

Screening Brief Intervention and Referral to Treatment (SBIRT)

Protocol

SBIRT is an early intervention approach that targets individuals with non-dependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment. This approach differs from the primary focus of specialized treatment of individuals with more severe substance use, or those who have met the criteria for diagnosis of a Substance Use Disorder.

SBIRT consists of three major components:

- A. Screening: Assessing a patient for risky substance use behaviors using standardized screening tools.
- B. Brief Intervention: Engaging a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.
- C. Referral to Treatment: Providing a referral to brief therapy or additional treatment to patients who screen in need of additional services.

Protocol Purpose:

To identify patients at risk for substance abuse and to provide a brief intervention and referral to treatment when warranted.

Screening Criteria:

- A. All trauma-related patient admissions 13 years and older will have a brief screening conducted and documented by either a trained Social Worker (SW) or Advance Practice Provider (APP). When indicated, a referral to treatment will be made.

Admission Process:

- A. Admission orders for Trauma, Orthopedics, and PEDS PICU Trauma now include a hard stop for patients ages 13 years or older in the laboratory section.
 - a. The ordering provider will be asked a question regarding whether the admission is related to an “injury” or a “medical” issue.
 - b. If “injury” is selected, EPIC will then take into consideration the ED length of stay and order an ethanol level for ED length of stay (LOS) <5hrs and SW consult for SBIRT/CRAFFT screening for those with ED LOS ≥5hrs.

Screening Process:

- A. Ethanol Testing:
 1. If an ethanol level is ordered, the lab is to be drawn immediately so that it may reflect an accurate level. This lab is a dark green top and should be drawn like all other lab work.
 2. If the caregiver asks what the lab is, it should be relayed that the lab is part of a national injury admission baseline screening. There is no associated cost.

- B. CRAFFT: For patients meeting criteria, SW or an APP conduct an interview (preferably private) with the patient utilizing the CRAFFT Screening Tool.
1. CRAFFT is a mnemonic acronym for first letters of keywords in the six screening questions. The questions were developed to screen adolescents for high-risk alcohol and other drug use disorders simultaneously, specifically looking at the past 12 months.
 2. Screening using the CRAFFT begins by asking the adolescent to "Please answer these next questions honestly".
 3. Telling him/her "Your answers will be kept confidential"; and then asking three opening questions.
 4. If the adolescent answers "No" to all three opening questions, the provider only needs to ask the adolescent the first question - the CAR question.
 5. If the adolescent answers "Yes" to any one or more of the three opening questions (Part A), the provider asks all six CRAFFT questions (Parts A and B). Questions should be asked using the exact wording provided.
 - i. Part A: During the PAST 12 MONTHS, did you:
 1. Drink any alcohol (more than a few sips)?
 2. Smoke any marijuana or hashish?
 3. Use anything else to get high? ("Anything else" includes illegal drugs, over-the-counter and prescription drugs, and things that you sniff or "huff")

*If the patient answers NO to ALL questions, answer only the first question in part B and select N/A for the remaining questions.
 - ii. Part B
 1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
 2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
 3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?
 4. Do you ever FORGET things you did while using alcohol or drugs?
 5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
 6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?
 - iii. If the patient answers "no" to the questions in Part A, then they are only asked question 1 in Part B.
 - iv. If the patient answers "yes" to any of the questions in Part A, then they are asked all the questions in Part B.
 - v. If the patient answers "yes" to less than one question, SW or APP provides the patient with positive reinforcement.

- vi. If the patient answers “yes” to more than one question, SW is responsible for providing a brief intervention.
 - 1. Brief intervention talking points:
 - a. Review – screening results
 - b. Recommend – not to use
 - c. Riding/driving – risk counseling
 - d. Response – elicit self-motivational statements
 - e. Reinforce – self-efficacy
 - C. Results of the ethanol level or CRAFFT questionnaire are protected patient information and are not to be disclosed to caregivers or law enforcement.

Screening Documentation

- A. SW or APP, using the specific SBIRT Template, enters the patient’s responses into the electronic medical record.
 - 1. Documentation includes: the date of screening, staff performing screening, answers to the CRAFFT questionnaire, and brief intervention notes and plan.

