

A D O L E S C E N T

S B I R T

Screening, Brief Intervention & Referral to Treatment

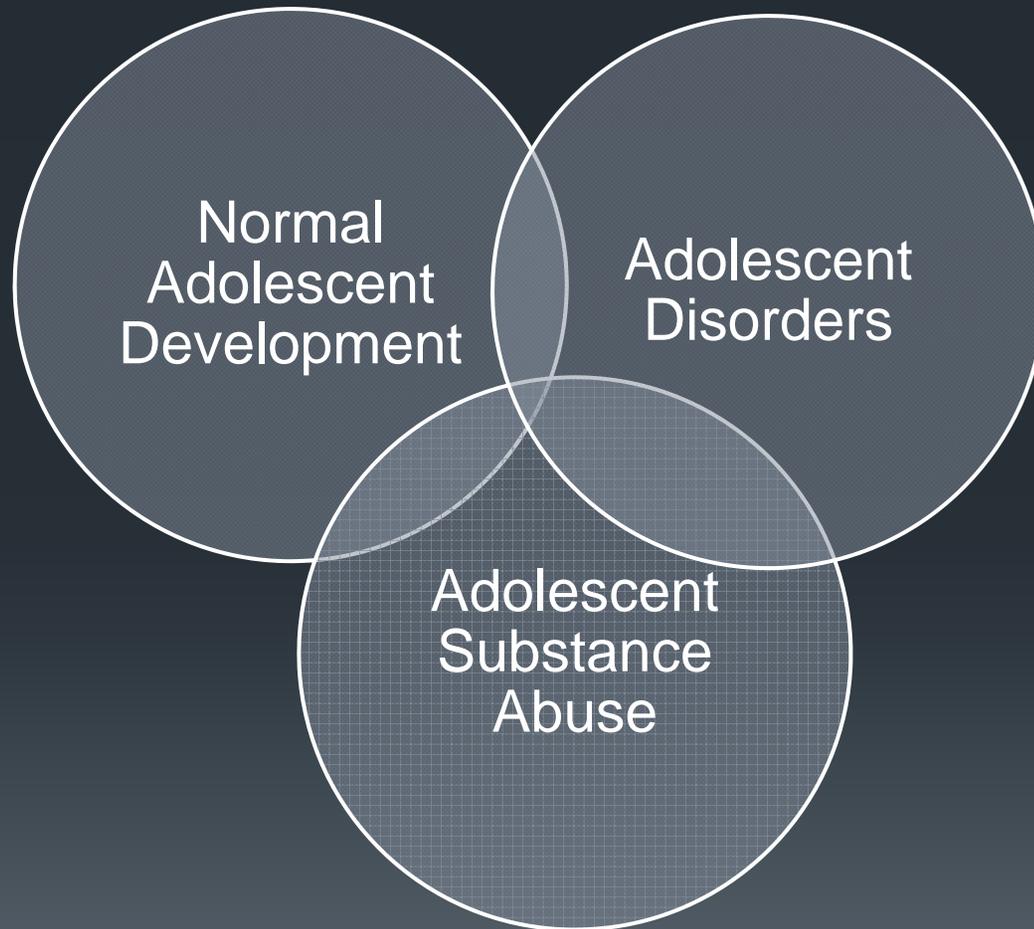
Brief Intervention for Adolescent Substance Use

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Adolescents and Substance Use



Adolescent Substance Use

- Alcohol, nicotine and marijuana are most widely used chemicals by adolescents.
- Alcohol, nicotine and marijuana use (and cocaine) has increased in past year among adolescents (in Idaho and the U.S.)
- Moderate to heavy use of alcohol is directly associated with use of marijuana and other illicit drugs.
- Adolescents are drinking at increasingly younger ages.
- The mean age for a first drink in this country is 10 years old and 13 for first marijuana use.
- The perception of alcohol use by peers is high among 4-12th graders.
- Girls are drinking and using other drugs as much as boys – no longer a gender gap.



Why use substances?

- Our society is drug oriented.
- Adolescents relate to a drug-using subculture.
- Genetic influence is a factor.
- Family dysfunction.
- Lack of meaningful contribution.
- Adolescents can be uncomfortable and painful.
- Adolescents are natural risk takers.

