



SBIRT ROLE PLAY PACKET

SBIRT Student Training 2018

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Suggested Instructions for Role Play

In groups of three, practice screening and providing brief interventions as part of SBIRT practice. The first group member plays the role of the client/patient, the second plays the role of the clinician, and the last group member evaluates the clinician's performance. As a group, read through and select one of the Interdisciplinary Case Scenarios (Rose, Jake, or Daniel). Once you have familiarized yourselves with the scenario, the clinician should screen the patient/client for their use of alcohol or drugs with the appropriate screening tool:

- AUDIT: Validated for screening for adult alcohol use only
- DAST: Validated for screening for adult drug use only
- CRAFFT: Validated for screening for adolescent (12-18 yrs) alcohol and drug use.
- S2BI: Validated for screening for adolescent alcohol and drug use.

After a score and risk level is identified, the clinician should proceed with the appropriate action, as indicated by the risk level. To assist with the Brief Intervention, the clinician may use the Brief Intervention Steps, SBIRT Pocket Card, MI Strategies, MI Principles, OARS in SBIRT, and Decisional Balance Worksheet. Meanwhile, the third member should use the Brief Intervention Fidelity Evaluation to assess the clinician's performance of SBIRT and delivery of the Brief Intervention steps and Motivational Interviewing techniques.

Once you are done, review the Evaluation and discuss briefly with your group about the role play. Switch roles and continue to practice SBIRT as long as time permits. Aim to go through it three times, so that each member has a chance to fulfill each role.

When you have finished role-playing, debrief the experience within your group or with the entire class. Some questions to consider:

- Did this exercise improve your understanding of SBIRT practice?
- What are some things you liked about the Brief Intervention and SBIRT practice?
- What are some things you didn't like and/or could be improved on?
- What are some things the clinician did well?
- What areas are the most challenging for you?
- Can you foresee yourself utilizing SBIRT in your practicum sites and/or careers?

Screening Tools

Alcohol Screening Questionnaire (AUDIT)

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 _____

Scoring the AUDIT

AUDIT Score	AUDIT-C Score	Risk Level	Intervention
0-7	----	Zone 1 (No Risk/Low Risk)	Alcohol Education
8-15	0-3	Zone II (Low Risk)	Brief Intervention (BI)
16-19	Women: 3-7 Men: 4-7	Zone III (Moderate Risk)	BI and Referral to Treatment
20-40	8+	Zone IV (High Risk)	BI and Referral to Treatment

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?

- | | |
|---|---|
| <input type="checkbox"/> Methamphetamines (speed, crystal) | <input type="checkbox"/> Cocaine (crack) |
| <input type="checkbox"/> Cannabis (marijuana, hash) | <input type="checkbox"/> Narcotics (heroin, hydrocodone, oxytocin etc.) |
| <input type="checkbox"/> Inhalants (paint thinner, aerosol, glue, etc.) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tranquilizers (valium) | |

These questions refer to the past 12 months	No	Yes
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

Score _____

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.

DAST-10 Score	Degree of Problems Related to Drug Abuse	Suggested Action
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

CRAFFT Screening Tool

CRAFFT Part A

During the PAST 12 MONTHS, did you:	No	Yes
Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	<input type="checkbox"/>	<input type="checkbox"/>
Smoke any marijuana or hashish?	<input type="checkbox"/>	<input type="checkbox"/>
Use anything else to get high?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "No" to all three questions, answer #1 below.

If you answered "Yes" to any questions, answer questions #1-6 below.

CRAFFT Part B

	No	Yes
1. Have you ever ridden in a Car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to Relax, feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or Alone?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever Forget things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your family or Friends ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into Trouble while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

Interpreting the CRAFFT

Each "Yes" response on questions 1-6 receives a point. Points are added for a total score: _____

Score	Risk	Recommended Action
"No" to 3 opening questions	Low Risk	Positive Reinforcement
"Yes" to Car Question	Driving/Riding Risk	Discuss plan to avoid driving after alcohol or drug use or riding with a driver who has been using alcohol or drugs
CRAFFT Score = 0	Moderate Risk	Brief Advice
CRAFFT Score = 1		Brief Intervention
CRAFFT Score ≥ 2	High Risk	Brief Intervention and Referral to Treatment

