessment: a) Faith integration response paper b) Midterm exam c) role play assignment d) integrative assignment
8) Demonstrate an understanding of evidence-based interventions and their applicability/ variability based on societal and technological trends.	SLO 9 (EPAS 2.1.9) Respond to contexts that shape practice.	9.2 Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments and emerging societal trends to provide relevant service.	1. Readings 2. Topics: a) Ethical issues in application of technology in practice, application of evidenced based practice, cultural relevance. 3. Assessment: a) Midterm exam b) role play assignment c) integrative assignment d)SBIRT
<b>Course Student Learning Outcome</b>	<b>Competency</b>	<b>Practice Behavior</b>	<b>Assignments/Method of Assessment</b>
9) Describe the role of social work values and ethics in evidence-based practice with individuals needing emotional or behavioral intervention.	SLO 2 (EPAS 2.1.2) Apply social work ethical principles to guide professional practice.	2.1 Is knowledgeable about the value base of the profession and makes ethical decisions by applying standards consistent with the NASW Code of Ethics and other guidelines/ principles of the profession. 2.2 Recognizes and manages personal values and biases in	1. Readings 2. Topics: a) Ethical issues in evidence- based practices, wellness self-management and recovery, discussion of specific evidence-based practices. 3. Assessment: a) Midterm exam

		ways that allow professional values to guide practice. 2.4 Applies strategies of ethical reasoning to arrive at principled decisions.	b) role play assignment c) integrative assignment
10) Discuss for which type of consumers the evidence base on a given practice exists. 11) Discuss principles for adapting interventions for use with diverse groups of consumers.	SLO 4 (EPAS 2.1.4) Engage in diversity and difference in practice.	4.2 Recognizes the extent to which a culture's structures and values may oppress, marginalize, alienate, or enhance privilege and power. 4.3 Demonstrates self-awareness in eliminating the influence of personal biases and values in working with diverse groups, including treating consumers with dignity and respect.	1. Readings 2. Topics: Principles for adapting interventions for use with diverse groups. 3. Assessment: a) Midterm exam b) role play assignment c) integrative assignment
12) Articulate critical analysis of one's own Christian world-view and how it influences choice of therapeutic approaches to help relationships, including evidence-based practices.	11. Faith Integration (EPAS 2.1.11) Articulate how Christian beliefs and values can be ethically integrated in professional social work practice.	11.1 Demonstrates an understanding of a Christian world view as related to social work practice. 11.2 Critically analyze how Christian, spiritual, or religious traditions assist or hinder the helping process.	1. Readings 2. Topics: Ethical issues in evidence-based practice. Diversity considerations in integration of faith in practice. Spirituality based assessment/intervention. 3. Assessment: a) Faith integration response paper b) Midterm exam c) integrative assignment
<b>Course Student Learning Outcome</b>	<b>Competency</b>	<b>Practice Behavior</b>	<b>Assignments/Method of Assessment</b>
13) Describe the importance of using evidence-based practices with individuals with a diagnosis of serious mental illness. 14) Critically review the research literature to determine the level of evidence that exists for a practice.	SLO 6 (EPAS 2.1.6) Engage in research-informed practice and practice-informed research.	6.1 Employs evidence-based interventions and policies. 6.2 Integrates research findings and professional judgment to improve practice, policy, and social service delivery. 6.3 Evaluates their own practice for effectiveness and improvement.	1. Readings 2. Topics: Introduction to evidence-based practice; best practices for family caregivers of people with severe mental illness 3. Assessment: a) Midterm exam b) role play assignment c) integrative assignment

## Assignments

### 1. Faith integration reflective paper – 15% of grade

Write a five-page reflective paper on the topic: Can faith and evidence-based practice co-exist?

Due Date: 2/11/17

### 2. Midterm exam - 20% of grade

You will complete an in-class midterm examination (multiple choice) on evidence-based practices and terminology that we discuss during the first half of the class. Due Date: 3/3/17

### 3. Role-play presentation on an evidence-based practice – 20% of grade

You will be the therapist in a role-play (you will pre-record a video-based role play). For 8-10 minutes, you will act as a social work therapist who is working with a consumer (a fellow classmate playing a consumer role). You will demonstrate aspects of one of the evidence-based practices that we are studying when intervening with the consumer. Due Date: 4/7/17

### 4. Participation – 15% of grade

Credit will be based on attendance, punctuality, active participation in exercises and discussions, and demonstrated commitment to distraction-free class environments (in seat other than during breaks, no cell phone use, no inappropriate laptop use, appropriate questions, attention to content, and mindfulness – being present and ready to learn in the classroom rather than being “checked out” or distracted). Due Date: ongoing

### 5. Faith and Spirituality Integrated (SBIRT) Training- 5% of grade

You will be required to complete a 4-hour online training of Faith & Spirituality Integrated SBIRT. SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. This is an evidenced based practice in screening clients to determine their level of alcohol and/or drug use, inform them of the results of the screen, and if indicated, engage the patient in a brief motivational conversation (called a motivational interview) regarding next steps. *This training was reviewed by the California Department of Health Care Services, and fulfills the 4-hour SBIRT training requirement noted in the All Plan Letter dated February 10, 2014 (APL 14-004).* The online training must be accessed through the following link: ([www.sbirtfaithandspirituality.org](http://www.sbirtfaithandspirituality.org)). Follow the instructions to register by creating an account.

- After you have registered complete the 6 SBIRT training modules.
- Upon completion of the online training print out a copy of the Certificate of Completion. You must bring a copy of the Certificate of Completion to class in order to practice SBIRT.
- In class you will be required to practice delivering the SBIRT intervention with a standardized patient (fellow student).
- Completion of both the online training and in class practice are required for you to earn points for completing the assignment.
- You must complete a 30-day follow up evaluation in order to receive credit for completing the SBIRT course. Follow up evaluation will be completed in class

Due Date: 3/24/17

6. Signature integrative assignment – 30% of grade

As an integrative assignment, you will complete a written case conference paper which presents a case in a coherent manner, based on information you learned in Practice I and in this class. You will be given a case vignette about a consumer with a particular problem or issue, and you will use that case in order to complete the case conference paper. The case conference paper should be 10 pages, double spaced, in APA 6 format. The first 3 pages will consist of a bio- psycho-social assessment of the case presented. The remaining 7 pages will discuss, in detail, the course of treatment/ intervention that you would implement in the case, which evidence- based modality you would utilize to assist the consumer(s), and your rationale for your choice. You will provide research literature to back up your choice of evidence-based practice modality, and you will discuss special considerations for application of the modality (based on consumer strengths, weaknesses, and special needs based on age, gender, religion, ethnic origin, sexual orientation, physical, emotional, behavioral, and/or social limitations). Due Date: 4/28/17

