



## **An Introduction to the SBIRT Model:**

# **Screening, Brief Intervention, and Referral to Treatment for Substance Use**

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# SBIRT BRIEF INTERVENTION CARD

## WHAT IS A STANDARD DRINK?\*

**12 fl. oz.** of  
regular beer



≈ 5% alcohol

**8–9 fl. oz.** of  
malt liquor  
*(shown in a 12 oz. glass)*



≈ 7% alcohol

**5 fl. oz.** of  
table wine



≈ 12% alcohol

**1.5 fl. oz.** shot of  
distilled spirits

*(gin, rum, tequila,  
vodka, whiskey, etc.)*

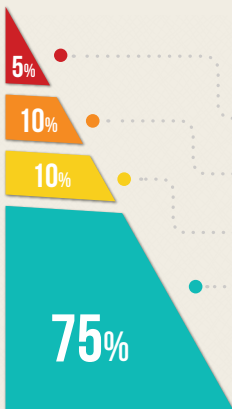


≈ 40% alcohol

\*Adapted from the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

The percent of pure alcohol in beverages varies widely. Read beverage labels to find out how much alcohol is in your drink.

## SUBSTANCE USE RISK ZONES\*



**High-risk substance use** should be further assessed by a health care professional.

**Harmful substance use** is experiencing negative health effects or social consequences from alcohol and other substance use.

**Risky substance use** is exceeding recommended limits for use, which can lead to health or social problems.

**Lower risk substance use** is either not using substances or staying within recommended guidelines. **For alcohol use**, this typically means drinking **no more than three standard drinks per day** and **no more than seven standard drinks per week**.\*

\*Some guidelines recommend different amounts for men and women or for different ages. These lower-risk drinking guidelines are intended for most adults.

**Groups that should not drink generally include** people who are pregnant, people younger than 21, people with health conditions that may worsen with alcohol use, and people taking medications that interact with alcohol.

RISK SCORING	LOWER RISK	RISKY	HARMFUL	HIGH RISK
AUDIT SCORE	0–7	8–15	16–19	20+
DAST SCORE	0	1–2	3–5	6+
CRAFFT	0	1–2	3	4+

\*Approximate percentages represent alcohol drinkers in the U.S. Adapted from the World Health Organization (WHO), 2016.

## TALKING POINTS

**Introduce yourself.** “Thanks for filling out the form. Would you mind taking a few minutes to talk with me about your use of \_\_\_\_\_? Before we start, can you tell me a little bit about a day in your life? Where does your use of \_\_\_\_\_ fit in?”

**Ask about pros and cons.** “Can you help me understand, through your eyes, the good things about using \_\_\_\_\_? What are some of the not-so-good things?” Then, work with the participant to summarize pros and cons.

**Share scores, risks, and facts.** “I have some information about the impacts of using \_\_\_\_\_. Is it okay if I share that with you? What do you think?”

**Use the readiness ruler.** “Why did you choose that number and not a lower one?”

..... **HOW READY ARE YOU TO MAKE A CHANGE?** .....  
**HOW IMPORTANT IS IT? HOW CONFIDENT ARE YOU?**



**Summarize the conversation.** “What are some steps that you are willing to take to make a change? What and who will support you in making this change? What challenges might you face?”

## GET SUPPORT

For confidential, 24/7 support and referrals, call the toll-free  
**OASAS HOPEline: 1-877-846-7369**  
or text **HOPENY (467369)**

For more information, visit:  
**[oasas.ny.gov](http://oasas.ny.gov)**

**Negotiate an action plan.** Write down goals and next steps. Thank the participant and set a follow-up. Provide warm hand-offs to additional supports and referrals as needed.



**Office of Addiction  
Services and Supports**

OASAS. Every Step of the Way.

# AUDIT

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or “pure” alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



Questions	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 standard drinks containing alcohol do you have on a typical day?	1 or 2	3 to 4	5 to 6	7 to 9	10 or more	
3. How often do you have 4 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	
					Total	

## **AUDIT (Alcohol Use Disorders Identification Test)**

### **Scoring Information for facilitator:**

Each question has a score ranging from 0-4 as seen on top row of the table.

