The Institute for Child and Family Well-Being | Children's Wisconsin | University of Wisconsin Milwaukee

Issue Brief: Bringing Trauma-Informed Care into Focus: Trauma Screening, Brief Intervention and Referral to Treatment (T-SBIRT)

Trauma-Informed Care

Trauma is a common experience, affecting more than 70% of global citizens.[1] Growing awareness of trauma exposure and its consequences resulted in trauma-informed care (TIC) becoming a leading organizational framework across health and human service sectors. The principles of TIC are now well known and include: safety; trustworthiness and transparency; peer support; collaboration; empowerment; and cultural, historical, and gender issues.[2]

While these TIC principles are widely recognized, less is known about how to translate them into trauma-responsive practices such as trauma screening and assessment and referral to trauma-focused treatment.[3] To address this gap, Dr. James Topitzes developed Trauma Screening, Brief Intervention, and Referral to Treatment (T-SBIRT), a trauma-responsive protocol designed to identify trauma exposure and symptoms in adolescents and adults and link them to mental health and substance use services.

T-SBIRT Overview

T-SBIRT builds on the original SBIRT model, an evidence-based approach for addressing alcohol and drug misuse,[4,5] and draws on the same best practices for screening and interviewing to identify the psychosocial needs of trauma-exposed adolescents and adults. It is a client-centered, semi-structured approach that has been shown to increase clients' awareness of trauma, strengthen positive coping behaviors, and increase motivation to seek services and support.

T-SBIRT can be implemented by clinical or non-clinical providers in as little as 10 minutes and up to 30 minutes depending on service context and client need. Due to its flexible and uncomplicated design, it can be readily integrated into many settings such as:

- Primary and specialty healthcare centers
- Behavioral and mental health treatment clinics
- Child welfare and other social service agencies
- Criminal justice facilities.

The structure of T-SBIRT is outlined in an integrity checklist and detailed in a practitioner manual, both of which describe the sequence of the protocol steps. After introducing the protocol, T-SBIRT providers assess participants' trauma exposure and traumatic stress symptoms along with their health promoting and health risk behaviors. Providers subsequently enhance participants' motivation to seek help for current stress and past trauma, drawing directly from motivational interviewing principles and practices. Upon making referrals to mental health care and/or other services, providers implement participation enhancement[6] to increase the likelihood of referral follow through. Consistent with trauma-informed care principles, the protocol ends with a participant tolerance and safety protocol.

T-SBIRT Evidence

Researchers have published four T-SBIRT studies, the first of which demonstrated the feasibility of implementing the protocol with more than 100 adults who received care in urban community health centers.[7]

Results showed that T-SBIRT was suitable for the setting and well tolerated by participants, two-thirds of whom accepted a behavioral health referral. T-SBIRT has since been implemented and tested in multiple settings, including employment support programs.[8,9] Among low-income adults who accessed these programs, T-SBIRT completion was linked to decreases in PTSD and depression symptoms.[9]

T-SBIRT also has been successfully implemented within the context of perinatal home visiting programs. For instance, one study of nearly 700 postpartum women showed that the protocol was implemented with fidelity and that participants readily accepted T-SBIRT and referrals to treatment.[10] Thus, the protocol helped to achieve one of its major goals—coordinating trauma-responsive care.

Future Directions

The Institute for Child and Family Well-Being is continuing to lead T-SBIRT training and implementation efforts while working with service agencies and systems to develop the infrastructure and processes needed to deliver the T-SBIRT model at scale. Rigorous impact trials are also being planned, the evidence from which will help to build the case for T-SBIRT as a national model of trauma-responsive care.[11]

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