Mountain Plains (HHS Region 8)

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Transcript

Conducting SBIRT Virtually (3:33)

[Music]

>> As with providing any psychological service through virtual methods, specific considerations must be taken when conducting SBIRT virtually.

>> First and foremost, a provider should always confirm the location and contact information of the youth they are working with in order to reconnect, if disconnected, and summon emergency services if necessary.

>> Additionally, when considering conducting SBIRT virtually, there are specific considerations for each component of SBIRT that should be taken into account.

>> For screening, the first consideration that must be taken is how to ensure that your screening procedures are HIPAA compliant. The majority of free online survey services are not HIPAA compliant, but most have options to upgrade a user's account to a HIPAA compliant version. Understanding the requirements of HIPAA compliance is essential when considering which software to use and what type of account settings are necessary.

>> A second consideration when screening virtually is whether or not to use automatic scoring for screening questionnaires. While convenient, automatic scoring may reduce the amount of information available for brief intervention. Providers are encouraged to review youths' answers to individual items before proceeding to deliver a brief intervention. A provider must also consider the fidelity of screening questionnaires when conducting SBIRT virtually. Screening questionnaires are validated with a specific working. Whichever method a provider decides to use to conduct the screening, the fidelity of this questionnaire must be maintained.

>> For brief intervention, it can be helpful to provide the youth with additional resources to bolster and support their commitment to reduce substance use.

>> One of the most easily accessed resources is psychoeducational apps, which youth can easily download onto their phones. There are many apps available, some for free and some not, with a wide range of styles, focuses and tools. It is best to provide youth with a list of validated resources and encourage them to try different apps until they find one that they find helpful.

>> Another consideration for brief intervention is contracting with an outside service that can perform the brief intervention. Depending on the restriction of your organization or school, providing a brief intervention virtually may or may not be an option. If this is the

case, it is important to still conduct screening and have resources available for those at moderate and high risk.

>> For referral to treatment, the list of referral sources should include providers who conduct tele-mental health services. This list may be harder to maintain and keep current than a list of local resources, but clients should have access to these resources.

>> Finally, facilitating a warm handoff virtually may similarly be harder to do than facilitating one with a local provider. Just as with facilitating a warm handoff with a local provider, a relationship between providers makes the process much easier. It may be easier to form relationships with a couple select providers rather than trying to form relationships with many providers or a long list of providers.

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