



School SBIRT Implementation Project Pre-Workshop Assignment

Thank you for your interest in the School SBIRT Implementation Project! This assignment will prepare you for the upcoming workshop by providing background on the why, what, and how of School SBIRT. With this background, you will be ready to apply knowledge and engage experiential skills-focused practice during the workshop. It is very important that you complete this reading and the quiz that follows on your own prior to the workshop. Estimated time for completion is one hour. Thank you for planning ahead to make this assignment happen.

Instructions:

1. Read the packet.
2. Print out and complete the quiz (last page).
3. Bring your completed quiz to the workshop for review.

Completing the reading and the quiz that follows is required for participation in the upcoming workshop.

Overview of the SBIRT Implementation Project

The goal of the School SBIRT Implementation Project¹ is for you to *systematically integrate SBIRT into practice and work to achieve fidelity*. Providing these services to your students will place you and your district on the cutting edge of addressing student behavioral health issues (i.e., alcohol/drug use, mental health, conduct problems). Because workshop training alone is insufficient for staff to implement an evidence-based practice, this project is designed to assist you and your team to achieve successful implementation through engaging a series of activities before, during, and after training.² Like delivering any new practice, SBIRT will take some time and effort to learn and implement. The following activities are required for all participants:

- ❖ Complete this pre-workshop reading and quiz prior to the upcoming workshop.
- ❖ Attend the scheduled two 1-day workshops. During each workshop, submit a sample of a Brief Intervention practice for later fidelity review and feedback (trainers will provide audio recorders for this activity).
- ❖ Begin delivering services right away. The goal is to deliver SBIRT with at least 1 new student per month.
- ❖ For each student, complete one self-assessment to monitor fidelity.
- ❖ Participate in a monthly 1-hour teleconference for ongoing technical assistance.
- ❖ Track services by entering your SBIRT activities into a simple spreadsheet which will be located in your district's shared drive.

Why SBIRT? Reasons to Implement

1. SBIRT is an evidence-based practice to address adolescent alcohol/drug involvement³ and is a promising practice to address student mental health and conduct problems. Please see References (page 14) for the studies cited throughout this reading.
2. Implementing SBIRT will greatly increase your capacity and confidence for addressing sensitive, delicate issues related to student behavioral health, such as mental health and risky substance use.
3. SBIRT fits developmentally with adolescents,⁴ reflects elements of culturally competent practice, and is student-friendly. SBIRT also fits with a student services philosophy grounded in student-centered and strength-based practice.
4. SBIRT features Response to Intervention. In this project, you will use a simple spreadsheet to track your delivery of SBIRT in order to ascertain an individual student response to Brief Intervention. You will be able to ascertain "practice-based evidence" of your delivery of SBIRT.
5. SBIRT fits with the Wisconsin School Mental Health Initiative⁵ and Positive Behavior Intervention and Supports framework as a selected (Tier 2) or indicated (Tier 3) intervention.
6. Implementation is flexible and efficient. The average number of Brief Intervention sessions about 3 which are delivered across one month; each session lasts about 20 minutes.

Limitations of School SBIRT

- ❖ Although the research is very positive to date, SBIRT application in schools is limited.
- ❖ Tested down to age 12, SBIRT is not appropriate for elementary-age students.
- ❖ The harm reduction approach (e.g., reducing alcohol/drug use) may be inconsistent with any existing "zero tolerance" policies in your school.
- ❖ Learning and implementing SBIRT takes some time and effort.

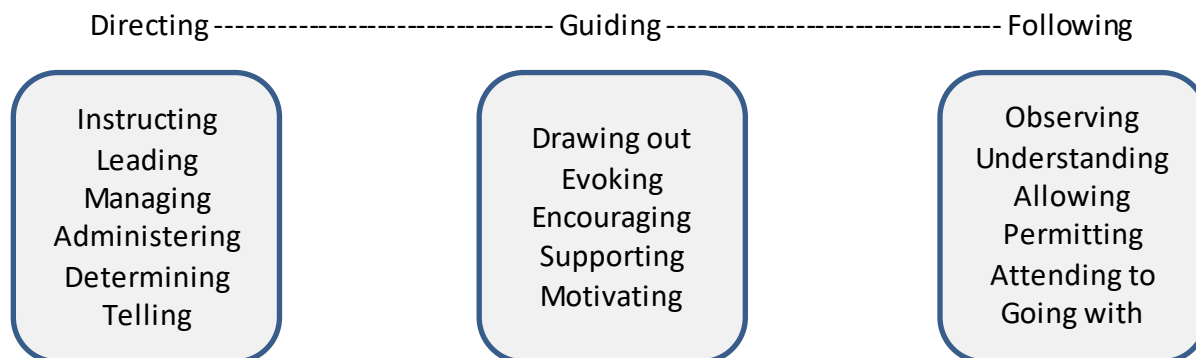
What is SBIRT?