Write the score for each question in the right box and add up the total.

<b>Score</b>	<b>Risk Level</b>	<b>Description of Zone</b>	<b>Intervention/Response</b>
0-7	Zone 1: Low Risk	At low risk for social or health complications	Positive reinforcement/brief advice
8-15	Zone 2: Risky	May develop health or social problems	BI - Brief Intervention
16-19	Zone 3: Harmful	Has experienced negative effects from substance use	EBI -Extended Brief Intervention
20-40	Zone 4: High Risk	Could benefit from more assessment and assistance	RT-Refer to specialist for diagnostic evaluation and treatment

# Drug Abuse Screening Test, DAST-10

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months...			Circle	
1.	Have you used drugs other than those required for medical reasons?		Yes	No
2.	Do you abuse more than one drug at a time?		Yes	No
3.	Are you unable to stop abusing drugs when you want to?		Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?		Yes	No
5.	Do you ever feel bad or guilty about your drug use?		Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?		Yes	No
7.	Have you neglected your family because of your use of drugs?		Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?		Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?		Yes	No
<b>Scoring:</b> Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.			<b>Score:</b>	

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

# The CRAFFT 2.1+N Interview

To be verbally administered by the clinician

**Begin:** "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

## Part A

During the **PAST 12 MONTHS**, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none.

  
# of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none.

  
# of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none.

  
# of days

4. Use a **vaping device\*** containing **nicotine and/or flavors**, or use any **tobacco products†**? Say "0" if none.

  
# of days

\*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.

If the patient answered...

"0" for all questions in Part A



Ask 1<sup>st</sup> question only  
in Part B below, then STOP

"1" or more for Q. 1, 2, or 3



Ask all 6 questions  
in Part B below

"1" or more for Q. 4



Ask all 10 questions  
in Part C on next page

## Part B

Circle one

**C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No Yes

**R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

No Yes

**A** Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

No Yes

**F** Do you ever **FORGET** things you did while using alcohol or drugs?

No Yes

**F** Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

No Yes

**T** Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

No Yes

**Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions. →**

### NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

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## Part C

*“The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products**.\*”*

Circle one

- |  | Yes | No |
|--|-----|----|
| 1. Have you ever tried to QUIT using, but couldn't?  |     |    |
| 2. Do you vape or use tobacco NOW because it is really hard to quit?                                     |     |    |
| 3. Have you ever felt like you were ADDICTED to vaping or tobacco?                                       |     |    |
| 4. Do you ever have strong CRAVINGS to vape or use tobacco?  |     |    |
| 5. Have you ever felt like you really NEEDED to vape or use tobacco?                                     |     |    |
| 6. Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed to, like school? |     |    |
| 7. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)...                |     |    |
| a. did you find it hard to CONCENTRATE because you couldn't vape or use tobacco?                         |     |    |
| b. did you feel more IRRITABLE because you couldn't vape or use tobacco?                                 |     |    |
| c. did you feel a strong NEED or urge to vape or use tobacco?  |     |    |
| d. did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco?                  |     |    |

**One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions. —————>**

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### \*References:

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, 35(3), 225–230;  
McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open*, 1(6), e183535.

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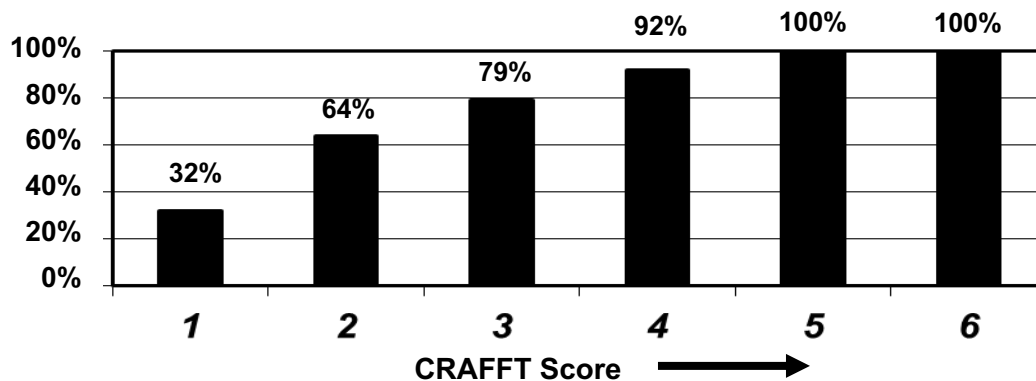
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## CRAFFT Score Interpretation

