

Addressing Adolescent Substance Use in North Dakota Using Screening, Brief Intervention and Referral to Treatment (SBIRT)

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Mountain Plains ATTC (HHS Region 8)

ATTC

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

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The work of the Mountain Plains ATTC is supported by grant T1080200_01 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The Mountain Plains Addiction Technology Transfer Center

The Mountain Plains Addiction Technology Transfer Center (Mountain Plains ATTC) supports and enhances substance use disorder treatment and recovery services for individuals and family members throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Twitter: [@MT_Plains_ATTC](https://twitter.com/MT_Plains_ATTC)

Website: <https://attcnetwork.org/centers/mountain-plains-attc/home>

Evaluation Information

The AHTTC is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



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Upon completion of this session, participants will be able to:

- Identify one screening tool validated for use with adolescents.
- Demonstrate a brief intervention utilizing the FLO algorithm.
- Discuss ways in which SBIRT could be implemented in your setting.



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What is SBIRT?

- **Screening**
 - Universal, quick assessment for use and severity of use
 - Occurs in a variety of settings (e.g., public health, primary care settings, social services)
- **Brief Intervention**
 - Brief motivation and awareness-raising
 - Short conversation intended to reinforce abstinence, stop or reduce substance use
- **Referral to Treatment**
 - Specialty care
 - 5-12 sessions
- SBIRT promotes behavior change but can also reaffirm motivations to remain abstinent

Osborne & Benner (2012), SAMHSA (2012)

SBIRT in Adolescents

- SBIRT has mostly been studied in adults
- US Preventive Services Task Force Recommendation Statement: The evidence is insufficient to determine the benefits and harms of screening for unhealthy alcohol use/unhealthy drug use in adolescents aged 12 to 17 years...
- <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening>
- <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions>
- However:
 - American Academy of Pediatrics supports use of SBIRT
 - <https://pediatrics.aappublications.org/content/pediatrics/138/1/e20161210.full.pdf>

Seven Reasons to Identify and Treat Adolescent Substance Use

https://www.aap.org/en-us/Documents/substance_use_screening_implementation.pdf



NO AMOUNT OF SUBSTANCE USE IS SAFE FOR ADOLESCENTS (AAP, 2017)

1. Adolescent Substance Use is Common

- Adolescents are at the highest risk for experiencing health problems related to substance use (Committee on Substance Abuse, 2015)
- Alcohol, marijuana, tobacco are the most commonly used by youth
- Alcohol use tends to be episodic and heavy
 - >90% consumed is in the context of binge

3. Vulnerability for brain development and maturation

- Adolescence:
 - Extends from age 9y into third decade of life
- Adolescent brain particularly vulnerable to toxic effects
 - Alcohol damages hippocampus
 - Poorer school performance
- Persistent marijuana use associated with neuropsychological impairments
 - Stopping use doesn't fully restore this functioning

4. Use increases over time

- IMPORTANT to start screening and brief intervention early
 - Attempt to prevent or delay alcohol use as long as possible
 - Think outside of the box...screening is not limited to the pediatrician's office!
 - Collaboration with schools
 - Alcohol is often the first substance tried
 - When adolescents screen positive for one risky behavior, it is generally a good marker of others

5. Use in adolescence associated with harm in adulthood

- The earlier an adolescent begins using substances, greater the chance of continuing to use and developing substance use problems later in life
 - People who begin to drink before age 15y are 5x as likely to develop alcohol dependence or abuse
 - Adolescents who try marijuana at 14y or younger are 6x as likely to meet criteria for illicit drug dependence or abuse later in life



6. Underestimation of prevalence of adolescent substance use

- Even “GOOD” kids use
- Use of personal or clinical judgment alone underestimates number of adolescents using
- Universal screening is necessary
 - While 88% of pediatricians screen, only 23% use a validated tool (AAP, 2014)



7. Pediatric providers can help

- Many adolescents visit a provider every year
- Universal screening = opportunity for education, to encourage healthy and smart choices
- Confidential discussions may help adolescents avoid and/or reduce use leading to a marked impact on future behaviors

Terms

- Because **NO** amount of alcohol use in adolescence is acceptable, any drinking is considered “Unhealthy Drinking”
- NIAAA defines moderate- and high-risk use based on days of alcohol use in the past year, by age group:

Moderate risk:

Ages 12-15 y: 1 d/y

Ages 16-17 y: 6 d/y

Age 18 y: 12 d/y

Highest risk:

Age 11 y: 1 d

Ages 12-15 y: 6 d

Age 16 y: 12 d

Age 17 y: 24 d

Age 18 y: 52 d

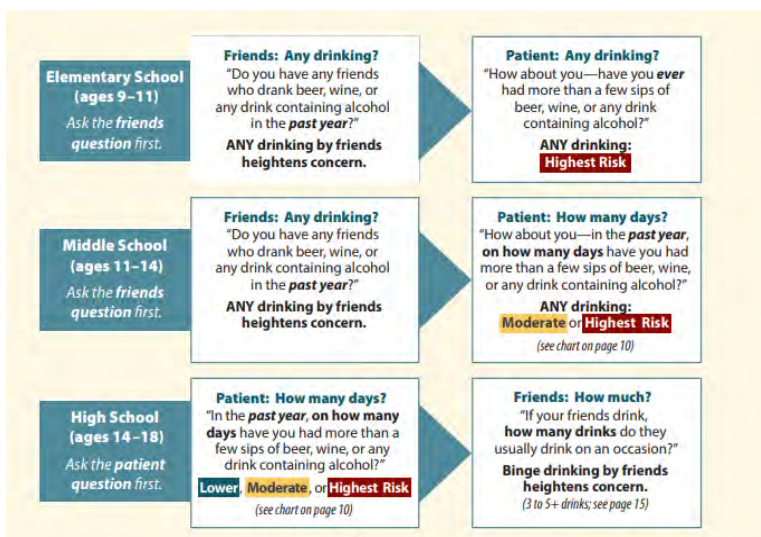
Screening Tools Validated for Use with Adolescents

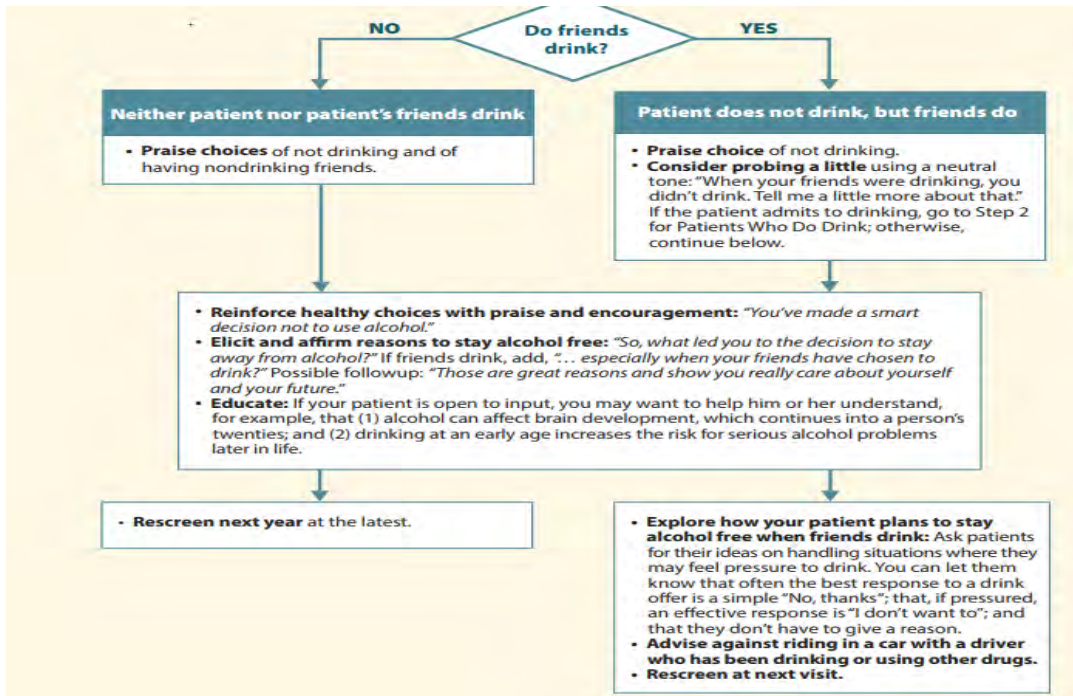
- S2BI
 - Frequency screen for tobacco, alcohol, marijuana, illicit drug use
- **NIAAA Youth Alcohol Screen**
 - **Two questions; screens for friends use and own use**
- **CRAFFT 2.0/2.1**
 - **Quickly identifies problems associated with substance use**
- BSTAD
 - Screens for tobacco, alcohol, other drugs
- GAINNS
 - Assesses both SUDs and mental health disorders
- AUDIT
 - Assesses risky drinking