Originally designed as a public health approach to address behavioral health issues in healthcare settings,⁶ SBIRT is readily adapted for delivery in middle and high school settings.⁷ SBIRT offers non-specialist staff a simple yet comprehensive approach for having useful change conversations with students about behavioral health issues such as alcohol/other drug (AOD) use, mental health, and conduct problems. SBIRT begins with a behavioral health **Screening** to ascertain a student's level of risk. In this project, the GAIN-SS (Global Appraisal of Individual Need–Short Screen) and TLFB (Timeline Followback) Calendar will comprise the screening. For students who show moderate-to-high risk results, a **Brief Intervention (BI)** will be initiated. Delivered with Motivational Interviewing, the BI comprises up to 4 sessions (lasting about 20 minutes each) delivered across about one month. In the final BI session, if the student has not responded well to the BI and problem symptoms persist, a **Referral to Treatment (RT)** may be considered. RT may involve a recommendation that the student receive a behavioral health assessment by a licensed treatment provider.

Key Concepts

Several concepts underscore SBIRT and useful change conversation more generally:

- **Student-centered.** SBIRT begins by efficiently establishing a productive and caring working relationship with the student in which the student is the expert on his or her experiences. Your job will be to draw out and evoke the student's ideas, perspectives, and experiences about change. Change conversations are effective with SBIRT because students identify their own motivations for change, thus making it more likely that they will be successful with change. A student-centered approach to change conversations means you don't have to work harder than your students! However, because students are used to being in a more passive role in which staff do most of the thinking, you will need to be patient with students and allow them some time to consider their own ideas.
- **Communication style matters.** Consider a continuum of communications styles⁸: Directing, Guiding, and Following. Each of these communication styles has an appropriate place in school-based practice. For example, *directing* students is needed when administering a screening instrument, providing instructions, or managing a crisis situation. At the other end, *following* can be useful when the student just needs to vent and share and you provide a listening ear. The middle ground is *guiding* which involves elements of both directing and following. Guiding is the most effective communication style for behavior change conversations is the foundation for SBIRT. You will learn to use SBIRT core skills (Asking, Listening, Informing) as part of the guiding style of communication.



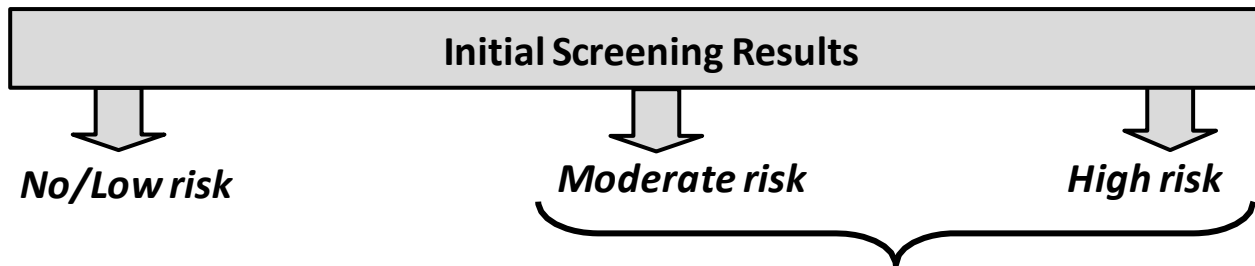
[Click here](https://youtu.be/gmlregYKyCY) (link is <https://youtu.be/gmlregYKyCY>) to view a communication styles video demonstration. The change target is completing homework. As you view the demonstration, look for examples of following, directing, and guiding—and how the student responds to each.