### Probability of a DSM-5 Substance Use Disorder by CRAFFT score\*



\*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

### Use the 5 R's talking points for brief counseling.



1. **REVIEW** screening results

For each “yes” response: *“Can you tell me more about that?”*



2. **RECOMMEND** not to use

*“As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, nicotine, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations.”*



3. **RIDING/DRIVING** risk counseling

*“Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home.”*



4. **RESPONSE** elicit self-motivational statements

Non-users: *“If someone asked you why you don't drink, vape, or use tobacco or drugs, what would you say?”* Users: *“What would be some of the benefits of not using?”*



5. **REINFORCE** self-efficacy

*“I believe you have what it takes to keep substance use from getting in the way of achieving your goals.”*

**Give patient Contract for Life.** Available at [www.crafft.org/contract](http://www.crafft.org/contract)

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[crafft@childrens.harvard.edu](mailto:crafft@childrens.harvard.edu) [www.crafft.org](http://www.crafft.org)

For more information and versions in other languages, see [www.crafft.org](http://www.crafft.org).

# How many times in the past year have you used tobacco, alcohol or marijuana?

*Never, Once or twice, Monthly, Weekly or more*

NOT AT ALL

0

1

2

3

4

5

6

7

8

9

10

EXTREMELY

HOW IMPORTANT IS IT TO YOU? | HOW READY ARE YOU? | HOW CONFIDENT ARE YOU?

## Potential negative outcomes of alcohol and drug use:



Brain



Injury



Legal Issues



Driving



School



Money



Violence



Unintended  
Pregnancy



Unsafe sex and sexually  
transmitted infections

## How much is one drink?

### Any Drink Containing About 14 Grams Of Alcohol\*

\*NIAAA ([www.RethinkingDrinking.NIAAA.NIH.gov](http://www.RethinkingDrinking.NIAAA.NIH.gov))



— 12 fl oz beer  
Craft beers often  
contain a higher  
% alcohol.

— 5 fl oz table wine

— 1.5 fl oz liquor  
(vodka, tequila, etc.)

*Alcohol use is related to the most common  
causes of injury and death among adolescents.*

## Risk Levels

- Never/No use = No risk.
- Once or twice in past year = Low risk.
- Monthly use = Moderate risk.
- Weekly or more = High risk.

## What is binge drinking?

	YEARS	DRINKS IN A SITTING
FEMALES	9-17	3
MALES	9-13	3
	14-15	4
	16-17	5

## 01 RAISE THE SUBJECT

**Build rapport:** Explore how things are going. **Ask permission:** *“Would it be ok to discuss your answers to the alcohol and drug questions?”*

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## 02 PROVIDE FEEDBACK

- **Review reported responses. Reinforce positive choices:** *“It’s great that you’ve chosen not to use alcohol or drugs at this stage of your life.  
What made you make that decision?”*
  - **Provide feedback:** *“Alcohol/marijuana use can be especially harmful at this stage of your life when your brain is still developing...”*
  - **Recommend abstinence:** *“Because I care about your well-being, the best choice is to completely avoid alcohol and drugs at this time in your life.”*
  - **Elicit response:** *“What do you think about this information?”*
- 