With teenagers we often find ourselves saying:

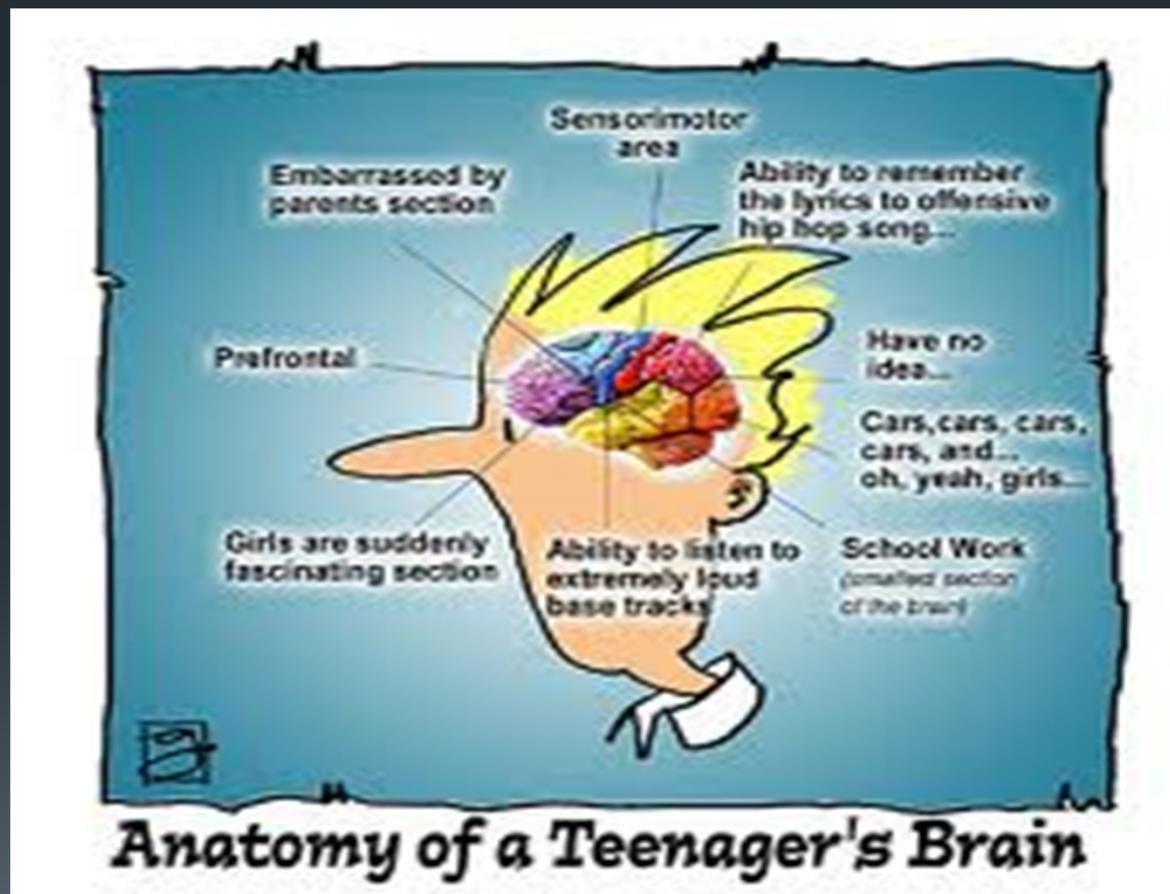
- What in the world was he/she thinking?
 - What on Earth was he/she doing?
 - What can explain this behavior?
 - What is wrong with these kids?



