

teachSBIRT

Train, Educate, Adopt, & Collaborate for Healthcare

| | | NOT READY | | <input type="checkbox"/> NA | | | READY | | <input type="checkbox"/> NA | |
|--|--|--|--------------------------------|-----------------------------|--|--|-------|--|-----------------------------|--|
| BUILD MOTIVATION | Build motivation using readiness ruler or goals and values. | | | | | | | | | |
| | <ul style="list-style-type: none"> • Ask Permission: Would it be alright if we do an activity that some people find helpful in thinking about alcohol/drug use? • Activity: Goals/Value or Rulers • Reflect • Ask: Where does this leave you? | yes <input type="checkbox"/> | no <input type="checkbox"/> | | | | | | | |
| | REFLECT | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | If appropriate: Transition to READY column. | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | |
| | Otherwise, say: Thanks for taking the time to talk with me about your alcohol / drug use. | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | |
| | SUMMARIZE: Emphasize strengths, highlight reasons for change, and decisions made. | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | |
| | Ask: Would it be alright if we check in about this again at our next appointment? | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | |
| | ACTION PLAN | Risky or mild AUD / SUD | | | | | | | | |
| | | Ask: What kinds of changes are you hoping to make to your drinking?" | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | |
| | | REFLECT | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | |
| Ask: What ideas do you have about how you might go about that?" | | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | |
| Share: Strategies for Cutting Down if appropriate | | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | |
| Ask: Which strategies stand out as ones that might be helpful?" | | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | |
| REFLECT | | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | |
| Moderate or Severe AUD / SUD | | | | | | | | | | |
| Ask: What do you know about resources that are available to help people who are thinking about making changes in their drinking / drug use?" | | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | |
| REFLECT | | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | |
| Share: Referral information if appropriate. | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | |
| Ask: Which resources stand out as ones that might be helpful? | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | |
| REFLECT | <input type="checkbox"/> NA | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | |
| All | | | | | | | | | | |
| State: Thanks for taking the time to talk with me about your alcohol / drug use. | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | | |
| SUMMARIZE: Include the reasons for change and restate the plan. | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | | |
| Ask: Would it be alright if we check in about this again at our next appointment? | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | | |



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