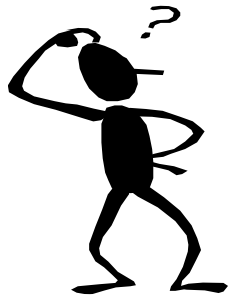


SBIRT REVIEW AND ROLE PLAY

The Faith & Spirituality
Integrated SBIRT Network



WHAT IS SBIRT?

SBIRT is an acronym that includes three essential evidence based practices:

S

Screening:

Using standard questions to identify "risk level" associated with substance use

BI

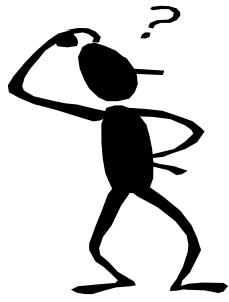
Brief Intervention:
Using **motivational-based** strategies of behavior change

RT

Referral to Treatment:

When risk is **high**, refer to specialty care for further assessment

Together, SBIRT is a comprehensive **early intervention approach** to prevent/reduce Substance Use Disorders - SUDs



WHO SHOULD RECEIVE SBIRT?

According to SAMHSA (Substance Use Mental Health Service Administration):

SBIRT should be given to all individuals 12 years or older in general population.

Part of Medi-Cal Beneficiaries Package

*Settings: primary care centers, schools, trauma centers, mental health clinics, and **other community settings** that provide services to the public.

**THE “S” IN SBIRT =
SCREENING
TO IDENTIFY PEOPLE AT RISK FOR
SUBSTANCE USE PROBLEMS**



Screening is a basic and essential public health service...

Definition of Screening:

“The possible identification of **unrecognized** disease, illness or defect by the application of standardized *tests, exams or other procedures* which can be applied **quickly** to sort out persons who *probably* have a disease from those who *probably* do not”

Seen in health care at routine medical visits

- Taking Vital Signs: blood pressure, weight, heart rate, temperature – all have thresholds that indicate danger (red flag)



Federal Drinking Guidelines for “At Risk or Low Risk” Drinking

Screening helps people know the risk guidelines.

How many drinks per week?

- **Men:** No more than **14** drinks per week
- **Women:** No more than **7** drinks per week

How many drinks per day?

- **Men:** No more than **4** drinks on any day
- **Women:** No more than **3** drinks on any day

Men and Women >65: No more than **3** drinks on any day and **7** drinks per week

CLARIFICATION ON “STANDARD” DRINK:

The National Institute on Alcohol Abuse and Alcoholism has developed a definition of a standard drink.



285 ml
Beer
12 oz



100 ml
Wine
5 oz



60 ml
Fortified Wine
3.5 oz



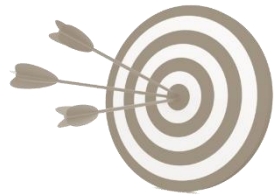
30 ml
Liquor
1.5 oz

NIAAA, 2011

Although they restricted themselves to one drink at lunch time, Alan and Roger found they were not at their most productive in the afternoons

Screening tools in SBIRT are standardized

Shown to be **valid and reliable** in identifying “risk” for substance use disorders



- High validity: good indication of who does and does not have a disorder/disease.
- Strong reliability: consistent results when given to same person under the same conditions.

- **AUDIT** – 10 question (or 3 question version) screen for Alcohol
- **DAST** – 10 question screen for illicit drugs
- **ASSIST** (Modified Assist) – screen for alcohol & drugs
- **CRAFFT** – 6 item screen for Adolescents
- **S2BI** (with CRAFFT) – expanded screen for Adolescents

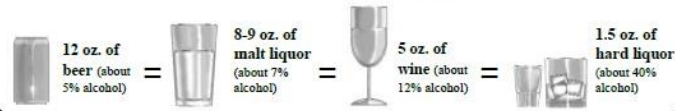
SCREENING TOOLS

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.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of alcohol and counts as a single drink:



Questions refer to the past 12 months

	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

Score _____

CRAFFT

CRAFFT Screening Tool

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

CRAFFT Score	Risk Level	Recommended Actions
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

