

PA SBIRT Pennsylvania Screening, Brief Intervention, and Referral to Treatment

SBIRT Proficiency Checklist Clinical Patient Version

Staff Name: _____ Date: _____

Observer: _____

Screening (3 items)	Present	Not Present	N/A
Accurately assesses quantity and frequency of alcohol and/or drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately identifies the patient's level of risk related to his/her alcohol or other drug use using an appropriate evidence-based screening instrument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assesses possible consequences of the patient's behavior, such as physical, psychosocial, and other consequences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief Intervention Brief Negotiated Interview (4 items)	Present	Not Present	N/A
Raises the subject. Asks permission to talk about patient's screening results. Explores pros and cons of use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides feedback about risks associated with the patient's substance use and link to substance use to any known consequences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Builds readiness to change using readiness ruler. Elicit reasons for change and identifies strengths and supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negotiates a plan with the patient based on steps he/she is willing to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to Treatment and Follow-Up (3 items)	Present	Not Present	N/A
Recognizes the patient's need for substance use treatment based on his/her screening score and/or medical/behavioral factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suggests the use of specific community and specialty resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arranges appropriate follow-up (e.g., follow-up with provider, referral to treatment, counseling, medication, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivational Interviewing Spirit (3 items)	Present	Not Present	N/A
Summarizes patient's stated reasons for change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negotiates a treatment plan in a collaborative manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affirms the patient's strengths, ideas, and/or successes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (may continue on back):

