

# SBIRT IN SCHOOLS

Screening and Brief Intervention Protocols



## Introduce screening

I am going to ask a few health screening questions about alcohol and other drug use that we are asking all students in your grade.

## Address confidentiality

There is no written record of this screening that includes information that specifically identifies you. Anything you tell me will be kept as confidential as possible. One reason why this information would not be kept confidential is if something you say indicates that there is an immediate risk to your safety or someone else's safety. Additionally, you, your parent, or your guardian, could request the information we discussed today. In any case, we would figure out next steps for support together. Do you understand?

## Define substances

By alcohol we mean beer, wine, wine coolers, or liquor. By drugs we mean anything that one might use for the feeling it causes including: marijuana, heroin, prescription drugs like OxyContin, etc.

## Ask permission to ask questions

Is it okay to ask you these questions?

### CRAFFT-II Screen

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?
- 2 Use any marijuana (e.g., weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (e.g., "K2" or "Spice")?
- 3 Use a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (e.g., prescription pain pills or ADHD medications)?
- 4 Use anything else to get high? (e.g., other illegal drugs, over-the-counter medications, and things that you sniff, huff, or vape)?
- C Have you ever ridden in a **CAR** driven by someone (including yourself) who was high or had been using alcohol or drugs?

If no days of use, then STOP here. ↓ If any days of use, ASK ALL ?'s BELOW.

- R Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?
- F Do you ever **FORGET** things you did while using alcohol or drugs?
- F Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- T Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

## Brief Intervention

S3

|                                  |  |                                     |                      |   |  |
|----------------------------------|--|-------------------------------------|----------------------|---|--|
| Build Rapport                    | I'd like to learn a little more about you...   | HOW CONFIDENT ARE YOU?<br>EXTREMELY | 1 2 3 4 5 6 7 8 9 10 |   |  |
|                                  | What are important things/hopes/goals in your life now? <b>OR</b> What is a typical day like for you?<br><br>How does your use of [X] fit in?  |                                     |                      |   |  |
| Explore Pros & Cons              | What do you enjoy/like about using [X]?<br>What do you enjoy less or regret about using [X]?<br><br><b>Explore problems mentioned in CRAFFT:</b> You mentioned... Can you tell me more about that?<br><br>So, on the one hand you said [PROS], and on the other hand you said [CONS]. <b>Emphasize CONS.</b> |                                     |                      |   |  |
|                                  | Provide Feedback   |                                     |                      | What do you know about the risks of using [X]?<br><br>Would you mind if I shared some health/safety information about [X]? <b>Provide 1-2 salient substance specific health/safety effects.</b><br><br>What are your thoughts about that?   |  |
| Use Readiness Ruler              | On a scale of 1-10, how ready are you to change <u>any</u> aspect of your [X] use?<br><br>Why did you choose a [X] and not a <u>lower</u> number like a 1 or 2? <b>If "1":</b> What would need to happen to consider a change?<br><br><b>Reflect back student's reasons for change.</b>                      |                                     |                      |   |  |
|                                  | Negotiate Action Plan  |                                     |                      | Given our discussion, what might you do?<br><br>On a scale of 1-10, how confident are you that you could meet this goal? What might help you to get to a higher number? What helped you succeed with changes in the past? What obstacles do you anticipate?<br><br><b>When/if making suggestions, use Elicit-Provide-Elicit.</b><br><br><b>Summarize plan. Thank student.</b> |  |
| HOW READY ARE YOU?<br>NOT AT ALL |  |                                     |                      | 1 2 3 4 5 6 7 8 9 10  |  |

Referrals: MA Substance Use Helpline • 800-327-5050 • [helplinema.org](http://helplinema.org)

Resources: [www.masbirt.org/schools](http://www.masbirt.org/schools) • <https://massclearinghouse.ehs.state.ma.us>