Key Concepts (continued)

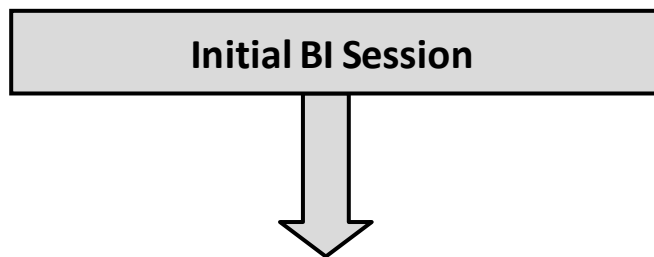
- **Single change target.** Although students often present with multiple concerns and complexity, in SBIRT you will focus on a single “change target,” then maintain that focus throughout the Brief Intervention (BI). The target could include substance use (e.g., alcohol, marijuana, nicotine, or other drug), mental health (e.g., depression, anxiety), or conduct (e.g., fighting, criminal behavior, other behavior problem). Although it is easy to take tangents and get off-topic with students, effective SBIRT requires you to stay focused on the single change target. In this way, *SBIRT is student-centered, yet directive* (guiding).
- **Motivation is a key to change.** SBIRT is not about educating students about behavioral health concerns, nor is it about problem-solving. SBIRT is about exploring and enhancing a student’s internal (intrinsic) motivation for change. In this way, the change conversation is oriented to the present and near future, not the past. In SBIRT, student motivation is not viewed as a static trait, but a dynamic state which comprises student readiness, willingness, and ability to change. Thus, the BI is designed to evoke these aspects of motivation from the student.
- **Cultivate student change talk and soften sustain talk.** Student motivation is partly expressed through what students say. Called “change talk,” this includes anything the student says that is in the direction of change regarding the specific change target. There are 7 types of change talk that will be discussed later. Conversely, “sustain talk” is anything the student says that is in the direction of no change or “sustaining” the status quo. In SBIRT, your job will be to cultivate a student’s change talk while softening or sidestepping any sustain talk. Why? Because change talk predicts successful behavior change.⁹ Students literally talk themselves into change. Thus, student change talk is an active ingredient of this evidence-based practice.
- **Ambivalence is normal.** Ambivalence occurs when a student simultaneously holds arguments for (change talk) and against (sustain talk) change on a particular change target. Ambivalence is a normal psychological state and is a common experience for those considering change. Developmentally, ambivalence is a hallmark of adolescence. However, if a student’s ambivalence is not explored and addressed, it can pose a significant barrier to change. In the Brief Intervention, you will non-judgmentally explore and help students resolve their ambivalence (hopefully, on the side of change).
- **Resist your righting reflex.** The “righting reflex” is defined as “the desire to fix what seems wrong with people and to set them promptly on a better course”⁸ which can involve problem solving, educating, advising, warning, or confronting. Of course, the righting reflex contains the best of intention and, sometimes, problem-solving and providing education is appropriate as part of the directing style of communication. However, when it comes to change conversations regarding behavioral health issues, the righting reflex leads to unproductive results. Consider what happens when an ambivalent student meets your righting reflex: our natural reflex is to take up the “good” side of change and explain to the student why change is needed. But when we champion one side, the ambivalent student will predictably champion the other side—the no change side—and thus our righting reflex unwittingly hinders a productive change conversation. Here is the bottom line: If you are arguing for change and your student is arguing against it, you’ve got it exactly backward! In change conversations with SBIRT, you will ensure that the student is making the arguments for change and this will be accomplished, in part, by resisting your righting reflex.

Delivering SBIRT at the District/Building Level

- 1 Identify your criteria for selecting students to receive **SBIRT as a Tier 2/3 practice**. Screen all these students.



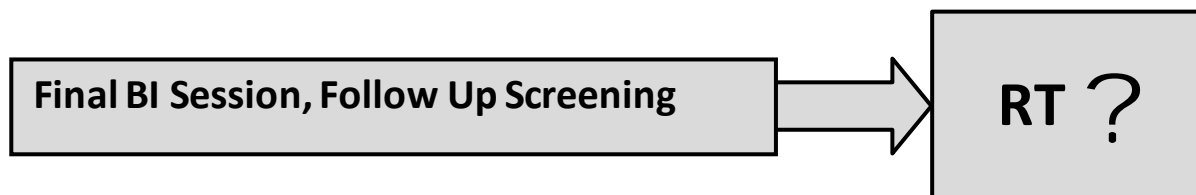
- 2 For students who show Moderate or High risk results, provide Brief Intervention (BI) service regarding a single change target identified from screening.