***Evaluation/Assessment Rationale for Grade Determination:***

Faith integration reflective paper – 15%

Evidence-based intervention midterm – 20%

Role-play on an evidence-based practice – 20%

Participation – 10%

**SBIRT Training and Class Participation- 5%**

Signature integrative assignment (written case conference paper) – 30%



*Tentative Course Schedule*

<b>DATE</b>	<b>TOPIC</b>	<b>ASSIGNMENT DUE</b>
<b>WEEK 1 THURS 1/21/16</b>	Introduction to evidence-based practice. Overview of evidence-based practice and review of serious behavioral health issues. Evidence-based practice in the managed health care system. Review of the biopsychosocial framework. Recovery framework. Stigma.	Competence-based skills – intervention/evaluation – in class exercise
<b>WEEK 2 THURS 1/28/16</b>	Ethical issues in evidence-based practice: Evidence for and against evidence-based practice. Ethical and diversity considerations, factors affecting at-risk groups. Religious and spiritual views on treatment practices; assuring ethical and effective practice in potential faith integration.	Competence-based skills – intervention/evaluation – in class exercise
<b>WEEK 3 THURS 2/4/16</b>	Wellness self-management and recovery: Motivating consumers to engage in self-management. Recovery treatment planning, and monitoring/ evaluating progress. The culture of recovery. The management of symptoms. Engaging consumers. Interventions and outcomes for the strength-based perspective.	Intervention/evaluation – in class exercise
<b>WEEK 4 THURS 2/11/16</b>	Medication management and Psycho-education: Shared decision- making and medication management in the recovery process. Social work role in medication management. Educating consumers about medication side effects. Using psycho-education to enhance family members’ ability to support consumer recovery; consideration for applied practice in cultural contexts	Intervention/evaluation – in class exercise  FAITH INTEGRATION PAPER DUE TODAY
<b>WEEK 5 THURS 2/18/16</b>	Solution-Focused Brief Therapy: History and overview, efficacy of SFBT with ethnic minority populations, clinical applications of SFBT, cultural and religious considerations. Solution-Focused Brief Therapy: History and overview, efficacy of SFBT with ethnic minority populations, clinical applications of SFBT, cultural and religious considerations.	Intervention/evaluation – in class exercise
<b>WEEK 6 THURS 2/25/16</b>	Assertive Community Treatment (ACT) and Full Service Partnerships (FSP): History and overview; relationship between ACT/FSP and traditional case management; intervention outcomes; intervention components and model fidelity; critical perspectives; cultural competence in ACT/ FSP services.	Intervention/evaluation – in class exercise

<b>WEEK 7 THURS 3/3/16</b>	MIDTERM EXAM	MIDTERM EXAM TODAY
<b>WEEK 8 THURS 3/10/16</b>	NO CLASSES – MID-SEMESTER BREAK	NONE
<b>WEEK 9 THURS 3/17/16</b>	Motivational Interviewing: History and overview, trans theoretical model and stages of change, empowerment focus-importance of consumer choice, tracking consumer motivational outcomes with assessment tools and choosing treatment modalities based on outcomes, clinical applications of MI, cultural and religious considerations	Intervention/evaluation – in class exercise
<b>WEEK 10 THURS 3/24/16</b>	Integrative care for co-occurring disorders/ SBIRT Training: Screening and assessment tools in the public domain, developing and integrated recovery plan, integrated treatment approaches, coordination of care and collaboration, relapse prevention, cultural and religious considerations.	Intervention/evaluation – in class exercise <b>COMPLETION OF SBIRT ONLINE TRAINING MODULES</b> Due: Certificate of completion
<b>WEEK 11 THURS 3/31/16</b>	Cognitive Behavioral Therapy (CBT) and Interpersonal Psychotherapy (IPT): History, theoretical orientation, intro to CBT/ IPT as evidence-based practices, importance of fidelity to CBT/IPT design, cultural and religious considerations.	Intervention/evaluation – in class exercise
<b>WEEK 12 THURS 4/7/16</b>	Mindfulness and Dialectical Behavioral Therapy (DBT): History, theoretical orientation, intro to IPT as an evidence-based practice, importance of fidelity to IPT design, cultural and religious considerations.	Intervention/evaluation – in class exercise ROLE PLAY VIDEOS DUE TODAY
<b>WEEK 13 THURS 4/14/16</b>	Community-oriented best practices: Supportive housing and supportive employment in the context of evidence-based practice, connection to recovery framework/ model, cultural and religious considerations	Intervention/evaluation – in class exercise
<b>WEEK 14 THURS 4/21/16</b>	Integrated behavioral programs for youth/ families: (Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy, Multidimensional Treatment Foster Care, Multi-dimensional Family Therapy). History, theoretical orientation, intro as evidence-based practices, importance of fidelity to protocol, cultural and religious considerations.	Intervention/evaluation – in class exercise
<b>WEEK 15 THURS 4/28/16</b>	Spiritual interventions/ Spirituality and mental health: History, theoretical orientation, intro as evidence-based practices, cultural considerations.	<b>SBIRT Follow Up Evaluation</b> (completed in class) INTEGRATIVE PAPER DUE TODAY

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## FAITH INTEGRATION OVERVIEW OF SBIRT TRAINING

The misuse of substances is not part of God's plan. God created us in his image (Genesis 1:26) – to thrive, have wholeness, be in relationship with Him (John 3:16; John 10:10) and have eternal life (John 17:3). Sin entered the world (we are all sinners) and separates us from God (Romans 3:23). The way we use substances can do just that, separate us from God, which makes it a sinful act. God hates sin (it is costly as the wages of sin is death and judgement – Romans 6:23; Hebrews 9:27). But God is a just and loving God full of grace and mercy. He still comes after us. While we were still sinners, He sent his son in the form of man to reconcile us back to Him and his purpose (no death or judgement, John 1:1, 14) by dying on the Cross for our sins (Romans 5:8). For all that is in the world, the lust of the flesh, and the lust of the eyes, and the pride of life, is not of the Father, but is of the world (1 John 2:16). Jesus is the true grapevine to bring us back to the Father (John 15). We need to help people not remain fallen branches.

Many people hold negative views of not only substance misuse but the people who misuse them. Public notions and experiences of addiction can cause many thoughts and concerns. Be mindful of this. We learn from Isaiah [1:17-19], "Learn to do good; seek justice, correct oppression; bring justice to the fatherless, plead the widow's cause." God's desire is that we bring reconciliation and justice to a fallen world, and to speak up for the marginalized. For those of us who have not engaged in substance misuse, God asks you to humbly show empathy towards those with substance use issues, rather than proudly assuming your spiritual superiority. As it says in 1 Peter 3:8: "all of you- be harmonious, sympathetic, brotherly, kindhearted, and humble in spirit."

This SBIRT student training aims to prepare students in disciplines of psychology, social work and nursing to conduct future screening and preventative practices of brief interventions and referral in various settings with the overall goal of addressing the complexities of substance use issues that challenge human thriving and wellbeing. Following Paul's instruction in Philippians 2:3-11: "Do nothing from selfish ambition or conceit, but in humility count others more significant than yourselves. Let each of you look not only to your own interests, but also to the interests of others;" may you be filled with the love of God as you learn to teach your students about SBIRT which is dedicated at seeking restorative justice for those who are enslaved and seduced by substances

## Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training

[www.sbirtfaithandspirituality.org](http://www.sbirtfaithandspirituality.org)

### What is SBIRT?

SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. It is a three-step process for identifying unhealthy substance use and addressing these issues by offering a brief intervention and/or referring them to treatment. The components of SBIRT are:

1. Screening identifies people with potential substance use disorders (alcohol or other drugs).
2. Brief Intervention is provided when the screening indicates moderate or high risk for a disorder. Brief Intervention utilizes motivational interviewing techniques focused on motivating people toward positive behavioral change.
3. Referral to Treatment provides a referral to specialty care for persons deemed to be at moderate or high risk for a substance use disorder.