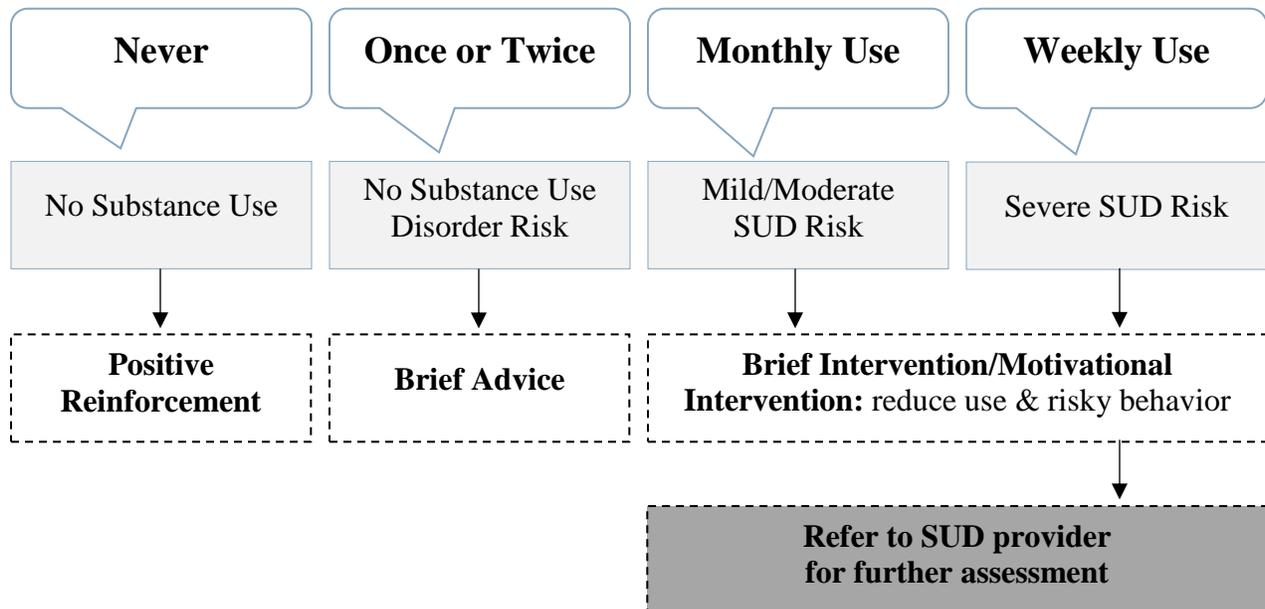
S2BI: Screening to Brief Intervention

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

Scoring the S2BI

Administer first 3 questions. Stop if all “Never”. Otherwise, administer the next set of questions and follow the instructions below based on the received responses.

S2BI Algorithm



Interdisciplinary Case Scenarios

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.

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.

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.

BRIEF INTERVENTION STEPS FOR SBIRT

<p>Step 1: Raise the Subject</p>	<ul style="list-style-type: none"> • Build Rapport: <i>Thank you for sharing with me about why you came here today....</i> • 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> • 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> • If the client/patient grants permission, proceed to Step 2: <i>Okay, thank you, let's review your results...</i>
<p>Step 2: Provide Feedback</p>	<ul style="list-style-type: none"> • 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> • 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> • Elicit Reaction: <i>Given this information, what are your thoughts about this?</i>
<p>Step 3: Enhance Motivation</p>	<ul style="list-style-type: none"> • Summarize the Client/Patient's Response: <i>So what I'm hearing is... Is that right?</i> • 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> • Summarize what has been said: <i>It sounds like... Anything else?</i> • Faith Integration [if applicable]: <i>Does faith or spirituality play any role in this?</i>

	<ul style="list-style-type: none"> • 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> • Readiness Ruler: <i>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 ___?</i>
Step 4: Negotiate a Plan	<ul style="list-style-type: none"> • Summarize Discussion: <i>To summarize our discussion... Is there anything you would like to add?</i> • Negotiate Plans for Change: <i>What are some steps that you can take to start cutting back on your use?</i> • 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> • Offer Advice and Resources: <i>I have some additional resources that might be helpful. Would you like to see them?</i> • 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> • 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>

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

SBIRT Pocket Card

Front

LET'S TALK ABOUT
ALCOHOL & DRUG USE

A STANDARD DRINK:

Any Drink Containing About 14 Grams of Pure Alcohol

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



HEALTHY DRINKING GUIDELINES:

Drinks:	Per Week	Per Day
MEN	14	4
WOMEN	7	3
All 65+	7	3

RISK LEVEL SCORE:

AUDIT

DAST

EXPLORE THE PROS & CONS

1. PROS: What are the good things about using?

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

3. What are some reasons NOT to reduce use?

4. What are some reasons TO reduce use?

ON A SCALE OF 1 TO 10, RATE YOUR READINESS TO CHANGE

NOT READY 1

2

3

4

5

6

7

8

9

10

READY





Optional: Cut out and tape/glue together

Back

Low Risk
POSITIVE REINFORCEMENT

Moderate Risk
BI & REFER TO TREATMENT

High Risk
BI & REFER TO TREATMENT

BRIEF INTERVENTION STEPS

1. Raise the Subject	<ul style="list-style-type: none"> Is it OK if we review your screening results on alcohol use? I assure you that everything you say today will remain confidential unless I feel you pose a danger to yourself or others.
2. Provide Feedback	<ul style="list-style-type: none"> According to the screening tool, you scored a [], which puts you within the [Low/Moderate/High/Severe] risk category. I am concerned with your use affecting your health and/or social life either now or in the future. What are your thoughts about this?
3. Enhance Motivation	<ul style="list-style-type: none"> DECISIONAL BALANCE: What are some of the good things about using? What are some of the not-so-good-things? PERSONAL REFLECTION: What are some important reasons to change? READINESS RULER: On a scale of 1 to 10, how ready are you to make a change? Why didn't you choose a lower number? <p><small>*Faith Integration: Does your faith/spirituality affect your decision to change/use?</small></p>
4. Negotiate a Plan	<ul style="list-style-type: none"> What does change look like for you? What are steps you can take? Would it be alright to schedule a follow-up to continue this discussion? [If Necessary] Would it be alright if I refer you to someone who can help you make this change? <p><small>*Faith Integration: How can your faith/spirituality support you through this change?</small></p>

MOTIVATIONAL INTERVIEWING TECHNIQUES

ASK OPEN-ENDED QUESTIONS	EXPRESS EMPATHY
GIVE AFFIRMATIONS	ROLL WITH RESISTANCE
LISTEN & ENGAGE IN REFLECTIONS	EXPLORE DISCREPANCY
PROVIDE SUMMARIES	SUPPORT SELF-EFFICACY

Optional: Cut out and tape/glue together

Front

Optional: Cut out and tape/glue together

LET'S TALK ABOUT
ALCOHOL & DRUGS

A STANDARD DRINK IS EQUAL TO:



RISK LEVEL SCORE

RISK LEVEL	S2BI	The CRAFFT
No Risk	"Never"	0
Low Risk	"Once or Twice"	1-2
Moderate Risk	"Monthly Use"	3-4
High Risk	"Weekly Use"	5-6

EXPLORE THE PROS & CONS

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

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

3. What are some reasons **NOT** to reduce use?

4. What are some reasons **TO** reduce use?

ON A SCALE OF 1 TO 10, RATE YOUR READINESS TO CHANGE

NOT READY 1

2

3

4

5

6

7

8

9

10 READY





Back

Low Risk	Moderate Risk	High Risk
POSITIVE REINFORCEMENT	BI & REFER TO TREATMENT	BI & REFER TO TREATMENT

BRIEF INTERVENTION STEPS

1. Raise the Subject	<ul style="list-style-type: none"> Is it OK if we review your screening results on alcohol use? I assure you that everything you say today will remain confidential unless I feel you pose a danger to yourself or others.
2. Provide Feedback	<ul style="list-style-type: none"> According to the screening tool, you scored a [1], which puts you within the [Low/Moderate/High/Severe] risk category. I am concerned with your use affecting your health and/or social life either now or in the future. What are your thoughts about this?
3. Enhance Motivation	<ul style="list-style-type: none"> DECISIONAL BALANCE: What are some of the good things about using? What are some of the not-so-good-things? PERSONAL REFLECTION: What are some important reasons to change? READINESS RULER: On a scale of 1 to 10, how ready are you to make a change? Why didn't you choose a lower number? <p style="font-size: small; margin-top: 5px;">*Faith Integration: Does your faith/spirituality affect your decision to change/use?</p>
4. Negotiate a Plan	<ul style="list-style-type: none"> What does change look like for you? What are steps you can take? Would it be alright to schedule a follow-up to continue this discussion? [If Necessary] Would it be alright if I refer you to someone who can help you make this change? <p style="font-size: small; margin-top: 5px;">*Faith Integration: How can your faith/spirituality support you through this change?</p>

