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Behavioral Health

SBIRT

An Evidence-Based Approach to Substance Use Intervention

Adapted from UMKC School of Nursing and Health Studies “Screening and Brief Intervention for Substance Use: A Health Imperative” by Heather Gotham, PhD

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Alternative Training Opportunity



SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use

www.healthknowledge.org

- 4-hour, self-paced, FREE
- CE credit available*
 - *Certain licenses
- Clinician tools
- Patient education materials
- Role plays



Learning Objectives

- Describe the purpose of SBIRT and the importance of universal screenings
- Explain the process for determining a patient's level of risk
- Implement a brief intervention for substance use based on motivational interviewing techniques
- Discuss strategies for effectively referring patients to treatment when appropriate



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03 Brief Intervention

04 Referral to Treatment

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Chapter 1

Why SBIRT?



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What is SBIRT?

Screening



- Standardized tools to quickly assess risk level

Brief
Intervention



- Help patients understand their substance use / possible health impact; motivate behavior change

Referral to
Treatment



- Help patients who show signs of substance use disorders to access specialty addiction treatment and recovery support services



The “Gap” in Substance Use Care

The traditional model / continuum of substance use:

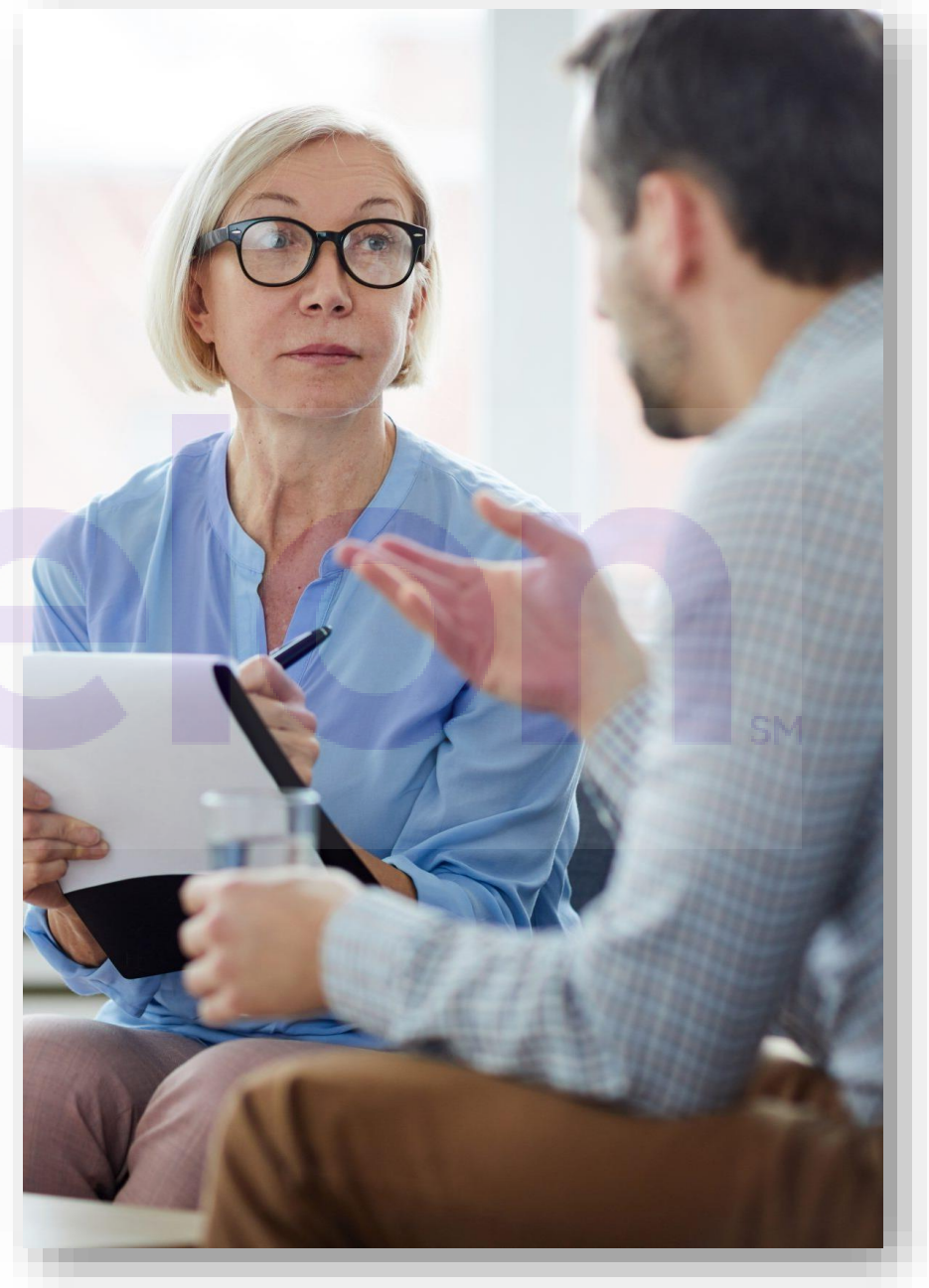


The SBIRT model of substance use:



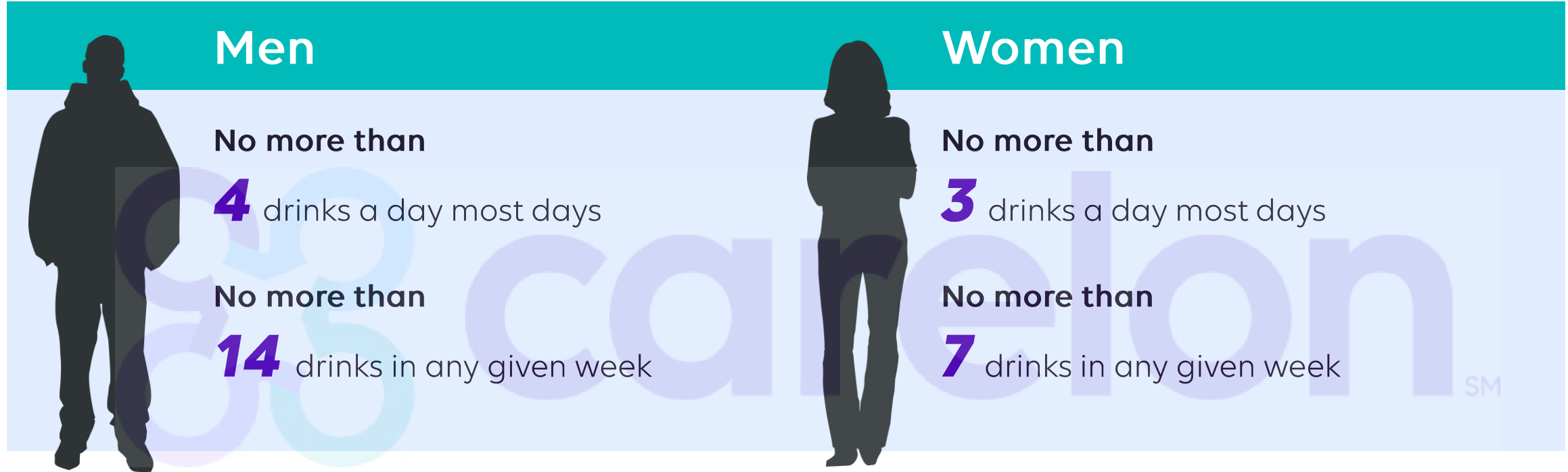
The Purpose of SBIRT

- Identify potentially risky substance use early
 - “Risk” identified via screening
- Reinforce healthy behaviors
- Reduce substance misuse
- Help refer those who need it to treatment



Who is “At Risk”?

*per the National
Institute on Alcoholism
and Alcohol Abuse



Alcohol use: drinking more than the above limits is considered risky use

Drug use: any use of an illicit substance or any use of prescription medication for a non-medical purpose

Tobacco use: any use of cigarettes or other tobacco products



Who Should Use SBIRT?

