



## **School SBIRT Training and Implementation Project Pre-Training Assignment 2017-2018**

Thank you for your interest in School SBIRT! This assignment will prepare you for the upcoming SBIRT Training and Implementation Project in your district by providing background on the why, what, and how of SBIRT. With this background, you will be ready to apply knowledge and engage practice during training. It is very important that you complete this reading and the quiz that follows on your own prior to training. Estimated time for completion is about one hour. Thank you for taking this time out of your busy schedule. ~ the WISH Center trainers

### 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 training.**

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## **Overview of the SBIRT Training and Implementation Project**

The goal of the School SBIRT—Training and Implementation Project (SBIRT-TIP) <sup>1</sup> 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) in the school setting. Because experience shows that workshop training alone is insufficient for staff to achieve fidelity of practice, SBIRT-TIP is designed to assist you and your district to achieve implementation success through engagement in a series of activities before, during, and after training. <sup>2</sup> Like delivering any new practice, SBIRT will take time and effort to implement; however, we believe you will find the experience to be worth the effort. The following activities are required for all participating school districts and staff. Please plan accordingly:

- ❖ District leadership and selected staff will develop an implementation plan for how SBIRT will be implemented, including which students will receive services and on which issues to focus.
- ❖ Complete pre-training assignment (this reading and quiz) prior to training.
- ❖ Attend the scheduled two 1-day trainings.
- ❖ Begin delivering services right away. Deliver SBIRT to 2-3 new students per month and for each student complete a brief self-assessment to monitor fidelity.
- ❖ Participate in a monthly 1-hour implementation call for technical assistance.
- ❖ Track services by entering SBIRT data into a simple spreadsheet located in your shared drive; submit to the trainer for monthly review.

## **Reasons to Implement SBIRT into Your School**

1. SBIRT is an evidence-based practice to address adolescent alcohol/drug involvement <sup>3</sup> and is a promising practice to address student mental health and conduct problems. Your capacity and confidence for addressing these delicate issues will greatly increase through learning SBIRT.
2. SBIRT fits developmentally with adolescents, <sup>4</sup> 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.
3. SBIRT allows understanding student 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. Additionally, aggregate data will be used to ascertain SBIRT effectiveness.
4. SBIRT fits within the Positive Behavior Intervention and Supports (PBIS) framework as a selective intervention (Tier 2) or an indicated intervention (Tier 3).
5. Implementation is flexible and efficient. Plan to follow your district's implementation plan for which student behaviors to address. The average number of Brief Intervention sessions is 3 and each lasts about 15 minutes. Brief Intervention can also be adapted for delivery with small groups of students.

## **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 AOD use) may be inconsistent with any existing “zero tolerance” school policies.
- ❖ Delivering SBIRT takes time and effort for staff during initial implementation.

## What is SBIRT?

Originally designed as a public health approach to address behavioral health in healthcare settings,<sup>5</sup> SBIRT is readily adapted for delivery in middle and high school settings.<sup>6</sup> SBIRT offers non-specialist staff a simple yet comprehensive structure 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 (S) 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 2-4 sessions lasting about 15 minutes each during the course of about one month. In the final BI session, if the student has not respond well to the BI and problem symptoms persist, a Referral to Treatment (RT) may be considered. RT involves a recommendation that the student receive a comprehensive behavioral health assessment by a licensed provider. Please see the References section (page 13) for a list of research cited throughout this reading.

Several concepts underscore the effectiveness of SBIRT and change conversations more generally:

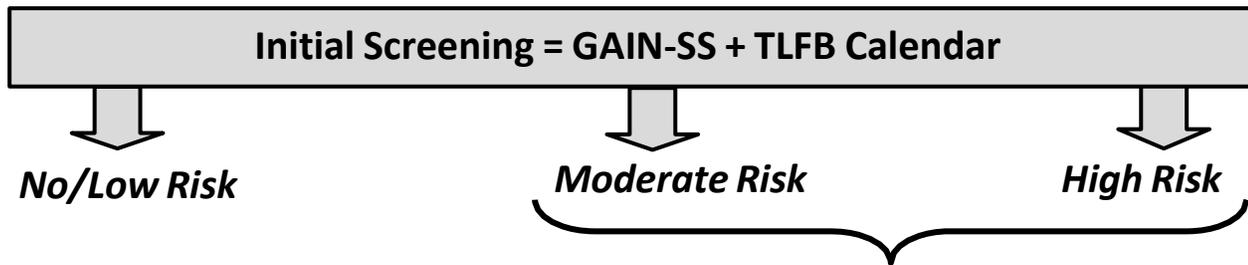
- **Student-centered.** SBIRT begins by efficiently establishing a productive, caring, and working relationship with the student in which the student is the expert on his or her own experience. Your job will be to draw out and evoke the student's ideas, perspectives, and experiences about change. Change conversations are effective with SBIRT because students create their own ideas for the why and how of change, thus making it more likely that they will translate these ideas into action. 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, be patient with students and allow them a few moment to consider their own ideas.
- **Communication style matters.** Consider a continuum of communications styles<sup>7</sup>: at one end is *directing* which involves telling the student what to do, managing a situation, leading, or administering. At the other end is *following* which may involve careful listening, observing, and seeking to understand the student's perspective. In the middle is *guiding*. Guiding involves elements of both directing and following. Although each communication style has an appropriate place and time in school-based practice, guiding is the most effective communication style for behavior change conversations is a foundation of SBIRT.
- **Single target behavior.** Although students often present with multiple concerns and complexity, in SBIRT you will focus on a single "target behavior," then maintain that focus throughout the Brief Intervention (BI). The focus of services could include AOD use, depression, anxiety, conduct, or other behavioral health problems. Although it is easy to take tangents and get off-topic with students, effective SBIRT will require you to stay focused on the target behavior. In this way, *SBIRT is student-centered, yet directive* (guiding).
- **Motivation is the key to change.** SBIRT is not about educating students about behavioral health concerns, nor is it about problem solving or skill building. 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 a static trait, but is viewed as a dynamic state which comprises the student's readiness, willingness, and ability to change. Thus, the BI is designed

specifically to evoke these aspects of motivation from the student and this is accomplished within the context of a student-centered and caring relationship.

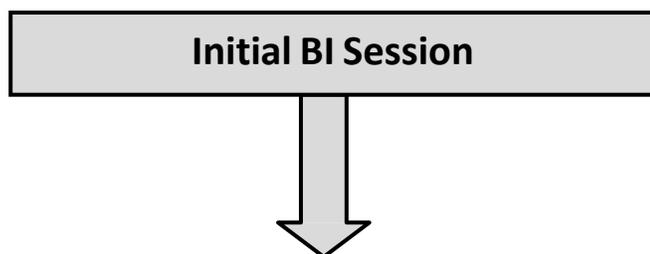
- **Cultivate student change talk and soften sustain talk.** Student motivation is partly expressed through what students say. Called “change talk,” this includes anything the student says that is in the direction of change regarding the specific target behavior. There are 7 types of change talk that will be discussed later. Conversely, “sustain talk” is anything the student says that is in the direction of no change or 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.<sup>8</sup> Students literally talk themselves into change! Thus, student change talk is an active ingredient of this evidence-based practice and you will use several tools to proactively cultivate it.
- **Ambivalence is normal.** Ambivalence occurs when a student simultaneously holds arguments for (change talk) and against (sustain talk) change and reflects a normative psychological state; ambivalence is a part of any behavior change process. However, if student’s ambivalence is not effectively addressed, it can pose a significant barrier to change. People can stay ambivalent for a long time. Thus, if a student expresses ambivalence about changing the target behavior, you will address the ambivalence during the BI by non-judgmentally exploring both sides. If student ambivalence seems present, you will use the Pros/Cons Worksheet as a tool designed to explore (and hopefully, resolve) student ambivalence.
- **Resist the 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”<sup>7</sup> which can involve problem solving, educating, advising, warning, or confronting. Of course, the righting reflex contains the best of intention: we want to help students. And, sometimes, problem solving and providing education is an appropriate thing to do with students. 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 staff’s righting reflex: staff’s natural reflex is to take up the “good” side of the argument for change and explain to the student why he/she should make the change. But when staff champion one side, the ambivalent student will predictably champion and give voice to the other side – the no change side (this is “sustain talk”). Thus, staff’s 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.
- **Careful listening and accurate empathy.** Decades of clinical research in the counseling field reveal that one of the most robust predictors of successful behavior change is staff’s ability to demonstrate accurate empathy. Accurate empathy involves carefully listening to and accurately understanding the person’s experience. Do you have to personally experience what the student has experienced to have empathy? No. Empathy is about putting yourself in the student’s shoes while remaining in your own shoes. The effectiveness of empathy is particularly strong in behavioral health conversations.<sup>9</sup> In SBIRT, accurate empathy is called “reflective listening” and this is the most important skill you will need to practice and develop. We will spend time practicing and developing this skill during training.

