T-SBIRT Manual for Providers: Step-by-step expanded instructions for implementing the T-SBIRT Protocol

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1. Introduce the session and its purpose. Ask permission to have the conversation.

- **Why**:
  - Establish client buy-in
  - Help develop client's trust in YOUR ability to conduct the session confidently and respectfully
  - Set a healing tone.
- **How**: Use a conversational, warm, and direct approach. Consider using the following phrasing:

  I'd like to talk with you today about stress and trauma. We know these experiences can affect well-being including (whatever outcome you are addressing, e.g., physical health, mental health, behavioral health, financial health, effective parenting, etc.). Is that OK with you?"
- **Tips**:
  - If you can, prepare the client for this session at a previous meeting.
  - When you ask for permission, most everyone will agree to the session. Once they do agree, positively reinforce that agreement through verbal and non-verbal communication, e.g., thank you and a head nod. This simple motivational interviewing strategy tends to reinforce client choice and autonomy while also enhancing buy-in.
  - If they do not agree to the session, ask what barriers prevent them from doing so and problem solve these impediments, e.g., client may disclose that they don't feel well today but would be willing to schedule the session for another time.
- Mark complete on the integrity checklist

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2. Explain Confidentiality and Its Limits

- **Why**:
  - Comply with legal obligations and agency protocols
  - Enhance provider transparency and strengthen client trust
  - Reduce client anxiety and clarify boundaries between parties
- **How**: Reinforce the private and confidential nature of your relationship with the client while also honestly acknowledging the legal limits of confidentiality. Consider the following phrasing:

  "I won't share your information anyone except with your service team, unless you tell me something that indicates harm to yourself or others. Then I have to report that information to outside supports to get you more help. Does that make sense?"
- **Tips**: By asking an open-ended question at the end of the explanation of confidentiality and its limit, you Invite questions of clarification or expressions of concern. You can at this point help assuage fears by strongly reinforcing the voluntary nature of T-SBIRT. In other words, you can remind clients that they are free not to answer any question you ask or to share any information that they are not comfortable sharing. They can even end the T-SBIRT session prematurely if they need to based on any concerns that are arising. This principle of self-autonomy should be repeated throughout the protocol. That is, clients should be reminded multiple times that they are not required to answer protocol questions.
- Mark complete on the integrity checklist

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3. Explore Current Stressors

- **Why**: Understand the client's present challenges and help transition into past stressors or trauma exposures.
- **How**: Ask open-ended questions and listen reflectively. Consider asking the following simple open-ended question:

  "What are the top stressors in your life right now?"
- **Tips**: Reflect, summarize, and affirm responses.
  - Use prompts if needed (e.g., housing, work, finances, family relationships, etc.). If you know some of the current stressors already, perhaps prompt the

client with reference to those challenges. Allow the client to talk about the challenges now, even if they have in the past, because they may have changed and because this topic helps to initiate the overall T-SBIRT conversation.

  - When transitioning to Step 4, consider doing the following:
    - Summarize all responses
    - Affirm client by thanking them for answering
    - Affirm client by identifying their resilience in managing stress
    - Indicate that you are going to transition from asking about current stressors to asking about past stressors, also known as trauma
    - Re-emphasize perhaps the voluntary nature of the protocol. That is, let the client know that they can refuse to answer any question.
- Mark complete on the integrity checklist

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4. Screen for Trauma Exposure

- **Why**: Identify past events that may contribute to current life problems. Doing so yields numerous potential benefits:
  - Informs service plan with triggers to avoid, skills to enhance, memories to resolve (if clinical setting), etc.
  - Helps client make connections between life experiences and current functioning.
  - Build client's trust in your ability to manage sensitive conversations.
  - Deepen your compassion for and understanding of the client.
- **How**: Administer a validated trauma screener that assesses childhood trauma exposure (e.g., an ACE questionnaire such as the Childhood Experiences Survey) or lifetime trauma exposure (e.g., the Trauma History Screen or the Life Events Checklist-5).
- **Tips:**
  - Use a conversational approach if possible. Ask the screening questions straightforwardly and confidently. Allow the client to see the questions or perhaps even share a copy of the screener with the client while you ask

questions. Some clients may prefer to just complete the screener on their own outside the context of a conversation.