SBIRT SCREENING: AUDIT OR AUDIT C

Figure 4: Drinker's Pyramid with Corresponding AUDIT Zones

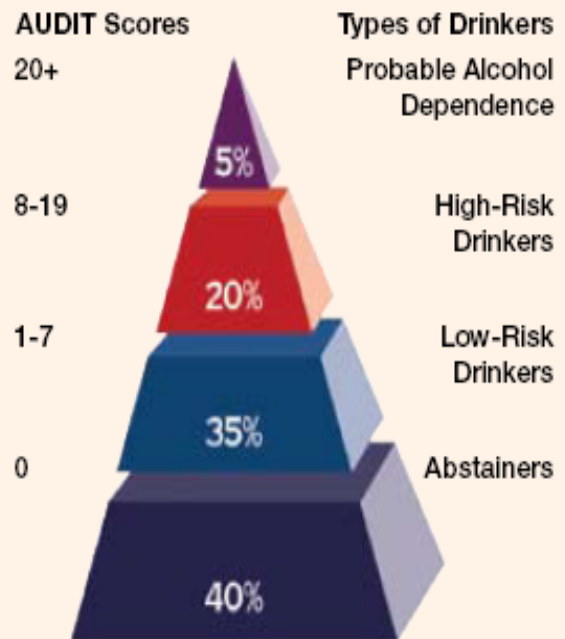
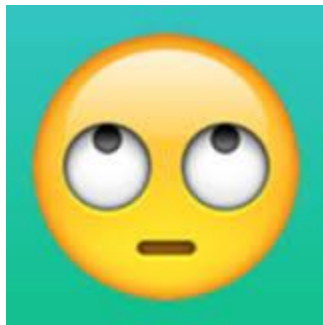


Table 2. AUDIT Risk Levels

Risk Level	Description	Intervention	AUDIT Score
Zone I	Low-risk	Alcohol education to support low-risk use	0-7
Zone II	At-risk	Brief Intervention focused on reduction of at-risk use	8-15
Zone III	High-risk	Brief Intervention focused on reduction of high-risk, hazardous use; possible referral	16-19
Zone IV	Probable Dependence	Referral to specialist for diagnostic evaluation and treatment	20-40

*For AUDIT C scoring: 4+ = positive screen (Men) and 3+ = positive screen (Women)

**THE “BI” IN SBIRT =
THE BRIEF INTERVENTION
THAT FOLLOWS SCREENING TO TALK
WITH PEOPLE IDENTIFIED “AT RISK”
*ABOUT THEIR RESULTS.***



BRIEF INTERVENTION (BI)

- **It's intended to be Brief:** 5-15 minute session (*could span longer depending on situation and setting*)
- It follows a **structured protocol:**