- 3 Provide follow up Brief Intervention sessions, typically 2-3 sessions.



- 4 Final BI session (~1 month from initial session) readminister screening to **ascertain response to Brief Intervention**; consider Referral to Treatment (RT) including an internal school-based referral or recommendation for community-based services. Enter data into spreadsheet.



Delivering SBIRT at the Practitioner Level

SBIRT comprises a model based on core skills (Asking, Listening, Informing), processes (Engaging, Screening/Focusing, Evoking, Planning), and tools (Importance Ruler, Pros/Cons Worksheet, Evoking Questions, Change Plan, Confidence Ruler). This model draws upon elements of Motivational Interviewing⁹ which is a well-established evidence-based practice with adolescents¹⁰ in schools settings.¹¹ All model elements are codified into a 1-page protocol which will be introduced during training. Here is a visual depiction of the SBIRT model:

Delivering SBIRT

Processes

PLANNING
Develop specific goal and plan for change; build confidence.

EVOKING
Explore motivation for change.
Recognize and cultivate Change Talk.

FOCUSING
Collaboratively identify the target behavior.

ENGAGING
The relational foundation. Establish a productive and caring working relationship with the student.

Components

Brief Intervention

Screening

Guiding Style of Communication

CORE SKILLS	OARS SKILLS	TOOLS
Asking	Open-ended Questions	Protocol
Listening (Reflections)	Affirmations	GAIN-SS
Informing (E-P-E)	Reflections	TLFB Calendar
	Summaries	Importance Ruler
		Pros & Cons Worksheet
		Change Plan
		Confidence Ruler

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Delivering SBIRT (continued)

Core skills:

- **Asking.** We do it every day. We ask questions to get information, conduct assessment, or obtain specific answers. Simple enough. However, when considering conversations about behavior change, skillful asking becomes essential for effective, engaging, and productive conversations. In SBIRT, there are two types of questions. The first type are questions that comprise the screening. These are closed questions that will quickly gather specific information from the student to determine behavioral health risk levels. The second type of questions are student-centered, open questions designed to draw out the student's perspectives, ideas, and motivations for change. Open questions will have these starters: What... How... Tell me... Talk about... or Describe.... (Not: Can you.... Do you... Did you... Are you...). Remember, student change talk is an important predictor of successful behavior change. Because the most effective way to draw out student change talk is simply to ask for it, the protocol will feature several evocative questions specifically designed to proactively cultivate a student's change talk. Many of these questions will be new to students, so please be patient and allow them a moment to collect their thoughts.
- **Listening.** Decades of clinical research shows that accurate empathy is one of the most important ingredients of successful change conversations.¹² In SBIRT, accurate empathy is called "reflective listening" and we will spend time practicing and developing this skill during training because it is the most important skill. Reflection is like holding up a mirror to the student and reflecting back what was said. Reflection involves careful listening, then reflecting back what the student has said in the form of a statement. Reflections are always offered as a statement, not a question. The difference can be subtle. Read each of these aloud:
 - A. You are meeting your goals? → B. You are meeting your goals.
 - A. You've had a good day today? → B. You've had a good day today.In part A, your voice turns *up* at the end for a question. In part B, your voice should turn *down* at the end for a statement. The words are the same, but your voice inflection at the end will determine question or statement. In SBIRT, reflective listening will always be offered as a statement. There are two types of reflections. *Simple reflections* basically repeat back or rephrase what the student has said. This type of reflection can be particularly useful when you hear change talk and you simply reflect back the student's change language. *Complex reflections* go beyond the student's words to reflect underlying meaning. This involves reflecting what the student means but has not yet said. Complex reflections involve making an educated guess or hypothesis about the student's underlying meaning, and this requires very careful listening. When our guesses about underlying meaning are accurate, it is a powerful moment for students as they feel understood, open up, and share more deeply. [Click here](https://www.youtube.com/watch?v=4VOubVB4CTU) to view a fun video example of reflective listening in action (link is <https://www.youtube.com/watch?v=4VOubVB4CTU>)
- **Informing.** Although information is rarely provided to students in SBIRT, there are occasions that the protocol will guide you to consider providing information. To accomplish this skillfully, you will use the Elicit-Provide-Elicit (E-P-E) procedure. First, *elicit* the student's permission (e.g., "Would it be okay if I offered some information?"). Next, briefly *provide* the information. Finally, *elicit* the student's response with an open question (e.g., "What are your thoughts on this?" "What do you make of this?" Or "How might this information be relevant to you?").