    - When clients provide affirmative answers, respond with motivational interviewing elements. That is, reflect or summarize answers. You can also affirm answers, e.g., thanking the client for answering and/or acknowledging their awareness and strength. Additionally, you can respond to an answer by following your natural curiosity and asking an open-ended question or two, e.g., what do remember about that event. Perhaps remind the client that the client doesn't have to answer any questions you ask, but that you ask because you are curious, you care, and answers help deepen your insight. When a client answers these questions, reflect, summarize, and/or affirm answers and move on. Because this is an assessment session, its purpose is to gather good information without getting lost in the details. At the end of the screener, time permitting, simply summarize overall results and provide an affirmation, e.g., "you mentioned that you endured several different forms of adversity or trauma over your lifetime, including X, Y, and Z. Thank you for answering my questions." Transition to questions about trauma symptoms.
    - Try to match the client's pace, tone, and other nonverbals. This is often referred to as attunement. If a client readily or overshares, providing long answers, liberally use summarization to skillfully get back on task. If a client tends to be quiet and reticent to share, perhaps try lowering your voice and gently inviting sharing.
  - Mark complete on the integrity checklist

5. Screen for Trauma Symptoms

- **Why**: Assess the impact of trauma on functioning. Doing so yields numerous potential benefits.
    - Informs service plans, e.g., identifies current symptoms to address through various approaches including referral, safety planning, and/or skill building.
    - Helps client make the connection between life problems, e.g. interpersonal conflict and/or self-sabotage, and symptoms of trauma exposures.
    - Helps client normalize and destigmatize current symptoms as opposed to judging these symptoms as signs of personal flaws.

    - Helps client recognize current symptoms as natural reactions to difficult life events. These reactions have a protective function. However, when they persist or become unconscious, they can undermine functioning.
    - Help clients build motivation to overcome trauma symptoms through stabilization and recovery, which often requires reaching out for help and developing or honing positive coping skills.
- **How**: Administer a trauma symptom screener that is developmentally appropriate. For adults, examples include the PTSD Checklist-Civilian Version 5 (PCL-5) or the Primary Care Post-Traumatic Stress Disorder-5 screener (PC-PTSD-5). For children, the Childhood PTSD Symptom Scale-5 (CPSS-5) or UCLS PTSD Reaction Index are examples. Often these screeners include a caregiver report version for younger children (e.g., below age 8). Select a screener that is fitting for your purposes. They can range in length from 5-items to 20 or more items.
- **Tips**:
    - In addition, let the client know that trauma symptoms are often simply natural and protective responses to difficult life events. They become problematic, however, if they persist beyond a relatively brief period of time, become habitual or unconscious, and undermine functioning.
    - When administering the screener, follow the tips provided above for administering the trauma exposure screener. For instance, use a conversational approach. Allow clients to see questions, perhaps providing them with a copy of the screener. If they prefer, allow the client to answer questions alone, through paper and pencil format.
    - Do not use the symptom screener to diagnose. Instead, use it to develop more insight into connections between trauma exposure and symptoms and to build motivation for trauma recovery. When clients provide affirmative answers, respond with motivational interviewing elements. For example, affirm answers, e.g., thanking the client for answering and/or acknowledging their awareness and resilience. Continue to normalize traumatic stress responses.
    - Additionally, consider responding to answers with an open-ended question, e.g., what event is this reaction connected to, or how is this reaction affecting your well-being, etc. Remind the client that they don't have to answer any questions that you ask, but that you ask because you are interested and curious, and that answers can help deepen your insight.

When the client answers your follow-up questions, reflect, summarize, and/or affirm answers. One or two follow-up questions is enough.

    - When you have completed the trauma symptom screener, let the client know how many yes responses they had, and that they are experiencing natural reactions to difficult life events.