**District/Building Level of SBIRT Implementation**

**1** Identify your specific student population and target behavior(s), then systematically screen all these students. Administer, score, and interpret screening.



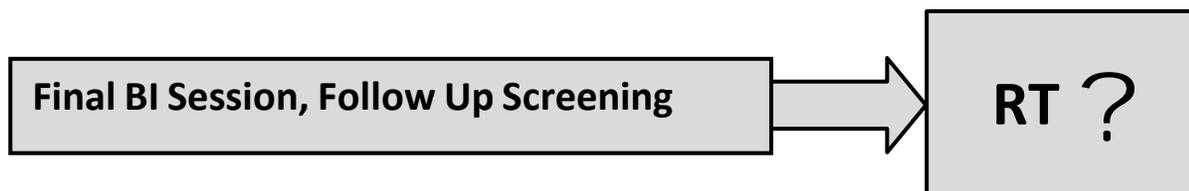
**2** For students who show Moderate/High risk results, initiate Brief Intervention (BI) regarding the specific target behavior.



**3** Provide follow up Brief Intervention sessions, as needed.



**4** Final BI session (~1 month from initial session): re-administer screening to ascertain response to BI; consider Referral to Treatment (RT) including an internal school-based referral or recommendation for community-based services.



## **Service Delivery Level of Implementation**

Delivery of SBIRT is based on the core skills (Asking, Listening, Informing), processes (Engaging, Screening/Focusing, Evoking, Planning), and tools (Importance Ruler, Pros/Cons Worksheet, Evoking Questions, Change Plan, Confidence Ruler) of Motivational Interviewing.<sup>8</sup> Motivational Interviewing is a well-established practice with adolescents<sup>10</sup> and has useful applications in schools.<sup>11</sup> You will be trained to use a protocol that ties together the following core skills and processes.

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 quickly gather specific information from a student to determine level of risk for behavioral health. 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 questions specifically designed to proactively cultivate a student's change talk by inquiring about possible desire, ability, reasons, or perceived need for change. Many of these questions will be new to students, so please be patient and allow them a moment to collect their thoughts.
- **Listening.** Called "reflective listening" this 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 informed 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 within the context of that caring relationship.

- **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?”).

Processes:

- 1) **Engaging.** The first 2-3 minutes of meeting with the student will involve engaging, including a brief introduction of yourself, overview of SBIRT, discussion of confidentiality, and finding out the student’s perspective. Your careful listening, reflection, and accurate empathy is critical to efficiently establish a productive, caring, and working relationship. 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 Engaging in SBIRT 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 ya. No one has ever died from smoking too much weed though.	Sustain Talk for marijuana use
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.	Sustain Talk
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.	Ambivalence for continuing the behavior
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 transition into the Screening/Focusing process. This process involves administering, scoring, interpreting, and providing results (using E-P-E) of two screening instruments: the Global Appraisal of Individual Need—Short Screen (GAIN-SS)<sup>12</sup> and the Timeline Followback (TLFB) Calendar.<sup>13</sup> Whereas the GAIN-SS will ascertain student behavioral health *symptoms*, the TLFB Calendar will ascertain recent *frequency* of behavior. With practice, this process will take about 5 minutes. It allows you to efficiently and powerfully ascertain a student’s level of risk in several salient areas of behavioral health. One question that staff often ask 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 before administering, research shows that student self-report can be very good.<sup>14</sup> Anecdotally, we hear from SBIRT-trained staff that student

self-report has not been a problem. In fact, staff often express amazement about how open and honest students are regarding behavioral health issues. Once the screening is reviewed with the student, you will then collaboratively select the target behavior for the BI with the student. This is Focusing. Please note that your district’s implementation plan will guide the target behavior you select for SBIRT.