### What is SBIRT Training?

The SBIRT Online Student Training offers an interactive and comprehensive look at substance use disorders, the three steps of SBIRT practice, and faith integration within SBIRT. It is a 4-hour training (you can stop and resume at any point) and contains 6 Modules:

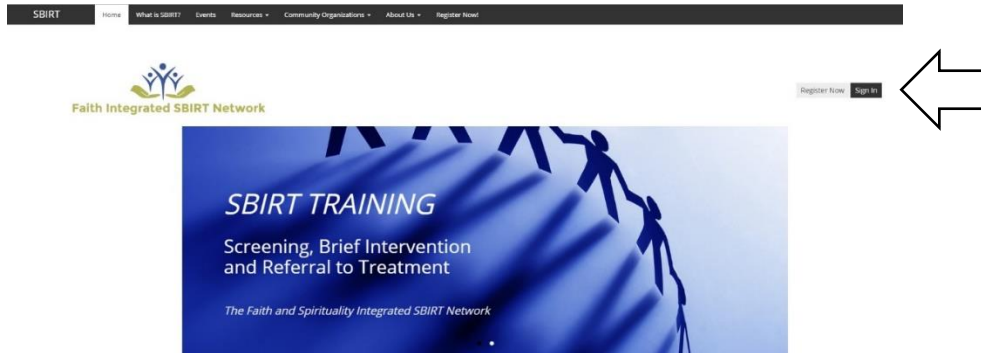
1. Module 1: Epidemiology and Science of Substance Use Disorders (SUDs)
2. Module 2: Introducing SBIRT in Allied Healthcare Fields
3. Module 3: Screening Tools for SUDs
4. Module 4: Brief Intervention Practice for SUDs
5. Module 5: Referral to Treatment for SUDs
6. Module 6: Ethical Practice Guidelines and Special Cultural Considerations

### Why take SBIRT Training?

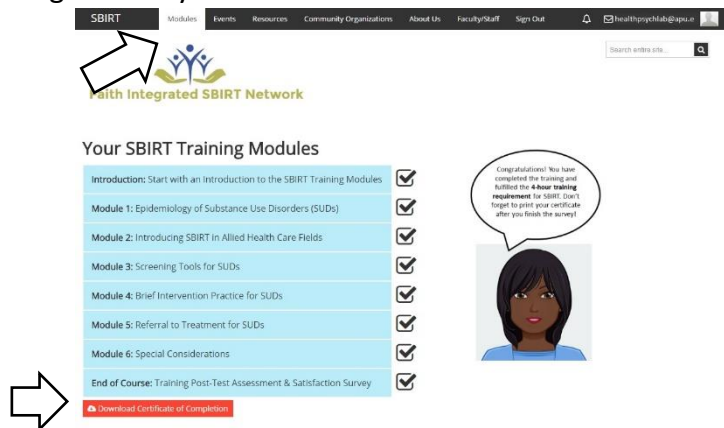
- It is a National Priority: Substance use is a major public health issue and SBIRT has been endorsed as a national priority and is reimbursable under Medicaid and the Affordable Care Act (ACA).
- It is Required for Providing SBIRT Services: California State requires that all practitioners receive 4-hours of SBIRT training in order to bill for SBIRT services. This training meets this 4-hour requirement.
- You Receive a Certificate: Upon completion of the training, students will receive a Certificate of Completion, which will allow you to practice SBIRT in certain settings.
- It Looks Good on Your Resume: You can put it on your resume or graduate/professional application.

## How to Access SBIRT Training:

1. Type in this URL to access the training website: [www.sbirtfaithandspirituality.org](http://www.sbirtfaithandspirituality.org)
2. Click on the “Register Now” button on the top right corner of the page. Complete the registration process.



3. Fill out the Pre-Assessment Questionnaire (this will automatically appear once you finish registering).
4. Click on the “Modules” tab to access the training. You must complete the Modules consecutively and pass a quiz at the end of each Module in order to move onto the next.
5. Complete the 6 Modules and the Post-Assessment Questionnaire. Upon completion, you will be able to download your Certificate of Completion. You may come back and download the Certificate again at any time in the future.



6. Click on the “Resources” tab to explore available resources and download practice materials.
7. 30-Days after completing the training, you will receive a 30-Day follow-up Questionnaire for you to complete. It is very important that you do this.

## Tips and Help:

- The Modules are accessible on computers and mobile devices, however for the optimal user experience, use an up-to-date computer browser (not Internet Explorer).
- For technical assistance, please email [healthpsychlab@apu.edu](mailto:healthpsychlab@apu.edu) or click on the “Contact Support” tab on the bottom of the webpage.

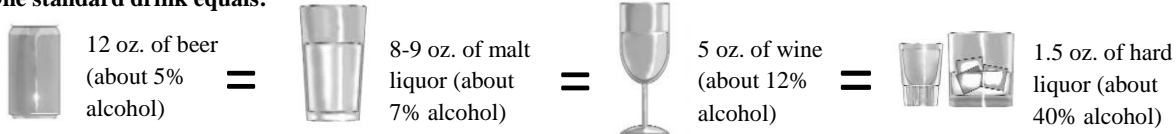
## APPENDIX C: VALIDATED SCREENING TOOLS

### THE AUDIT

## Alcohol Screening Questionnaire (AUDIT)

**PATIENT/CLIENT:** Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest. For each question in the chart below, place an X in one box that best describes your answer.

**One standard drink equals:**



<i>Questions refer to the past 12 months</i>	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

## Scoring the AUDIT

AUDIT Score	Risk Level	Intervention
0-7	Zone 1 (No Risk/Low Risk)	Alcohol Education
8-15	Zone II (Low Risk)	Brief Intervention (BI)
16-19	Zone III (Moderate Risk)	BI and Referral to Treatment
20-40	Zone IV (High Risk)	BI and Referral to Treatment

THE DAST

**Drug Screening Questionnaire (DAST-10)**

Using drugs can affect your health and some medications you may take. Please help us provide you with the best healthcare by answering the questions below. When the words “drug abuse” are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs.

**Which recreation drugs have you used in past 12 months?**

- Methamphetamines (speed, crystal)
- Cocaine (crack)
- Cannabis (marijuana, hash)
- Narcotics (heroin, hydrocodone, oxycotin etc.)
- Inhalants (paint thinner, aerosol, glue, etc.)
- Other \_\_\_\_\_
- Tranquilizers (valium)

<b>These questions refer to the past 12 months</b>	<b>No</b>	<b>Yes</b>
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (if never use drugs, answer “yes”)	1	0
4. Have you had “blackouts” or “flashbacks” as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose “no.”	0	1
6. Does your spouse (or parent) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

**Interpreting the DAST Score**

Patients receive 1 point for every “yes” answer with the exception of question #3, for which a “no” answer receives 1 point.

<b>DAST-10 Score</b>	<b>Degree of Problems Related to Drug Abuse</b>	<b>Suggested Action</b>
0	No problems reported	Reinforce positive behavior
1-2	Low Risk	Brief Intervention (BI)
3-5	Moderate Risk	BI and Referral to Treatment
6-10	High Risk	BI and Referral to Treatment



THE MODIFIED ASSIST

**NIDA Quick Screen V1.0**

Instructions: For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the “Monthly” column in the “illegal drug” row.

<b>In the past year, how often have you used the following?</b>	<b>Never</b>	<b>Once or twice</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or Almost Daily</b>
Alcohol <ul style="list-style-type: none"> <li>• For men, 5 or more drinks a day</li> <li>• For women, 4 or more drinks a day</li> </ul>					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

- If the patient says “NO” for all drugs in the Quick Screen, reinforce abstinence. Screening is complete.
- If the patient says “Yes” to one or more days of heavy drinking, *patient is an at-risk drinker.*
- If patient says “Yes” to use of tobacco: *Any current tobacco use places a patient at risk. Advise all tobacco users to quit.*
- If the patient says “Yes” to use of illegal drugs or prescription drugs for non-medical reasons, proceed to Question 1 of the NIDA-Modified ASSIST.