- **Safety protocol:** For clinical settings only, if the client endorses exposure to interpersonal traumatic events or conditions AND produces a positive PTSD symptom screening result or a screening result that indicates severe PTSD symptoms, consider administering the PHQ-9 (i.e., depression screener). Then, if the client produces a positive depression screening result, consider invoking suicide prevention and/or personal safety protocols. This recommendation is based on the work of Dr. Kent Hinkston, which indicates that a combination of interpersonal trauma, positive PTSD screening, and positive depression screening can predict self-harm.
- Mark complete on the integrity checklist

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6. Explore Positive Coping Strategies

- **Why**: One common critique of trauma-informed care or trauma-responsive programming is that it is pathologizing. However, that doesn't have to be the case, and in fact, good trauma-responsive practice such as T-SBIRT focuses as much if not more on stabilization and positive coping as it does on trauma exposure and reactions. As such, it draws on an asset framing approach and asks the client about positive coping. The reasons for doing so are manifold:
    - Helps client acknowledge positive coping in the face of present and past stress. This can enhance a positive self-image and reinforce positive coping habits.
    - Helps you as a service provider gain insight into client's helpful coping strategies. You can use this insight to inform your service plan, which is typically co-created with the client.
    - Helps balance the interview, so it isn't solely focused on unwanted life events and traumatic stress reactions. This component of the T-SBIRT interview can help inject positivity and light-heartedness into session.

- **How**: Ask a simple and direct question about positive coping in the face of stress. You have just explored current stressors based on present moment situations and traumatic stressors based on past traumas. That particular conversation provides a strong foundation from which you can ask about positive or healthy coping in the face of experiences of current or traumatic stress. Examples follow.

  "What helps you feel better when you're stressed, either stressed from current situations or from past traumatic events?"

  "What have been some of the effective ways you have coped with stress, either stress from current situations or from past traumatic events?"

  "What have been some of the healthy ways you have coped with stress, either stress from current situations or from past traumatic events?"

- **Tips**: This open-ended question can initiate a rich conversation about positive, effective, or healthy coping. A few tips follow.

  - Research on T-SBIRT indicates that almost everyone provides answers to this question, indicating that nearly everyone has the impulse toward resilience and recovery. Linger on this conversation by asking follow-up open-ended questions after the client responds to the first open-ended question. For instance, ask when the client likes to typically use the identified coping skill. Ask how using the coping skill helps the client.

  - Also, extend the conversation by asking about additional coping skills the client likes to deploy in the face of stress. You can ask this follow-up question as many times as you see fit. Discussing approximately three coping skills appears to be the average number at present.

  - If a client names or identifies a coping skill that you might deem harmful, such as smoking marijuana in the face of stress, then use your motivation interviewing skills to avoid direct confrontation. Consider, for instance, invoking the decisional balance sheet. Ask what the client likes about this behavior. Do not reinforce answers but instead just acknowledge them. Subsequently, ask the client what they don't like about this behavior or what problems does this behavior create. Strongly reinforce these answers through reflection and/or summarization. Consider closing this conversation by asking the client to pay attention to the effects of continuing this behavior, and noticing if the disadvantages ever outweigh the advantages.

- Mark complete on the integrity checklist

7. Explore Maladaptive Coping

- **Why**: There are a number of reasons to explore maladaptive or unwanted coping, which could manifest as health risk behaviors. They include the following.
    - Helps to strengthen the bond and rapport between the client and you the provide.
    - Helps to reveal service targets, e.g., health risk behaviors.
    - Help build client's motivation to seek help in order to overcome unwanted coping habits.
- **How**: It's critical in this instance to frame the question about maladaptive coping well. Directly ask a question about unwanted coping or better yet coping that the client would like to change. Asking in this way empowers the client and reflects an important trauma-informed principle. An example follows:

  "Are there ways that you cope with stress that ***you would like to change,*** *or what coping skills do you use in the face of stress, stress from current situations or past traumatic events, that* ***you would like to change****?"*

- **Tips:** Research on T-SBIRT indicates that the vast majority of clients will readily answer this question. Be prepared, therefore, to follow up client answers with open-ended questions such as the following: when do you typically use that skill, how does that skill affect you and others in your life, etc. Also, respond with reflection, summarization and even affirmation. For instance, regarding affirmation, you can thank the client for answering and highlight the client's awareness and courage in doing so.
- Mark complete on the integrity checklist

8. Prepare for Treatment or Referral

- **Why**: One primary purpose of the T-SBIRT protocol is to help enhance the client's help seeking behavior, particularly the willingness to seek psychotherapy. As an aside, you can refer verbally to psychotherapy as psychotherapy, professional mental health services, or professional counseling. Typically, the last phrase, professional counseling or simply counseling, is most readily acceptable among community members as it is least technical. The purpose of psychotherapy, from the T-SBIRT perspective, is to enhance positive coping, reduce and replace unwanted coping, minimize current stress, minimize PTSD symptoms, and potentially address and resolve memories of previous trauma through trauma-focused treatment.