- Anyone trained to use it
- Does not require extensive training or education
- Can be used in various settings
 - Primary care
 - Emergency room
 - Medical clinics
 - Medical & psychiatric offices
 - Community health centers



Research Base for SBIRT

- **SBIRT is effective**
 - Reductions in mortality, alcohol use, health care costs, criminal justice involvement, and societal costs
 - Medicaid savings \$8 million/year Washington State
- **Recommended or mandated by**
 - American Psychiatric Nurses Association
 - American College of Surgeons
 - Joint Commission
 - Veterans Health Administration



Chapter 2

Screening



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The Purpose of Screening in SBIRT

Screening

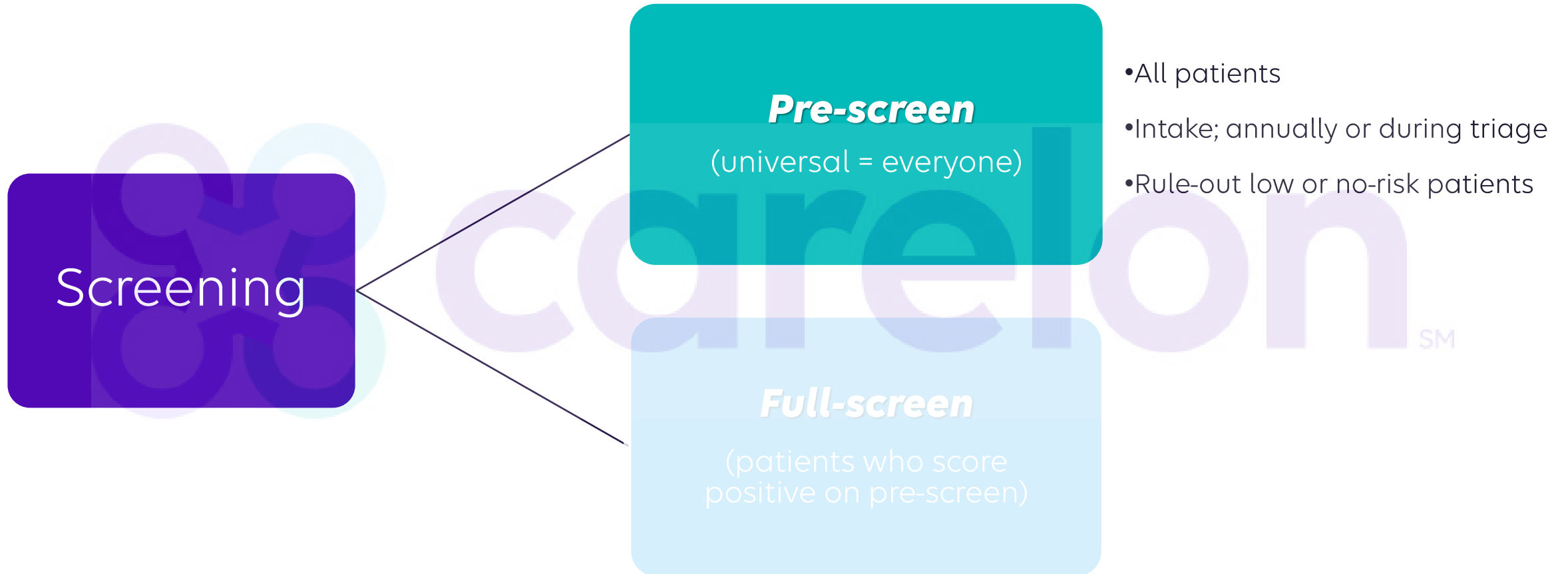


- Standardized tools to quickly assess risk level

- **NOT a diagnostic test**
- Provides context for discussing substance use
- Identifies level of risk
 - Rules out low/ no risk users
 - If risk is indicated, more in-depth assessment is needed
 - Pre-screen vs Full-screen
 - Determine who may benefit from brief intervention vs. who needs immediate referral



Two Levels of Screening



Pre-Screen: Two Universal Questions

Drugs - NIDA

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	<input type="radio"/>	<input type="radio"/>

Alcohol - NIAAA

	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>
WOMEN: How many times in the past year have you had 4 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>

(National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Use)



Gender Inclusivity in Screening

How many times in the past year have you had 5 or more drinks in a day?



*Flente et al, 2020



Rationale for Universal Pre-Screening

- Drinking and drug use often go undetected

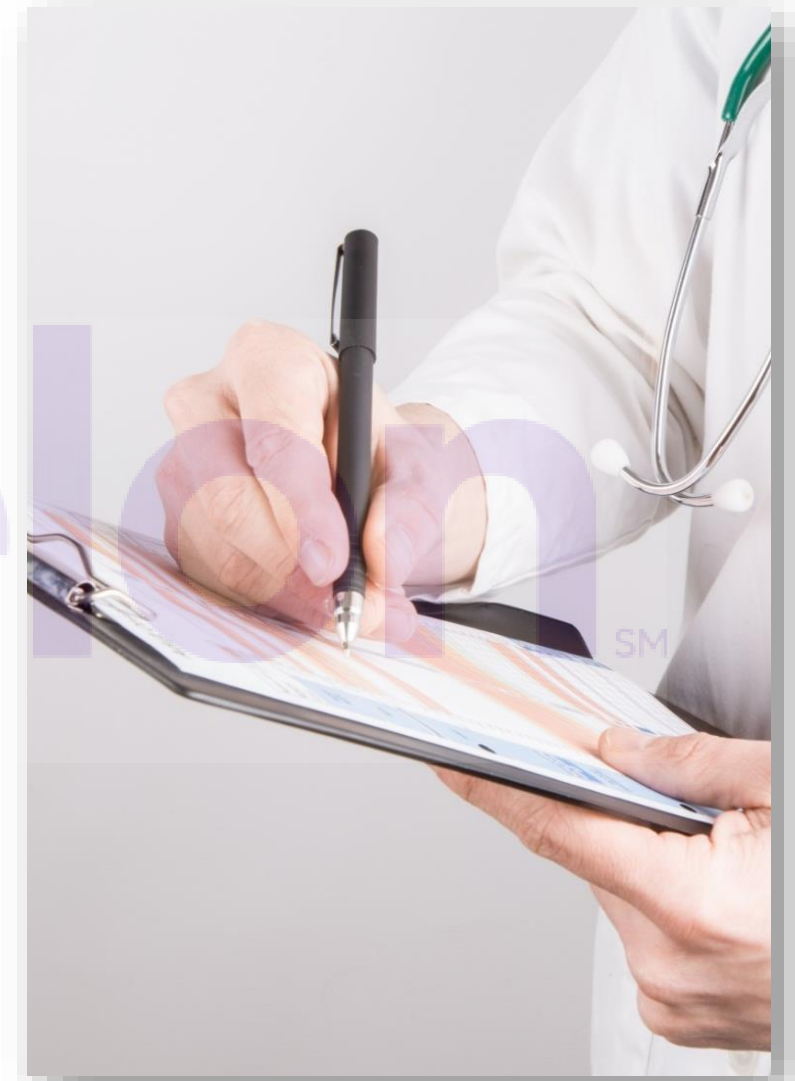


SBIRT Oregon, 2013



Verbal Screening Administration Tips

- Normalize and set the context
- Transparency – why are you asking?
- Ask permission
- Provide the option of not answering a question
- Address confidentiality
- Use the exact wording provided on the screening instrument
 - **DO NOT PARAPHRASE**
 - Okay to clarify the meaning of the item



What is “One Drink”?



