

School-Based Health SBIRT Quick Guide

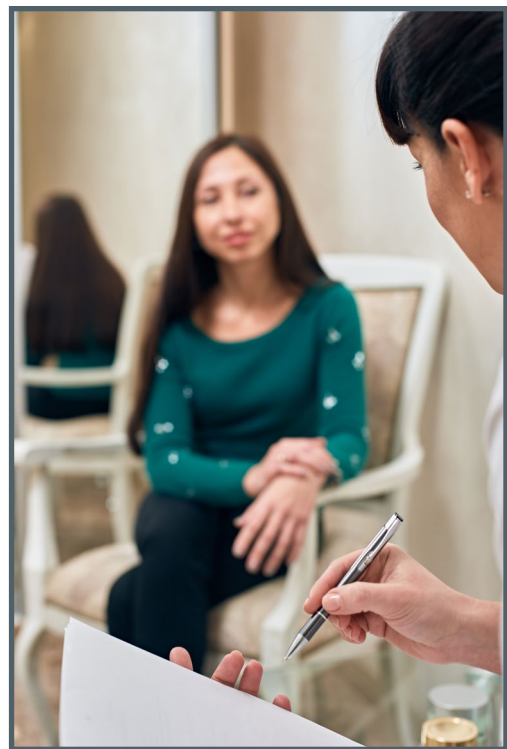
Brief Interventions for Substance Use

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to the screening and identification of individuals engaged in substance use, the delivery of early brief interventions in order to reduce use, and the referral to treatment for high-risk use. The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, created this quick guide for SBIRT in school-based health centers (SBHCs) in an effort to reduce youth opioid use. **This quick guide focuses on brief interventions.**

Why adopt brief interventions for substance use?

- Nationwide, approximately 2.4 million youth age 12-17 report having used alcohol in the previous month, and 2.2 million report past-month illicit drug use.¹
- Opioid poisoning and mortality has significantly increased among both teens and young adults.²
- The vast majority of youth using substances do not have a substance use disorder (SUD) and therefore specialty SUD treatment would be clinically inappropriate.¹ However, not addressing substance use increases the risk for serious health, educational, and social problems.³

Brief interventions are structured conversations designed to address alcohol and/or drug use among youth who are using substances, but do not need specialty SUD treatment. They are intended to be used when a young person screens positive for substance use or the need to discuss substance use emerges some other way.



The goal of brief interventions is to have a discussion aimed at reinforcing a youth's self-determination to reduce their risky behavior. Brief interventions are designed to be delivered in non-SUD treatment settings such as SBHCs.

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Motivational interviewing: The best way to conduct brief interventions

Motivational interviewing is a collaborative, client-centered counseling style that guides individuals to elicit and strengthen their motivation for change.⁴ Rather than advising youth that they “should” or “need to” stop using alcohol or drugs, providers use motivational interviewing to have open conversations, using reflective listening skills and other conversational techniques to mobilize a young person’s own intrinsic values as motivation to change their substance use.

Research shows that motivational interviewing is the most effective tool for achieving meaningful and lasting changes in substance use behavior within a relatively brief time period.⁵⁻⁶ Using motivational interviewing, providers can help youth identify their own reasons to either reduce substance use or stop altogether, and collaboratively develop strategies to achieve behavior change goals.

Brief Intervention
for Substance Use

Motivational Interviewing Techniques

BRIEF
NEGOTIATED
INTERVIEW

FLO

GOAL:

Encourage youth to
reduce risky behavior

What are some techniques for brief interventions?

The Brief Negotiated Interview (BNI) and Feedback, Listen & Understand, and Options Explored (FLO) are both brief intervention techniques. **To learn more about these techniques, and see some examples, please refer to pages 5-6 for BNI and page 7 for FLO.**

What are best practices when implementing brief interventions?

What SUD services can minors consent to and confidentially access on their own?

For information on consent and confidentiality, visit www.schoolhealthcenters.org.

When should we conduct brief interventions?

Brief interventions, in conjunction with screening, should begin at age 12. Youth should receive brief interventions whenever they screen positive for a substance use screening.