## 03 ENHANCE MOTIVATION

- **Explore pros and cons:** *“What do you like about drinking/using marijuana?” “What are some of the not so good things about drinking/using marijuana?”* Summarize both sides.
  - **Explore readiness to change:** *“On a scale where 0 is not at all ready and 10 is very ready, how ready are you to stop drinking/using marijuana?”* **Respond:** *“What made you choose x and not a lower number?”*
  - **Reasons to change:** *“What are some of the best reasons you can think of to avoid alcohol/marijuana?”*
- 

## 04 NEGOTIATE AND ADVISE

- **Reinforce autonomy:** *“What you choose to do is up to you.”* **Elicit input from adolescent:** *“What next steps would you like to take?”*
- **Negotiate a goal.**
- **Harm reduction:** Contract for Life (if ‘yes’ to car question).  
**Ask:** *“What steps could you take to reduce harms from alcohol or drug use?”*
- **Assist with developing a plan.** Address co-occurring mental health and other issues.
- **Arrange follow-up:** depends on level of risk.
- **Thank them.**

OPTIONS FOR MORE HELP

Referral • [www.colorado.gov/ladders](http://www.colorado.gov/ladders)

*This guide can be used for other risky behaviors, such as tobacco or illicit drug use. 6/2021*



**SBIRT in Colorado | 303.369.0039 ext. 210 | [www.sbirtcolorado.org](http://www.sbirtcolorado.org)**

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# SBIRT-SC

## Youth Interview Scoring Sheet

<b>Date:</b>		<b>Interviewer Initials:</b>		<b>Evaluator Initials:</b>	
<b>PART 1:</b>					
<b>CRITERIA</b>				<b>Y</b>	<b>N</b>
<b>Raise the Subject</b>					
• Ask permission to talk about alcohol/drug use				<input type="checkbox"/>	<input type="checkbox"/>
• Ask about a day in the youth's life/build rapport				<input type="checkbox"/>	<input type="checkbox"/>
• Ask how substance use fits in with life				<input type="checkbox"/>	<input type="checkbox"/>
• Ask about youth's values (what's important to them)				<input type="checkbox"/>	<input type="checkbox"/>
<b>Provide Feedback</b>					
• Ask permission to review screening results				<input type="checkbox"/>	<input type="checkbox"/>
• Share NIAAA guidelines or relevant information				<input type="checkbox"/>	<input type="checkbox"/>
• Discuss possible health and other consequences				<input type="checkbox"/>	<input type="checkbox"/>
• Provide educational information/feedback				<input type="checkbox"/>	<input type="checkbox"/>
• Elicit response from student				<input type="checkbox"/>	<input type="checkbox"/>
<b>Enhance Motivation</b>					
• Use general readiness to change question (ruler)				<input type="checkbox"/>	<input type="checkbox"/>
• Ask, why not less?				<input type="checkbox"/>	<input type="checkbox"/>
• Elicit other reasons for changing				<input type="checkbox"/>	<input type="checkbox"/>
• Explore pros and cons				<input type="checkbox"/>	<input type="checkbox"/>
• Reflect back responses and summarize				<input type="checkbox"/>	<input type="checkbox"/>
<b>Negotiate and Advise</b>					
• Elicit specific steps				<input type="checkbox"/>	<input type="checkbox"/>
• Negotiate a goal				<input type="checkbox"/>	<input type="checkbox"/>
▶ Ask about barriers to change				<input type="checkbox"/>	<input type="checkbox"/>
▶ Ask about past successes				<input type="checkbox"/>	<input type="checkbox"/>
▶ Ask who/what helped in the past (e.g., social or community support)				<input type="checkbox"/>	<input type="checkbox"/>
• Assist in developing a plan				<input type="checkbox"/>	<input type="checkbox"/>
▶ Ask what/who can help support your goals				<input type="checkbox"/>	<input type="checkbox"/>
▶ Ask who/what can help address challenges				<input type="checkbox"/>	<input type="checkbox"/>
• Summarize action plan				<input type="checkbox"/>	<input type="checkbox"/>
• Arrange for follow up and/or referral				<input type="checkbox"/>	<input type="checkbox"/>
• Thank the youth				<input type="checkbox"/>	<input type="checkbox"/>