Delivering SBIRT (continued)

Processes:

1) ENGAGING. The first few minutes of every meeting will involve engaging. The purpose of engaging is to establish— then maintain— a productive and caring relationship with the student. Core skills are used to efficiently and powerfully engage by finding out the student’s perspective, then listening carefully with reflection. In SBIRT, effective engaging involves more listening than asking. Engagement is achieved the moment the student feels you are a collaborative partner who is willing to suspend judgment to listen and understand his or her perspectives. Here is an example of SBIRT Engaging following referral for an AOD violation. Note application of core skills (Asking, Listening) with emphasis on reflective listening statements.

Staff:	Tell me a little about your perspective on marijuana.	Open question
Student:	Why do you want to know? So I got in trouble; it’s not like I’m addicted!	
Staff:	You are in control, not the other way around.	Complex Reflection; guess about control
Student:	Yeah, it’s not like I’m into pills or hard drugs; that stuff can kill you. No one has ever died from smoking too much weed though.	
Staff:	You don’t see much risk from smoking marijuana.	Simple Reflection; rephrase
Student:	For sure. I think weed should be legalized, then no one would get in trouble.	
Staff:	You’re trying to stay out of trouble with the marijuana.	Complex Reflection; guess about a possible reason to change
Student:	Definitely. I don’t want to get in trouble. But I can’t promise I’ll stop.	
Staff:	So, on one hand, you aren’t thrilled to be here having this conversation, but on the other hand, you’re willing to consider some sort of change so that you avoid future trouble.	Complex Reflection; both sides of ambivalence contained in single reflection

2) SCREENING → FOCUSING. Once engagement has occurred, you will administer, score, interpret, and provide feedback (using Informing, E-P-E) two screening instruments: the Global Appraisal of Individual Need-Short Screen (GAIN-SS) and the Timeline Followback (TLFB) Calendar (each instrument is described more below). Whereas the GAIN-SS will ascertain student behavioral health symptoms, the TLFB Calendar will ascertain recent frequency of the symptom or behavior. With practice, the screening process will take about 5 minutes. It allows you to efficiently ascertain a student’s level of risk in several salient areas of behavioral health. One question that staff often wonder about is, How valid is student self-report, especially regarding AOD use? When screening is preceded by best practices such as good engagement, discussion of confidentiality, and asking permission, research shows that student self-report is highly reliable.¹³ Anecdotally, staff who deliver SBIRT often express amazement about how open and honest students report their behavioral health struggles. Once the screening is completed, you will collaboratively select a single change target (substance, mental health symptom, or conduct issue) for the Brief Intervention as part of the Focusing process.

Screening Instrument #1: The Global Appraisal of Individual Need-Short Screen (GAIN-SS)

- The GAIN-SS was developed specifically for adolescents presenting in non-clinical settings, such as schools.
- It is well-established and has good psychometrics for validity and reliability. ¹⁴ Keep in mind: screening is NOT diagnostic.
- The GAIN-SS quickly ascertains level of risk (No/Low, Moderate, or High) across four domains: 1) Internalizing symptoms (mental health), 2) Externalizing symptoms (behavior), 3) Alcohol/Other Drug symptoms, and 4) Crime/Violence symptoms.
- **Administer:** read the instructions to student verbatim...

<p>The following questions are about common psychological, behavioral, and personal problems. These problems are considered <u>significant</u> when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.</p> <p>After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1 or more years ago" (1), or "Never" (0).</p>	Past month	2 to 12 months ago	1+ years ago	Never
	3	2	1	0

- **Score:**
 - Each domain contains 5 items (a.- e.) and the scoring is by domain with a range of 0 to 5.
 - Count the number of symptoms endorsed within each domain for the **past month** (the "3"s) and **past 2-12 months** (the "2"s). If you draw a line down the middle of the response options (see below), the number of symptoms to count will be to the left.
 - Each past month OR past 2-12 month symptom gets scored as one point.
- **Interpret:**
 - Score of 0 → No/Low risk
 - Score of 1 or 2 → Moderate risk
 - Score of 3 or more → High risk

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"Risk" means likelihood that a clinical-level problem is present within that domain.