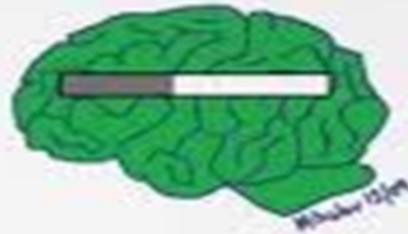
20th Century



NIH Study of young people who grew up in the 1990s

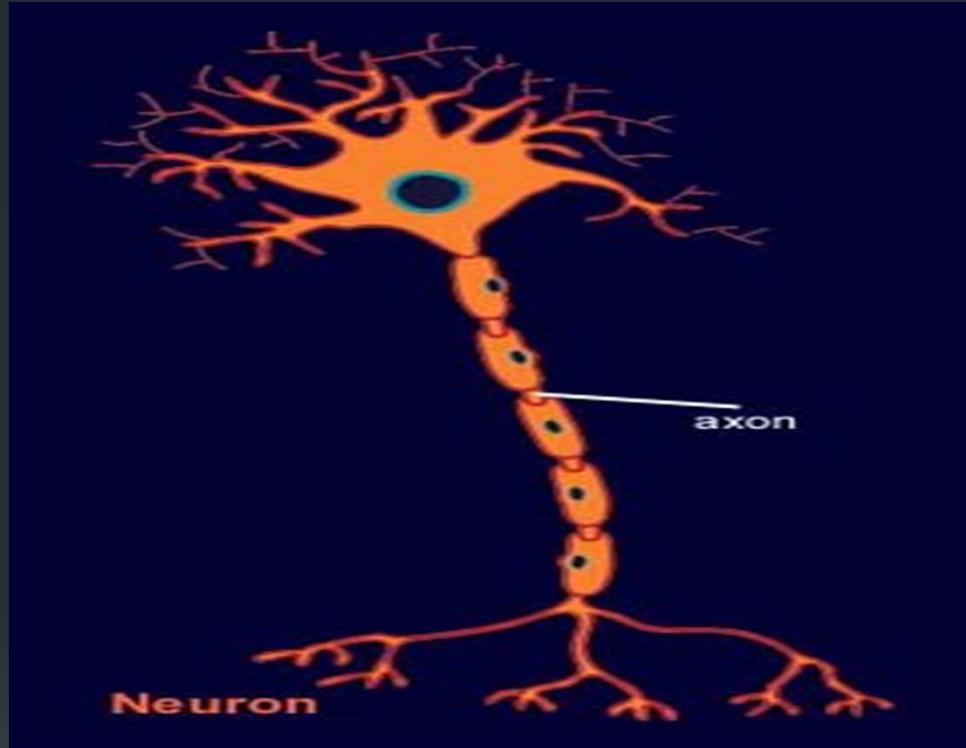


BRAIN REWIRING...

