



SBIRT NEWSLETTER



IN THIS NEWSLETTER:

- Faith Integration in SBIRT Practice
- SBIRT Training Updates
- Publication Flash
- Highlights & Future Activities

OARS IN SBIRT

LEVERAGING FAITH & SPIRITUALITY

OPEN-ENDED QUESTION

Gain understanding of the client's faith and spirituality within their world. Let the client do the talking. Ask them:

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?

AFFIRMATIONS

Show appreciation for the client's beliefs, values, and motivations. Tell them:

You really seem like you are giving all you can to live out your faith.

REFLECTIVE LISTENING

Demonstrate that you are listening by reflecting back their thoughts, feelings, and behaviors. Say to them:

It seems that you would like to find more support in your community....

SUMMARIZING

Help the client understand their own thoughts and experiences in a coherent manner. Bring the client's faith/spirituality into the change plan.

FAITH INTEGRATED SBIRT PRACTICE

Substance use, misuse and disorders continue to be a topic of public health concern, and affect individuals, families, and communities across generations. The response to those with substance use issues is fragmented across professional disciplines of health, social work, psychology, nursing, and pastoral care. Dimensions of religiosity/spirituality have not been tested as correlates of health in a systematic way. Thus, we lack a useful "empirical map" to guide further study. To date, SBIRT practice has shifted the health care field beyond treating substance use as an isolated individual, community issue, to an important multi-dimensional health issue. Faith-integrated SBIRT practice has positive implications for individuals and communities who suffer from substance use issues as it shifts attention to richer views of wellness and wholeness, which helps those who struggle with use, misuse and addictions.

Leveraging faith and spirituality into SBIRT practice can take many forms. Motivational interviewing (MI) related OARS techniques (**left**) can be easily adapted to include questions on faith/spiritual background. By asking questions and making reflections, a health provider can determine whether faith/spirituality serves as a barrier or facilitator for behavior change, and whether it is appropriate to explore the role of faith/spirituality in the individual's substance use. Knowledge gathered about faith/spirituality during the brief intervention can be used to inform decisions on referrals and treatment planning. Identifying resources tailored to the patient's background, in terms of faith and spirituality, is an important way providers can ensure clients/patients receive culturally responsive care.

Integrating faith/spirituality into the SBIRT encounter comes with certain ethical concerns and considerations. Health providers should be careful not to proselytize or give spiritual/religious advice during the encounter. Providers should also take time to recognize any personal biases/stereotypes with respect to religion/spirituality, and acknowledge that they do not know everything about a person's faith tradition. These efforts are referred to as practicing "cultural humility" when integrating faith/spirituality into SBIRT practice.

Click here or follow the link to watch a video of our experts, Drs. Curtis Lehmann, Jennifer Payne, and William Whitney explain how faith/spirituality can play a role in SBIRT practice: <https://www.youtube.com/playlist?list=PLIEuKncXBB-pD2yoLfWp-tIzjAIDQIwS3>

"SBIRT can be rooted in the conviction that our calling as health professionals is to see people flourish."

- Dr. William Whitney

RAFFLE WINNERS!

This summer, a Raffle was held for students who completed the 30-Day SBIRT training Follow-Up Survey. Here are some winners:



iPad Mini 4: Karen Yoon



Gift Card: Kortney Sasaki



SBIRT Goody Bag:
Megan Morse
(other winners not pictured)

TRAINING UPDATES

Spring Semester of 2017 marked the beginning of the SBIRT student training implementation across APU and Partner Universities and Programs (Cal Baptist, Fresno Pacific, La Sierra, Biola, and DMH Internship Program). To date, a total of 1,200 students were trained on faith-integrated SBIRT practice. **Figure 1** depicts the breakdown of students trained by discipline. As shown, half trained were in nursing, a quarter were in psychology, and a fifth were in social work programs. Students in “Other” programs represent pastoral/ministry, athletic training, business, physical therapy, and education. Of those who completed, the majority (83%) were either “very satisfied” or “satisfied” with the training. When asked if they felt the training had provided them with adequate knowledge to practice SBIRT, 89% responded “Yes.” Evaluation data indicate training had an impact on student views about faith integration. As shown in **Figure 2**, students were more likely to consider faith/spirituality as an important element in assessing for and addressing substance use disorder risk among individuals they serve. Below is qualitative feedback from students who completed the training:

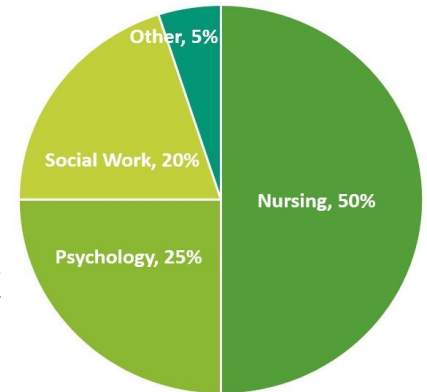


Figure 1: Disciplines Trained

- “I liked how the training gave multiple examples & scenarios. It was helpful to see how different professions can utilize and conduct SBIRT. It also helped support my responsibilities because now I am aware of what to do and not to do with my clients when conducting SBIRT.”
- “I liked the way this training defined what we can do to integrate faith into SBIRT practice in a way that is non-coercive but opens people up to speaking about faith or considering it as a part of their change and recovery. Thank you.”
- “In my internship, I often encounter clients who appear to be suffering from SUD and other disorders. I feel this training has allowed me to be better equipped in working with those clients and even discussing whether or not they wish to seek help for a substance use disorder.”