## NIDA MODIFIED ASSIST V2.0: QUESTIONS 1-8

**Instructions:** Patients/clients may fill in the following form themselves but screening personnel should offer to read the questions aloud in a private setting and complete the form for the patient/client. To preserve confidentiality, a protective sheet should be placed on top of the questionnaire so it will not be seen by other patients/clients after it is completed but before it is filed in the medical record.

1. In your LIFETIME, which of the following substances have you ever used?	No	Yes
a. Cannabis		
b. Cocaine		
c. Prescription stimulants		
d. Methamphetamine		
e. Inhalants		
f. Sedatives or sleeping pills		
g. Hallucinogens		
h. Street Opioids		
i. Prescription Opioids		
j. Other - Specify		

- Given the client/patient’s response to the Quick Screen, the client/patient *should not indicate* “NO” for all drugs in Question 1. If they do, remind them that their answers to the Quick Screen indicated they used an illegal or prescription drug for nonmedical reasons within the past year and then repeat Question 1. If the client/patient indicates that the drug used is not listed, please mark ‘Yes’ next to ‘Other’ and continue to Question 2 of the NIDA-Modified ASSIST.
- **If the patient/client says “Yes” to any of the drugs, proceed to Question 2 of the NIDA-Modified ASSIST.**

<b>2. In the past 3 months, how often how you used the substances you mentioned (first drug, second drug, etc.)?</b>	<b>Never</b>	<b>Once or Twice</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or Almost Daily</b>
a. Cannabis (marijuana, pot, hash, etc.)	0	2	3	4	6
b. Cocaine (coke, crack, etc.)	0	2	3	4	6
c. Prescription stimulants (Ritalin, Adderall, etc.)	0	2	3	4	6
d. Methamphetamine (speed, crystal meth, etc.)	0	2	3	4	6
e. Inhalants (glue, gas, etc.)	0	2	3	4	6
f. Sedatives or sleeping pills (Valium, Xanax, etc.)	0	2	3	4	6
g. Hallucinogens (LSD, acid, mushrooms, etc.)	0	2	3	4	6
h. Street Opioids (heroin, opium, etc.)	0	2	3	4	6
i. Prescription Opioids (oxycodone, hydrocodone, etc.)	0	2	3	4	6
j. Other - Specify	0	2	3	4	6

- For patients/clients who report “Never” having used any drug in the past 3 months: Go to Questions 6-8.
- For any recent illicit or nonmedical prescription drug use, go to Question 3.

<b>3. In the past 3 months, how often have you had a strong desire or urge to use (first drug, second drug, etc.)?</b>	<b>Never</b>	<b>Once or Twice</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or Almost Daily</b>
a. Cannabis (marijuana, pot, hash, etc.)	0	3	4	5	6
b. Cocaine (coke, crack, etc.)	0	3	4	5	6
c. Prescription stimulants (Ritalin, Adderall, etc.)	0	3	4	5	6
d. Methamphetamine (speed, crystal meth, etc.)	0	3	4	5	6
e. Inhalants (glue, gas, etc.)	0	3	4	5	6
f. Sedatives or sleeping pills (Valium, Xanax, etc.)	0	3	4	5	6
g. Hallucinogens (LSD, acid, mushrooms, etc.)	0	3	4	5	6
h. Street Opioids (heroin, opium, etc.)	0	3	4	5	6
i. Prescription Opioids (oxycodone, hydrocodone, etc.)	0	3	4	5	6
j. Other - Specify	0	3	4	5	6

<b>4. In the past 3 months, how often has your use of (first drug, second drug, etc.) led to health, social, legal or financial problems?</b>	<b>Never</b>	<b>Once or Twice</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or Almost Daily</b>
a. Cannabis (marijuana, pot, hash, etc.)	0	4	5	6	7
b. Cocaine (coke, crack, etc.)	0	4	5	6	7
c. Prescription stimulants (Ritalin, Adderall, etc.)	0	4	5	6	7
d. Methamphetamine (speed, crystal meth, etc.)	0	4	5	6	7
e. Inhalants (glue, gas, etc.)	0	4	5	6	7
f. Sedatives or sleeping pills (Valium, Xanax, etc.)	0	4	5	6	7
g. Hallucinogens (LSD, acid, mushrooms, etc.)	0	4	5	6	7
h. Street Opioids (heroin, opium, etc.)	0	4	5	6	7
i. Prescription Opioids (oxycodone, hydrocodone, etc.)	0	4	5	6	7
j. Other - Specify	0	4	5	6	7

<b>5. In the past 3 months, how often has your use of (first drug, second drug, etc.) led to health, social, legal or financial problems?</b>	<b>Never</b>	<b>Once or Twice</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or Almost Daily</b>
a. Cannabis (marijuana, pot, hash, etc.)	0	5	6	7	8
b. Cocaine (coke, crack, etc.)	0	5	6	7	8
c. Prescription stimulants (Ritalin, Adderall, etc.)	0	5	6	7	8
d. Methamphetamine (speed, crystal meth, etc.)	0	5	6	7	8
e. Inhalants (glue, gas, etc.)	0	5	6	7	8
f. Sedatives or sleeping pills (Valium, Xanax, etc.)	0	5	6	7	8
g. Hallucinogens (LSD, acid, mushrooms, etc.)	0	5	6	7	8
h. Street Opioids (heroin, opium, etc.)	0	5	6	7	8
i. Prescription Opioids (oxycodone, hydrocodone, etc.)	0	5	6	7	8
j. Other - Specify	0	5	6	7	8

**Instruction: Ask questions 6 & 7 for all substances ever used (i.e., those endorsed in Question 1).**

<b>6. Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (first drug, second drug, etc.)?</b>	<b>No, never</b>	<b>Yes, but not in the past 3 months</b>	<b>Yes, in the past 3 months</b>
a. Cannabis (marijuana, pot, hash, etc.)	0	3	6
b. Cocaine (coke, crack, etc.)	0	3	6
c. Prescription stimulants (Ritalin, Adderall, etc.)	0	3	6
d. Methamphetamine (speed, crystal meth, etc.)	0	3	6
e. Inhalants (glue, gas, etc.)	0	3	6
f. Sedatives or sleeping pills (Valium, Xanax, etc.)	0	3	6
g. Hallucinogens (LSD, acid, mushrooms, etc.)	0	3	6
h. Street Opioids (heroin, opium, etc.)	0	3	6
i. Prescription Opioids (oxycodone, hydrocodone, etc.)	0	3	6
j. Other - Specify	0	3	6

<b>7. Have you ever tried and failed to control, cut down or stop using (first drug, second drug, etc.)?</b>	<b>No, never</b>	<b>Yes, but not in the past 3 months</b>	<b>Yes, in the past 3 months</b>
a. Cannabis (marijuana, pot, hash, etc.)	0	3	6
b. Cocaine (coke, crack, etc.)	0	3	6
c. Prescription stimulants (Ritalin, Adderall, etc.)	0	3	6
d. Methamphetamine (speed, crystal meth, etc.)	0	3	6
e. Inhalants (glue, gas, etc.)	0	3	6
f. Sedatives or sleeping pills (Valium, Xanax, etc.)	0	3	6
g. Hallucinogens (LSD, acid, mushrooms, etc.)	0	3	6
h. Street Opioids (heroin, opium, etc.)	0	3	6
i. Prescription Opioids (oxycodone, hydrocodone, etc.)	0	3	6
j. Other - Specify	0	3	6

**Instructions:** Ask Question 8 if the patient/client endorses any drug that might be injected, including those that might be listed in the other category (e.g. steroids). Circle appropriate response.