Standard “One Drink” Guideline



12 ounces
of beer



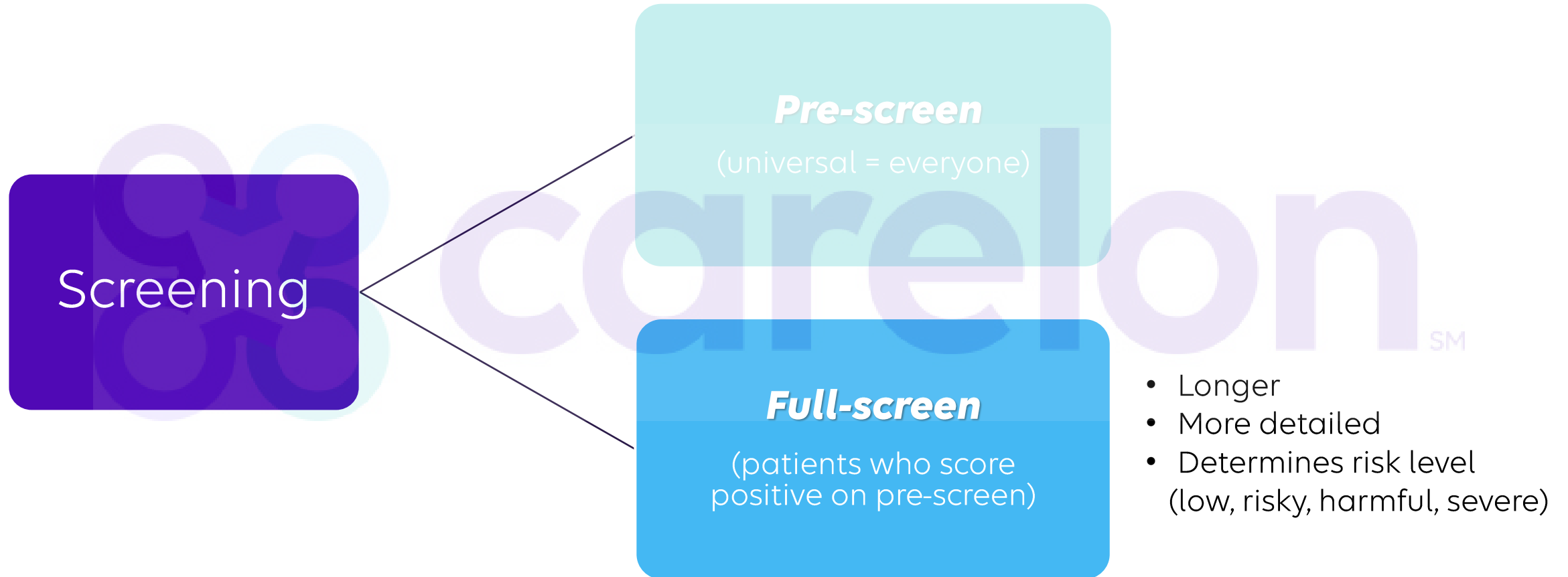
5 ounces
of wine



One shot of
hard liquor
(1 ½ oz)



Two Levels of Screening



Full Screening Tools

AUDIT:

- Alcohol Use Disorder Identification Test

DAST:

- Drug Abuse Screening Test

ASSIST:

- Alcohol, Smoking, and Substance Abuse Involvement Screening Test

GAIN or GAIN-SS:

- Global Appraisal of Individual Needs

CRAFT:

- Car, Relax, Alone, Forget, Family or Friends, Trouble (adolescents)



AUDIT

- **A**lcohol **U**se **D**isorder **I**dentification **T**est
- Developed by the World Health Organization
- Addresses alcohol use only
- Valid across cultures
- Each question has 5 answer choices
- Answers are assigned points and totaled
- Scores range from 0 - 40

Alcohol screening questionnaire (AUDIT)

One drink equals:



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

Scoring:	0 points per question	1 point per question	2 points per question	3 points per question	4 points per question
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?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have four 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, in 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, in the last year

Add the score for each column:

+ + + +

Total Score (add column scores) =



What do the AUDIT Scores Mean?

<i>Risk Zone</i>	<i>LOW RISK</i>	<i>RISKY</i>	<i>HARMFUL</i>	<i>SEVERE</i>
AUDIT Score	0-3	4-9	10-13	14+
Description of Zone	“At low risk for health or social complications.”	“May develop health problems or existing problems may worsen.”	“Has experienced negative effects from substance use.”	“Could benefit from more assessment and assistance.”
Recommended Intervention	Positive Health Message	Brief Intervention to Reduce Use	BI to Reduce/Abstain & Follow-up	BI to Accept Referral to Addiction Treatment & Recovery Supports



DAST

- **D**rug **A**buse **S**creening **T**est
- Addresses drug use only
- Assesses use as well as effects or consequences
- 10 yes or no questions
- Yes = 1 point
- No = 0 points
- Scores range 0 - 10



Skinner, H. A. (1982). The Drug Abuse Screening Test. Addictive Behavior, 7(4),363–371.

Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

Which recreational drugs have you used in the past year? (Check all that apply)

- ☐ methamphetamines (speed, crystal) ☐ cocaine
☐ cannabis (marijuana, pot) ☐ narcotics (heroin, oxycodone, methadone, etc.)
☐ inhalants (paint thinner, aerosol, glue) ☐ hallucinogens (LSD, mushrooms)
☐ tranquilizers (valium) ☐ other _____

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse (use) more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0 1

Do you inject drugs? No ☐ Yes ☐

Have you ever been in treatment for a drug problem? No ☐ Yes ☐

What do the DAST Scores Mean?

<i>Risk Zone</i>	<i>LOW RISK</i>	<i>RISKY</i>	<i>HARMFUL</i>	<i>SEVERE</i>
DAST Score	0	1-2	3-5	6+
Description of Zone	At low risk for health or social complications	May develop health problems or existing problems may worsen	Has experienced negative effects from substance use	Could benefit from more assessment and assistance
Recommended Intervention	Positive health message	Brief Intervention (BI) to reduce use	BI to reduce/abstain & follow-up	BI to accept referral to addiction treatment & recovery supports





Chapter 3

Brief Intervention

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The Purpose of Brief Interventions

Brief

Intervention



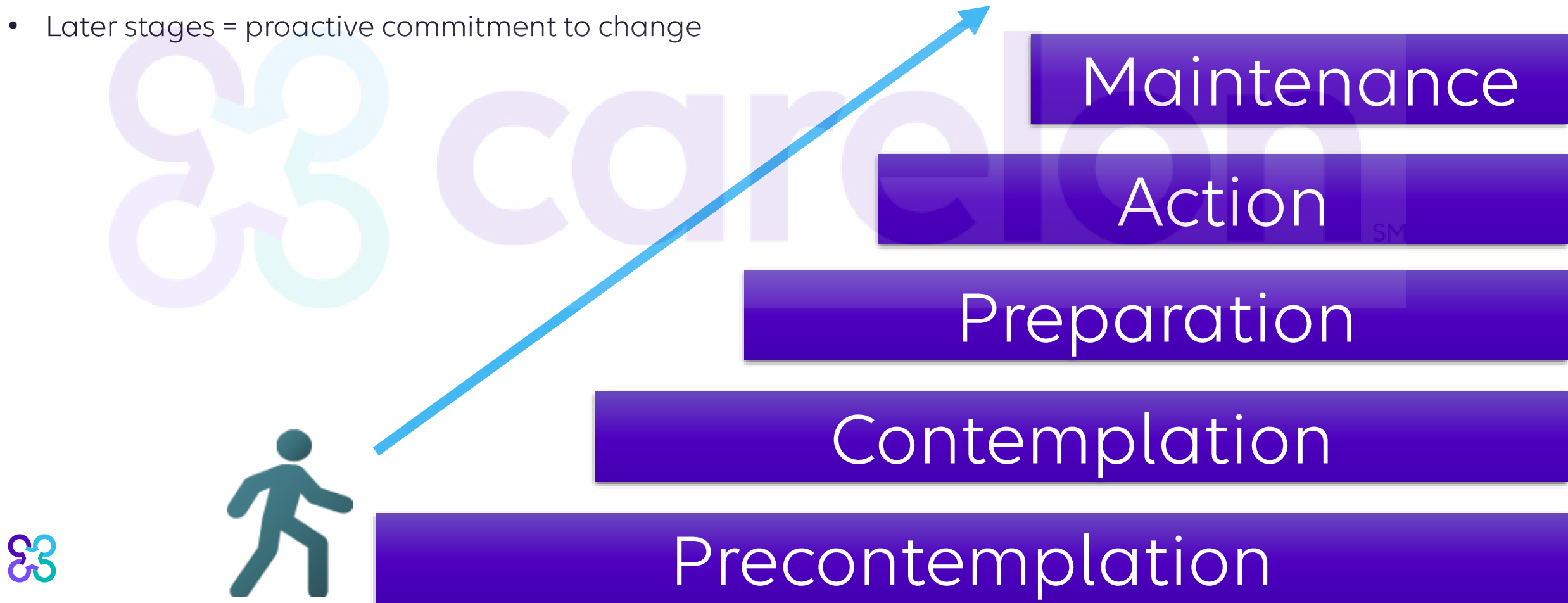
- Help patients understand their substance use / possible health impact; motivate behavior change

- **A brief 5 – 15-minute discussion(s)**
- Opportunity to discuss / explore substance use
- Discuss possible reasons for change
- Motivate / enhance motivation for change
- Enhance self-efficacy and commitment to change
- “Plant a seed”



Stages of Change (James Prochaska)

- Change occurs through gradual progression
- Early stages = lack of awareness and / or resistance
- Later stages = proactive commitment to change



What Makes Brief Intervention Different?