Step 1. Raise the Subject

Step 2. Provide Feedback

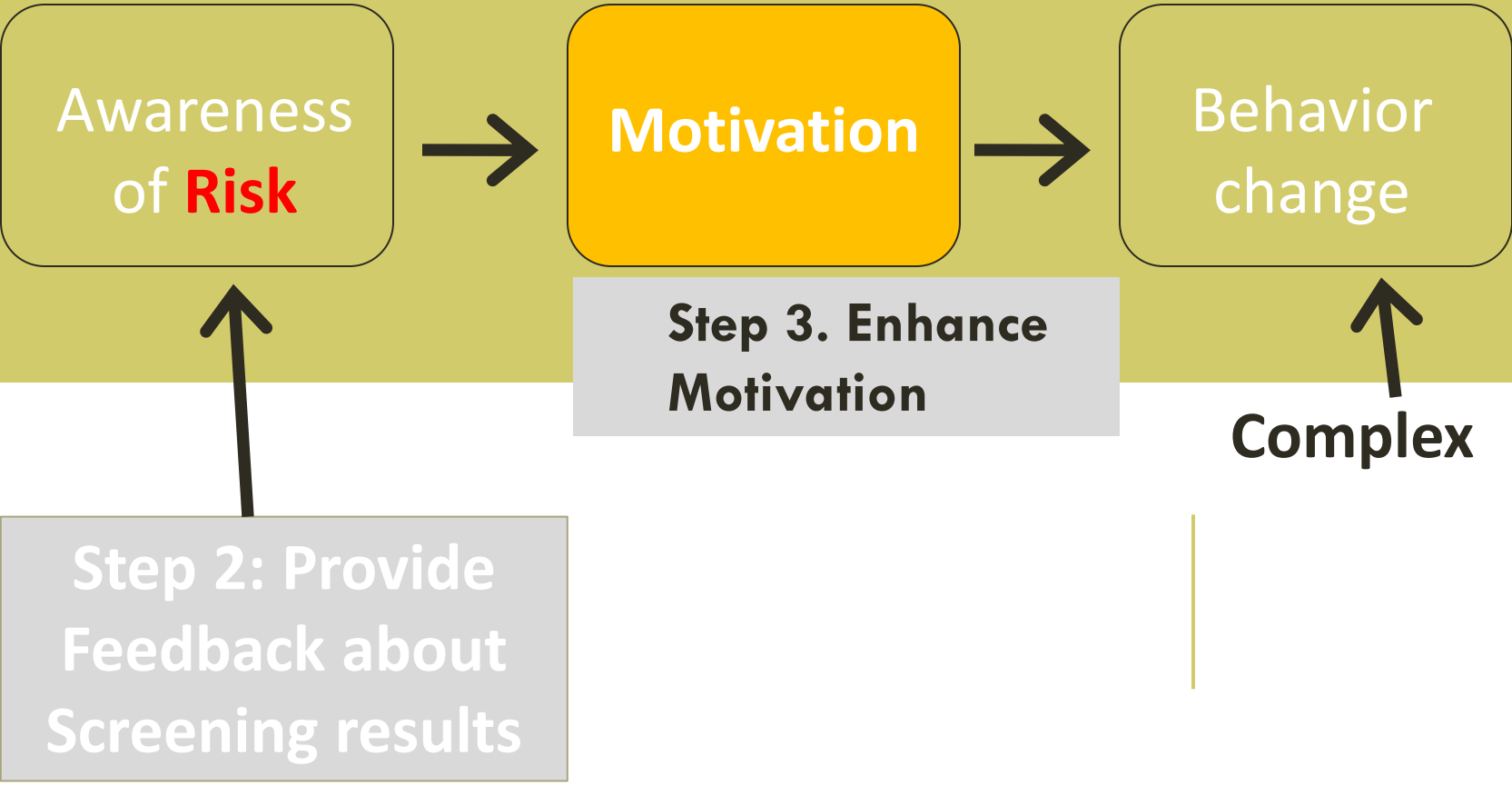
Step 3. Enhance Motivation

Step 4. Negotiate a Plan

Recall – there are challenges with discussing substance use behaviors (alcohol or drugs) with people:

Stigma	Confidentiality	Social Norms
Embarrassment Shame Guilt	Fear Worry Anxiety	-It's social -Not a legal problem (tobacco, alcohol, MJ)

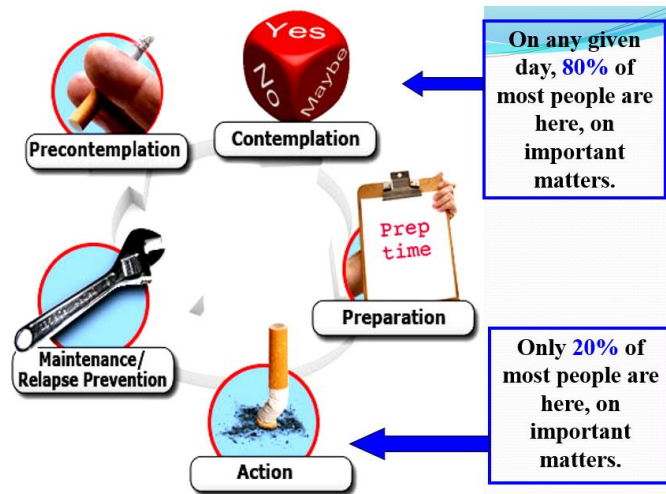
BRIEF INTERVENTIONS TARGET...



HOW *DO* PEOPLE CHANGE?

THINK ABOUT THE LAST TIME YOU ENGAGED
IN A BEHAVIOR CHANGE ENDEAVOR (*MAYBE
NEW YEAR'S*)

Chaotic and complex....



RESEARCH SUPPORTS THAT **MOTIVATION** DRIVES CHANGE.

“Motivation is a...”



State



Trait

BI's give guided processes to think about change, ways to do it as well as reasons to do it

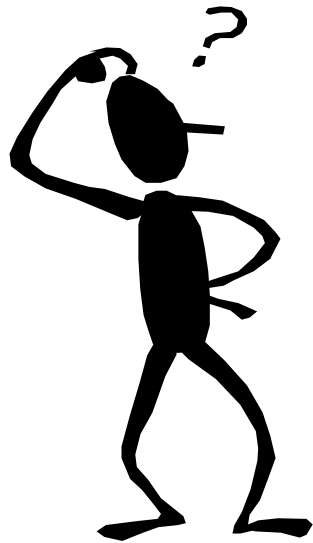
KEY INGREDIENTS OF BEHAVIOR CHANGE

Motivational Interviewing Communication Techniques



MI: Motivational Interviewing uses a *non-confrontational* style of communication, expressing empathy and autonomy.