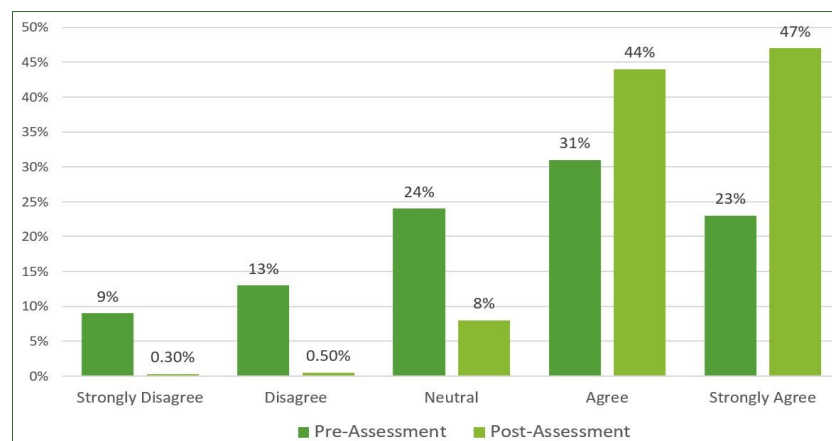


Figure 2:

Student Response to “I think that faith/spirituality can play an important role in addressing substance use disorder risk” at Pre-and Post-Assessment.

COMING SOON!: SBIRT LISTSERV

Our team is working on developing a new Listserv/Forum function on our SBIRT Training Website for faculty and students to post questions or comments on the SBIRT Training implementation. Keep a look out on our website for this new function!

WEBSITE URL:
sbirtfaithandspirituality.org



RESOURCES

FOR MORE INFORMATION ON FAITH INTEGRATION IN SBIRT, PLEASE VISIT:

SAMHSA:

<https://www.samhsa.gov/faith-based-initiatives>

Pew Research Center:

<https://www.pewforum.org>

The Faith & Spirituality Integrated SBIRT Network—Resources Page:

<http://sbirtfaithandspirituality.org/www/lms/resources-list.aspx#cultural>

Videos on Faith & Substance Use:

Addressing Addiction and Supporting Recovery Through Faith

<https://www.youtube.com/watch?v=9VeLBRvrc58>

SBIRT Approach with a Muslim Patient

[http://www.kaltura.com/index.php/extwidget/preview/partner_id/670542/uiconf_id/22020592/entry_id/0_ekt11s34/embed/auto?&flashvars\[streamerType\]=auto](http://www.kaltura.com/index.php/extwidget/preview/partner_id/670542/uiconf_id/22020592/entry_id/0_ekt11s34/embed/auto?&flashvars[streamerType]=auto)

TO WATCH OUR FAITH & SPIRITUALITY INTEGRATED SBIRT TRAINING VIDEOS, PLEASE VISIT:

<https://www.youtube.com/playlist?list=PLIEuKncXBB-pD2yoLfwP-tljzAID0lwS3>

PUBLICATION FLASH

[Spiritual Evocation: Guidelines for Spiritual Direction in Drug Abuse Treatment](#)

Miller, one of the original founders of Motivational Interviewing (MI), provides an in-depth review of how faith/spirituality can be leveraged during the MI encounter in drug abuse treatment settings. Miller argues the fundamental spirit of MI (collaborative, evocative, respectful of autonomy) is inherently useful for evoking faith/spirituality in the behavior change conversation with a patient. To Miller, the interaction between the clinician's skills and the person's inner wisdom should give rise to a discussion about behavior change. Miller provides tools and questions for the clinician to facilitate a discussion about substance use, including 5 general motivational themes: Desire, Ability, Reasons, Need, and Commitment (DARN-C). Research supports that these 5 elements are useful in helping individuals explore and make commitments to change.

W. R., Miller (2004). *Spiritual Evocation: Guidelines for spiritual direction in drug abuse treatment*. Center on Alcoholism, Substance Abuse, and Addictions (CASAA), the University of New Mexico. **Read full article here:** <https://casaa.unm.edu/download/Spiritual%20Evocation.pdf>

HIGHLIGHTS & FUTURE ACTIVITIES

This Summer, the Faith & Spirituality Integrated SBIRT Network:

- Honored Faculty Liaisons from APU and Partner Universities with appreciation Luncheons to express gratitude for project participation.
- Filmed SBIRT instructional videos for preceptors/supervisors in nursing, psychology, and social work; faith integration in SBIRT practice starring Drs. Payne, Whitney, and Lehmann; and SBIRT in an Athletic Training setting, with Dr. Cindy McKnight. Picture above depicts the Film crew with the SBIRT Leadership Team.
- Held a Raffle among Students who participated in the Training to incentivize 30-Day Follow-Up responses.
- Hosted an Annual SBIRT Training Summit at APU targeting SBIRT implementation in Student Internship Settings on June 1st, training over 50 Practice Site Preceptors and Field Supervisors in the areas of Social Work, Nursing and Psychology.



Future Activities of the Faith & Spirituality Integrated SBIRT Network include:

- Continued implementation of SBIRT training in inter-professional disciplines.
- Expand SBIRT training into athletic and pastoral/ministry programs.
- Continued SBIRT Training and technical assistance to faculty liaisons and field supervisors/preceptors.
- Expand training to faith leaders, and medical staff at local hospitals.