Who should conduct and record the brief intervention?

The provider (medical, behavioral health, or health education) should conduct the brief intervention with the young person while they are in a private room. The provider should also summarize the brief intervention in their chart notes.

What should we do after the brief intervention?

The next step depends on the level of intervention that the young person needs:

- For mild/moderate substance use, the brief intervention should be sufficient.
- For severe substance use, the provider should move to the third part of SBIRT: referral to treatment. Providers should be trained to recognize any needs or goals that are beyond the scope of brief interventions. If the youth has multiple or complicated issues it may be necessary to refer them to a provider who specializes in SUD treatment.

In either case, a follow-up appointment should be scheduled so the SBHC provider can check in with the young person and ensure they are receiving the care they need.

Can we conduct brief interventions in groups?

Yes, [Teen Intervene](#) is an example of a brief intervention program that can be done in groups. Teen Intervene is designed for mild to moderate cases of substance use.

What should I do now?

- **Share this quick guide** with SBHC colleagues. Help raise awareness about SBIRT and reduce stigma about SUDs in the adolescent primary care community.
- **Train providers** on motivational interviewing.
- **Develop “cheat sheets”** with motivational interviewing techniques for providers.
- **Create opportunities for providers** to practice motivational interviewing with each other.

Key Resources

National Council for Behavioral Health, Improving Adolescent Health: Facilitating Change for Excellence in SBIRT, for guidance on using SBIRT: bit.ly/NCBH-FaCES

Conrad N. Hilton Foundation and UCLA's Integrated Substance Abuse Program, Structured Brief Interventions for Substance Use page, with resources on brief interventions for adolescent substance use: www.adolescentsubstanceuse.org/brief_interventions/

Kognito, SBI with Adolescents interactive role-play simulation, available for purchase to practice brief interventions: kognito.com/products/sbi-with-adolescents

Conrad N. Hilton Foundation and UCLA's Integrated Substance Abuse Program, Implementation Guidance page: www.adolescentsubstanceuse.org/implementation/

Works Cited

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Brief Intervention Technique: BNI

The **Brief Negotiated Interview (BNI)** is a semi structured interview process based on motivational interviewing and can be completed in 5-15 minutes.

BNI Steps	Examples
<p>1. Engagement</p>	<p><i>“Before we get started, I’d like to know a little more about you. Would you mind telling me a little bit about yourself?”</i></p> <p><i>“What’s a typical day like for you? What do you like to do? How does Vicodin fit in?”</i></p>
<p>2. Pros & Cons</p> <ul style="list-style-type: none"> • Explore pros & cons of using • Use reflective listening • Summarize statements 	<p><i>“I’d like to understand more about your use of Vicodin. What do you like about it?”</i></p> <p><i>“What do you like less about Vicodin? Do you ever regret using Vicodin?”</i></p> <p>If they can’t think of any cons, explore problems mentioned on the CRAFFT, i.e.:</p> <p><i>“You said that you have gotten into trouble while using Vicodin. Tell me more about that.”</i></p> <p><i>“So on one hand you enjoy Vicodin because....and on the other hand it has caused these problems...”</i></p>
<p>3. Feedback</p> <ul style="list-style-type: none"> • Ask permission to share information • Provide information without judgement • Elicit response, interpretation of the feedback is the young person’s task 	<p><i>“I have some information about the use of opioids by young people that I’d like to share with you. Would that be ok?”</i></p> <p><i>“We know that use of opioids by young people has some negative consequences. They can lead to short-term problems like impaired ability to learn, family relationship issues, and overdose & death, along with long-term consequences like collapsed veins, respiratory problems, and liver disease.”</i></p> <p><i>“Young people who use prescription opioids in their early teens are more likely to be using heroin when they graduate from high school. Because your brain is still developing, opioids can cause permanent changes in your brain and make you more vulnerable to addiction as an adult.”</i></p> <p><i>“What do you think about this information?”</i></p>