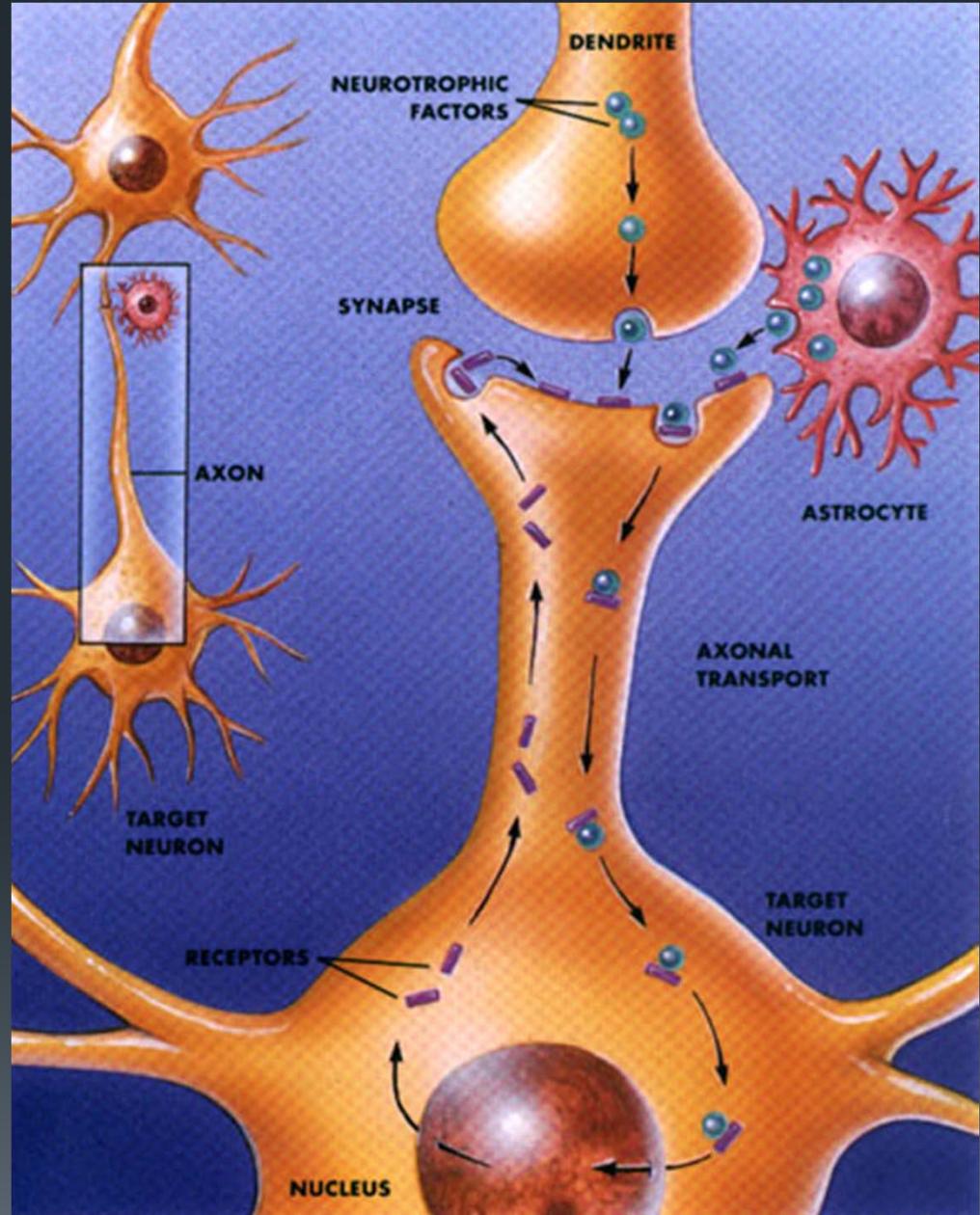


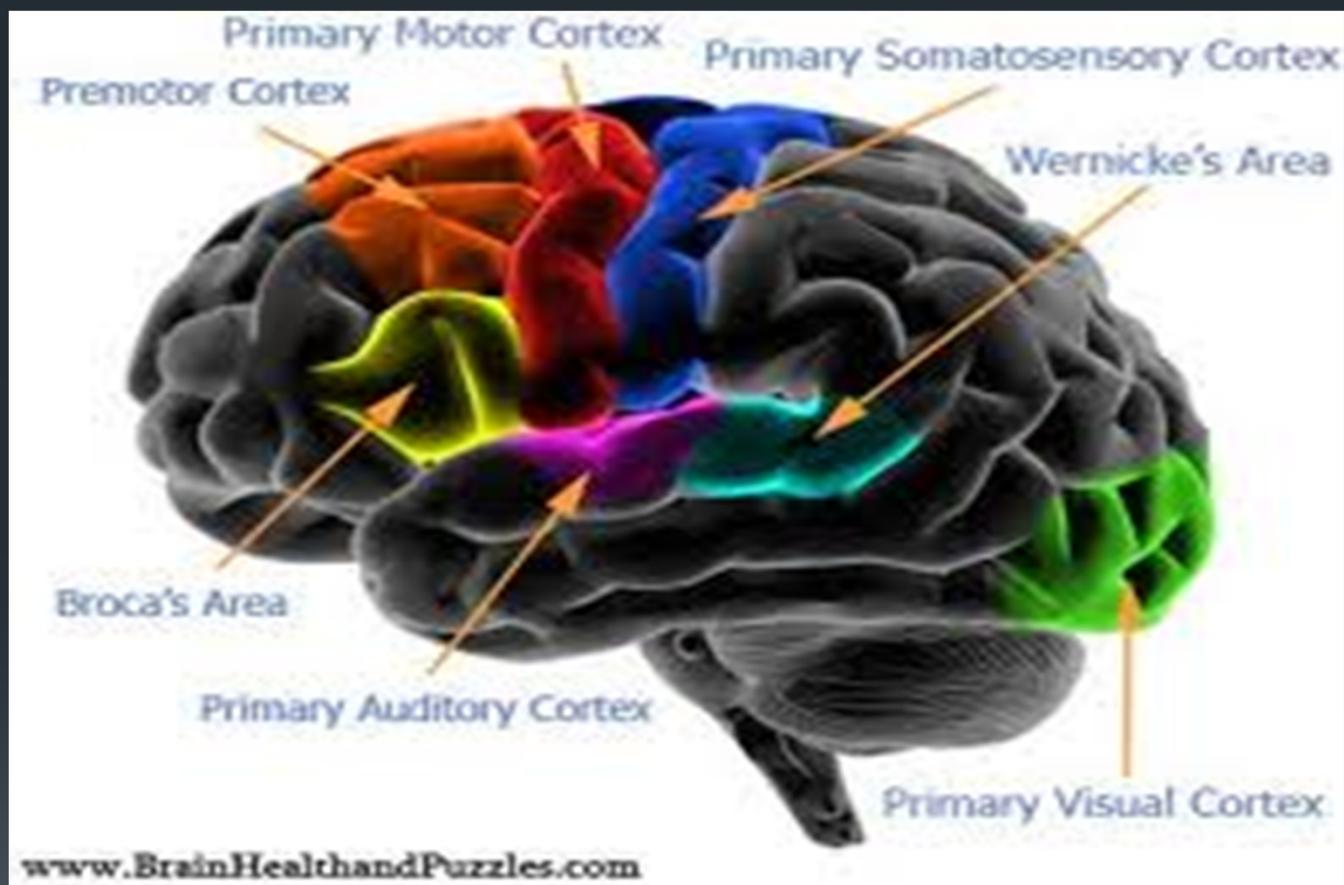
PLEASE WAIT.





