Brief Intervention Resources

I have compiled this playlist on YouTube with examples of SBIRT in action as well as some videos to help plan workflow.

SBIRT Examples - YouTube

FLO Example

Rosie is a 60-year-old female who arrives at her primary care office for a routine visit. She was married for 40 years, but has been a widow for the past 2 years. She lives alone, but has a fairly active social life.

Presenting Problem: Rosie complains about fatigue, sleeplessness. She answered the Single Alcohol Screening Question (SASQ) on a questionnaire given to her by the front desk at check-in. Upon rooming, the medical assistant noted that her SASQ was positive and gave her the US-AUDIT questionnaire. Her score was 9.

Feedback

Clinician: For prevention purposes, I try to take a few minutes with all my patients and go over the form on drinking that we ask everyone to fill out in the waiting room. Our discussion will be as confidential as everything else you discuss here. I promise I won't lecture or judge you. All decisions will be up to you. OK?

Rosie: Sure

Clinician: Before we get to that form, tell me how alcohol fits into your life?

Rosie: Well, I don't really know what to say. I suppose I drink like everyone else. I usually like to have a glass of wine or two with dinner, and sometimes when I go out with the girls I might have a few cocktails.

Rosie: So it's a social activity, and something you enjoy with meals.

Rosie: Yeah, that's right.

Clinician: **Would it be OK if we look at the form you filled out?**

Rosie: Okay

Clinician: **Your responses suggest that your drinking falls into the category called "at risk use." That generally means that you are drinking above the recommended guidelines, which puts you at some risk of health, social, financial and legal problems**. **What are your thoughts about this?**

Rosie: Well, I just don't know. I wasn't aware there were guidelines.

Clinician: It's not something many people are aware of. Would you be interested in hearing more about the guidelines?

Rosie: If I'm supposed to follow them, well then I suppose I should know what they are!

Clinician: Yes, that makes sense. The latest U.S. Dietary Guidelines recommend that if alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and two drinks per day for men. This is not intended as an average over several days, but rather the amount consumed on any single day. What are your thoughts?

Rosie: One drink a day! Well, I guess I am over that limit! That seems really low.

Clinician: It surprising to you.

Rosie: Yes, I'd say it is.

Clinician: **Rosie, I'd also like to mention that it looks like you're wanting to talk about your increased fatigue and problems sleeping. Those can both be impacted by alcohol as well.**

Rosie: Well, I do find that a glass of wine around bedtime helps me fall asleep.

Clinician: That makes sense. We know that alcohol can help healthy people to fall asleep quicker. We also know that it reduces rapid eye movement (REM) sleep, which is the phase of sleep that is restorative. Disruptions in REM sleep may cause daytime drowsiness, poor concentration, and leave you feeling fatigued.

Rosie: I didn't know that.

Clinician**: I'd like to recommend that you consider cutting down. The healthiest option for you would be to stay within the 1 drink per day guideline, but of course the decision is in your hands.**

Rosie: [hesitantly] Well, I want to do what's right.

Clinician: It sounds like part of you wants to make that change, but there is a part of you that isn't so sure.

Rosie: [signs] Well, I won't lie – the house is lonely ever since Anthony passed. During the day I keep myself pretty busy, but at night it's hard.

Clinician: Adjusting to life without Anthony has been hard.

Rosie: Yes, but the support group you suggested has been a big help.

Clinician: I'm glad to hear that has been useful.

Listen to Understand

Clinician: From your point of view, **what might be some advantages of cutting down your drinking**?

Rosie: Well, you say it would help me sleep better. And I wouldn't have to worry about finding a ride home or driving when I've been out with the girls.

Clinician: So better sleep and less worry when you go out.

Rosie: Yeah, pretty much.

Clinician: Anything else?

Rosie: Well, I'd be spending less money, but that's not really a big deal.

Clinician: So another thing would be the money, but you're not too worried about that.

Rosie: Right. Oh, and I do suppose I would be able to keep Maria company. She can't drink alcohol because of some medication she is on, and several times she has mentioned something about how it's lonely going out with us when we are all drinking and she can't join in.

Clinician: So you'd have company, and be a support to your friend.

Rosie: I'd like that. At first when you mentioned drinking less, I was worried that it would be no fun going out if I wasn't drinking. But really, I think all those nights a home alone are going to be the hardest.

Clinician: So going out is less of a worry than when you are home.

Rosie: Yes, the nights just seem so long, especially when I'm not sleeping well.

Clinician: There are a variety of different practices and habits that can help people fall asleep and have good nighttime sleep quality. I have a handout that I will send home for you to look over.

Rosie: OK

Clinician**: If you did decide to cut back on your alcohol, how do you think you'd do it?**

Rosie: Well, I guess I'd just maybe not buy any wine to have in the house and then when I go out just plan to only have one drink. Maybe if I tell Maria about it, she can help me remember.

Clinician: It sounds like you know how you'd do it.

Rosie: Well, that's what I guess I'd try.

Options Explored

Clinician: So let me see if I have all of this right. You drink a few glasses of wine at night on most nights, and you do find that it helps you fall asleep. You have been noticing that you aren't sleeping well, though, and you are more tired during the day. That has been bothering you enough that you came in to see me. You also drink when you go out with the girls. You are willing to consider cutting back. You want to feel better and think that drinking less when you are out with the girls might help you not worry about getting home safely and also help you support your friend Maria better. You are most concerned with the nights at home. I think I heard you say that you want to try to stick with 1 drink when you go out, and to not have any wine at home, at least for a bit. Have I got that right?

Rosie: Yes, that sounds about right.

Clinician: **What would be most helpful for us to do now?**

Rosie: Well, I guess I just have to do it.

Clinician: Rosie, I want you to know that I'm here to support you. Like I said, I will give you this handout on sleep hygiene and I'd like you to look it over. Let's schedule a **follow-up appointment in a few weeks** to check in. How does that sound?

Rosie: Sounds good!