



SBIRT NEWSLETTER



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WHAT IS SCREENING:

A brief process that occurs soon after the individual seeks services and indicates whether the individual is likely to have a substance use disorder and/or mental health disorder. Individuals who screen positive for co-occurring disorders should receive an in-depth assessment.

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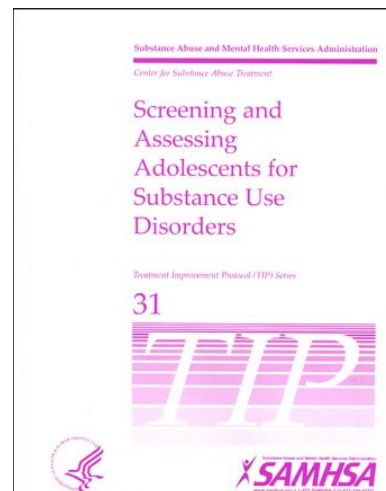
WHAT IS ASSESSMENT:

Occurs after screening and consists of gathering key information to collaboratively conceptualize the problem and develop a treatment plan. Mental health and substance use disorders are assessed in the context of each other.

SBIRT FOR ADOLESCENTS: ADDRESSING RISK FOR DEVELOPING A SUBSTANCE USE DISORDER



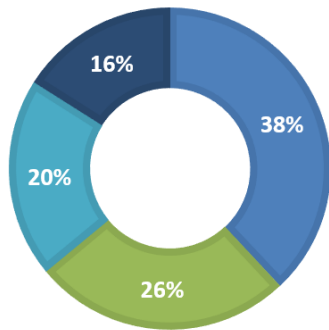
Adolescence spans the ages of 12-17. It has been identified as a critical developmental period marked by significant physical, social, emotional and neurobiological changes. Key regions in the adolescent brain, including the prefrontal cortex (controls decision making), the amygdala (controls emotion), and the orbitofrontal cortex (establishes priorities) are not fully developed until early adulthood, making adolescents highly susceptible to risky behaviors, especially experimentation with alcohol and drugs. Research has established that substance use disorders are adolescent onset disorders, and misuse and abuse patterns during the adolescent period, can have detrimental effects on the developing brain (Volkow & Li, 2005; NIDA's ABCD Study). Furthermore, early initiation (use of alcohol and/or drugs at early ages) and poly-substance use (use of more than one substance at a time) doubles an adolescent's risk of developing a substance use disorder (NIDA, 2014).



SBIRT (*Screening, Brief Intervention, Referral to Treatment*) is an evidence based approach designed to help health professionals understand an adolescent's "level of risk" for developing a substance use disorder and making an informed decision on the next steps to triage such risk. Two tools that have been validated for identifying substance use disorder risk among adolescent populations include the [CRAFTT](#) and the [S2BI](#). It is important to distinguish screening from clinical assessments. Assessments are lengthy evaluations of patient medical/mental health histories to diagnose disorders/diseases and develop treatment plans. Screenings are a brief procedure used to flag risk symptoms associated with a given disorder or medical condition and engage in a brief [early] intervention (with or without a referral to treatment) to change risk behaviors. Motivational Interviewing (MI) strategies underlie brief interventions, to help facilitate risk reduction behavior change. Key MI techniques that are effective with adolescent populations include expressing empathy, rolling with resistance, exploring discrepancy, and supporting self-efficacy. Another way to help leverage behavior change among adolescents is integrating faith & spirituality into the discussion, and exploring how it may or may not play a role in decision-making. Click [HERE](#) to watch a video of SBIRT being done with an adolescent. Watch how faith and spirituality can be leveraged in an encounter with an adolescent [HERE](#).

STUDENT FEEDBACK:

What Was Most Useful About the Training?



- Gaining Knowledge of SBIRT & SUDs
- Training Format
- Cultural Competence & Faith Integration
- Training Videos

SBIRT TRAINING FOR FIELD PRECEPTORS & SUPERVISORS



We are expanding SBIRT training to clinical staff—preceptors and supervisors who oversee internship programs for undergraduate and graduate students in the fields of Psychology, Social Work and Nursing. More information on this training expansion will follow.

SBIRT TRAINING UPDATES

Beginning in January 2017, SBIRT training has been implemented in undergraduate and graduate programs for Psychology, Social Work, and Nursing programs at APU, along with faith-based university partners, including Fresno Pacific, Cal Baptist, Concordia Irvine, La Sierra, and Biola across respective disciplines. The training is delivered using an interactive, web-based learning management system (visit www.sbirtfaithandspirituality.org for the training). To date, well over 200 students have been trained. Results from satisfaction surveys show that the training has been well received, with the following areas reported as “very useful:” gaining knowledge about substance use disorders and SBIRT practice, the web-based, online training format, the integration of faith and spirituality, and the training video resources that show SBIRT practice in respective disciplines. Additionally, monthly Learning Community Webinars have been implemented for faculty and staff to provide technical assistance and education/information related to specific aspects of SBIRT practice. The goal of these webinars is to support the needs and concerns of our partners during the implementation of the SBIRT student training.