Synaptic "pruning"







When this development proceeds normally, we get better at balancing impulse, desire, goals, self-interest, rules, ethics, and even altruism, generating behavior that is more complex and, sometimes at least, more sensible.

Substance use is associated with...

- Risky sexual behavior, STDs, pregnancy
- Motor vehicle accidents and injuries
- Chronic diseases
- Substance dependence
- Depression
- Fights
- Criminal and delinquent behavior
- Poor school performance, school misconduct, and dropout



The Typical Late Adolescent

- **Invincibility complex**
 - Nothing will hurt me
 - It is natural so it won't hurt me
 - It is taken by many people and they don't get addicted or hurt
- **Need to please and maintain peer group**
- **New found need for privacy**
- **Conformity is highly valued**



What is SBIRT?

An evidence-based prevention and early intervention model to address the full spectrum of substance use

- Screening
- Brief Intervention
- Referral to Treatment

Goal: Identification of at-risk substance users in non-substance abuse treatment settings and provision of appropriate services



How SBIRT Addresses Adolescent Needs

- Reduces alcohol and marijuana use
- Prevents initiation of substance use
- Prevention saves time and money
- Offers convenience and confidentiality
- It is a good fit for adolescents
- Adolescent satisfaction with SBIRT

Recommended by the American Academy of Pediatrics



Are you already doing SBIRT?

- How do you address substance abuse in your setting?
- What tools do you use to assess substance abuse involvement?
- How confident are you in addressing substance use?
- How can you more effectively help students reduce their use?



Screening Tools Pertinent to Adolescents

- Alcohol Use Disorders Identification Test (AUDIT)
- CRAFFT
- Problem Oriented Screening Instrument for Teenagers
- Adolescent Drinking Inventory (ADI)
- The RUFT-Cut
- CAGE

<http://lib.adai.washington.edu/instruments/>



CRAFFT Part A

During the past 12 months did you:

1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high?

If students answer:

- NO to all, ask the CAR question in part B, then STOP.
- YES to ANY, ask all of part B.

Part B

TABLE 5 The CRAFFT questions

Two or more "Yes" answers suggest high risk of a serious substance-use problem or a substance-use disorder.

- C** Have you ever ridden in a **Car** driven by someone who was high or had been using drugs or alcohol?
- R** Do you ever use alcohol or drugs to **Relax**, feel better about yourself, or fit in?
- A** Do you ever use drugs or alcohol when you are **Alone**?
- F** Do you **Forget** things you did while using drugs or alcohol?
- F** Do your family and **Friends** ever tell you that you should cut down your drinking or drug use?
- T** Have you ever gotten into **Trouble** while using drugs or alcohol?