MOTIVATION DRIVERS IN THE BI: *WAYS TO DO IT.*



Internal and External Factors:
personality, values, beliefs,
attitudes, emotions

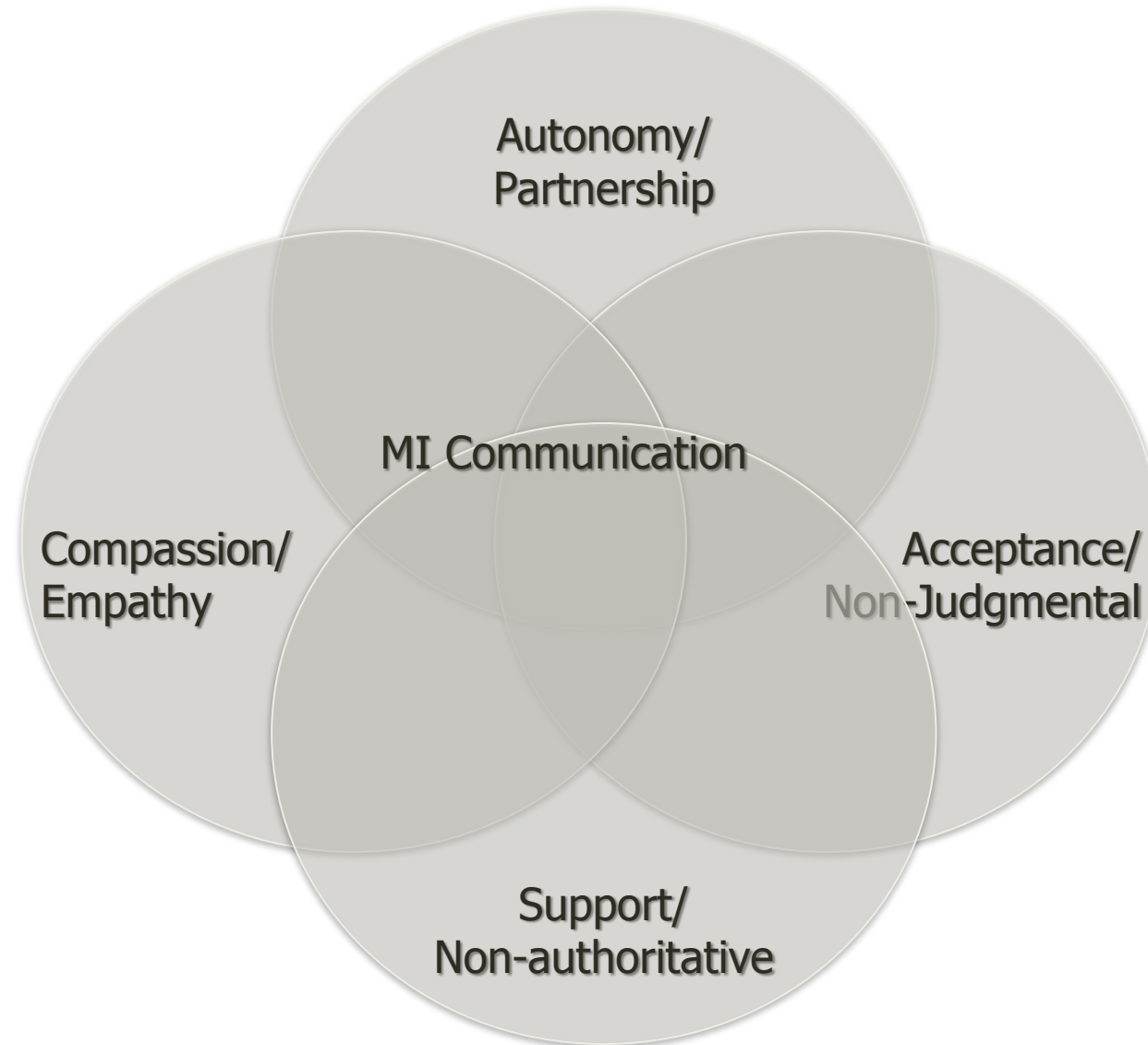


**Brief
Intervention**



Behavior Change

THE UNDERLYING SPIRIT OF MI



MI strategies communication principles

Ask **O**pen-ended questions

Provide personal **A**ffirmations

Listen & Engage in **R**eflections

Provide **S**ummaries

Together these are known as
OARS

MI strategies communication principles



Express Empathy



Explore Discrepancy



Roll with Resistance



Support Self Efficacy

STYLE OF COMMUNICATION IS IMPORTANT BECAUSE DIRECTIVE COMMUNICATION RESULTS IN...