Each "Yes" check = 4 points, Maximum score = 100 points

**PART 1 SCORE: \_\_\_\_**

## PART 2:

- Language appropriate
 

Not appropriate			Appropriate		
0	1	2	3	4	5
- Open Questions
 

More Closed			More Open		
0	1	2	3	4	5
- Reflective listening
 

Not reflective			Reflective		
0	1	2	3	4	5
- Percent of talking by patient compared to interviewer (Voice)
 

0%	20%	40%	60%	80%
(1)				(5)
- Respect
 

Disrespectful			Respectful		
0	1	2	3	4	5
- Negotiation(Choice)
 

One-sided Agenda			Shared Agenda		
0	1	2	3	4	5
- Affirmations
 

Not Encouraging			Encouraging self-change		
0	1	2	3	4	5
- Knowledge of facts/resources
 

Low			High		
0	1	2	3	4	5
- Allowing for silence and duration of pauses before jumping in
 

No pause			Uses silence effectively		
0	1	2	3	4	5
- Listening for cues
 

Misses opportunities			Uses opportunities to go deeper		
0	1	2	3	4	5

**General Performance Feedback (20 points max: 5=2 points; 4=1 point;<4=0)**

**PART 2 SCORE = \_\_\_\_**

## Sample Interaction: Brief Intervention with Moderate Risk, Young Adult, Age 20

Here is a brief motivational clinical encounter with a non-resistant or contemplative young adult, age 20, who attends community college, works part-time, and has a girlfriend who expressed concern about their drinking.

This is an example of a BI with a young adult who is ambivalent about their drinking. He is open to discussing behavior change. The practitioner focuses on amplifying his ambivalence in order to help him prepare to change his drinking behavior.

- Practitioner:** *OK, thank you for answering those questions for me. I appreciate your openness. (Affirmation) Would it be all right if I provided some feedback? (Asking permission to provide feedback or advice)*
- Young Adult:** *Yeah, I guess that'd be OK.*
- Practitioner:** *OK, great. Based on your answers to the questions I asked about your alcohol use, it appears that you are at moderate risk of experiencing health, social, and other problems due to the amount of alcohol you drink. (Providing feedback with permission) What are your thoughts about this? (Open-ended question)*
- Young Adult:** *Well, that surprises me. I don't think I have a problem with my drinking. I don't know why I scored so high.*
- Practitioner:** *So, this comes as a surprise and you're unclear about how alcohol could put you at risk for any problems. (Reflection) Would it be all right with you if I explained more about why I'm concerned? (Asking permission to provide feedback or advice)*
- Young Adult:** *Yeah, I guess that'd be all right.*
- Practitioner:** *You mentioned before that you enjoy drinking on the weekends to relax and that you generally have about 5 or 6 drinks. You also mentioned that drinking has interfered with your school performance on a couple of occasions, that you missed work due to hangover, and that your girlfriend has expressed concern about your drinking. (Summary) According to the lower-risk drinking guidelines, the recommendation is that young adults should totally avoid alcohol since any drinking puts you at risk for health and other problems associated with alcohol. Young adults are particularly at risk for experiencing problems due to alcohol. (Advice with permission) What do you think about this information?*
- Young Adult:** *Well, I know that it's illegal to drink under the age of 21 but in other countries you can drink much younger so it can't be all that bad for you. I'll be 21 in a couple of months, and I've been drinking since I was 16 so I can handle my liquor. I don't even feel that drunk when I have 6 drinks.*

**Practitioner:** So, you know the legal age to drink is 21. And you don't feel that intoxicated after 6 drinks even though you are still drinking more than the amount that is considered safe for men of any age. (**Reflection**) Would it be all right if I shared some thoughts on that? (**Asking permission to provide feedback**)

