
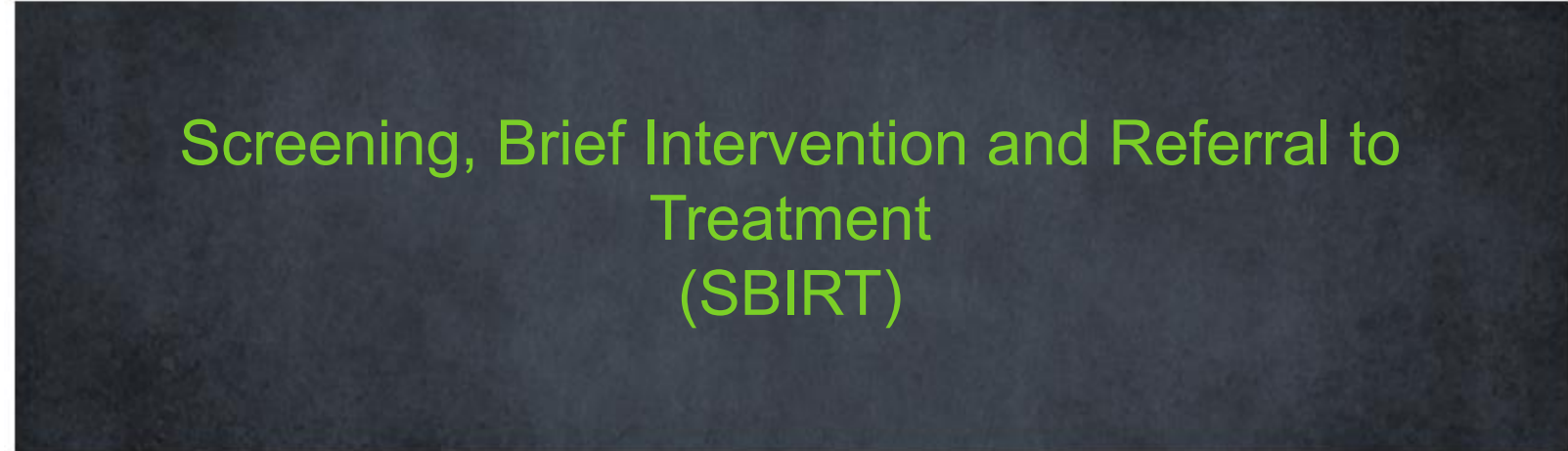



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# Screening, Brief Intervention and Referral to Treatment (SBIRT)



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SBIRT is an evidence-based approach for identifying problematic substance use and reducing associated harms.



# Goals of SBIRT

**To screen and provide counselling or advice to youth who may be considering use or misusing substances**

**To reduce unsafe behaviour patterns and decrease the consequences of substance misuse.**

**Enhance connections to service providers.**



# SBIRT

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- Screening
- Brief Intervention
- Referral to Treatment

# Brief Intervention

Uses motivational interviewing techniques to increase a person's awareness of substance use and encourage changes in behavior.

The key to successful BI is to extract a single, measurable, behavioral change from the broad process of recovery that will allow the youth to experience a small incremental success



# FRAMES

## Components of Brief Intervention

- > **F**eedback - regarding personal risk or impairment
- > **R**esponsibility - Emphasis on personal responsibility for change
- > **A**dvice - Clear advice to change
- > **M**enu - change options
- > **E**mpathy - Therapist empathy
- > **S**elf efficacy - Encouragement of optimism about the potential to change



# Applying Brief Intervention

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## 1. Non – Users

- validate healthy choices
- reinforce information on personal choices, continuing brain development and healthy coping skills

## 2. Using with minor impairment

- Offer education about risk
- Suggest harm reduction ideas

## 3. Using with major impairment

- Discuss referral to treatment options
  - Naloxone kit
  - Safe supply testing
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# Stages of Change: Intervention Matching Guide

## 1. Pre-contemplation

- Offer **factual** information
- Explore the **meaning of events** that brought the person to treatment
- Explore **results of previous efforts**
- Explore **pros and cons** of targeted behaviors

## 2. Contemplation

- Explore the person's **sense of self-efficacy**
- Explore **expectations** regarding what the change will entail
- **Summarize** self-motivational statements
- Continue exploration of **pros and cons**

## 3. Determination

- Offer a **menu of options** for change
- Help identify **pros and cons** of various change options
- Identify and **lower barriers** to change
- Help person **enlist social support**
- Encourage person to **publicly announce plans** to change

## 4. Action

- Support a **realistic view** of change through **small steps**
- Help **identify high-risk situations** and develop **coping strategies**
- Assist in **finding new reinforcers** of positive change
- Help access family and social **support**

## 5. Maintenance

- Help identify and try **alternative behaviors** (drug-free sources of pleasure)
- Maintain **supportive contact**
- Help **develop escape plan**
- Work to **set new** short and long term **goals**

## 6. Recurrence

- Frame recurrence as a **learning opportunity**
- Explore possible behavioral, psychological, and social **antecedents**
- Help to develop **alternative** coping strategies
- Explain Stages of Change & encourage person to **stay in the process**
- Maintain **supportive** contact





When do you refer for treatment?



# Why Do Youth Use?

Reasons for using substances the last time (among youth who had used alcohol or other substances)	
I wanted to have fun	67%
I wanted to try it/experiment	32%
My friends were doing it	32%
Because of stress	24%
I felt down or sad	20%
I felt like there was nothing else to do	9%
To manage physical pain	6%
I thought it would help me focus	4%
I was pressured into doing it	3%
Because of an addiction	3%
I didn't mean to do it	1%
To change the effects of some other drug	1%
Other	9%

Note: Youth could choose more than one response.

Note: Among youth who wrote 'other' they most commonly cited a special occasion as the reason they had used substances.

McCreary Center Society  
Adolescent Health Survey  
2018



Referral to Treatment

# Running Head Start Technique

Miller and Rollnick, 2012

- Purpose: to gain access to change talk by hearing motivations for maintaining status quo; provides insight into co-morbidities
- What do/don't you **like** about marijuana?
  - What does it do for you physically that you **like/don't like**?
  - What does it do for you emotionally/psychologically that you **like/don't like**?
  - What does it do for you socially that you **like/don't like**?