**Screening Instrument #1: The Global Appraisal of Individual Need—Short Screen (GAIN-SS)<sup>12</sup>**

- The GAIN-SS was developed specifically for adolescents presenting in non-clinical settings, such as schools.
- It is well-established and has strong psychometrics for validity and reliability.
- This instrument quickly ascertains level of risk (No/Low, Moderate, or High) across four domains: 1) Mental Health (internalizing) symptoms, 2) Behavioral Health (externalizing) symptoms, 3) Alcohol/Drug symptoms, and 4) Crime/Violence symptoms.
- To administer, you will read these instructions verbatim to the student:

<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

- Each domain contains 5 items (a.- e.) and the scoring is by domain with a range of 0 to 5.
- To score, count up 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, the number of symptoms to count will be to the left.
- Any past month/past 2-12 months symptoms gets scored as one point each with this interpretation:
  - Score of 0 → No/Low Risk
  - Score of 1 or 2 → Moderate Risk
  - Score of 3 or more → High Risk
 } *“Risk” means likelihood that a clinical-level problem is present within that domain.*

Example scoring and interpretation for Alcohol/Drug 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

Score = 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 for 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

1. <u>When was the last time</u> that you had <u>significant</u> problems...				
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? ...	3	(2)	1	0
b. with sleeping, such as bad dreams, sleeping restlessly, or falling asleep during the day?	3	(2)	1	0
c. with feeling very anxious, nervous, tense, fearful, scared, panicked, or like something bad was going to happen? .....	(3)	2	1	0
d. with becoming very distressed and upset when something reminded you of the past? ...	3	2	(1)	(0)
e. with thinking about ending your life or committing suicide? .....	3	2	1	(0)
2. <u>When was the last time</u> that you did the following things <u>two or more times</u> ?				
a. Lied or conned to get things you wanted or to avoid having to do something? .....	3	(2)	1	0
b. Had a hard time paying attention at school, work, or home? .....	3	(2)	1	0
c. Had a hard time listening to instructions at school, work, or home? .....	3	(2)	1	0
d. Were a bully or threatened other people? .....	3	2	1	(0)
e. Started fights with other people? .....	3	2	1	(0)
3. <u>When was the last time</u> 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)
4. <u>When was the last time</u> that you...				
a. had a disagreement in which you pushed, grabbed, or shoved someone? .....	3	(2)	1	0
b. took something from a store without paying for it? .....	3	2	(1)	0
c. sold, distributed, or helped to make illegal drugs? .....	3	2	1	(0)
d. drove a vehicle while under the influence of alcohol or illegal drugs? .....	3	2	1	(0)
e. purposely damaged or destroyed property that did not belong to you? .....	3	2	(1)	0

## Screening Instrument #2: The Timeline Followback (TLFB) Calendar <sup>13</sup>

- The TLFB Calendar is well-established method to assess the frequency of AOD use or another target behavior during the past 30 days.
- The TLFB Calendar is administered following the GAIN-SS with this procedure:
  - 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. Validate and simply ask students to “do the best you can to remember.” (They will.)
  - Finally, provide instructions to student: “Using the symbol(s) provided, mark the calendar for anytime [target behavior] occurred since [student’s 30-day anchor] .” Clarify whether you want the *days* or number of *times* that the behavior occurred.
- Interpretation
  - Count up number of days/times the behavior 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.