- **How**: Start this step of the protocol by sharing something like the following statement and question: *"Often it can be helpful to see a counselor to cope better with current stress and past trauma. What do you think?* This open-ended question should be followed by a conversation that can go in multiple directions. The client may disclose any of the following:
    - Previous experiences in therapy.
    - Concerns about therapy.
    - Interest in therapy or other related supports.
    - Current engagement in therapy.

  At this stage, use your motivational interviewing skills to:
    - Extend the conversation and build client motivation for seeking help.
    - Reinforce any positive statements about help seeking in general and psychotherapy in particular.
    - Provide psychoeducation about psychotherapy. For instance, discuss how it has become better over time in addressing trauma, how it helps build coping in the face of stress and resolve memories of trauma, for instance.
    - Close the conversation but leave an opening to return to the issue of referral if, for instance, the client wants to ponder whether to accept a referral to counseling over the course of the next weeks.
- **Tips**: There are a few tips to follow when conducting this conversation to prepare the client for a psychotherapeutic treatment referral.
    - Be sure to avoid pushing the client in the direction that you would like to see them head and in the direction that the protocol envisions. According to motivational interviewing, directing the client too forcefully may create aversion and resistance. Instead, respect client's ambivalence and be sure to use your good motivational interviewing skills.

- The client may express interest in forms of help other than formal psychotherapy, including self-help groups or pastoral counseling. Follow the client's lead and support any help seeking impulses that can promote better coping in the face of stress and recovery from trauma exposure.

- Mark complete on the integrity checklist

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9. Gauge Motivation for Referral

- **Why**: Builds on the previous step, in which you presented help seeking in general and counseling in particular as an antidote to stress, trauma, and poor coping. In this step, you prepare the client for a referral, which enhances the chances that the referral will be successful.
- **How**:
  - Ask the client directly about a referral, using something like the following statement: *"Would you be interested in talking to someone more about these topics?"*
  - Follow-up the clients answer with motivational interviewing responses, e.g., open-ended questions, affirmation, reflection, or summarization.
  - Respect but explore ambivalence, for instance, if the client answers maybe.
  - Record the client's answer.
- **Tips**:
  - If the client is already seeing a psychotherapist, follow up the client's answer with open-ended questions about the treatment plan, progress toward treatment goals, etc. This information can help inform your own service plan. It may be helpful to obtain a release of information and talk with the client's psychotherapist, depending on your professional role and service goals.
  - This T-SBIRT step may not be applicable, for instance, if you cannot make referrals in your role. However, in most instances, making a referral to an outside support is a critical part of trauma-responsive work.
  - Even psychotherapists can use T-SBIRT to ask questions about trauma exposure and symptoms using best practices. Psychotherapists can use this current step of building motivation for referrals to direct their clients to other supportive services, e.g., housing support, domestic violence services,

spiritual guidance, etc. Psychotherapists can also use this step to enhance client motivation to achieve various treatment goals.

- Mark complete on the integrity checklist

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10. Make a Referral (If Applicable)

- **Why**: Making a referral in the moment helps achieve the primary goal of the T-SBIRT protocol, i.e., to link the client with services that will help:
  - Enhance positive coping,
  - Reduce and replace unwanted coping,
  - Minimize current stress,
  - Minimize PTSD symptoms,
  - Address and resolve memories of previous trauma through trauma-focused treatment.
- **How**: Make a referral in a way that facilitates a successful referral completion. Provide contact information, help scheduling an appointment, or make a warm handoff. Consider saying the following:

  "I can help you connect with a counselor. Would you prefer that I provide written instruction, that we make a phone call now, or that I walk you down to our counseling department, etc.?"
- **Tips**:
  - Offer choices. However, t is best to make the appointment with the client, if possible, during the T-SBIRT session.
  - If possible, follow up with the client to check that they completed the referral.
  - Record action taken. If the client refuses help, then mark N/A.
  - If you are a psychotherapist, use this step to develop new treatment goals perhaps.
- Mark complete on the integrity checklist

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11. Assess and Address Barriers to Treatment

- **Why**: Research indicates that when service providers work with service clients to identify barriers to service or treatment participation while also co-developing solutions to overcome these barriers, then the chances that clients will engage in and complete social or treatment services significantly increases.
- **How**:
    - Using questions and scales from the Participation Enhancement Intervention, developed by Matthew Nock (Nock & Kazdin, 2005), ask the following question: *"How much trouble do you think you'll have getting to your first appointment?"*
    - Provide the client with answer categories ranging from "not at all" or 0 to "very much" or 4.
    - If the client supplies any answer other than 0, then ask why the client didn't reply with 0.
    - The answer to that motivational interviewing question will reveal barriers to starting treatment or any other service.
    - Collaboratively problem-solve solutions to any barrier identified. A brief (several minutes or less) solution focused conversation about treatment barriers can make a difference between referral engagement or not.
    - When you and the client generate a or several solutions, reinforce the solution-focused discussion via affirmation, reflection, and/or summarization.
- **Tips**:
    - Common barriers can include transportation, childcare, and scheduling. These are easily addressed through logistical solutions.
    - Keep this conversation relatively brief and record solutions on the T-SBIRT integrity checklist and potentially in case notes.
    - Return to this conversation if needed somewhere down the line in the service episode.
    - Of course, only complete this item on the T-SBIRT integrity checklist if a referral is made or, for psychotherapists, a new treatment goal is developed.

- Mark complete on the integrity checklist

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12. Assess Likelihood of Continued Participation

- **Why**: Research indicates that when service providers work with service clients to identify barriers to service or treatment continuation while also co-developing solutions to overcome these barriers, then the chances that clients will complete social or treatment services significantly increases.
- **How**:
    - Using questions and scales from the Participation Enhancement Intervention, developed by Matthew Nock (Nock & Kazdin, 2005), ask the following question: *“How likely do you think it is that you’ll continue with counseling or whatever service referred?”*
    - Provide the client with answer categories ranging from “not at all” or 0 to “very much” or 4.
    - If the client supplies any answer other than 4, then ask why the client didn’t reply with 4.
    - The answer to that motivational interviewing question will reveal barriers to starting treatment or any other service.
    - Collaboratively problem-solve solutions to any barrier identified. A brief (several minutes or less) solution focused conversation about treatment barriers can make a difference between referral engagement or not.
    - When you and the client generate a or several solutions, reinforce the solution-focused discussion via affirmation, reflection, and/or summarization.
    - Also, reinforce the long-term benefits of psychotherapy/counseling or whatever service it is to which you are referring the client.
- **Tips**:
    - A common barrier can be dislike of the psychotherapist. At this stage it can be helpful to discuss qualities in a psychotherapist or any provider type that the client prefers, e.g., race, gender, empathy, etc. If possible, use this information to refine or make a suitable referral.

    - Another common barrier can be lack of therapeutic progress. At this point, it could be helpful to talk with the client about goals for therapy and signs of therapeutic progress. Such a discussion can help empower the client as a consumer of therapeutic services or any type of social services.
    - Keep this conversation relatively brief and record solutions on the T-SBIRT integrity checklist and potentially in case notes.
    - Return to this conversation if needed somewhere down the line in the service episode.
    - Of course, only complete this item on the T-SBIRT integrity checklist if a referral is made or, for psychotherapists, a new treatment goal is developed.
- Mark complete on the integrity checklist