MOTIVATIONAL INTERVIEWING TECHNIQUES

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PROVIDE SUMMARIES	SUPPORT SELF-EFFICACY

Optional: Cut out and tape/glue together

Front

MOTIVATIONAL INTERVIEWING

Express Empathy

- Show warmth and communicate respect and understanding by establishing a non-judgmental attitude.
- Engage in reflective listening

Roll with Resistance

- Provide Reflections
- Shift the focus to something they are concerned with.
- Reframe the issue. Resistance is a signal for you to change direction.

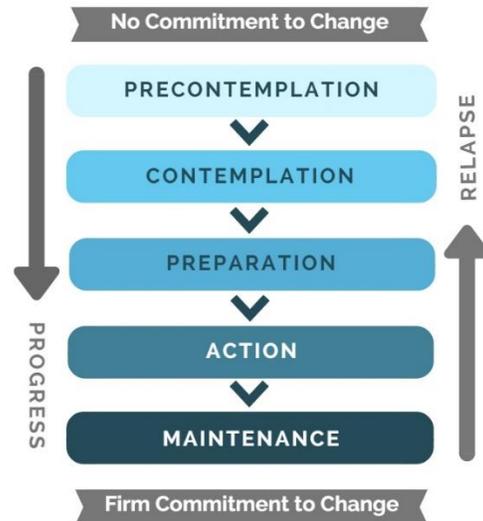
Explore Discrepancy

- Ask how their current behaviors coincide with their future goals: "Where do you see yourself in 5 years? What will your life be like in 5 years if you don't make a change?"

Support Self-Efficacy

- Help the client/patient develop a belief that they are capable of change.
- Instill hope in your client/patient by letting them know there is no "right way" to change.
- Explore barriers that may be contributing to low confidence.

THE STAGES OF CHANGE MODEL



The purpose of Motivational Interviewing is to move clients/patients along this model towards making a behavioral change.

Optional: Cut out and tape/glue together

Back

MOTIVATIONAL INTERVIEWING: OARS

Ask 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 (i.e. no "Yes/No" questions): "What makes you think it might be time for a change?"

Give Affirmations

- Catch the person doing something right and show them appreciation for it: "Thank you for being so open and honest."
- A compliment on a positive attribute: "You are a very strong person."
- An expression of hope, caring, or support: "I believe you can make this change."

Listen & Engage in Reflections

- Reflections are statements, rather than questions.
- Reflections make a guess at the patient/client's meaning and encourage the client to continue exploring.
- Reflections are meant to yield more information and better understanding.

Provide Summaries

- Collect information that has been said: "So far, you've expressed..."
- Link what has just been said with something discussed earlier: "That sounds like what you told me earlier..."
- Draw together what happened and transition to a new task: "To summarize our discussion... Given this, would you like me to refer you to someone who can help?"

Optional: Cut out and tape/glue together

REFERRAL TO TREATMENT RESOURCES

Optional: Cut out and tape/glue together

Organization	Website URL
SAMHSA Treatment Locator	https://findtreatment.samhsa.gov/
LAC Substance Use Prevention And Control	http://publichealth.lacounty.gov/sapc/findtreatment.htm
Orange County Social Services Agency	http://ssa.ocgov.com/comres/substance
LAC Department of Mental Health	http://dmh.lacounty.gov/wps/portal/dmh
2-1-1 Los Angeles	https://www.211la.org/
Organization	Telephone Number
SAMHSA's National Helpline	1-800-662-HELP (4357)
LAC Community Assessment Service Centers	888-742-7900
LAC Department Of Mental Health Access Center 24/7 Helpline	1-800-854-7771
2-1-1	211

REFERRAL TO TREATMENT RESOURCES

Write Down Your Trusted Referral Sites

Organization	Contact Information

Optional: Cut out and tape/glue together

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.

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?”*

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.

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.

Brief Intervention Fidelity Evaluation

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

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

SCORE: /120

Help

For additional resources on SBIRT practice, please visit our website at sbirtfaithandspirituality.org.

If you have any questions about SBIRT practice, role play, or materials, please email healthpsychlab@apu.edu, we will be happy to address your questions and concerns.

Sincerely,

The Faith & Spirituality Integrated SBIRT Network