Abbreviation: CRAFFT, Car, Relax, Alone, Forget, Friends, Trouble.
Knight JR, et al.²³



Scoring the CRAFFT

Each “Yes” is added to produce the screening score

- CRAFFT scores of 0 or 1: “Low Risk”
 - Provide positive feedback and brief advice and encouragement
- CRAFFT score of 2-6: “High Risk Screens”
 - Assess for acute danger/signs of addiction
 - Provide brief intervention, consider referral to TX
- CRAFFT score of 5-6: “Very High Risk”
 - Assess for acute danger/signs of addiction
 - Provide brief intervention with goal of acceptance of TX

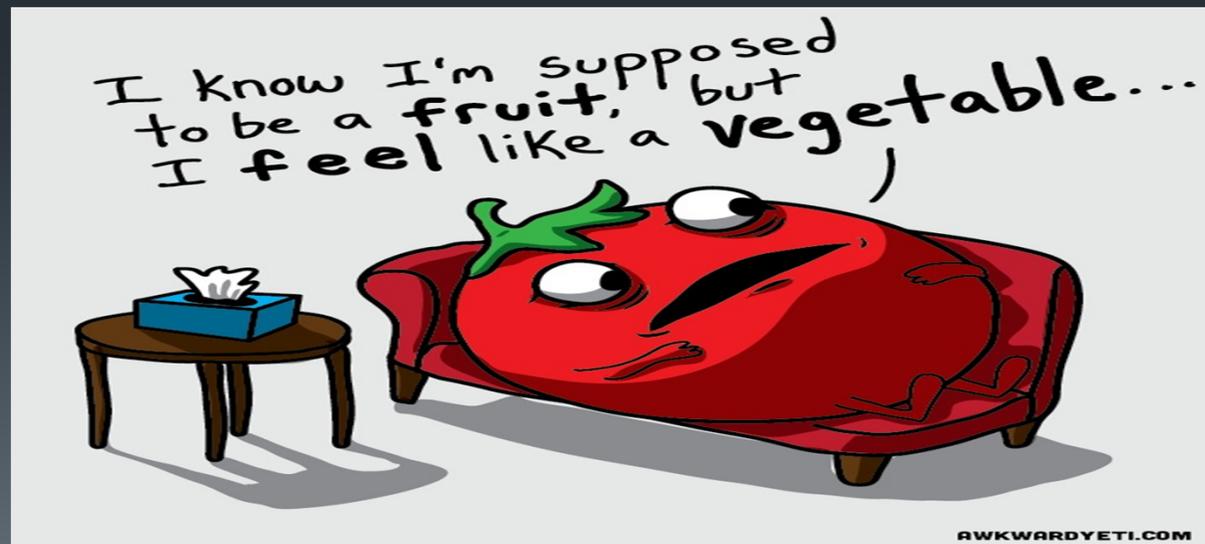


BRIEF INTERVENTION

Motivational Enhancement

Provider's Role

- Gauge Stage of Change – Respond According to Stage
- Non-confrontational Interviewing
- Use Motivational Interviewing



Stages of Change & Tasks

Stage	Definition	Primary Task(s)
Precontemplation	Not yet considering change or is unwilling or unable to change	Raising Awareness
Contemplation	Sees the possibility of change but is ambivalent and uncertain	Resolving ambivalence, Helping to choose change
Determination	Committed to change but still considering what to do	Help identify appropriate change strategies
Action	Taking Steps toward change but hasn't stabilized in the change process	Help implement change strategies and learn to eliminate potential relapses
Maintenance	Has achieved the goals and is working to maintain change	Develop new skills for maintaining recovery
Recurrence	Experienced a recurrence of the problem	Cope with consequences and determine what to do next