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13. Offer Trauma Fact Sheet

- **Why**: The Understanding and Responding to Trauma Fact Sheet is readily available to anyone and includes answer to the following questions:
    - What is the definition of trauma exposure or potential traumatic events?
    - What are some examples of index trauma?
    - How can trauma exposure predictably affect adults, youth, and children?
    - How do people recover from trauma exposure?
    - What are some local and state resources that can help support trauma recovery?
- Providing this information to T-SBIRT clients can be quite helpful. It first helps them identify events that are traumatic in nature. For some, trauma exposure is so common in their lives, they have a hard time identifying it as a discrete or consequential phenomenon. When they do so, they can begin to externalize the event, meaning they define it as a difficult life experience that doesn’t necessarily have to recur nor define them. Second, it can help clients recognize common effects or consequences of trauma within their lives. This can sometimes help normalize and destigmatize trauma effects or symptoms. Many who lack awareness of trauma symptoms may interpret the emergence in their lives of trauma symptoms as personal flaws. Understanding symptoms as common and even protective reactions to potential traumatic events can help clients release self-blame. Finally,

discovering principles of trauma healing can introduce hope for recovery and a vision of life not defined by violence and other forms of trauma.

- **How**: Simply share the "Understanding and Responding to Trauma Fact Sheet." Perhaps use the following phrasing:

  "This fact sheet has information on trauma exposure and effects, healthy coping, and recovery. Would you like to take this with you?"

- **Tip**: Respect if declined and offer later.
- Mark complete on the integrity checklist

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14. Assess Emotional Impact of the Session

- **Why**: Assessing for the emotional impact of the session and offering a grounding exercise is both ethical and effective practice. T-SBIRT wants to ensure tolerability of the session period and safety of the post-session period for several reasons:
  - Help the client reflect on the session fondly, which in turn will help build motivation to use positive coping skills and engage in trauma recovery.
  - Help stabilize and strengthen the client when leaving the session via positive calming coping skills, thereby avoiding harm.
  - Help the client increase self-awareness along with positive coping skills.
- **How**: Ask how the client feels at the end of the session as opposed to the beginning of the session. Give the client forced choice answer categories. Consider phrasing the question as follows:

  "Are you feeling worse, the same, or better after our conversation?"

  If the client discloses feeling worse, offer a grounding exercise (e.g., breath retraining). Listed in the T-SBIRT protocol's integrity checklist is an evidence-based triangle breathing exercise, developed and validated by Edna Foa for the purposes of helping trauma-affected clients regain composure and emotion regulation after discussing trauma exposure. Feel free to use a different grounding exercise.
- **Tips**:
  - T-SBIRT feasibility research suggests that 95 to 99 percent of clients will indicate that they feel the same or better after completing the protocol.

- If the client reveals that they feel better, it can be helpful to ask why that is the case. The answer to that question will likely reinforce help seeking behaviors. Reflecting such an answer will help that reinforcement or motivational enhancement process.
- For the small percentage of those who indicate that they feel worse, T-SBIRT research suggests that only a small proportion of those clients will want to engage in a calming exercise. Most clients, even when feeling worse, have been able to calm themselves. Research outside of the context of T-SBIRT has also revealed that answering questions about past trauma is only distressing or activating to a small minority of respondents. Even among those who endorse feeling distressed or activated, many indicate that they were able to overcome their distress and that they recognized the value of the trauma exposure questions.
- When introducing the calming exercise to the small percentage of clients who express feeling worse and request a grounding exercise, model the grounding exercise. Then lead the client through it, coaching or guiding them through it. It can be helpful to do the breath practice with the client as you are explaining each step with them.
- Typically, it will take about 2 to 5 minutes for the client to feel the calming effects of the exercise, which slows the breath and in turn calms the mind. Upon completion of the exercise, assess the client again for agitation or conversely calm.
- If the client expresses continued agitation, continue with the breath exercise or call on your mental health or crisis intervention resources. Monitor for distress and consult supervisor if needed.

* Mark complete on the integrity checklist

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15. Document Completion

* **Why**: Track fidelity and outcomes.
* **How**: Note whether the protocol was completed or partially completed.
* **Tip**: Use the integrity checklist for consistency.

Optional Enhancements

- **Cultural tailoring**: Adapt language and examples to fit client background.
- **Asset framing**: Emphasize strengths and resilience.
- **Follow-up**: Offer check-ins or additional support if needed.

For more information, email topitzes@uwm.edu or see Home - Institute for Child and Family Well-Being