<b>8. Have you ever used any drug by injection (Non-Medical Use Only)?</b>	<b>No, Never</b>	<b>Yes, but not in the past 3 months</b>	<b>Yes, in the past three months</b>
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- If patient/client responds that they inject once weekly or less OR fewer than 3 days in a row, provide a brief intervention including a discussion of the risks associated with injecting.
- If patient/client responds that they inject more than once per week OR 3 or more days in a row, refer for further assessment.

**Tally Sheet for Scoring the Full NIDA-Modified ASSIST:**

Instructions: For each substance (labeled a-j), add up the scores received for questions 2-7 above. This is the Substance Involvement (SI) score. Do not include results from either the Q1 or Q8 (above) in your SI scores.

<b>Substance Involvement Score</b>	<b>Total (SI SCORE)</b>
a. Cannabis	
b. Cocaine	
c. Prescription stimulants	
d. Methamphetamine	
e. Inhalants	
f. Sedatives or sleeping pills	
g. Hallucinogens	
h. Street Opioids	
i. Prescription Opioids	
j. Other – Specify:	

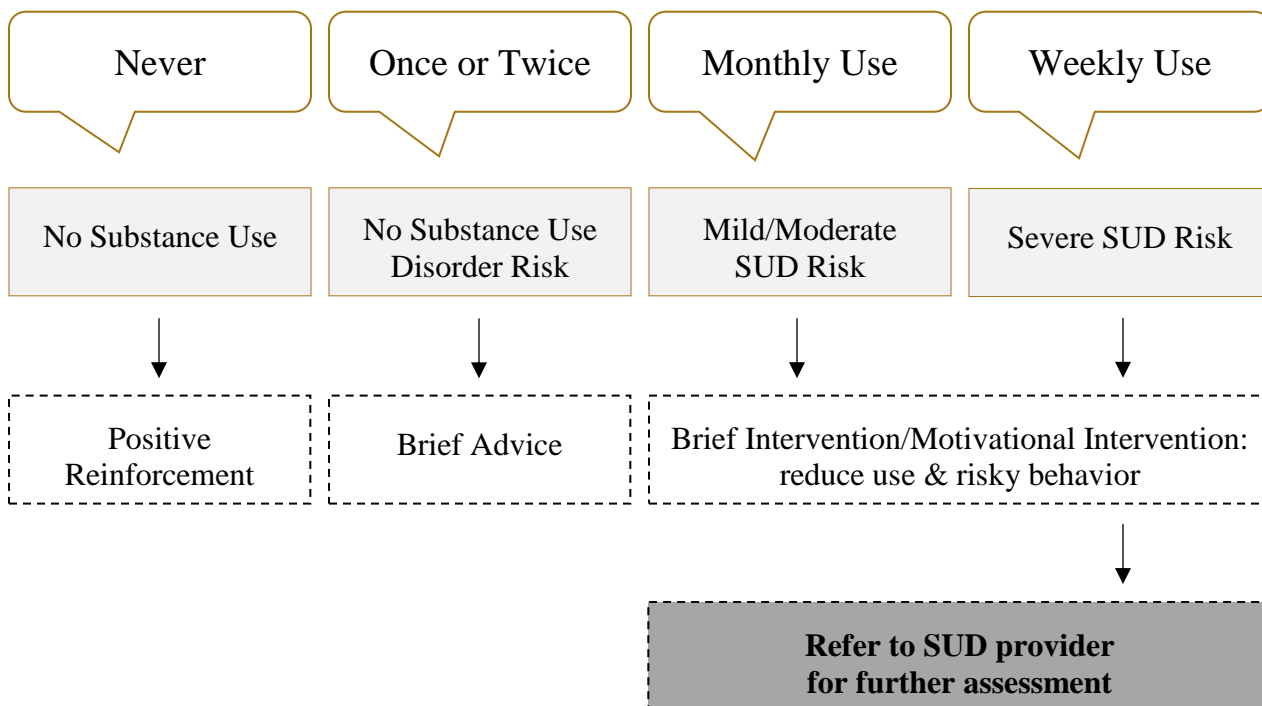
**Use the resultant Substance Involvement (SI) Score to identify patient/client’s risk level.**

<b>Level of risk associated with different Substance Involvement Score ranges for Illicit or nonmedical prescription drug use</b>	
0-3	Lower Risk
4-26	Moderate Risk
27+	High Risk

## S2BI: Screening to Brief Intervention

In the past year (12 months), how many times have you used:	Never	Once or twice	Monthly	Weekly
1. Tobacco				
2. Alcohol				
3. Marijuana				
STOP if all "Never." Otherwise, CONTINUE.				
4. Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?				
5. Illegal Drugs (such as cocaine or Ecstasy)?				
6. Inhalants (such as nitrous oxide)?				
7. Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?				

### S2BI Algorithm



# CRAFFT Screening Tool

<i>In the past 12 months...</i>		<i>Yes</i>	<i>No</i>
<b>C</b>	Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	1	0
<b>R</b>	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	1	0
<b>A</b>	Do you ever use alcohol or drugs while you are by yourself, ALONE?	1	0
<b>F</b>	Do you FORGET things you did while using alcohol or drugs?	1	0
<b>F</b>	Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?	1	0
<b>T</b>	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	1	0

Score \_\_\_\_\_

## Scoring the CRAFFT

Administer questions. Each positive answer scores one point. Calculate score to determine risk level and recommended action.

<b>CRAFFT Score</b>	<b>Risk Level</b>	<b>Recommended Actions</b>
0	No Risk	Positive Reinforcement
1-2	Low Risk	Brief Intervention
3-4	Moderate Risk	Brief Intervention
5-6	High Risk	Brief Intervention and Referral to Treatment



APPENDIX D: ROLE PLAY MATERIALS

BRIEF INTERVENTION STEPS SCRIPT

<b>BRIEF INTERVENTION STEPS FOR SBIRT</b>	
<p>Step 1: Raise the Subject</p>	<ul style="list-style-type: none"> <li>• Build Rapport: <i>Thank you for sharing with me about why you came here today....</i></li> <li>• Ask Permission: <i>Is it alright if we take a few minutes to go over the alcohol and drug use screener you filled out when you came here? I know talking about alcohol and drugs can be uncomfortable and I assure you that this is just a normal part of what we do here with everyone.</i></li> <li>• Discuss Limits of Confidentiality: <i>I want to emphasize that everything we talk about here is confidential, unless I feel that you are posing a threat to yourself and/or to others. Is that alright?</i></li> <li>• If the client/patient grants permission, proceed to Step 2: <i>Okay, thank you, let's review your results...</i></li> </ul>
<p>Step 2: Provide Feedback</p>	<ul style="list-style-type: none"> <li>• Provide a Risk Score: <i>According to the results from the screener, you scored a ___ (#) for ___ (alcohol/drug use). Would you mind telling me a little bit more about your use?</i></li> <li>• Compare Results to National Standard Guidelines: <i>According to National risk guidelines, this score puts you at a _____ (low, moderate, high) risk level. What this means is that your use pattern is considered unhealthy and may pose a ___ (low, moderate, high) risk to your overall health/well-being, if the pattern continues.</i></li> <li>• Elicit Reaction: <i>Given this information, what are your thoughts about this?</i></li> </ul>
<p>Step 3: Enhance Motivation</p>	<ul style="list-style-type: none"> <li>• Summarize the Client/Patient's Response: <i>So what I'm hearing is... Is that right?</i></li> <li>• Decisional Balance: <i>Can you tell me what you like about your use? ....Now, what's not so good about your use? Are there any costs to your use? For instance, does your use have any effect on your home/family, social or work life?</i></li> <li>• Summarize what has been said: <i>It sounds like... Anything else?</i></li> </ul>