**Young Adult:** Yeah, that's OK.

**Practitioner:** You mentioned that you aren't feeling the effects of the alcohol even when you have 6 drinks. (**Reflection**) This is likely an indication that your tolerance has increased over time, meaning that it takes more alcohol to have the same effect. This is a concern because it greatly increases the likelihood that you will or maybe are already experiencing some problems. For example, problems such as hangovers, poor performance in school or sports, relationship problems, and problems at work. (**Feedback with permission**) Given this information, I'm curious to know how ready you feel you are to cut back or quit drinking. On a scale of 0 to 10 with 0 being not ready at all and 10 being extremely ready, how ready would you say you are? (**Open-ended question using Readiness Ruler**)

**Young Adult:** Hmm, that's hard to say. I mean, I don't want to mess up my relationship with my girlfriend. And I can't afford to lose my job due to my drinking. I'm supposed to get a bonus at work and I'm planning to buy my girlfriend an engagement ring. I'm going to propose to her on her birthday. She gets so mad at me after a night of drinking. Sometimes she won't talk to me for a week. If cutting back or not drinking meant I wouldn't have these problems, then I'd say I'm probably a 7 in terms of being ready.

**Practitioner:** A 7 is pretty high. It sounds like cutting back or not drinking is pretty important to you and that you are quite ready. (**Affirmation**) What do you think makes you a 7 and not a lower number, such as a 4 or 5? (**Eliciting change talk**)

**Young Adult:** I guess it's because I don't want some of those things to happen.

**Practitioner:** Like what things?

**Young Adult:** Like putting my job in jeopardy or upsetting my girlfriend. (**Change talk**) Plus, my health is important to me. I work out regularly and try to take care of myself. (**Change talk**)

**Practitioner:** Those all sound like very important reasons to make a change in how much you drink. (**Affirmation**) Now, using that same 0 to 10 scale, what would it take to move you from a 7, feeling quite ready, to a 10, feeling extremely ready, to change? (**Open-ended question using Readiness Ruler**)

**Young Adult:** *Well, I guess there are some reasons why I don't want to change. Like I said before, I enjoy going out with the guys. I can't see myself totally not drinking... We like to watch the game and throw a few back. It's how I relax. They might wonder why I'm not letting loose as much. I don't want things to change with my buddies.*

**Practitioner:** *Your friendships sound like a great source of relaxation for you. (**Reflection**) How would it be if you explained to your friends that you are cutting back on your drinking for health reasons and because you care about important things like school, your job, and your relationship? (**Open-ended question**)*

**Young Adult:** *Well, I guess if I made a point of it when I first started, explaining that it was due to my health and those other things, then that would be easier than explaining the other reasons. (**Change talk**) They would probably understand that better... They might even hold me to it!*

**Practitioner:** *So, you see your friends as people in your life that could help you stick to your goal. And maybe if you told them why this change is important to you, then it would help you feel even more ready to make a change and cut down on your drinking. (**Reflection**)*

**Young Adult:** *Yeah, if they see that it's something important to me, not just being pressured by my girlfriend or judging them, but that I can still go out and have a good time but just not drink so much, then yeah, they might give me a hard time if they see me slipping up. Plus, they already know how my girlfriend feels. They might even give me grief if they know I'm upsetting her.*

**Practitioner:** *It seems that your friends would recognize your goal as reasonable and that it would be a good idea for several reasons. (**Reflection**)*

**Young Adult:** *Yes, definitely.*

**Practitioner:** *So, what would this change actually look like in terms of how much you will drink when you're out with friends?*

**Young Adult:** *I'm not sure... what were those limits?*

**Practitioner:** *Well, first of all, I do need to emphasize that no alcohol until you're 21 is best. And then, for men 21 and older, up to a total of 14 drinks in a week and never more than 4 in one day is considered the lower risk limit.*

**Young Adult:** *Hmmm... I'm going to have to think about this... But I guess it wouldn't be such a big deal to try to stay within the 4-drink daily limit.*