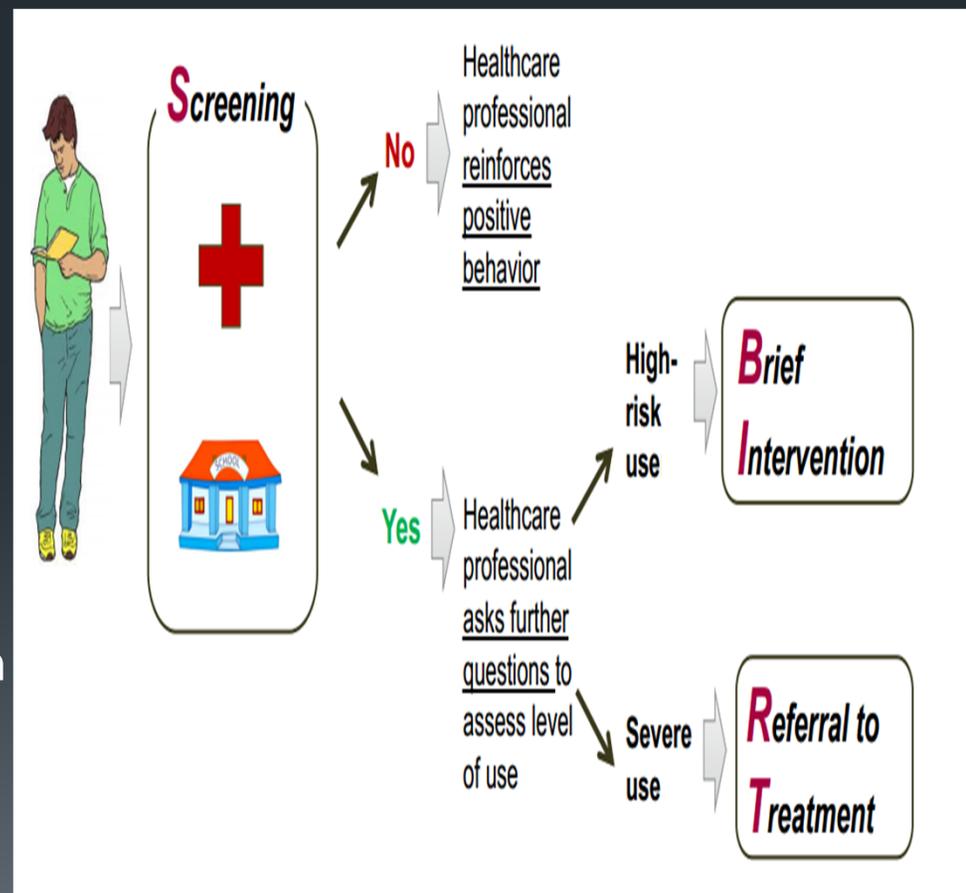


Brief Negotiated Interview

- Specialized “Brief Intervention” originally developed for Medical settings
- Motivational Interview (MI) techniques are the foundation
- Demonstrated to be effective at facilitating a variety of positive health behavior changes
- Helps providers explore health behavior change with clients in a respectful, non-judgmental way with a finite time period
- Designed to elicit reasons for change (change talk) and action steps from client
- BNI has a “script” that guides providers through the health intervention with carefully phrased key questions and responses

Formula for a Brief Intervention for Youth and Adolescents

1. Engagement
2. Pros and Cons
3. Feedback
4. Readiness to Change
5. Negotiate an Action Plan
6. Summarize



Motivational Enhancement Skills

(critical to screening and assessment)

- Open-ended questions
- Affirmations
- Reflections
- Summaries

- Asking permission to provide feedback
- Eliciting change talk
- Listening for change talk

“OARS”





Engagement

“Before we go further, I’d like to learn a little more about you.”

“What is a typical day like for you?”

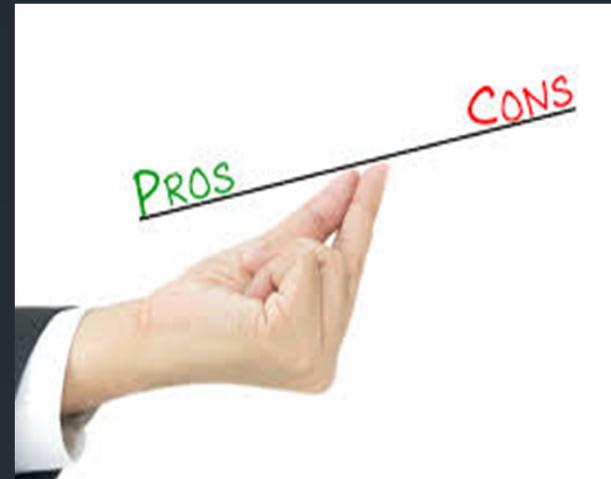
“What’s the most important thing in your life right now?”

