

OK SBIRT Pocket Guide



211 For treatment referrals, call **211**

Learn more: opqic.org/omno

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SAMPLE SCRIPT

BRIEF INTERVIEW & REFERRAL FOR OPIOID USE DISORDER

Raise Subject	<ul style="list-style-type: none">• Thank you for answering my questions. From what I understand from your screening, you are using XX - is it OK if we talk more about XX and pregnancy?• Help me understand, through your eyes, what connection (if any) do you see between your use of XX and this pregnancy?• People use drugs for many reasons: what do you like most/least about using XX?• Can you tell me more about your past/current drinking or drug use? What does a typical week look like?
Provide Feedback (including patient education handouts)	<ul style="list-style-type: none">• Sometimes patients who give similar answers are continuing to use drugs and alcohol during their pregnancies.• I have some information on risks of substance use in pregnancy. Would you mind if I shared them with you? Share education handouts.• Because of those risks, I recommend avoiding drugs and alcohol use during pregnancy. For women using opioids regularly, medication-assisted treatment (MAT), such as methadone or buprenorphine, is recommended during pregnancy and after to improve outcomes for both mom and baby.
Investigate Readiness (use readiness ruler)	<ul style="list-style-type: none">• What are your thoughts about the information I just shared?• Do you have any concerns?• On a scale of 1-10, how ready are you to make any kind of changes in your use of XX?• Why did you choose ____ and not a lower number like a 1 or 2?
Create Action Plan (provide a warm handoff)	<ul style="list-style-type: none">• What are some steps you could take to reduce the things you don't like about using that you shared with me earlier like ____? Restate answers the patient shared earlier.• What steps can you take to reach your goal of having a healthy pregnancy and healthy baby?• Those are good ideas! Is it OK for me to write down the steps/plan you just shared with me?• I have additional resources and people that patients often find helpful for achieving these goals. Discuss options, schedule consults, identify navigator, and make referrals to MAT/BH counseling/recovery services.• Thank you for talking with me. Can we schedule a date to check in again?

READINESS RULER

How ready are you to make a change?

NOT READY

VERY READY



DOCUMENTING SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) FOR SCREEN POSITIVE

Documentation should include time spent counseling along with details of the interaction including:

- 1 Face-to-face interaction with the patient
- 2 Assessed readiness for change
- 3 Advised the patient about risks
- 4 Recommended MAT/behavioral health counseling/recovery services for the patient
- 5 Referrals made to link patient to care

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Example language

“I met with ___ to discuss her positive (i.e., 5Ps/NIDA) screening. We discussed the risks of alcohol and drug use during pregnancy, and explored options for supporting abstinence from alcohol and illicit drugs. We reviewed patient information describing hospital policies on prenatal substance use and reporting requirements. We discussed that OUD is a chronic disease with treatment available. We discussed benefits of MAT including improved pregnancy outcomes and maternal risk reduction. Referrals to MAT, behavioral health counseling/recovery services, and social work were offered. She accepted/declined ___. Educational materials on OUD/NAS were provided with referral for prenatal pediatric consult on NAS. OUD clinical care checklist was included in patient chart. Time spent in counseling was (<30 / >30 minutes).”

Insert Clinical Care Checklist & obtain recommended lab testing:

- HIV
- HCV
- HBV



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Learn more:
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