Resources:

Pathak, P. R., Chou, A. (2019). Confidential care for adolescents in the U.S. health care systems. *Aurora Health Care*, 6(1), 46-50.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6676754/pdf/jpcrr-6.1-46.pdf>

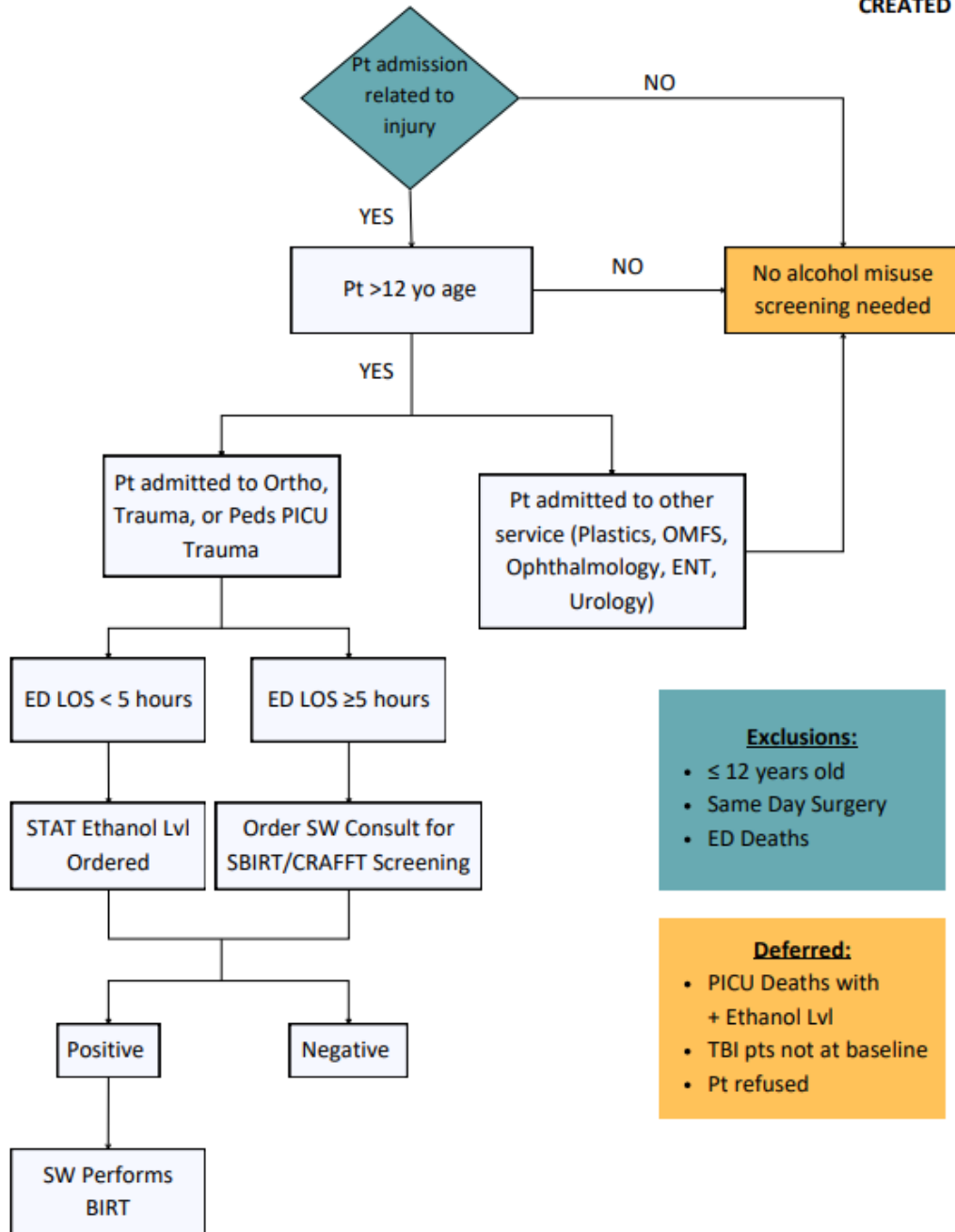
Roubil, J. G., Hazeltine, M. D., Bludevich, B. M., Aidlen, J. T., Pustis, N., Ferrante, C., ... & Cleary, M. A. (2022). Assessing screening, brief intervention, and referral to treatment (SBIRT) compliance and disparities for pediatric inpatients at a tertiary care facility. *Journal of Pediatric Surgery*, 57(1), 111-116.

Weddle, M., & Kokotailo, P. K. (2005). Confidentiality and consent in adolescent substance abuse: an update. *AMA Journal of Ethics*, 7(3), 239-243.

<https://www.facs.org/media/nrcj31ku/mental-health-guidelines.pdf>

Alcohol Misuse Screening Algorithm

CREATED SEPT 2024



Reference eSTAR Screenshots

1. Initial selection in the **primary order set**:



2. If the patient is being admitted for a **medical reason** (non-injury related), no further clicks or information is needed after the initial selection.



3. If the patient is being admitted for an **injury-related reason**, and the patient has been in the ED for **≥ 5 hours**, this social work consult populates.



4. If the patient is being admitted for an **injury-related reason**, and the patient has been in the ED for **less than 5 hours**, an ethanol level is indicated and auto-selected.

▼ Pediatric Injury Screening

Patient admitted for medical or injury related reason?

Pediatric patient being admitted for injury reason

ED Length of Stay < 5 hours

For required trauma center alcohol screening.

Ethanol Lvl
STAT, today at 0945, For 1 occurrence
Blood

Pediatric patient being admitted for medical reason