Would you mind taking a few minutes to talk about your (x) use?

Where does your (x) use fit in?

Pros and Cons

- Explore Pros and Cons
- Use Reflective Listening
- Reinforce Positives



“I’d like to understand more about your use of _____”

“What do you enjoy about _____?”

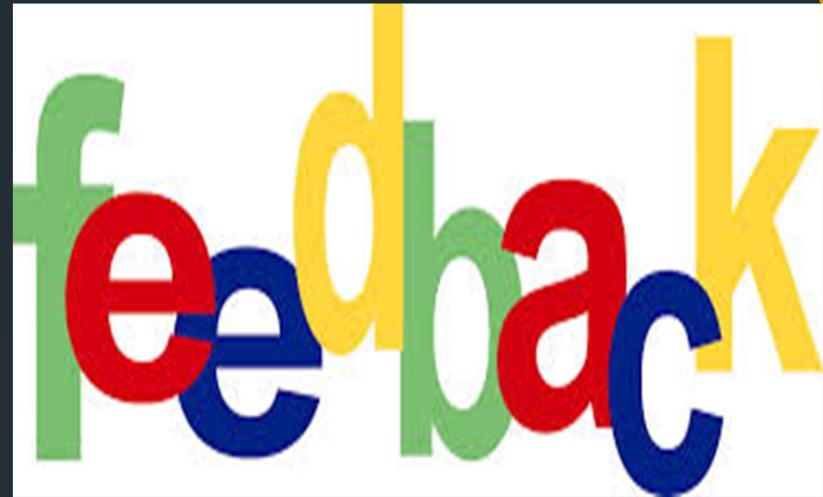
“What is not as good about your use of _____”

“So on one hand..... And on the other.....”

“What are your thoughts?”

Feedback

- Ask permission
- Provide Information
- Elicit Response



“I have some information on low-risk guidelines for drinking, would you mind if I shared them with you?”

“We know that.....”

“What are your thoughts on that?”

Readiness Ruler



Readiness to Change

- Readiness Ruler
- Reinforce Positives
- Envision Change

“On a scale of 1-10, with 1 being not ready and 10 being completely ready, how ready are you to change _____?”

“You marked _____.” That’s great. That means you are ____% ready to make a change.”

“Tell me about why you chose that number and not a number lower, like 1 or 2.”

Negotiate an Action Plan

- Write down action plan
- Envision a future
- Explore challenges
- Draw out/on past successes
- Benefits of Change



“What are some steps that will work for you?”

“Those are great ideas. Is it ok for me to write down your plan?”

“Will you summarize the steps you will take to change ____.”

“I’ve written down your plan, a prescription for change, for you to keep with you.”



- Create an Action Plan

“What do you think you can do to stay healthy and safe?”

“What will help you reduce the things you don’t like about _____?”

- Identify Strengths and Supports

“Tell me about a time you overcame challenges in the past.”

“What did you do and what helped.”

“What resources did you use?”

“Are these resources available to you now?”

Summarize

- Reinforce resilience and resources
- Provide handouts
- Give action plan

Thank the adolescent for their time!!

Set up follow-up if needed and give referrals if appropriate.

- Outpatient Counseling
- NA/AA
- Primary Care
- Mental Health
- Handouts/Information



“Let me summarize what we’ve been discussing and you let me know if there is anything else you want to add or change.” Review the action plan.



When an adolescent agrees to make a behavioral change provide them with a follow-up appointment and discuss the results of their efforts and praise them for any progress they have made, no matter how small.



Referral to Treatment



- Small % of youth will need referral to substance abuse assessment or treatment. Will need to get a parent involved.
- All sites should have at least one current referral agreement with an accessible certified treatment provider.
- Sites should understand the programs and services of the local treatment providers and be familiar with the referral procedure.



SBIRT from the Field

Implementation of SBIRT has shown:

- Identification of use
- Standardization of substance use service delivery
- Increased referrals to co-located mental health providers
- Students and staff satisfied with services