Directive Communication

- Clinician is the expert
- Explain why
- Tell how
- Emphasize importance
- Persuasion, advice

Guiding Communication

- Patient is the expert
- Respect for autonomy
- Work with ambivalence
- Empathy, non-judgement
- Avoid giving advice

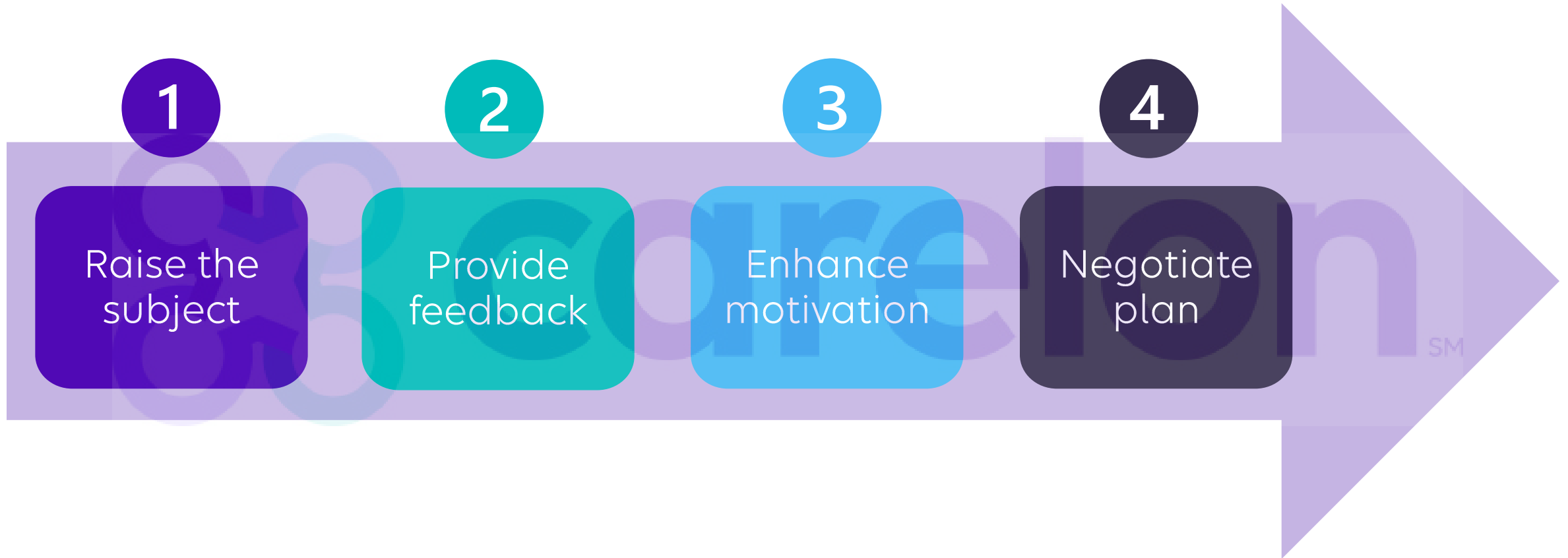


Goal of Intervention Differs by Risk Level

<i>Risk Zone</i>	<i>LOW RISK</i>	<i>RISKY</i>	<i>HARMFUL</i>	<i>SEVERE</i>
Recommended Intervention	Positive health message	Brief Intervention (BI) to reduce use	BI to reduce/abstain & follow-up	BI to accept referral to addiction treatment & recovery supports



Brief Intervention Steps



Raise The Subject

1

Build rapport

Explain your role

- Not to tell the patient what to do
- To offer information and ideas, to support change the patient might want

Ask permission to discuss alcohol/drug use

Ask about alcohol/drug use patterns in the patient's own words

- Open-ended questions

Listen carefully

- Use reflections & summaries to demonstrate understanding
- Use affirmations to offer support & highlight strengths



Open-Ended Questions

1

- *What does a typical drinking day look like for you?*
- *What feelings do you experience during or after drinking?*
- *What steps do you take to avoid overdoses?*
- *How would you define “one drink”?*



Would you tell me about some of the reasons why you use marijuana?



Reflections & Summaries

1

- *It sounds like...*
- *You feel as though...*
- *What I'm hearing is...*
- *It's important to you that...*



Well one of the reasons I drink is because my friends do- what else am I going to do on a Friday night?

It sounds like alcohol is a big part of your social life, & you worry how cutting down might affect your friendships.



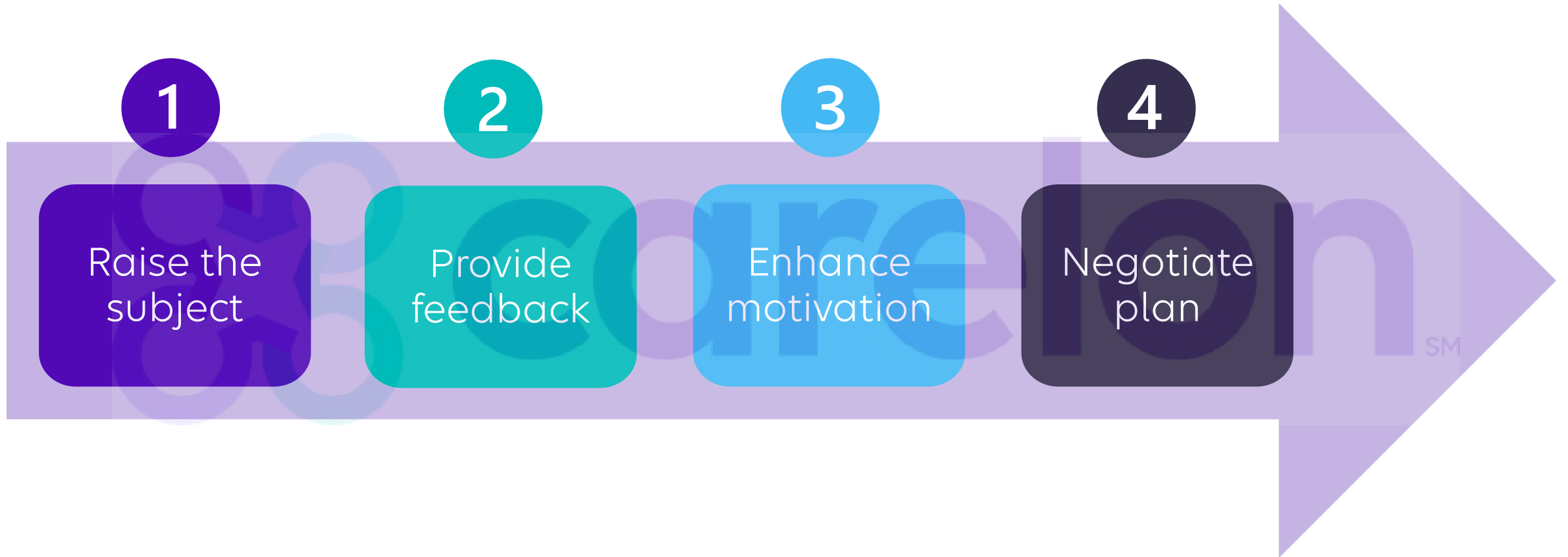
Affirmations

1

- *That makes a lot of sense*
- *Just being here today is a great start*
- *I can already tell that you're a very thoughtful person*
- *It shows a lot of strength to be able to talk about this*



