

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)

An evidence-based public health approach designed to motivate patients to commit to altering patterns of alcohol and drug use to prevent, reduce, or eliminate personal and public harms.

Universally Screen & Intervene

Am I Adherent to SBIRT?

- **Screening (S)** is applied universally to all patients. It identifies unhealthy substance use patterns, most especially those that are not apparent, and assigns a level of risk. The level of risk helps the health professional select commensurate interventions.
- **Brief Intervention (BI)** provides non-judgmental feedback about unhealthy substance use. It focuses on education and exploration to increase patient insight and awareness about unhealthy behaviors related to substance use. It aims to enhance patient motivation and commitment to specific and realistic action steps toward enacting healthier behaviors. BI is based on the spirit and skills (OARS: Open questions, Affirmations, Reflections, Summaries) of Motivational Interviewing.
- **Referral to Treatment (RT)** seeks to increase patient willingness to accept substance use treatment and facilitate access to substance use disorder assessment and linkages to substance use treatment.

BACKGROUND

- Unhealthy alcohol and other drug use are among the most common causes of preventable morbidity and mortality.
- Despite their frequent presentation in healthcare settings, unhealthy alcohol and drug use often go unrecognized.
- Unhealthy substance use can complicate existing chronic medical conditions and interact with prescribed medications.
- SBIRT has been found to decrease the frequency and severity of drug and alcohol use and decrease emergency department visits and hospital days.

ADHERENCE CARD

Use the back of this card to reflect on your SBIRT skills in the clinical encounter and to help you to optimize SBIRT-consistent practices.



PittMedicine
PittPublicHealth

Universally Screen & Intervene

Am I Adherent to Screening, Brief Intervention and Referral to Treatment (SBIRT)?

Do's

I asked permission to discuss alcohol or drug use and waited for a response

I used an evidence-based screening tool

I properly scored the screening tool and identified the risk level

I elicited a connection between alcohol /drug use and medical concerns

I asked permission and made a specific connection between alcohol/drug and the medical visit or other health concerns

I employed the motivational interviewing spirit with a nonjudgmental approach and OARS skills

I elicited aspects of importance and confidence from the person regarding making changes

I asked the person to identify readiness to change on the Readiness Ruler^{2,5}

I allowed the person to negotiate a goal and provided advice only after asking permission from the person

I facilitated a referral to assessment and connection to treatment, if the person was willing

The negotiated goal was specific and realistic and facilitated a plan for follow-up for the person and professional accountability

Don'ts

I did not ask to discuss alcohol or drug use

I did not use an evidence-based screening tool

I did not properly score the screening tool or identify the risk level

I did not elicit from the person a connection between alcohol/drug use and medical concerns

I did not ask permission and was not specific about the connection between alcohol /drug use and the medical visit or other health concerns

I used a judgmental, confrontational, or one-sided advice-giving approach

I did not elicit the person's perspective on the importance of change nor the person's confidence in the ability to make changes

I ignored the importance of assessing the person's readiness to change

I told the person the change steps they needed to take

I stopped short of facilitating a referral to treatment even when it was appropriate

I ended the session without a specific plan for follow up on the continuum of care

References:

1. Agerwala SM, McCance-Katz EF. Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) Into Clinical Practice Settings: A Brief Review. *Journal of Psychoactive Drugs*. 2012; 44: 307-317.
2. Douaihy A, Kelly TM, Gold MA. *Motivational Interviewing: A Guide for Medical Trainees*. New York: Oxford University Press. 2015.
3. National Institute on Alcohol Abuse and Alcoholism (NIAAA). *Helping Patients Who Drink Too Much: A Clinician's Guide, Updated 2005 Edition*. Bethesda, MD. 2007.
4. Babor TF, McRee BG, Kassebaum PA, Grimaldi PL, Ahmed K, Bray J. Screening, Brief Intervention, and Referral to Treatment (SBIRT): Toward a Public Health Approach to the Management of Substance Abuse. *Substance Abuse: Journal of the Association for Medical Education and Research in Substance Abuse (AMERSA)*. 2007; 28(3), 7-30.
5. Miller WR, Rollnick S. *Motivational Interviewing: Preparing People To Change Addictive Behavior*. New York: Guilford Press. 1991.