**Practitioner:** *How comfortable are you with staying in the 14 drinks in a week limit?*



**Young Adult:** *(laughs) That would be pretty easy, as I usually only go out and drink on the weekends.*

**Practitioner:** *That sounds like a good plan to never have more than 4 drinks when you go out with your friends, and never exceeding 14 drinks in 1 week. How confident do you feel about sticking to this plan – say again on a scale from 0-10?*

**Young Adult:** *Oh, I'd say like an 8 at least—pretty confident. My relationship and school really are my priorities right now.*

**Practitioner:** *So, it sounds like you're pretty sure you can make this change—especially when you consider what matters most to you right now.*

**Young Adult:** *Yeah, that's right.*

**Practitioner:** *OK, I'd like to summarize our conversation to make sure I'm not missing anything. I really appreciate you being so open to discussing this with me. (Affirmation)*

**Young Adult:** *No problem.*

**Practitioner:** *Today, we've assessed your current alcohol use pattern and discussed cutting back on your drinking. Currently, you're drinking well above the lower risk drinking limits and have expressed that it is important to you to cut back on the number of drinks you consume. This is something that you are very ready to attempt, and you believe that once you have your friends' support, you will be even more ready to commit to. (Summary) Do I have that right?*

**Young Adult:** *Yeah, I think that pretty much covers it.*

**Practitioner:** *Great. In what ways can I support you in achieving this goal? (Open-ended question)*

**Young Adult:** *I think just checking in about it next time would be helpful.*

**Practitioner:** *OK, then that's what we'll do. I'll be sure to check in with you about progress toward this goal when you come back for your follow-up appointment. Now, let's discuss some of your other concerns.*



# Screening, Brief Intervention, and Referral to Treatment – Suicide Care

Screening, Brief Intervention, and Referral to Treatment – Suicide Care (SBIRT-SC) is an integrated, public health approach to clinical care that simultaneously identifies and provides care to individuals using substances and/or who are at risk of suicide.

## The SBIRT-SC model includes:

### Screening

Brief screening using validated tools to identify substance use and assess for depression and risk of suicide.

### Brief Intervention for Substance Use

Using motivational interviewing to guide the conversation, the healthcare professional will increase an individual's awareness of their substance use and motivate them to consider stopping or reducing their use to promote overall health, wellness, and safety.

### Safety Planning Intervention for Suicide Risk

A brief intervention to develop a safety plan collaboratively with an individual who is at risk of suicide. The safety plan includes a tailored set of warning signs, coping strategies, and resources to increase one's ability to cope with suicidal thoughts and therefore reduce suicide risk.

### Referral to Treatment and/or Services

At times, referral to a higher level of care is necessary. For those identified as needing more extensive care for substance use, mental health, and/or suicide risk, a referral should be made to the appropriate services.

### Structured Follow-Up and Monitoring

Health care professionals will reach out by phone or another agreed-upon method following discharge or between appointments to conduct a mood check, make updates to the safety plan, assess barriers to continued care, and schedule or confirm a follow up appointment.

### Person-centered care

An overarching principal of SBIRT-SC is providing person-centered care and tailoring suicide and substance use prevention efforts to specific populations using a culturally responsive and equitable approach.

Because substance use, overdose, and suicide are interrelated, it is critically important to address these significant public health concerns using a coordinated approach. SBIRT-SC is a package of evidence-based substance use and suicide prevention approaches that fit seamlessly together and can be adjusted to any clinical workflow.

Any licensed professionals can be trained to deliver the components of SBIRT-SC; unlicensed professionals can be trained to deliver some components within the SBIRT-SC workflow. Individuals who have completed SBIRT-SC training report increases in knowledge, self-efficacy, and intentions to deliver the components of the model. Click [here](#) for more information.



# STARS PROGRAM

## Suicide Prevention Training And Readiness for Schools

The University of North Dakota and NORC have partnered to bring the STARS Program to North Dakota schools. The STARS Program is the first multi-component school substance use and suicide prevention training program for North Dakota and is modeled on existing evidenced-based trainings and practices. Each STARS training is geared toward a specific professional role so that everyone working in your school can help promote student safety and mental well-being.