Encouraging Honest and Accurate Answers During Screening

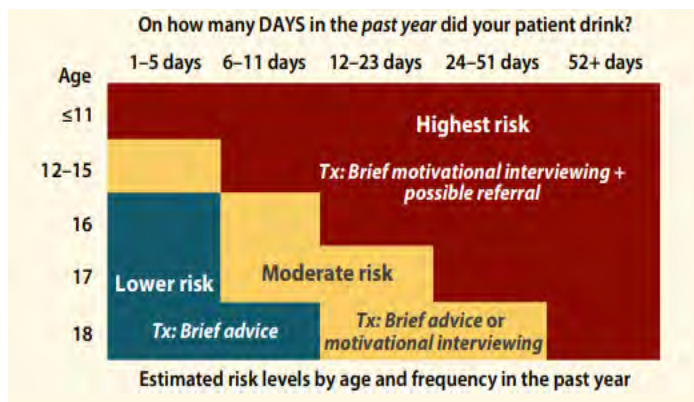
- Build alone time
 - Sensitive issues
- Explain confidentiality policy*
 - Do NOT single students out, “Good kids” also drink!
 - Talk to ALL adolescents about alcohol use and other health risks
 - Purpose of screening is to keep them healthy and offer good advice

Two Screening Questions





Number of Drinking Days



CRAFFT 2.1 (updated 2017)

- Screening tool for use with children under the age of 21
- Three pre-screen questions followed by a series of 6 questions
- Developed to screen adolescents for high risk alcohol and other drug use disorders **simultaneously**
- Available in several different languages and templates for clinician interview or self-administered version
 - <https://craftt.org/>

The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none. # of days
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")? Put "0" if none. # of days
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none. # of days

Did the patient answer "0" for all questions in Part A?

Yes

No

Ask CAR question only, then stop Ask all six CRAFFT* questions below

Part B

- | | No | Yes |
|--|--------------------------|--------------------------|
| C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| A Do you ever use alcohol or drugs while you are by yourself, or ALONE? | <input type="checkbox"/> | <input type="checkbox"/> |
| F Do you ever FORGET things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| T Have you ever gotten into TROUBLE while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →

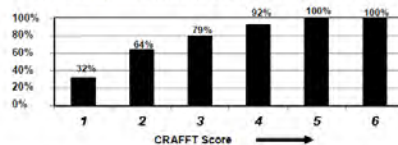
NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

https://ceasar.childrenshospital.org/wp-content/uploads/2018/04/CRAFFT-2.1_Clinician-Interview_2018-04-23.pdf

1. Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.

Percent with a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Góczyński J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and re-examination. *Substance Abuse, 55*(4), 375-80.

2. Use these talking points for brief counseling.

- 1 **REVIEW** screening results
For each "yes" response: "Can you tell me more about that?"
- 2 **RECOMMEND** not to use
"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain, 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."
- 3 **RIDING/DRIVING** risk counseling
"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."
- 4 **RESPONSE** elicit self-motivational statements
Non-users: "If someone asked you why you don't drink or use drugs, what would you say?" Users: "What would be some of the benefits of not using?"
- 5 **REINFORCE** self-efficacy
"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."

3. Give patient Contract for Life. Available at www.craftt.org/contract

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(617) 355-5433 www.ceasar.org

For more information and versions in other languages, see www.ceasar.org

Brief Intervention

- Short dialogue focused on prevention, reducing/stopping substance use
 - Only 5-10 minutes may be needed!
- The goal is to **identify** and **effectively intervene** with those at moderate or high-risk for psychosocial or health care problems related to their substance use by
 - **Moderating alcohol consumption**
 - **Eliminating harmful drinking practices**
 - **Decreasing or eliminating drug use**
 - **Providing education**
 - **Encouraging healthy, smart choices**