Example scoring and interpretation for Alcohol/Other Drug (AOD) domain:

When was the last time that...

a. you used alcohol or drugs weekly?	3	2	1	0
b. you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs?	3	2	1	0
c. you kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	3	2	1	0
d. your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home, or social events?	3	2	1	0
e. you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?	3	2	1	0

Scoring = 2 (1 past month symptom + 1 past 2-12 months symptom). Interpretation is Moderate Risk that a clinically significant AOD problem could exist.

*Below is the full GAIN-SS instrument as completed by a hypothetical student.
Please score and interpret these results and note your response on the quiz (Item 5).*

<p>The following questions are about common psychological, behavioral, and personal problems. These problems are considered <u>significant</u> when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.</p> <p>After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1 or more years ago" (1), or "Never" (0).</p>	Past month	2 to 12 months ago	1+ years ago	Never
	3	2	1	0

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| <p>1. <u>When was the last time</u> that you had <u>significant</u> problems...</p> <p>a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? ...</p> <p>b. with sleeping, such as bad dreams, sleeping restlessly, or falling asleep during the day?</p> <p>c. with feeling very anxious, nervous, tense, fearful, scared, panicked, or like something bad was going to happen?</p> <p>d. with becoming very distressed and upset when something reminded you of the past? ...</p> <p>e. with thinking about ending your life or committing suicide?</p> | 3 | 2 | 1 | 0 |
| | | 2 | | |
| | | 2 | | |
| | 3 | 2 | 1 | 0 |
| | 3 | 2 | 1 | 0 |
| | 3 | 2 | 1 | 0 |
| <p>2. <u>When was the last time</u> that you did the following things <u>two or more times</u>?</p> <p>a. Lied or conned to get things you wanted or to avoid having to do something?</p> <p>b. Had a hard time paying attention at school, work, or home?</p> <p>c. Had a hard time listening to instructions at school, work, or home?</p> <p>d. Were a bully or threatened other people?</p> <p>e. Started fights with other people?</p> | 3 | 2 | 1 | 0 |
| | | 2 | | |
| | | 2 | | |
| | | 2 | | |
| | 3 | 2 | 1 | 0 |
| | 3 | 2 | 1 | 0 |
| <p>3. <u>When was the last time</u> that...</p> <p>a. you used alcohol or drugs weekly?</p> <p>b. you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs?</p> <p>c. you kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?</p> <p>d. your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home, or social events?</p> <p>e. you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?</p> | 3 | 2 | 1 | 0 |
| | | 2 | | |
| | | 2 | | |
| | 3 | 2 | 1 | 0 |
| | 3 | 2 | 1 | 0 |
| | 3 | 2 | 1 | 0 |
| <p>4. <u>When was the last time</u> that you...</p> <p>a. had a disagreement in which you pushed, grabbed, or shoved someone?</p> <p>b. took something from a store without paying for it?</p> <p>c. sold, distributed, or helped to make illegal drugs?</p> <p>d. drove a vehicle while under the influence of alcohol or illegal drugs?</p> <p>e. purposely damaged or destroyed property that did not belong to you?</p> | 3 | 2 | 1 | 0 |
| | | 2 | | |
| | | 2 | 1 | 0 |
| | 3 | 2 | 1 | 0 |
| | 3 | 2 | 1 | 0 |
| | 3 | 2 | 1 | 0 |

Screening Instrument #2: The Timeline Followback (TLFB) Calendar

- The TLFB Calendar is a well-established method for examining the frequency of a change target (e.g., substance use).¹⁵ In this project, we will administer a 30-day calendar following the GAIN-SS and selection of the single change target (substance, mental health symptom, or behavior).
- **Administer:**
 - First, fill in the calendar dates with the current date in the last row.
 - Then, anchor the 30-day mark with student: “What was going on for you on this day, 30 days ago?”
 - Expect students to say they can’t remember. Simply ask students to “do the best you can to remember.” (They will.)
 - Finally, provide instructions to student: “Place an X on the calendar for any [day/time] that the [change target] occurred since [student’s 30-day anchor] .” Clarify whether you want the *days* or number of *times* that the behavior occurred.