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BNI Steps	Examples
<p>4. <u>Readiness Ruler</u> Use to determine how ready the young person is to make a change, how important making a change is to them, or how confident they are that they will be able to make the change</p> <ul style="list-style-type: none"> • Readiness scale • Reinforce positives of changing • Envision change 	<p><i>“On a scale of 1 to 10, how ready would you say you are to change any aspect of your use of Vicodin?”</i></p> <p><i>“Why did you choose that number and not a lower number, like a 1 or a 2?”</i></p> <p><i>“That’s great, it means you’re ___% ready to make a change.”</i></p> <p>Reflect their response and say:</p> <p><i>“So it sounds like you have some reasons to make a change.”</i></p>
<p>5. Negotiate Action Plan</p> <ul style="list-style-type: none"> • Write down action plan • Envision the future • Explore potential challenges • Draw on past life successes • List benefits of change 	<p><i>“So what are you willing to do right now to be healthy and safe?”</i> (Ask youth to write down action plan)</p> <p><i>“What do you want your life to look like down the road?”</i> (Probe for goals)</p> <p><i>“How does this change fit in with those goals?”</i></p> <p><i>“What might be some challenges in accomplishing your goal with regard to Vicodin?”</i></p> <p><i>“What’s something you have accomplished in the past that you felt proud of? Who or what helped you succeed in that? How can you use that (person or method) to help you with the challenges of making this change now?”</i></p> <p><i>“If you make this change, how would things be better for you?”</i></p>
<p>6. Summarize and Thank</p> <ul style="list-style-type: none"> • Reinforce resilience and resources • Provide handouts (if available) • Give them the action plan • Thank the young person for coming 	<p><i>“So let me summarize what we’ve discussed, and you let me know if there’s anything you’d like to add or change.”</i> (Review action plan)</p> <p>(If available, present list of local resources)</p> <p><i>“Which of these services, if any, are you interested in to help you with your goal?”</i></p> <p><i>“OK, here’s the action plan we’ve discussed. This is really an agreement between you and yourself.”</i></p> <p><i>“Thanks so much for coming in and talking with me today! I’d love to see you come back in X weeks.”</i></p>

Brief Intervention Technique: FLO

FLO stands for **F**eedback, **L**isten & **U**nderstand, and **O**ptions Explored. It takes 15 minutes and condenses the main elements of brief interventions into three steps.

Feedback: Discuss the screening results and what they say about the youth's risk level.

Example

"Your score was [between 0-6] on the CRAFFT. A higher score is usually associated with substance use/dependence. As your medical provider, I recommend you not use alcohol or drugs at all. Alcohol and drug use can harm brain development as well as increase the risk of car accidents, injuries, failing in school, and other problems."

Listen & Understand: Use a warm reflective listening approach and ask for the youth's personal understanding of their substance use. During "Listen & Understand" the provider is also listening for **change talk**: anything the provider hears from the youth that indicates they have the desire, ability, or reason to make a change.

The provider is listening for their reasons for using substances (trying to understand them), and their reasons for reducing or stopping. "What would be some of the good things about cutting down or stopping your use of Vicodin?" is a question that directly "pulls" for change talk.

Examples

- Maybe drinking did play a role in what happened with my grades/partner/etc.
- Using is not really much fun anymore.
- I can't afford to be in this mess again.
- If I wasn't drinking this would never have happened.
- The last thing I want to do is hurt someone else.
- I know I can quit because I've stopped before.

Options Explored: Ask the youth what alternatives they might pursue or provide youth with a range of alternative strategies to reduce or stop use. The goal is for the youth to generate acceptable options toward change and then to select at least one that they are willing to try.

The provider can offer options if the youth has difficulty coming up with their own ideas. Try to provide concrete examples of things they can do to reduce their risk of harm, e.g., not drinking or cutting back on the number of drinks per day. Remember that youth have a choice. Doing nothing is also an option. The provider can also offer to check in frequently. Very often, attention paid to one's behavior can be an intervention.

Examples

- What do you think you will do?
- What changes are you thinking about making?
- What do you see as your options?
- Where do you want to go from here?