Brief Intervention Steps



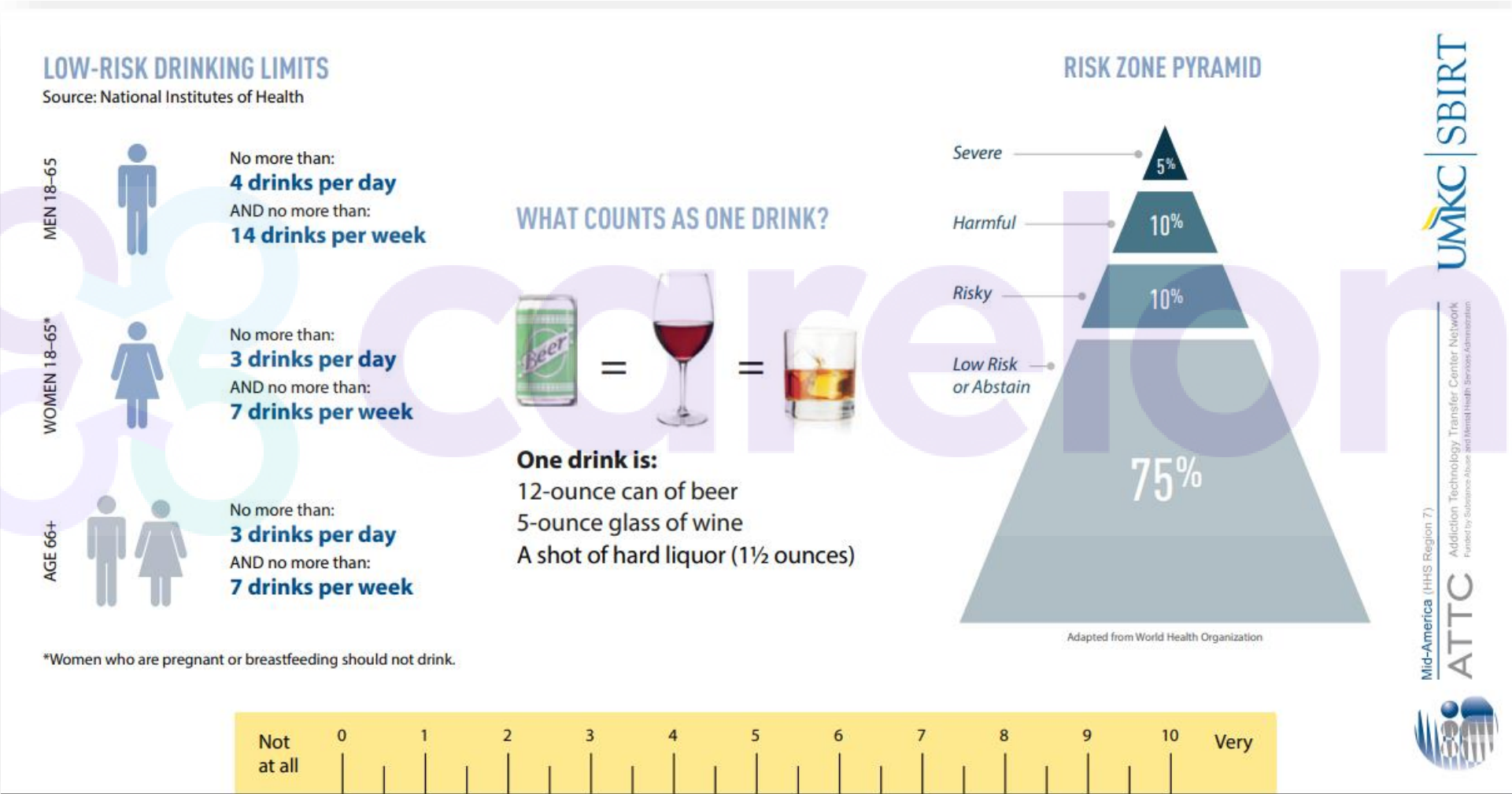
Provide Feedback

2

- Discuss screening score / zone / meaning
- Review low-risk limits
 - Explore how these compare with the patient's reported use
- Share educational materials
 - Brochures, articles, handouts
- Explore possible connections to health, stress, social or work issues
 - Use open-ended questions, reflections, summaries
- Explore patient's reaction to the information
 - What do you think about all this?



Risk Zone Education

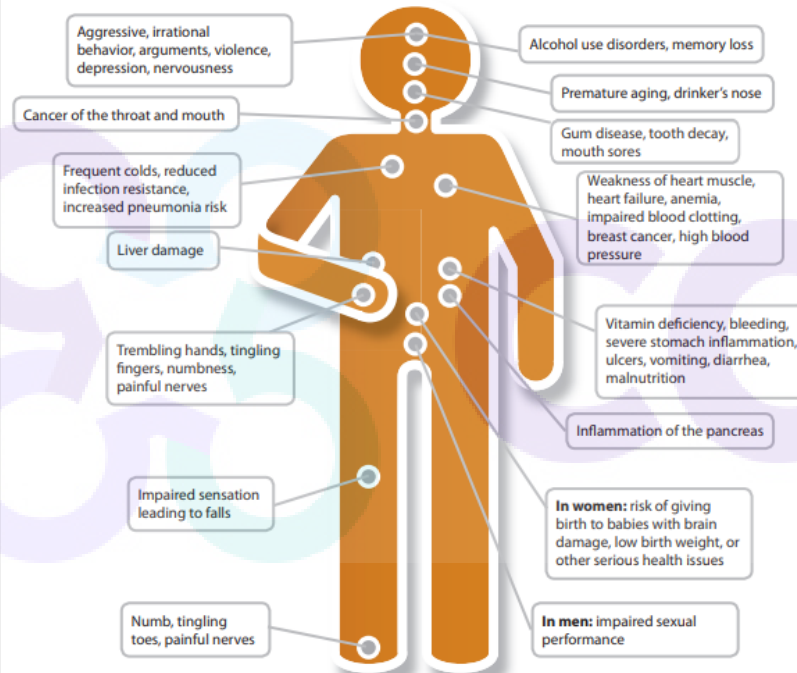


Substance-Specific Education

2

RISKY AND HARMFUL ALCOHOL USE

Effects on the Body



Alcohol can worsen existing health problems:

- Liver disease
- Heart disease and high blood pressure
- Diabetes
- Ulcers and stomach problems
- Depression and anxiety
- Sleep problems

Something to think about:

Risky and harmful alcohol use frequently leads to social, legal, medical, domestic, job, and financial problems. Alcohol may shorten your lifespan and lead to accidental injury or death.

Adapted from: Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B., and Monteiro, M.G. (2001). The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care (Second Edition). World Health Organization; sbirtaction.org

Prescription Opioids and Heroin

What are opioids?

- Opioids come in different forms, but have similar effects and can harm you.
- At high doses or when combined with other medications or alcohol, opioids can cause people to stop breathing.
- Opioids are prescribed for pain. Examples are hydrocodone, oxycodone, and fentanyl. Some prescription cough syrups also contain opioids.
- Heroin is an illegal opioid made from the opium poppy plant. Heroin is a white or brown powder or a black/dark brown sticky substance.
- Opioids are swallowed, injected, smoked, or snorted.

Using opioids with other substances

- Opioids shouldn't be mixed with other drugs, especially depressants like alcohol, benzodiazepines, and sleeping medications. This greatly increases the risk of overdose and death.
- Mixing cocaine with heroin, called speedballing, also increases the risk of overdose.
- Heroin is sometimes mixed with fentanyl or carfentanyl, very powerful opioids that cause overdose and death.

Tips for quitting

Getting started.

- Do not stop taking your opioid medicine suddenly. Lowering your dose too quickly can be dangerous.
- Be aware that withdrawal can occur. Physicians and addiction treatment programs can help with withdrawal.

Know your options.

- **Treatment.** Treatment can include medications, counseling, or a combination. Medications can be provided by a treatment center (residential or outpatient) or provider office.
- **Medications.** Medications include methadone, buprenorphine (Suboxone), and naltrexone. They help manage cravings and withdrawal symptoms, and are used for long-term recovery.
- **Counseling.** Counseling options include cognitive behavioral therapy and motivational interviewing.
- **Peer support groups and recovery supports** are important to help people stay in recovery.

Have naloxone in case of overdose.

- Naloxone is a life-saving tool for people who use opioids. Naloxone reverses opioid overdoses and keeps people from dying from an overdose. It may be available through your healthcare provider, pharmacy, or needle exchange program.

Risks of opioid use

Short Term

- Overdose means taking more of an opioid than your body can handle. Signs of an overdose are small pupils, slowed breathing, cold clammy skin, and unconsciousness. You can stop breathing and die.
- Use can impair learning and ability to drive.

Long Term

- Tolerance means needing more opioids to get the same feeling, which can cause negative effects (see other side).
- Opioids are addictive. Not everyone becomes addicted, but some do. If you have bipolar disorder, anxiety, or problems with alcohol or drugs, talk to your healthcare provider.
- **Withdrawal:** Symptoms are aches, sweating, nausea, pain, vomiting, chills, and trouble sleeping.
- **Pain:** Long-term use can lead to an increase in pain.

