

School SBIRT Frequently Asked Questions

What is SBIRT?

SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. Originally developed for delivery in busy health care settings, SBIRT offers an efficient, evidence-based, and comprehensive service to address selected behavioral health concerns among adolescents (e.g., alcohol/other drug involvement). Although originally designed as a universal prevention approach (Tier 1), SBIRT is readily adapted for delivery in middle and high school settings by existing student services staff as a selected (Tier 2) or indicated (Tier 3) intervention.

What is Screening?

SBIRT begins with the administration of a standardized screening instrument. Although several public domain instruments exist, the Global Appraisal of Individual Need - Short Screen (GAIN-SS) is the instrument selected for implementation in this project. The GAIN-SS takes approximately 3-5 minutes to administer and quickly ascertains a student's level of risk for mental health, conduct problems, alcohol/drug involvement, and crime/violence. There is no cost to administering the GAIN-SS.

What is Brief Intervention?

Brief Intervention (BI) is protocol-guided and utilizes motivational interviewing skills to explore and enhance a student's internal motivations for change regarding a specific target behavior. BI comprises 2-4 sessions (approximately 15 minutes each) for students who show moderate-to-high risk results from screening. BI is an evidence-based practice for addressing adolescent alcohol/drug involvement and is a promising practice for addressing mental health and conduct problems in the school setting.

What is Referral to Treatment?

Referral to Treatment (RT) is for students who continue to show significant problem symptoms and who do not respond to the BI. RT can be an internal referral for further school-based services or an external recommendation for community-based mental health or substance abuse assessment. The RT component of SBIRT develops and strengthens linkages between schools and community-based providers.

How are parents involved in School SBIRT?

Parents must give consent for student participation in SBIRT. Parents also need to be notified of the general results of screening. If the student's problem symptoms persist and staff suggest further services, parents will need to be involved in the next steps.

Why deliver SBIRT services in your school?

- SBIRT is well-established and evidence-based.
- SBIRT expands the capacity of student services to effectively and efficiently address a range of behavioral health concerns (e.g., alcohol/drug use, mental health) which, in turn, promotes school engagement and learning outcomes.
- SBIRT fits with a student-centered, strength-based philosophy.
- SBIRT is student friendly, culturally relevant, and highly engaging. No problem recognition is required for a student to benefit from SBIRT. Teenagers rate these services with high levels of satisfaction.
- SBIRT fits with Response to Intervention. Screening provides baseline data, then approximately 30 days later, follow up screening ascertains individual student response to Brief Intervention.
- SBIRT fits with Positive Behavior Intervention and Supports. Services can be delivered as an indicated (Tier 3) or selected (Tier 2) intervention. Because of the amount of resources required, this project does not endorse implementation of universal screening (Tier 1).

- Implementation allows for flexibility. Staff are trained to use a protocol which guides delivery of services. Staff decide the focus of intervention, number of BI sessions, and format of delivery (individual or small groups).

What are the limitations of School SBIRT?

Because SBIRT is tested down to age 12, this service is not appropriate for delivery in elementary school settings. Although the initial research on SBIRT in school settings is positive, the evidence-base is limited. A degree of harm reduction is allowed within the SBIRT approach, this service may need to be reconciled with a school's "zero tolerance" policies. Implementing SBIRT with fidelity requires dedicated staff time and effort.

What lessons have been learned from prior implementation efforts?

Like any new skillful practice, SBIRT takes time and effort to implement well. SBIRT involves changing practice-as-usual to a new way of having conversations with students. District leadership and key administrators must be involved for strategic planning and support; ongoing (monthly) coaching and technical assistance is provided to staff following initial training to help staff achieve fidelity; and data tracking promotes quality implementation.

What is required if my district decides to move forward with SBIRT?

1. Plan for implementation. With a decision made to move forward with SBIRT, district leadership must develop a plan for how SBIRT will be implemented. A worksheet will be provided to guide planning. It is strongly recommended that leaders meet with key building administrators and staff "champions" for effective planning. Submission of this worksheet is required prior to training. Your assigned SBIRT coach will review the plan and provide feedback for revision.
2. Initial training (1-day). This experiential and skills-focused workshop is for staff who are selected to deliver SBIRT. Staff will learn how to deliver protocol-guided SBIRT. The goal is to prepare staff to deliver services.
3. Following initial training, staff will begin delivering SBIRT and tracking data. At least 2-3 students per staff per month should receive SBIRT. A simple spreadsheet will be provided for staff to track their SBIRT data.
4. Follow-up training (1-day). This workshop is for sharing experiences and data from the prior month, for continued skill building, and for practicing the protocol with individualized feedback on fidelity.
5. Staff will participate in a monthly implementation coaching call following workshop trainings. The purpose of the 1 hour monthly call is to obtain support and technical assistance for delivering SBIRT and working to achieve fidelity.
6. Submit SBIRT data for review and feedback by the coach as part of quality improvement process.

What is fidelity?

Fidelity is a feature of any evidence-based practice. To achieve the expected beneficial outcomes, fidelity must be achieved which means the service or practice is delivered as intended. In SBIRT, there are building- and practice-level fidelity standards which will be thoroughly described during training and follow up technical assistance.

What is the cost of training?

Training in School SBIRT is available through a collaborative effort between the Wisconsin Safe and Healthy Schools (WISH) Center, the Wisconsin Department of Public Instruction, and the Wisconsin Department of Health Services (DHS). All training materials are free of charge. Total cost of training is \$100 per staff.

Who do I contact if I need more information?

For more information about School SBIRT and the Training and Implementation Project, please contact Tracy Herlitzke, WISH Center Director (therlitzke@cesa4.k12.wi.us) or Scott Caldwell, DHS SBIRT Coordinator (scott.caldwell@wisconsin.gov).