TLFB Calendar

Student name: _____ Today’s date: _____

Instructions: Place an “X” for every day or time that the change target occurred during the past 30 days.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		2/19 30-day anchor	2/20	2/21	2/22	2/23
2/24	2/25	2/26	2/27	2/28	3/1	3/2
3/3	3/4	3/5	3/6	3/7	3/8	3/9
3/10	3/11	3/12	3/13	3/14	3/15	3/16
3/17	3/18	3/19	3/20	3/21 today's meeting		

Now, count the number of Xs. How many days or times did the change target occur? _____

- Interpretation
 - Once the student marks the calendar, you will then count up number of days/times the target has occurred and note at the bottom of the page in the space provided.
 - Conduct a functional analysis with the student: “Looking at the calendar, tell me about what you see.” Collaboratively identify any patterns that may exist.

Delivering SBIRT (continued)

3) Evoking. Once the screening is completed and there is an agreed upon change target for the focus, the **Brief Intervention (BI)** begins. The Evoking process represents the heart of BI and involves exploring and cultivating the student’s ideas, perspectives, and motivations for change. Evoking explores the “why” of change and BI sessions are designed to cultivate student change talk. To accomplish this, you will have to resist your righting reflex. Evoking is not about your good ideas for change or problem-solving, rather your job is to complete three tasks. Let’s look at each.

a. **Task #1: Recognize student change talk.** “Change talk” consists of natural language that spontaneously occurs in everyday change conversations. Change talk is any student language in the direction of change regarding a specific change target. Below are the 7 types of change talk identified by research.⁹ These types are summarized by the acronym DARN-CAT and each has corresponding language cues:

Desire – I want, would like, wish, hope to change

Ability – I can, could, am able to change

Reason – any specific reason for change

Need – I need to, have to, got to, must change; it’s important to change

Commitment – I will, I’m going to, I intend to change

Activation – I’m willing, ready, planning

Taking Steps – any step or action in the recent past taken toward change

In SBIRT, your job is to listen for student change talk and recognize it. It is strongly recommended that you memorize the above types of change talk (DARN-CAT) and the corresponding language cues.

b. **Task #2: Proactively draw out student change talk.** You will not need to patiently wait to hear change talk from your students. Instead, ask for it! Several tools will be available to you via the protocol to accomplish this (e.g., Importance Ruler, Pros/Cons Worksheet, Evoking Questions, Confidence Ruler). The core skill here is Asking. Ask questions the answer to which is change talk. For example, if you want to explore a student’s *reasons* for change, ask: What are the 2-3 best reasons for making this change? Or, if you want to draw out a student’s *ability* for change ask: What could you do to make this change? The protocol will guide you to ask powerful Evocative Questions.

c. **Task #3: Strategically respond by cultivating change talk while softening sustain talk.** When you hear change talk, don’t just sit there! The core skill applied here is Listening. On one hand, reflective listening is a student-centered skill during the Engaging process. On the other hand, reflective listening is used with direction during the Evoking process. When you hear change talk, strategically reflect it in the direction of change. Conversely, when you hear sustain talk, be reflect it in a manner that softens. We will spend time practicing several types of reflections during training to increase your skillful use of listening.

Here is the continued conversation with the student following Engaging regarding the change target of marijuana. This example features the Evoking process with application of core skills, concepts, and tools.

Staff:	On a scale of 0-10, how important is it for you to make a change with marijuana?	Open question; Importance Ruler tool
Student:	I would say about a 2 or a 3. It's not really important. Things are fine the way they are.	Sustain talk
Staff:	Why a 2 or 3 and not a 0?	Open question, asking for change talk
Student:	Well, I know that if I keep smoking I won't do so well in school but I want to pass this semester.	Change Talk (Reason)
Staff:	So making a change is a little important because you want to pass your classes. What is another reason to consider a change with marijuana?	Simple Reflection, Open Question, both in direction of change; maintain focus on change target
Student:	I guess I would save a lot of money.	Change Talk (Reason)
Staff:	Marijuana isn't cheap.	Simple Reflection, direction of change
Student:	No, it's not. I spend too much on it but I need to start saving for an apartment and being on my own.	Change Talk (Reason)
Staff:	You don't want marijuana to interfere with your independence.	Complex Reflection, guess in the direction of change
Student:	No, not at all.	
Staff:	If you decided to make a change, how could you do it?	Open question, asking for change talk
Student:	I could probably cut down a little.	Change Talk (Ability)
Staff:	You could reduce use if you wanted.	Simple Reflection, direction of change