Students practice screening for alcohol and drug risk as part of the recommended, in-class practice portion of SBIRT training.

TRAINING IN THE COMMUNITY



University Counseling and Health Center staff engage in SBIRT training role plays to become equipped with conducting SBIRT with college students they serve.

Several SBIRT trainings have also been implemented in the community, targeting practice settings, including the L.A. County Department of Mental Health Clergy Academy, the L.A. County Department of Public Health substance use and mental health disorder specialty clinics/agencies, and APU Counseling and Student Health Centers. These trainings are conducted in-person, face-to-face by Project Trainers, Drs. Sherry Larkins and Rachel Castaneda. Preceptors and supervisors are offered a Certificate of Completion (satisfying the State SBIRT 4-hour training requirement) and 4 contact hours towards Continuing Education Credit. Training Preceptors and Supervisors is critical to ensure that

students have support to practice SBIRT at their clinical and practicum sites. Over the next few months, SBIRT training will be provided for community field sites that partner with APU clinical programs (MSW, MFT, PsyD, undergraduate internships and nurse practitioner community / hospital settings) to provide students with practice opportunities. For additional information about community trainings, visit the [EVENTS](#) page on our website.

RESOURCES



FOR MORE INFORMATION ON ADOLESCENT SUDS, PLEASE VISIT:

SAMHSA:

<http://store.samhsa.gov/product/TIP-32-Treatment-of-Adolescents-With-Substance-Use-Disorders/SMA12-4080>

<https://www.samhsa.gov/newsroom/press-announcements/201509100930-0>

NIH: <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/frequently-asked-questions/it-possible-teens-to-become-addicted-to-marijuana>

Monitoring The Future: <http://www.monitoringthefuture.org/>

<https://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future>

VISIT OUR TRAINING WEBSITE:
sbirtfaithandspirituality.org

CLICK HERE TO VIEW EVENTS!



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PUBLICATION FLASH

[SBIRT-A: Adapting SBIRT to Maximize Developmental Fit for Adolescents in Primary Care](#)

This article proposes a set of recommendations for tailoring SBIRT practice to adolescent populations, called SBIRT-A (Screening, Brief Intervention, and Referral to Treatment for Adolescents) to more specifically meet their developmental needs and risks. The authors put forth the following recommendations related to “Screening”: (a) alcohol and drug brief screeners should be conducted as part of routine care, performed during every clinical encounter, using validated tools for adolescents; (b) screening results should be integrated into electronic systems to ensure results are discussed with adolescents; and (c) the administration of the screening should be sensitive to self-report biases of youth. The authors developed a risk algorithm to consider when conducting brief interventions with adolescents, which includes three dimensions: 1. SUD risk severity, 2. SUD protection, and 3. readiness to change using a contemplation ladder, with higher rungs representing greater levels of readiness to change. The authors also recommended using a computerized platform to calculate risk (based on algorithm) and monitoring the adolescent’s risk profiles. For the referral to treatment aspect of SBIRT, the authors suggest providers use a youth-centered, strength-based, structured hand-off to a community agency geographically local, and include a caregiver to support the youth and increase the likelihood of follow-through.

T. J. Ozechowski, S. J. Becker, & A. Hogue. (2016) SBIRT-A: Adapting SBIRT to maximize developmental fit for adolescents in primary care, *Journal of Substance Abuse Treatment*, 62, 28-37. **Read full article here:** <http://dx.doi.org/10.1016/j.jsat.2015.10.006>

HIGHLIGHTS & FUTURE ACTIVITIES

This Spring, the Faith & Spirituality Integrated SBIRT Network:

- Began implementing SBIRT training in graduate and undergraduate courses in nursing, social work, and psychology at APU and partner universities.
- Provided SBIRT training to practice-based community settings, including L.A. County’s Department of Mental Health and Public Health specialty agencies as well as APU’s University Counseling and Student Health Centers.
- Began hosting monthly Learning Community Webinars for partner faculty and staff on SBIRT content and technical assistance. See a schedule of future webinars on our website.

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

- Provide SBIRT training to Field Supervisors and Preceptors who partner with APU disciplines of psychology, nursing, and social work to encourage the use of it (and oversight) among student interns.
- Expand SBIRT training into APU’s Exercise and Applied Science program targeting students who will work in sports and physical education health settings.
- Expand SBIRT training to APU’s Theology department targeting students and staff (pastoral care/clergy) who serve as critical agents of care (front-line staff) in community settings.
- Partner with HealthKnowledge online learning portal, which is managed by the Addiction Technology Transfer Center (ATTC) and the University of Missouri-Kansas City School of Nursing and Health Studies group to broadly disseminate our faith-based SBIRT training to other professionals across the country.