**TLFB Calendar**

Student name: \_\_\_\_\_  
 Today’s date: \_\_\_\_\_

○ – alcohol (days)  
 X – marijuana (times)  
 ☆ – other drugs (days)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

During the past 30 days, on how many days did you have at least one drink of alcohol? \_\_\_\_\_  
 During the past 30 days, how many times did you use marijuana? \_\_\_\_\_  
 During the past 30 days, on how many days did you use other drugs, including prescription drugs without a doctor’s prescription? \_\_\_\_\_

3) **Evoking.** Once screening is complete and there is an agreed upon target behavior as the focus, the Brief Intervention (BI) commences. The Evoking process represents the heart of BI and involves exploring and cultivating the student's ideas, perspectives, and motivations for change. BI is designed to cultivate student change talk and to accomplish this, you will have to resist your righting reflex! Evoking is not about your good ideas for change or problem solving. Instead, your job during Evoking comprises three tasks: a) recognize student change talk, b) proactively draw it out, and c) strategically respond to it. Let's look at each task in turn.

a. **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 target behavior. There are 7 types summarized by DARN-CAT:

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 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. **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 evoking questions.

c. **Strategically respond by cultivating change talk while softening sustain talk.** When you hear change talk, don't just sit there! The core skill is Listening. On one hand, reflective listening is a student-centered during the Engaging process. On the other hand, reflective listening is offered with direction during the Evoking process. When you hear change talk, be strategic and reflect in the direction of change. Moreover, when you hear sustain talk, be strategic and reflect in a manner that softens it. 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 regarding target behavior of marijuana following Engaging. This example demonstrates Evoking 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 target behavior
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 change goal and supporting 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 target behavior, 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 builds from one to the next creating the foundation for effective and efficient delivery of SBIRT: Engaging rapidly establishes a productive and caring working relationship maintained throughout; Focusing identifies a specific target behavior 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 learn during training.

## References and Notes

1. The School SBIRT Training and 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>
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3. Brief Intervention is one of the most researched approaches to addressing adolescent AOD use. 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; and Tanner-Smith & Lipsey (2015). Brief alcohol interventions for adolescents and young adults: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment*, 51, 1-18. Accessed from <http://www.ncbi.nlm.nih.gov/pubmed/25300577>
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11. Rollnick, Kaplan, & Rutschman (2016). *Motivational interviewing in schools: Conversations to improve behavior and learning*. New York: Guilford Press; Frey et al. (2011). The promise of motivational interviewing in school mental health. *School Mental Health*, 3, 1-12; Herman et al. (2014). *Motivational interviewing in schools: Engaging parents, teachers, and students*. New York: Springer Publishing Company; Reinke et al. (2011). *Motivational interviewing for effective classroom management: The classroom check-up*. New York: Guilford Press.
12. The GAIN-SS is a psychometrically reliable and valid instrument for screening adolescents in non-clinical settings (Dennis, Chan, & Funk, 2006). Through a cooperative agreement with DPI, the GAIN-SS is available at no charge for administration by Wisconsin student services staff. For more information, see <http://dpi.wi.gov/sites/default/files/imce/sspw/pdf/gainssmanual.pdf>
13. NIAAA (National Institute on Alcohol Abuse and Alcoholism). (n.d.). *Alcohol Timeline Followback (TLFB)*. Accessed from [http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/InstrumentPDFs/13\\_TLFB.pdf](http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/InstrumentPDFs/13_TLFB.pdf)
14. Adolescent self-report for AOD use during assessment has been shown to be valid. See Winters (2004). *Assessment of AOD use behaviors among adolescents at* <http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/behaviors.htm>

## School SBIRT Short Answer Quiz

Please print out this page, complete, and bring to training. Completing this quiz is a requirement of training.

Your name: \_\_\_\_\_ District: \_\_\_\_\_

1. SBIRT stands for: \_\_\_\_\_
2. There are many reasons to implement SBIRT into your school. Which one is your most important reason:  
\_\_\_\_\_
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 9:
  - 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. The skill Informing involves the E-P-E procedure. Identify each element with brief description:
  - a. E - \_\_\_\_\_
  - b. P - \_\_\_\_\_
  - c. E - \_\_\_\_\_
7. Note the sequence of SBIRT delivery by process (in order) with brief description of each process:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
8. Evoking is the heart of the Brief Intervention. What are the three primary tasks during the Evoking process:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
9. Recognizing student "change talk" is a critical element of effective Brief Intervention. What are the 7 types of change talk (DARN CAT)
  - a. D - \_\_\_\_\_
  - b. A - \_\_\_\_\_
  - c. R - \_\_\_\_\_
  - d. N - \_\_\_\_\_
  - e. C - \_\_\_\_\_
  - f. A - \_\_\_\_\_
  - g. T - \_\_\_\_\_