Opioids and pregnancy

- Use during pregnancy can lead to serious complications.
- But if you are pregnant, do not stop taking opioids without help from a qualified professional.

Do not borrow or share opioids

- Taking opioids that are not prescribed to you is dangerous, and can cause or worsen health problems.
- Pills may look the same but could be different medicines, or have different amounts in each pill. Keep opioids locked up, out of reach of children and teenagers. Most misused medication was taken from someone with a prescription.
- Do not keep extra opioids; destroy them or return them to law enforcement.

Important steps to take if using opioids

- Until you know how the medication affects you, do not use heavy machinery, operate a car, work in unprotected heights, or be responsible for a person who is unable to care for themselves.
- Tell someone you are taking opioids. They should call 911 if you have slowed breathing, cold, clammy skin, or become unconscious.
- Ask your provider if naloxone is something you should have.
- If you need help with pain management, or have health concerns, talk with your healthcare provider. There are other ways to treat pain.

Helpful links

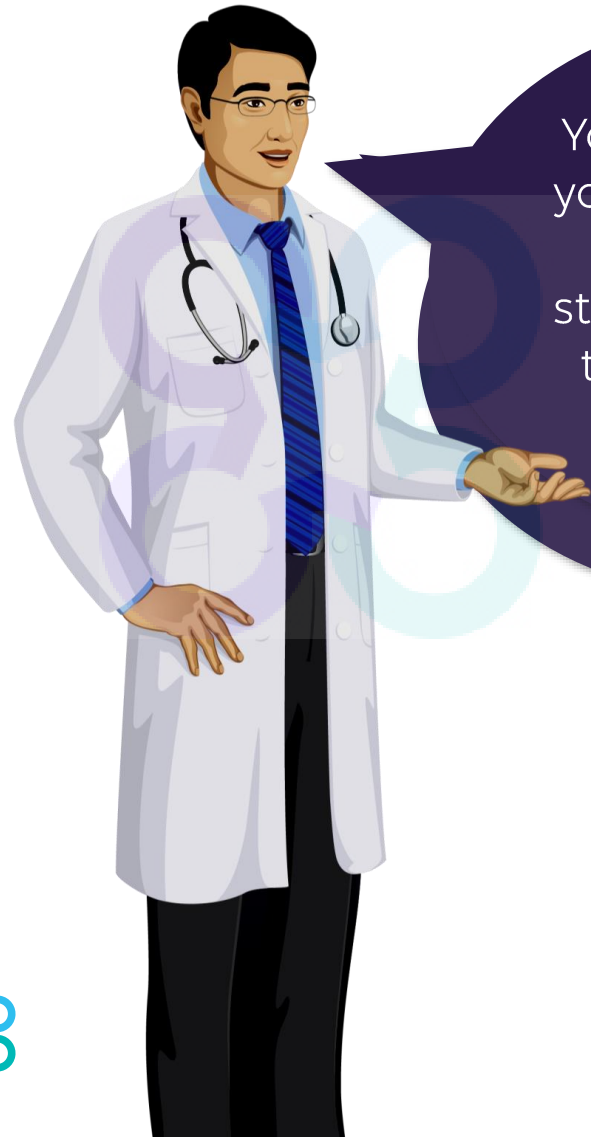
Information on preventing drug overdoses and reducing drug-related harm for opioid users can be found at: <http://harmreduction.org>. Also, see the www.sbirt.org Resources page for links to more resources.

Sources: Indiana University SBIRT@IU: Institute for Research, Education & Training in Addictions (<http://ireta.org/wp-content/uploads/2016/12/Opioids-brochure.pdf>)



Exploring Connections

2



You mentioned that you sometimes drink alcohol after a stressful day at work to unwind- Do you find it effective?

Sometimes if I have more than a glass or two of wine I feel worse- I get upset and can't stop thinking about my bad day.



Exploring Connections

2



That makes sense.

So, you're saying that even though you drink wine to manage stress, sometimes it makes your stress worse instead of better.



Video: Steps 1 & 2 in Action

1

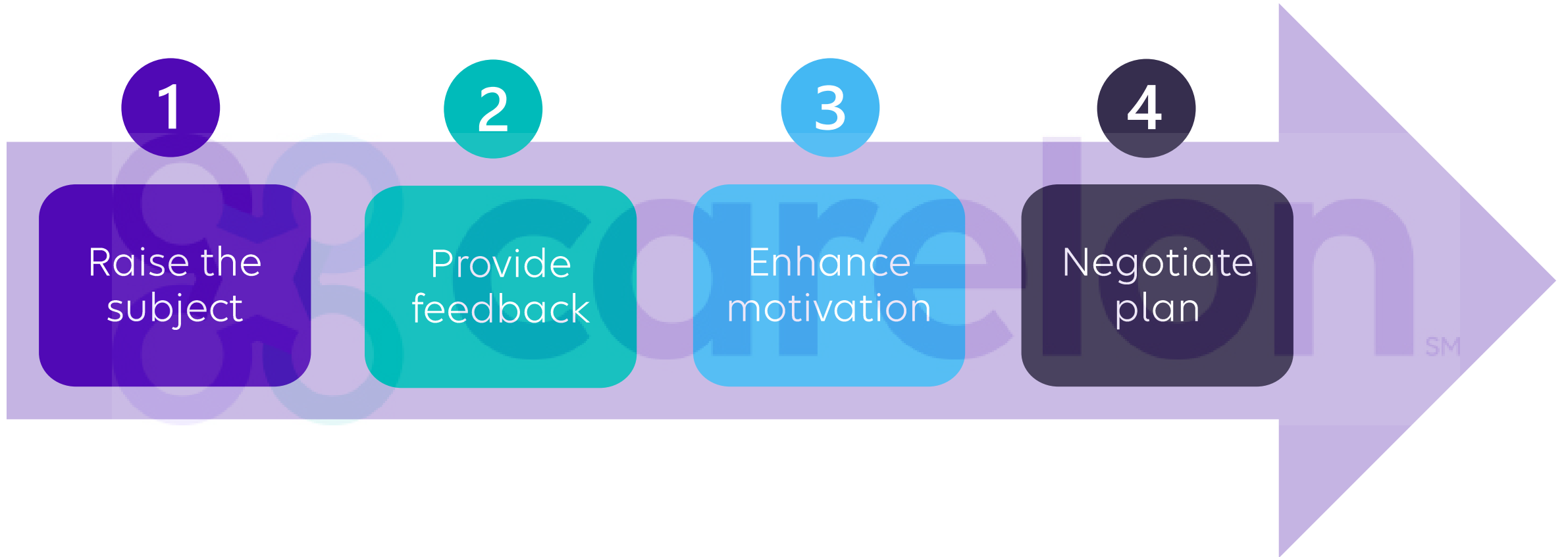
2

What techniques did you notice the clinician use during the first two steps of this brief intervention?

What else might you have done if you were the clinician?



Brief Intervention Steps





Enhance Motivation (*Risky / Harmful Zone*)

3

Ask about Pros and Cons

- Discover and discuss ambivalence

Readiness Ruler



Pros and Cons

3

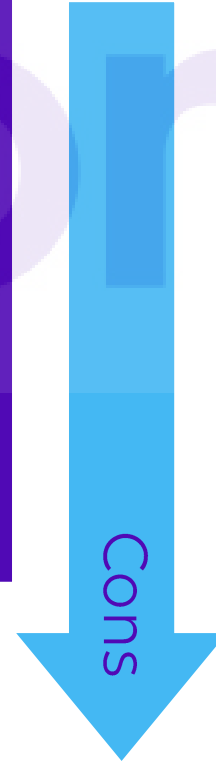


What is it that you like most about drinking?

What, if anything, do you enjoy about using drugs?

What are some things you don't like about drinking?

What are some negative things that have happened because of your drug use?