Unhappy people. Common reactions to directive communication include:

Anger	Afraid
Agitation	Helpless
Defensive	Ashamed
Overwhelmed	Trapped
Frustrated	Disengaged
Annoyed	Uncomfortable

STEP 3: ENHANCE MOTIVATION

Core components considered effective for bringing about behavior change and use “**change talk**” include:

- Decisional Balance
- Personalized Reflection/Meaning*
- Readiness Ruler

PERSON REVIEWS PROS AND CONS:



The good things about using



The not-so-good things about using



The not-so-good things about changing



The good things about changing

AN ILLUSTRATION OF USING THE READINESS RULER



Enrique, using this scale here, how ready would you say you are to reduce your drinking?

Maybe at a five.

So, somewhat ready to make a change... Why did you pick a 5 and not a 3?

Well, drinking is expensive and I don't have a job right now. I also got a ticket two weeks ago for drinking in public. So it might be time to cut down a bit.

Ok, so you feel motivated to make a change due to some of the consequences of your drinking.



Yeah.



1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready

BRIEF INTERVENTION STEPS

BRIEF INTERVENTION STEPS FOR SBIRT	
Step 1: Raise the Subject	<ul style="list-style-type: none"> • Build Rapport: Thank you for sharing with me about why you came here today.... • Ask Permission: 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. • Discuss Limits of Confidentiality: 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? • If the client/patient grants permission, proceed to Step 2: Okay, thank you, let's review your results...
Step 2: Provide Feedback	<ul style="list-style-type: none"> • Provide a Risk Score: 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? • Compare Results to National Standard Guidelines: According to National risk guidelines, this score puts you at ___ (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. • Elicit Reaction: Given this information, what are your thoughts about this?
Step 3: Enhance Motivation	<ul style="list-style-type: none"> • Summarize the Client/Patient's Response: So what I'm hearing is... Is that right? • Decisional Balance: 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? • Summarize what has been said: It sounds like... Anything else? • Faith Integration [if applicable]: Does faith or spirituality play any role in this?

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

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

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.

Interdisciplinary Case Studies:

❖ Rose

❖ Jake

❖ Daniel




SBIRT Pocket Card



FRONT


SBIRT FEEDBACK

ALCOHOL RISK GUIDELINES

Although drinking is normative, there is still risk:

 12 OZ OF BEER
  5 OZ OF WINE
  1.5 OZ OF LIQUOR

 MEN NO MORE THAN 4 DRINKS A DAY AND 14 DRINKS A WEEK
  WOMEN NO MORE THAN 3 DRINKS A DAY AND 7 DRINKS A WEEK

 MEN AND WOMEN OVER 65 NO MORE THAN 3 DRINKS A DAY AND 7 DRINKS A WEEK

For Adult Alcohol Use: The AUDIT

AUDIT SCORE	RISK LEVEL
0	No risk
1-7	Low risk
8-19	Moderate risk
20-40	High risk

DRUG RISK GUIDELINES

Any use is considered "risky"

No Use > Occasional Use > Monthly Use > Weekly Use

For Adult Alcohol and Drug Use: The Modified-ASSIST

LOW RISK:
0-3


MODERATE RISK:
4-26


HIGH RISK:
27+


For Adolescent Alcohol and Drug Use: The CRAFFT

CRAFFT SCORE	RISK LEVEL
0	No risk
1-2	Low risk
3-4	Moderate risk
5-6	High risk

YOUR RISK LEVEL/SCORE:

 AZUSA PACIFIC UNIVERSITY

 THE FAITH & SPIRITUALITY INTEGRATED SBIRT NETWORK

 SAMHSA

BACK

SBIRT REFLECTION

PROS: What are the good things about using?

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

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?

RATE YOUR READINESS TO CHANGE

NOT AT ALL READY

1

2

3

4

5

6

7

8

9

10

EXTREMELY READY

Decisional Balance Exercise

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.

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

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.

Observation Evaluation Checklist

Brief Intervention Fidelity Evaluation					
RAISE THE SUBJECT	MISSING	POOR	FAIR	GOOD	EXCELLENT
Respectfully asked permission to talk about the screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Informed the patient/client about the limits of confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Build rapport with the patient/client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROVIDE FEEDBACK	MISSING	POOR	FAIR	GOOD	EXCELLENT
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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Asked open ended-questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Provided reflections and summaries of the discussion?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Rolled with resistance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENHANCE MOTIVATION	MISSING	POOR	FAIR	GOOD	EXCELLENT
Asked the patient/client the good things about use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>

Explored discrepancies regarding the client/patients behavior and values?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asked the patient/client to select a number on the "readiness ruler"?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
Elicited other reasons for change, including faith and spirituality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
NEGOTIATE A PLAN	MISSING	POOR	FAIR	GOOD	EXCELLENT
Provided a summary of the discussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Asked about supports? (change talk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
Scheduled a follow-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>

SCORE: 120/145