	<ul style="list-style-type: none"> <li>• Faith Integration [if applicable]: <i>Does faith or spirituality play any role in this?</i></li> <li>• Personal Reflection: <i>Based on what you've shared, where does this leave you? What might be some important reasons for you to consider reducing your use?</i></li> <li>• Readiness Ruler: <i>Using a scale from 1–10, how ready are you to make a change? 1 being not at all ready &amp; 10 being very ready... So why a ___ (#)? Why not a lower number, like ___?</i></li> </ul>
<p>Step 4: Negotiate a Plan</p>	<ul style="list-style-type: none"> <li>• Summarize Discussion: <i>To summarize our discussion... Is there anything you would like to add?</i></li> <li>• Negotiate Plans for Change: <i>What are some steps that you can take to start cutting back on your use?</i></li> <li>• Faith Integration [if applicable]: <i>How might your faith or spirituality play a role in this? Can it be a source of support for you during this change?</i></li> <li>• Offer Advice and Resources: <i>I have some additional resources that might be helpful. Would you like to see them?</i></li> <li>• Refer to Treatment (if applicable): <i>I can also refer you to some places that can help you with ___ (client/patient's issue(s)).</i></li> <li>• Schedule a Follow-Up (if applicable): <i>Would it be alright if we scheduled another appointment sometime in the future to follow-up on what we discussed today?</i></li> </ul>

**Motivational Interviewing Strategies to Keep in Mind:**

OARS	MI Principles (Don't forget to A-DRES...)
Ask <u>O</u> pen-Ended Questions	Explore <u>D</u> iscrepancies
Personal <u>A</u> ffirmations	Roll with <u>R</u> esistance
Listen & Engage In <u>R</u> eflections	Express <u>E</u> mpathy
Provide <u>S</u> ummaries	Support <u>S</u> elf-Efficacy

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## INTERDISCIPLINARY CASE STUDIES

### Interdisciplinary Case Study - ROSE

#### **Backstory:**

Rose is a 70-year-old female who arrives at her primary care office for a routine visit. She was married for 45 years, but has been a widow for the past 2 years. She has three children and five grandchildren, whom she adores. However, she is sad that she doesn't get to see them very often.

Throughout her adult life, Rose would regularly drink a glass of wine with dinner. However, since becoming a widow, Rose has been drinking 2 glasses of wine during the week and often an entire bottle on the weekends. Occasionally, she gets together with her friends and they often drink together. \*\*She expresses that her Christian faith is very important to her and that there have been several periods during the past two years where she has decided to stop drinking for religious reasons, but was only able to quit for a couple of months at a time.

#### **Presenting Problem:**

Rose complains about fatigue, sleeplessness, dizziness, and pain in her joints. She is worried about thyroid problems and arthritis, since many of her friends experience these problems as well.

#### **Reasons why she is Resistant to Change:**

Drinking helps her cope with feelings of sadness and loneliness after losing her husband and being away from her children/grandchildren.

She enjoys spending time with her friends and drinking wine is one of their main activities.

She wants to have fun and enjoy life in her old age and doesn't think that it will affect her health much more than anything else.

#### **Reasons why she wants to Change:**

\*\*She is an elder at her church and feels guilty for drinking beyond moderate amounts

She knows her children are worried about her drinking and she wants them to "stop fussing" over her.

### Interdisciplinary Case Study – JAKE

#### **Backstory:**

Jake is a 16-year-old boy who has been in a group home for the past 7 years. Jake doesn't care about school and only does the minimum amount of work to pass his classes. He tends to make few friends at school and is rarely favored by his teachers. However, he is a promising soccer player and would like to join his high school team. He was previously diagnosed with ADHD and Post-Traumatic Stress Disorder. He smokes marijuana to cope with these issues and to help him relax. He reports that he tends to hang out with older boys who supply him with marijuana, has been in a car driven by one of these boys while they were high, and has gotten in trouble at school and at home on more than one occasion for smoking. \*\*One of his friends from school invited him to attend a youth group in the past, but Jake decided not to go because he didn't think he would be accepted.

#### **Presenting Problem:**

Jake is currently in the process of transitioning to a new group home because he had trouble with his previous group home. He is currently meeting with his social worker to discuss this transition.

**Reasons why he is Resistant to Change:**

Smoking marijuana helps him cope with his PTSD and ADHD. It also helps him relax and he enjoys spending time with his “smoking buddies.” Most of his friends smoke marijuana and it is one of the only times he socializes with peers.

**Reasons why he wants to Change:**

He doesn’t like getting in trouble at school and at the group home for his marijuana use. Part of the reason it didn’t work out with his previous group home was because they didn’t allow him to smoke marijuana. He really wants to fit in at his next group home and he’s afraid that they might send him away for smoking as well.

### **Interdisciplinary Case Study – DANIEL**

**Backstory:**

Daniel is a 45-year-old male who has come in for his first visit at a community counseling center. He has been married for the past 24 years and has two children in high school. He works as a foreman at a construction company and is at work 50-60 hours a week. A few years ago, he hurt his back on the job and was prescribed Vicodin (hydrocodone) for the pain. Since then, he has been taking 4-5 pills a day, obtained illegally without a prescription. Lately, he has been feeling restless and dissatisfied with his marriage and his job. \*\*He converted to Buddhism in his early 20’s but stopped practicing five years ago.

**Presenting Problem:**

Daniel decided to come to therapy because he believes that he is experiencing a “Mid-Life Crisis,” due to his restlessness and feelings of dissatisfaction with certain areas of his life. He also reports feeling a lot of pressure to provide for his family and send his children to college.

**Reasons why he is Resistant to Change:**

He likes taking the Vicodin because it helps him cope with his life stressors and the occasional pang from his old back injury.

He is aware that he might be dependent on Vicodin, but he is afraid of going through withdrawal. He tried to quit once before, but it made him feel extremely agitated and he had to leave work because he felt sick.

Furthermore, he is unsure how to get help for his condition and doesn’t want others to find out about it, lest he be labeled as an addict. He is especially worried that his children will find out and is too ashamed to tell them.

\*\*He originally stopped practicing Buddhism because of his drug use and hasn’t been able to continue out of shame.

**Reasons why he wants to Change:**

He has spent a significant amount of money on his drug habit, which has recently become more of a concern as he is thinking about sending his children to college.

A couple of years ago, his wife discovered his drug use and they occasionally have arguments for this reason. He doesn’t like upsetting his wife and he knows that she is concerned for his health.

He would like to get his life back to the way it was and stop living in shame of his drug use.

**\*\*For faith and spirituality integrated SBIRT practice.**

## Decisional Balance Exercise

*Below, write in the pros and cons associated with using substances. Also specific reasons to consider reducing use and not reducing use.*

<b><i>PROS: The good things about using:</i></b>	<b><i>CONS: The not-so-good things about using:</i></b>
<b><i>REASONS not to Reduce Use:</i></b>	<b><i>REASONS to Reduce Use:</i></b>

Decisional Balance Exercise helps people think about why they use and why they should make changes. Most people don't consider all "sides" of changing in a complete way. Instead, most people often do what they think they "should" do, avoid doing things they don't feel like doing, or just feel confused or overwhelmed and give up thinking about it all together. Thinking through the pros and cons of using substances is one way to help people consider all sides.