The STARS Program includes three distinct components:

1. A half-day interactive workshop for school leadership teams to develop building and district-wide policies, procedures, and implementation plans for substance use and suicide prevention.
2. A 60-90 minute gatekeeper training for teachers and non-clinical school staff on identifying warning signs of substance use and suicide and following building and district protocol to connect those at risk to additional care.
3. A 3-4 hour training for school behavioral health professionals on the clinical elements of substance use and suicide risk screening, intervention, and referral. The training includes instruction on the C-SSRS and CRAFFT 2.1+N screening tools, the Safety Planning Intervention for suicide risk, the Brief Negotiated Interview for substance use risk, and several methods of referral, follow-up, and monitoring.

Schools can participate in all three components of STARS or pick and choose based on their needs. Contact us for more information: [SuicidePreventionTraining@norc.org](mailto:SuicidePreventionTraining@norc.org)



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### Become a STAR!

Receive a school certificate for completing 1, 2, or 3 trainings in any order!

- ★ **Bronze** – 1 component
- ★ **Silver** – 2 components
- ★ **Gold** – All components



## ND HOPES: Partnering to Prevent Suicide

A comprehensive, public health approach to suicide prevention

ND HOPES (North Dakota Healthcare, Opportunity, Prevention, and Education in Suicide) is a five-year suicide prevention project serving 21 counties in Western North Dakota.

### ND HOPES counties include

Divide, McKenzie, Williams, Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, Stark, Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, Sioux



ND HOPES serves all of Western North Dakota and provides specific programs, services, and resources for three populations with higher rates of suicide:

- ✓ **Rural residents**
- ✓ **Veterans**
- ✓ **LGBTQIA2S+ youth**

**ND HOPES  
aims to  
reduce  
suicide by  
10% by  
2027!**



This will be achieved using a comprehensive, public health approach:

- Community education and training to help identify and support people at risk
- Sources of Strength and individualized consultation for schools
- Implementing Zero Suicide in clinical settings
- Increasing the use of safe storage practices
- Increasing awareness and use of the 988 Suicide and Crisis Lifeline
- Routine monitoring of data on suicide to guide ND HOPES

ND HOPES draws upon the strengths and assets of the state, partnering with state government agencies and funded programs, health care providers, schools, and national and local nonprofits.

For more information about **ND HOPES** or to get involved, contact [info@ndhopes.com](mailto:info@ndhopes.com).



# ND THRIVES

## Rural & Tribal Youth Suicide Prevention

### WHO ARE WE?

ND Thrives is committed to preventing suicide among rural, tribal, and frontier youth ages 10-24 in North Dakota. Rural youth are recognized as a population at particular risk in ND, and our target region (North Central ND) includes very isolated counties with the highest suicide rates and greatest risk.

We are partnering with multiple communities, agencies, and organizations that represent both rural and tribal cultures to implement a culturally appropriate strategy that places equal emphasis on prevention, intervention, and treatment and leverages existing services in under-resourced communities.

### GOALS

- Develop, test, and disseminate a model of suicide care for youth ages 10-24 in critical access hospitals and community clinics to elevate the ND standard of care.
- Provide suicide prevention, early intervention, and treatment services in school and community settings for youth 10-18 years old.
- Develop and implement a postvention system to provide support to families and others after a suicide attempt or death.
- Develop and implement a community-based lethal means reduction campaign in partnership with gun shops, sportsmen's clubs, game and fish, and the gun-owning community.
- Evaluate the impact of clinical and community suicide prevention project activities on changes in suicide risk identification, clinical service delivery, and on lethal and non-lethal suicide attempts.

### STRATEGY

Our team works collaboratively to engage in upstream prevention, integrate evidence-based models including Screening, Brief Intervention, and Referral to Treatment (SBIRT) and suicide care to address inter-related concerns, and create a suicide safety net for those identified as at risk or in crisis.

**ND Thrives is a partnership between the University of North Dakota and NORC at the University of Chicago.**

FOLLOW US!



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