4) Planning. Planning is the final process of BI. Whereas Evoking explores the “why” of change, Planning identifies the “how.” Because time was spent evoking, exploring, and cultivating the student’s motivation for change, Planning now channels that momentum into a specific goal and support plan. Like the preceding processes, Planning is student-centered: the student’s ideas will be central to the change plan. Planning begins with collaboratively developing a goal for change. A *goal* for change is different than *strategies* for change. Collaboratively work with the student to develop a goal which is in terms of the change target, measureable, and time-limited. For example, in the conversation above, the goal could be that the student will reduce marijuana use to 1 x per week during the next two weeks. With the goal set, then work with the student to develop strategies for achieving the goal. For example, strategies could include avoiding friends who smoke or not spending any money on marijuana. You will use the Change Plan tool to document the student’s goal and strategies. As in earlier processes, your job is to proactively draw out student ideas for goal/strategies, listen for change talk, and reflect in the direction of change while resisting your righting reflex.

In sum, each process in the SBIRT model builds from one to the next creating the foundation for effective and efficient delivery of sessions: Engaging rapidly establishes a productive and caring working relationship maintained throughout; Focusing identifies a specific change target for Brief Intervention; Evoking cultivates student change talk and motivation which sets the stage for Planning. These processes are codified into a protocol that you will begin learning during the training.

References and Notes

1. The School SBIRT Implementation Project is sponsored by Wisconsin Safe and Healthy Schools (WISH) Center, Wisconsin Department of Public Instruction, and the Wisconsin Department of Health Services. For more information, see <http://www.wishschools.org/resources/schoolsbirt.cfm>
2. This project was designed based on implementation best practices from Fixsen et al. (2005). *Implementation research: A synthesis of the literature* (<http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf>) and Forman (2015). *Implementation of mental health programs in schools: A change agent's guide*. Washington DC: American Psychological Association.
3. Brief Intervention is the most well-researched intervention approach to addressing adolescent AOD issues. See Tanner-Smith & Lipsey (2015) meta-analysis of 185 studies: <http://www.ncbi.nlm.nih.gov/pubmed/25300577> Also, see Winters et al. (2012). Brief intervention for drug-abusing adolescents in a school setting: Outcomes and mediating factors. *Journal of Substance Abuse Treatment*, 42, 279-288.
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13. Adolescent self-report for AOD use during assessment has been shown to be reliable. See Winters (2004). *Assessment of AOD use behaviors among adolescents at* <http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/behaviors.htm>
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School SBIRT Short Answer Quiz

Please print this page, complete, and bring to the workshop. Completing this quiz is required for participation.

Your name: _____ District: _____

1. The S and BI components of SBIRT are: _____
2. There are many reasons to implement SBIRT into your school practice. Which are your most important reasons:

3. The communication style which provides the basis of SBIRT delivery: _____
4. Resisting the “righting reflex” means: _____
5. Fill in the blank by noting the score and interpretation of each GAIN-SS domain from the example on page 10:
 - a. Mental Health domain score = _____ Level of risk: _____
 - b. Behavioral Health domain score = _____ Level of risk: _____
 - c. Alcohol/Drug domain score = _____ Level of risk: _____
 - d. Crime/Violence domain score = _____ Level of risk: _____
6. Identify the core skills with brief description:
 - a. _____
 - b. _____
 - c. _____
7. Identify each process of SBIRT delivery (in order) with brief description:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
8. Evoking is the heart of the Brief Intervention. What are the three primary tasks during this process:
 - a. _____
 - b. _____
 - c. _____
9. Recognizing student “change talk” is an essential element of effective Brief Intervention. Identify the 7 types of change talk (DARN CAT) and a corresponding language cue for each (except for R and T).
 - a. D - _____
 - b. A - _____
 - c. R - _____
 - d. N - _____
 - e. C - _____
 - f. A - _____
 - g. T - _____