BRIEF INTERVENTION FIDELITY EVALUATION

**Brief Intervention Fidelity Evaluation**

<b>RAISE THE SUBJECT</b>	<b>MISSING (0)</b>	<b>POOR (1)</b>	<b>FAIR (2)</b>	<b>GOOD (3)</b>	<b>EXCELLENT (4)</b>
Respectfully asked permission to talk about the screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed the patient/client about the limits of confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build rapport with the patient/client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normalized the screening? (Screening is routine practice, 'we ask everyone')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROVIDE FEEDBACK</b>	<b>MISSING</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>EXCELLENT</b>
Showed the patient/client how their screening score compared to national standards and/or guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified the risk level by referring to the patient/client's screening score?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked the patient/client for additional information on their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked the patient/client about their thoughts regarding the relationship between risky use and their health or other concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked open ended-questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided reflections and summaries of the discussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed empathy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolled with resistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ENHANCE MOTIVATION</b>	<b>MISSING</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>EXCELLENT</b>
Asked the patient/client the good things about use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked the patient/client the not-so-good things about use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Asked the patient/client reasons for changing (reducing use) and not changing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explored discrepancies regarding the client/patients behavior and values?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked the patient/client to select a number on the “readiness ruler”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked why the patient/client did not choose a lower number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave personal affirmations and expressed empathy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elicited other reasons for change, including faith and spirituality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided a summary or reflection of the patient/client’s reasons for wanting change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NEGOTIATE A PLAN</b>	<b>MISSING</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>EXCELLENT</b>
Provided a summary of the discussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked what change looks like for the client/patient? (used change talk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked the patient/client for specific steps they may take in the direction of change? (change talk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about supports? (change talk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked if faith/spirituality can play a role in helping them make a change? (change talk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported the client/patient’s self-efficacy and ability to change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled a follow-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offered resources and information to support the client/patient’s change plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided a warm hand-off to referral sites, as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE: /120


SBIRT POCKET CARD

Front:


### ALCOHOL RISK GUIDELINES

Although drinking is normative, there is still risk:


**A STANDARD DRINK IS EQUAL TO:**



12 OZ OF  
BEER




5 OZ  
OF WINE




1.5 OZ OF  
HARD LIQUOR


**NATIONAL HEALTHY DRINKING GUIDELINES:**



**MEN** No more than  
4 drinks a day and  
14 drinks a week



**MEN OVER 65** No more  
than 3 drinks a day  
and 7 drinks a week




**WOMEN** No more  
than 3 drinks a day  
and 7 drinks a week


---

### DRUG RISK GUIDELINES


Any use is considered "risky" use




Cannabis




Prescription Drugs




Illegal Drugs




Tobacco




No Use



Occasional  
Use





Monthly  
Use




Weekly  
Use

SCREEN	NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
The AUDIT	0	1-7	8-19	20-40
The Modified-ASSIST		0-3	4-26	27+
The CRAFFT	0	1-2	3-4	5-6







Back:

### PERSONAL REFLECTION

EXPLORE VALUES

**PROS:** What are the good things about using?

**CONS:** What are the not-so-good things about using?

**REASONS not to Reduce Use:**

**REASONS to Reduce Use:**

QUESTIONS TO CONSIDER

1. What are some reasons that you feel are important for why you should consider decreasing (cutting back) your use?
2. For some, religion or spirituality can be a great source of support. Is this true for you?
3. Does faith or spirituality play any role in your decision to change/use?
4. How might your faith or spirituality play a role in this? Can it be a source of support for you during this change?
5. What has helped you overcome challenges in the past? Can this help you now?

---

### RATE YOUR READINESS TO CHANGE

NOT AT ALL READY

12345678910

EXTREMELY READY



## APPENDIX E: MOTIVATIONAL INTERVIEWING HANDOUTS

### MI PRIMER

## MI Strategies: OARS

OARS represents communication strategies that can help a practitioner elicit change talk from the client/patient. It is an essential part of MI that should be utilized during the Brief Intervention (BI) portion of SBIRT to enhance motivation. OARS stands for the following:

1. Open-Ended Questions
2. Personal Affirmations
3. Listen & Engage in Reflections
4. Provide Summaries

### OPEN-ENDED QUESTIONS

- Open the door and encourage the client to talk: *“Can you tell me what you like about using?”*
- Do not invite a short answer: *“What makes you think it might be time for a change?”*
- Leave broad latitude for how to respond: *“Can you tell me more about how this began?”*

### PERSONAL AFFIRMATIONS

- Commenting positively on an attribute: *“You’re a strong person, a real survivor.”*
- A statement of appreciation: *“I appreciate your openness and honesty today.”*
- Catch the person doing something right: *“Thank you for coming in today!”*
- A compliment: *“I like the way you said that.”*
- An expression of hope, caring, or support: *“I hope this weekend goes well for you!”*

### LISTEN & ENGAGE IN REFLECTIONS

- Are statements rather than questions:
  - Question: *“Do you mean that you’re wondering if it’s possible for you to cut down?”*
  - Reflection: *“You’re wondering if it’s possible for you to cut down.”*
- Make a guess about the client’s meaning (rather than asking)
- Yield more information and better understanding
- Often a question can be turned into a reflection
- Helps the client/patient continue exploring
- In general, a reflection should not be longer than the patient/client’s statement

### PROVIDE SUMMARIES

1. Collect material that has been offered: *“So far, you’ve expressed concern about your children, saving money, and providing a stable living environment for your family.”*
2. Link to something just said with something discussed earlier: *“That sounds a bit like what you told me earlier about feeling lonely.”*
3. Draw together what happened and transition to a new task: *“Before I provide you with some referral recommendations, let me summarize what you’ve told me so far, and see if I’ve missed anything important....Is there anything else that you would like to add before we move on?”*

# MI Principles

MI Principles are the core of MI, they represent those important skills that a practitioner should possess and practice when conducting motivational interviewing. MI Principles are especially useful for clients/patients who may be resistant to change or deny having substance use issues. These Principles include:

1. Express Empathy
2. Roll with Resistance
3. Explore Discrepancies
4. Support Self-Efficacy

## EXPRESS EMPATHY

- Show warmth and communicate respect and understanding.
- Establish a non-judgmental, collaborative relationship.
- Express empathy through reflective listening – listen attentively to your client/patient and reflect back in your own words, helping to convey to them that you understand them.

## ROLL WITH RESISTANCE

- Provide Reflections: *“You don’t think abstinence will work for you right now.”*
- Shift Focus: *“You’re right... we are not ready to talk about reducing your marijuana use. We are still focused on your concerns about school.”*
- Reframe: *“It sounds like your wife brings up your drinking because she is concerned about you.”*

Keep in mind that resistance is just a signal for you to change direction or listen more carefully to your client/patient’s views since they may see things from a different perspective.

## EXPLORE DISCREPANCY

- *“How do you think your life would be different now if you were not drinking/using [alcohol/drug of choice]?”*
- *“What do you think your life would be like in 5 years if you don’t make changes and continue to use? How about in 10 years?”*
- *“On the one hand you say that your health is important to you, yet you continue to use, help me understand this...”*

## SUPPORT SELF-EFFICACY

- Instill hope in your client/patient by highlighting that there is no “right way” to change. Also, remind them that if one plan doesn’t work, it doesn’t mean that another plan might not work.
- Help a client/patient develop a belief that he or she can make a change. For example, inquire about other successful behavior changes that your client/patient has made in the past and highlight the skills that the client/patient has already gained as a result.
- Explore barriers that may be contributing to low confidence in making a change.
- Share brief clinical examples of other, similar patient/clients’ successes at changing their substance use behavior.