Exploring Connections

3



It sounds like you've noticed that drinking as much as you are right now is giving you a lot of hangovers and not feeling well impacts your ability to enjoy your days

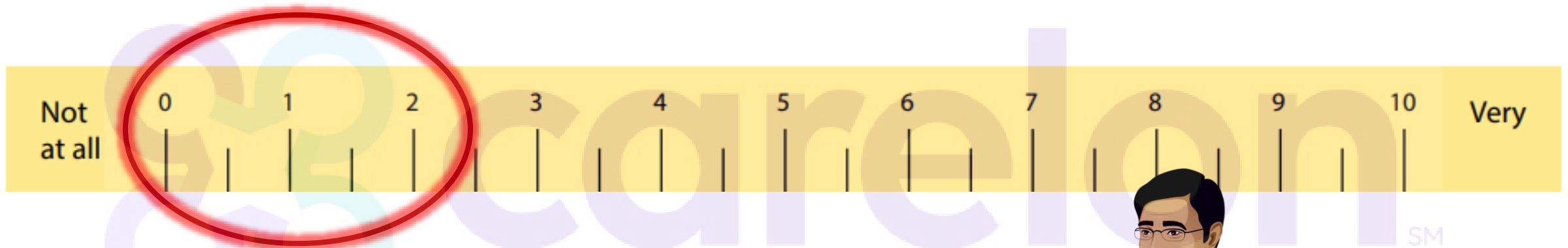
One thing I don't like about drinking is that I don't feel well in the morning. I'm having a lot of hangovers and they can mess up my whole day.



Readiness Ruler

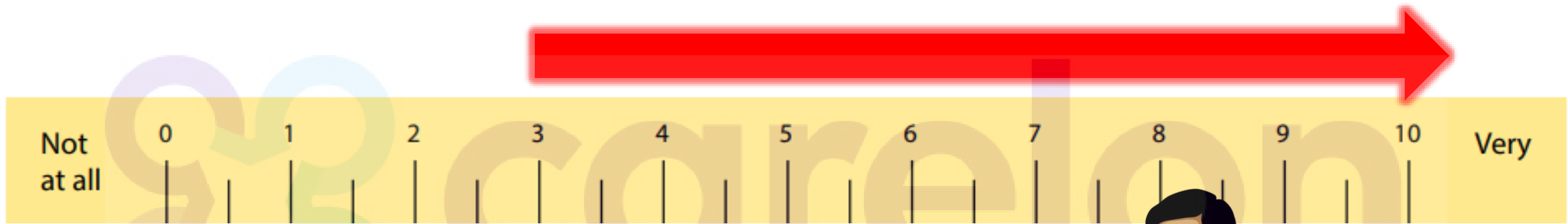
3

“On a scale of 0 to 10, with 10 being very ready and 0 being not ready at all, how ready are you to cut down your alcohol use?”



“How would your drinking (drug use) have to impact your life in order for you to start thinking about cutting back?”





“Why did you choose that number and not a lower one?”

Change Talk



Video: Step 3 in Action

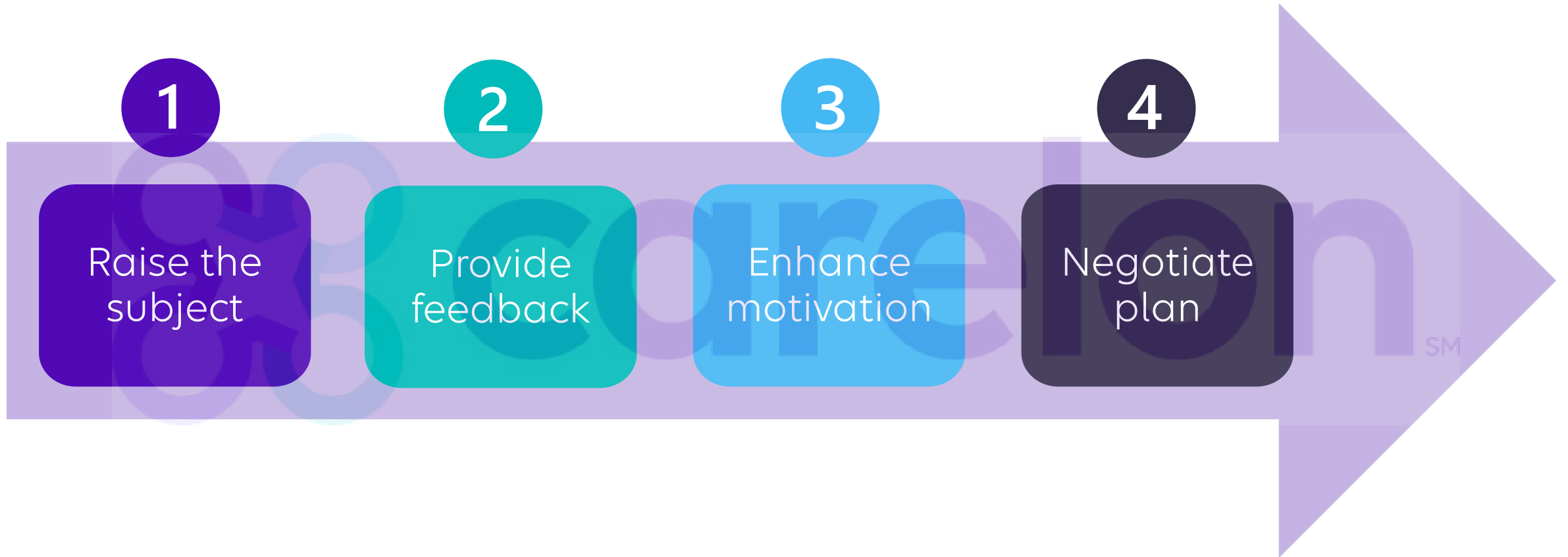
3

What techniques did you notice the clinician use during step 3 of this brief intervention?

What else might you have done if you were the clinician?



Brief Intervention Steps



Negotiate Plan (*Risky / Harmful Zone*)

4

- Summarize the conversation
 - Including reasons to change identified by the patient
- Ask “what steps would you be willing to take?”
 - If necessary, offer options for change
- Write a “prescription” for change and assess patient’s confidence
 - Readiness ruler becomes Confidence ruler
- Negotiate follow-up



Offering Options for Change

4

- The patient's goal and steps should be specific and attainable
- Avoid becoming the expert, elicit the patient's ideas
- Ask patient to read (or offer) patient education materials for ideas

Tips for cutting down on alcohol use

- **Measure and Count.** Measure drinks per standard drink size and count how much you drink on your phone, a card in your wallet, or calendar.
- **Set Goals.** Decide how many days a week you want to drink, and how many drinks to have on those days.
- **Pace and Space.** Pace yourself. Sip slowly. Have no more than one drink per hour. Alternate "drink spacers"—non-alcohol drinks (water, soda, or juice).
- **Include Food.** Don't drink on an empty stomach.
- **Avoid "Triggers."** What triggers you to drink? Avoid people, places, and activities that trigger the urge to drink.
- **Plan to Handle Urges.** When an urge hits: remind yourself of reasons for changing, talk it through with someone, do a healthy, distracting activity, or "urge surf" and accept the feeling and ride it out, knowing it will pass.
- **Know your "no."** Have a polite, convincing "no" ready for times when you don't want a drink.

Adapted from US Department of Health and Human Services, NIH, NIAAA



Prescription for Change



Prescription for Change

Date: _____

Goal: _____

Steps:

1. _____
2. _____
3. _____

Next appointment: _____

Contact: _____

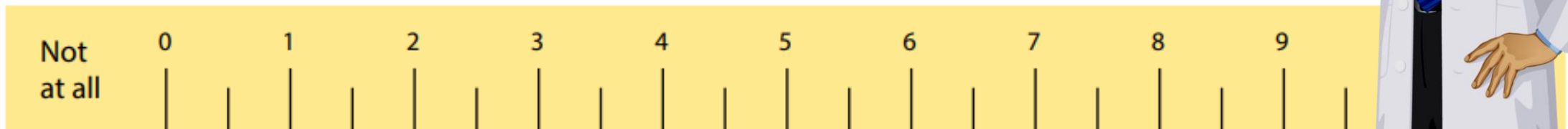


Confidence Ruler & Wrap Up

4

- “On a scale of 0 - 10 , how confident are you that you can make these changes in your drinking (drug use)”?
 - If confidence is <6 , renegotiate plan
- Make follow-up visit
- Thank patient

Thank you for talking with me about your alcohol use today. I hope this was helpful!



Video: Step 4 in Action

4

What techniques did you notice the clinician use during step 4 of this brief intervention?