Lower Risk	Moderate Risk	Highest Risk
<ul style="list-style-type: none"> • Provide brief advice: <i>"I recommend that you stop drinking, and now is the best time. Your brain is still developing, and alcohol can affect that. Alcohol can also keep you from making good decisions and make you do things you'll regret later. I would hate to see alcohol interfere with your future."</i> • Notice the good: Reinforce any strengths and healthy decisions. • Explore and troubleshoot the potential influence of friends who drink or binge drink. 	<ul style="list-style-type: none"> • Does the patient have alcohol-related problems? <ul style="list-style-type: none"> – If no, provide beefed-up brief advice: Start with the brief advice for Lower Risk patients (at left) and add your concern about the frequency of drinking. – If yes, conduct brief motivational interviewing to elicit a decision and commitment to change (see page 29). • Ask if parents know: See suggestions for Highest Risk patients (at right). • Arrange for followup, ideally within a month. 	<ul style="list-style-type: none"> • Conduct brief motivational interviewing to elicit a decision and commitment to change, whether or not you plan to refer (see page 29). • Ask if parents know: If so, ask patient permission to share recommendations with them. If not, take into account the patient's age, the degree of acute risk posed, and other circumstances, and consider breaking confidentiality to engage parent(s) in follow-through. • Consider referral for further evaluation or treatment based on your estimate of severity (see page 23). • Arrange for followup within a month.
<p>FOR ALL PATIENTS WHO DRINK</p> <ul style="list-style-type: none"> • Collaborate on a personal goal and action plan for your patient. Refer to page 31 for sample abstinence, cutting back, and contingency plans. For some patients, the goal will be accepting a referral to specialized treatment. • Advise your patient not to drink and drive or ride in a car with an impaired driver. • Plan a full psychosocial interview for the next visit if needed. 		<p>If you observe signs of acute danger, such as drinking and driving, high intake levels per occasion, or use of alcohol with other drugs, take immediate steps to ensure safety (see page 21).</p>

Go With The FLO!

- The FLO (Feedback, Listen, Options) mnemonic was developed to encompass the three major elements of a brief motivational intervention.

Give Feedback

Ask Permission:

“Is it ok if we talk about your answers?”

Give Information:

“We know that drinking or drug use at your age puts you at risk for [insert].”

Elicit Reaction:

“What are your thoughts on that?”



It's also OK to CUS!

- I am **C**oncerned about.....
- I am **U**ncomfortable with.....
- I believe (whose) **S**afety is at risk



Listen

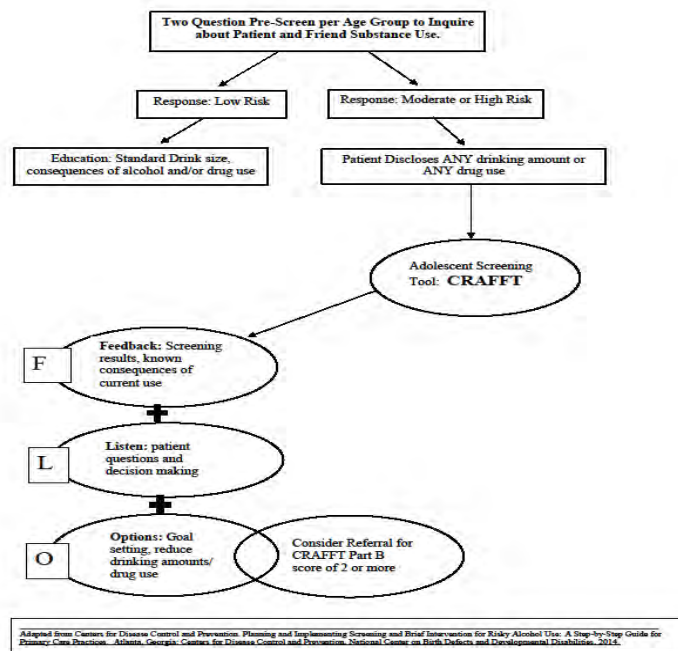
- Answer questions
 - Assist with decision making
- .

Options

- “What are some options/steps that will work for you?”
- “What do you think you can do to stay healthy and safe?”
- “Tell me about a time when you overcame challenges in the past. What kinds of resources did you call upon then?”
- Which of those are available to you now?”

Assessing Readiness





Referral To Treatment

- What is Treatment?
- Assumption by many that this means residential care - This is false
- "Treatment" may include
 - Chemical use assessment and counseling
 - A continuum of care from outpatient to residential with any steps in between
 - Medications
 - Self-help programs and Recovery support groups for teens
 - (e.g., Alcoholics Anonymous)
 - Complementary/wellness activities (e.g., diet, exercise, meditation)
 - Combinations of the above

Referral To Treatment

- Other considerations...
 - Where are your resources?
 - What is your institution's protocol for referral?
 - Is your infrastructure ready for internal referrals?
 - Help identify services available in your community
 - Consider having a resource manual handy: phone numbers, contact persons, insurance information, costs

Next Steps ...

- How do you plan to implement SBIRT?
- Who will be doing the screening?
 - Staff buy-in, workflow must be considered
- Resources
 - SAMHSA
 - <https://www.samhsa.gov/underage-drinking>
 - NIAAA Youth Guide and Pocket Guide (available for free download)
 - <https://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/alcohol-screening-and-brief-intervention-youth>
 - American Academy of Pediatrics
 - <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Substance-Use-Screening.aspx>

Questions?



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