## OARS in SBIRT: Leveraging Faith & Spirituality

O.A.R.S is a set of 4 basic communication skills which can help leverage faith and spirituality during SBIRT:

5. Open-Ended Questions
6. Personal Affirmations
7. Listen & Engage in Reflections
8. Provide Summaries

### OPEN-ENDED QUESTIONS

- Establish a safe environment where issues of faith and spirituality can be discussed openly. Gain an understanding of the patient/client's faith and spirituality within their world. The client/patient should do most of the talking.
- Examples:
  - *"What has helped you cut back on your drinking in the past?"*
  - *"You mentioned that you went to church. How can your church help you with this?"*

### PERSONAL AFFIRMATIONS

- Show appreciation of the client/patient's beliefs, values, and motivations. Look for ways in which the client/patient is striving to move forward in life.
- Examples:
  - *"You really seem like you are giving all you can to live out your faith."*
  - *"I can tell that you are really devoted to prayer."*

### LISTEN & ENGAGE IN REFLECTIONS

- Demonstrate that you are listening to everything they say. Reflect back their thoughts, feelings, and behaviors.
- Examples:
  - (Showing signs of ambivalence) *"So, although you'd like to cut back on your drinking, you're worried this time will not be even different, because you prayed to change in the past and you're not sure if it made a difference."*
  - (Showing signs of embarrassment) *"I can tell that you're feeling embarrassed because you think you shouldn't have a drinking problem as a Christian."*
  - *"It seems that you would like to find more support in your religious community but you fear how people in your church would view you if you shared this struggle."*

### PROVIDE SUMMARIES

- Help the client/patient understand their own thoughts and experiences in a coherent manner. Bring the patient/client's faith and spirituality into the change plan.
- Suggestions:
  - Acknowledge the role faith and spirituality play in the patient/client's motivation to change.
  - Discuss openly the resources and liabilities that faith and spirituality may bring.
  - Include faith and spirituality in the change plan for the client.

## APPENDIX F: SBIRT DEMONSTRATION VIDEOS

1. **SBIRT Demonstration in Social Work Practice**

<https://youtu.be/qT-5L7cjXD8>



2. **SBIRT Demonstration in Psychology Practice**

<https://youtu.be/69QAtn-E9dI>



3. **SBIRT Demonstration in Nursing Practice**

<https://youtu.be/4-j1O6CUrkg>



Additional SBIRT videos produced by other organizations can be found on the Website under the “Explore Resources” Tab or by directly searching on YouTube.

## APPENDIX G: GPRA SURVEYS

### BASELINE TRAINING SATISFACTION SURVEY

#### Training Satisfaction Survey

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
1. How satisfied are you with the overall quality of this training?	1	2	3	4	5
2. How satisfied are you with the quality of the instruction?	1	2	3	4	5
3. How satisfied are you with the quality of the training materials?	1	2	3	4	5
4. Overall, how satisfied are you with your training experience?	1	2	3	4	5

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
5. The training class was well organized.	1	2	3	4	5
6. The material presented in this class will be useful to me in dealing with substance abuse.	1	2	3	4	5
7. The instructor was knowledgeable about the subject matter.	1	2	3	4	5
8. The instructor was well prepared for the course.	1	2	3	4	5
9. The instructor was receptive to participant comments and questions.	1	2	3	4	5
10. I am currently effective when working in this topic area.	1	2	3	4	5
11. The training enhanced my skills in this topic area.	1	2	3	4	5
12. The training was relevant to my career.	1	2	3	4	5
13. I expect to use the information gained from this training.	1	2	3	4	5
14. I expect this training to benefit my clients.	1	2	3	4	5
15. This training was relevant to substance abuse treatment.	1	2	3	4	5
16. I would recommend this training to a colleague.	1	2	3	4	5

	<u>Very Useful</u>	<u>Useful</u>	<u>Neutral</u>	<u>Useless</u>	<u>Not Applicable</u>
17. How useful was the information you received from the instructor?	1	2	3	4	5

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18. Please indicate which title best describes your job:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Medical Director      | <input type="checkbox"/> Clinical Administrator/Manager | <input type="checkbox"/> Federal Government Official  |
| <input type="checkbox"/> Physician             | <input type="checkbox"/> Clinical Supervisor            | <input type="checkbox"/> State Government Official    |
| <input type="checkbox"/> Nurse                 | <input type="checkbox"/> Psychologist                   | <input type="checkbox"/> County Government Official   |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Counselor                      | <input type="checkbox"/> Researcher                   |
| <input type="checkbox"/> Pharmacist            | <input type="checkbox"/> Social Worker                  | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Manager/Director      |   |   |

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19. Please indicate which best describes your agency or affiliation:

- |   |   |
|---|---|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Substance Abuse Treatment Program                |
| <input type="checkbox"/> State Government   | <input type="checkbox"/> University or other higher education institution |
| <input type="checkbox"/> County Government  | <input type="checkbox"/> Other (please describe) _____                    |
| <input type="checkbox"/> Local Government   |   |

20. What is your gender?      1.  Male      2.  Female

21. Are you Hispanic or Latino?    1.  Yes      2.  No

22. What is your race (Mark all that apply)?

- |  |  |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Alaska Native                             |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> American Indian                           |
| <input type="checkbox"/> White                     | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |

What about the training was most useful in supporting your work responsibilities?

How can CSAT improve its training?

## **FOLLOW-UP**

Thank you for filling out this satisfaction survey. As part of this project, we will be contacting you in a month (30 days) to ask you about your follow-up views on the training and material. To help us with this please leave your email in the box below. Your name will be added to a raffle.

E-mail Address (please print clearly):

Please note: We will not use the information you provide here for any other purpose than contacting you regarding the follow-up survey for this event. We do not sell or otherwise distribute your e-mail address.

**Thank you for completing our survey.**

*Return your survey to the Survey Administrator for you Session.*

FOLLOW-UP TRAINING SATISFACTION SURVEY

Training Satisfaction Follow-Up Survey

**Please provide your email:**

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
1. How satisfied are you with the overall quality of this training?	1	2	3	4	5
2. How satisfied are you with the quality of the instruction?	1	2	3	4	5
3. How satisfied are you with the quality of the training materials?	1	2	3	4	5
4. Overall, how satisfied are you with your training experience?	1	2	3	4	5

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
5. The training was relevant to substance abuse treatment.	1	2	3	4	5
6. The material presented in this class has been useful to me in dealing with substance abuse.	1	2	3	4	5
7. The training enhanced my skills in this topic area.	1	2	3	4	5
8. The training was relevant to my career.	1	2	3	4	5
9. The training has enabled me to serve my clients better.	1	2	3	4	5
10. This training was relevant to substance abuse treatment.	1	2	3	4	5
11. I would recommend this training to a colleague.	1	2	3	4	5
12. I would take additional training from CSAT.	1	2	3	4	5

	<u>Very Useful</u>	<u>Useful</u>	<u>Neutral</u>	<u>Useless</u>	<u>Not Applicable</u>
13. How useful was the information you received during the training?	1	2	3	4	5

	<u>Yes</u>	<u>No</u>
14. Did you share any of the information from this training with others?	1	2
15. Did you share any of the materials from this training with others?	1	2
16. Have you applied any of what you learned in the training to your work?	1	2



What about the training was most useful in supporting your work responsibilities?

How can CSAT improve its training?

**Thank you for completing our survey.**

*Return your survey in the enclosed reply envelope.*