What else might you have done if you were the clinician?



Resistance to Change: “Sustain Talk”

“I just have a couple of drinks to help me relax.”

*“I’m not paying you to talk to me about drinking!
Geez, I’m just here for a cold.”*

“Everyone smokes a little weed.”

*“Sure, once in a while I drink more than I should, but
it doesn’t cause any major problems in my life.”*

“My dad was an alcoholic. I don’t drink like him.”



Managing “Sustain Talk”: Reflect & Pause

- **Empathy, not argument**
- Use reflective listening
- Provide a reflection for sustain talk, then pause
- Diffuse tension; Move forward

Resistance is normal !





Chapter 4

Referral to Treatment

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Purpose of Referral to Treatment

(Severe Zone)

Referral to
Treatment

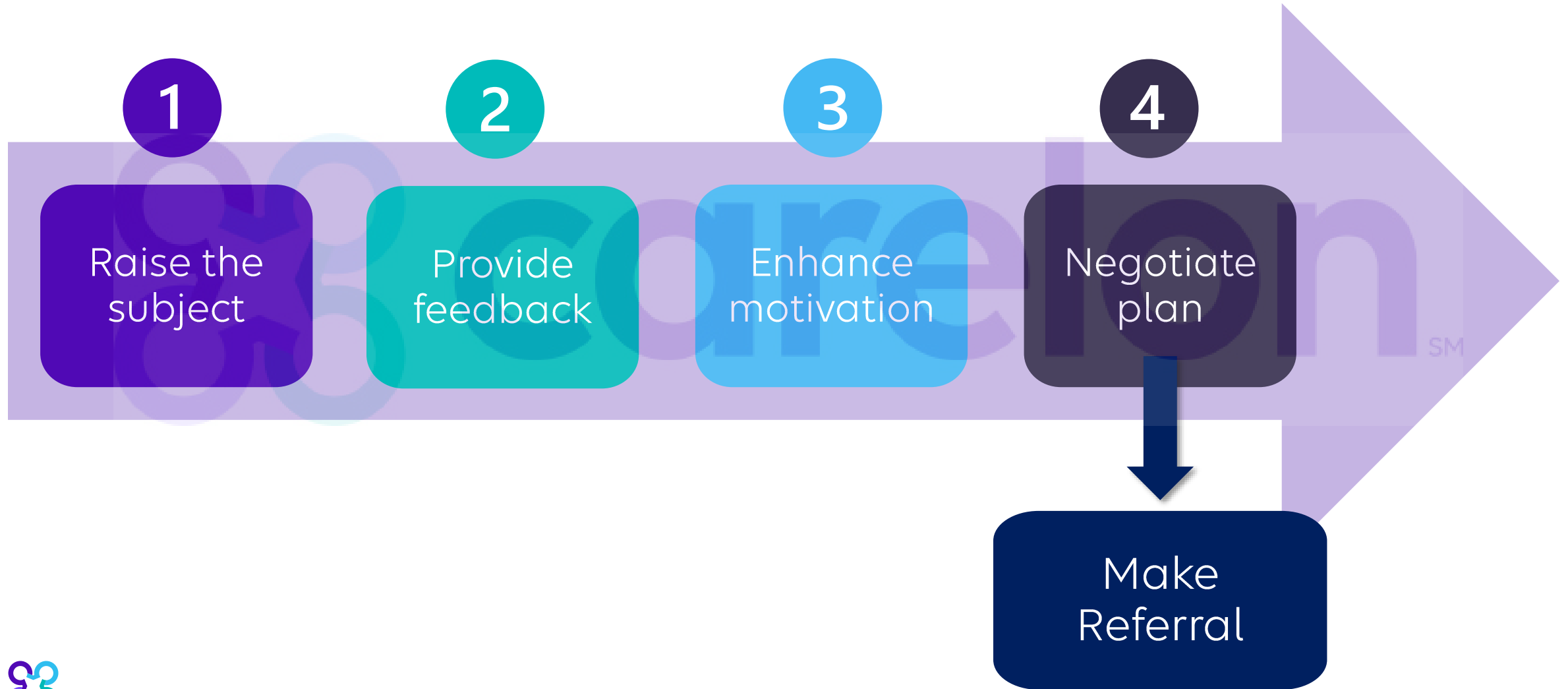


- Help patients who show signs of substance use disorders to access specialty addiction treatment and recovery support services

Risk Zone	LOW RISK	RISKY	HARMFUL	SEVERE
Recommended Intervention	Positive health message	Brief Intervention (BI) to reduce use	BI to reduce/abstain & follow-up	BI to accept referral to addiction treatment & recovery supports



Brief Intervention for Referral Steps



Raising the Subject & Providing Feedback

1

2



Build rapport

Explain your role

Ask to discuss substance use

Go over screening results; explain risk zone

Provide education / information

Ask for patient's reaction / thoughts



Enhancing Motivation

3

- Acknowledge & address ambivalence



- Use techniques to build patient's confidence and willingness to go to a specialty provider before making the referral
 - Open-ended questions
 - Reflections
 - Pros & Cons
 - Readiness ruler



Enhancing Motivation

3

- Screening indicates awareness of negative consequences

5. How often during the last year have you failed to do what was normally expected of you because of drinking?
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?
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?
9. Have you or someone else been injured because of your drinking?
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

- Physical health effects
- Mental health effects
- Failure to meet responsibilities
- Relationship problems
- Injury



Preparing the Patient

3



Detoxification – 2-5 days

- Medically managed
- Length & experience differ by substance
- Social detox – separate from triggers

Residential

- Long-term: 6-12 months
- Short-term: 2-4 weeks

Outpatient

- Intensive outpatient: 8-20 hrs/week
- Outpatient: 1-8 hrs/week

Continuing Care

- Outpatient: 1-3 hrs/week
- Telephone monitoring



Making the Referral

4

- Have a list of referrals prepared
 - Know details & who to contact
- SAMHSA's Behavioral Health Locator
 - <http://findtreatment.samhsa.gov> or
 - 1-800-662-HELP (4357)
- Facilitate a warm handoff to specialty provider
 - Assist the patient to make an appointment
 - Help them make the call



Different Paths to Recovery

4



Specialty Addiction Treatment

The diagram features a central black vertical pole with four horizontal arrows attached. The arrows are colored purple, teal, blue, and dark purple from top to bottom. A winding grey road curves around the pole in the background. A large, faint watermark '360care' is visible across the center of the image.

General Support

Faith-based Approaches

Peer Services / Groups



Brief Intervention for Drug Use

Research on effectiveness of SBIRT for drug use is mixed

- Intervention can still have significant impact
 - Open conversation can reduce stigma
 - Help patient reduce harm from drug use
 - Elicit reasons for cutting down/explore ambivalence
- Maintain nonjudgmental, caring stance
 - Use same tone as if discussing alcohol use





Chapter 5

Resources & Conclusion

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Additional Training



SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use

www.healthknowledge.org

- 4-hour, self-paced, FREE
- CE credit available
 - Certain licenses
- Clinician tools
- Patient education materials
- Role plays



Resources



www.SBIRT.care













- Download or print **screening tools, patient education** and more
- Access **videos**
- Practice a **role play**



Resources



www.OASAS.ny.gov/provider/SBIRT

	Knowledge Saves - SBIRT Patient Pamphlet	 DOWNLOAD
	SBIRT Pocket Card for Practitioners	 DOWNLOAD
	Our Task is to Ask - SBIRT Poster	 DOWNLOAD
	Screening, Brief Intervention, and Referral to Treatment Brochure	 DOWNLOAD
	Screening, Brief Intervention, and Referral to Treatment (SBIRT) Flyer	 DOWNLOAD

- Download or print **screening tools, brochures** and **flyers**
- Sign up for **additional training** and more



Key Takeaways

SBIRT aims to address the “gap” in substance use treatment and/or reinforce healthy behaviors

Universal Screening is vital to identifying those who need support

A brief intervention can do long-term good

We must meet the patient where they are – they are the expert on themselves

SBIRT research continues to grow





Thank You!

All attendees will receive a copy of the slide deck & link to the webinar recording via email within 24 hours

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References

Adapted from UMKC School of Nursing and Health Studies “Screening and Brief Intervention for Substance Use: A Health Imperative” by Heather Gotham, PhD. Retrieved from <https://www.sbirt.care/training.aspx>

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