Youth Screening, Brief Intervention & Referral to Treatment (SBIRT)

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October 6, 2020

Opioid Response Network
STR-TA

Working with communities to address the opioid crisis.

- SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Working with communities to address the opioid crisis.

- The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- The ORN accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.

Contact the Opioid Response Network

- To ask questions or submit a request for technical assistance:
  - Visit www.OpioidResponseNetwork.org
  - Email orn@aaap.org
  - Call 401-270-5900

Start Code: 8451

Please make a note of this; you will need it for CE credit

Learning Objectives

After this workshop, participants will be able to:

- Summarize the background and rationale for SBIRT, especially for use among youth, adolescents, and students
- Recognize the prevalence rates of opioid use along with alcohol and other drug use among youth
- Apply youth alcohol/drug screening tools to detect substance use patterns, including but not limited to opioid use
- Demonstrate knowledge of the spirit, principles, and “microskills” of Motivational Interviewing
- Utilize Motivational Interviewing skills and strategies in brief interventions for substance use including the FLO model and the Brief Negotiated Interview

BACKGROUND

USPSTF Recommendation

In 2013, the USPSTF (U.S. Preventive Services Task Force) recommended that clinicians screen adults age 18 years or older for alcohol misuse and provide those reporting risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

In some states like California, adolescent Medi-Cal (Medicaid) beneficiaries ages 11-17 are to be assessed annually in primary care settings using the CRAFFT.

** Effective January 1, 2014, the law requires that Alternative Benefit Plans cover preventive services described in section 2713 of the Public Health Service Act as part of essential health benefits. Section 2713 includes, among others, alcohol screening and brief behavioral interventions. (Affordable Care Act Section 4106).**

SBIRT Origin: American College of Surgeons: Committee on Trauma

- The trauma center needs a **mechanism to identify patients** who are problem drinkers: Level I and II Trauma Centers
- The trauma center has the **capability to provide an intervention** for patients identified as problem drinkers: Level I Trauma Centers

Medical Consequences of Substance Abuse

Substance abuse is a leading cause of illness and death. It can:

- Lead to unintentional injuries and violence
- Exacerbate medical conditions (e.g. diabetes, hypertension, sleep disorders)
- Exacerbate neuropsychiatric disorders (e.g. depression, sleep disorders)
- Induce injury/illness(e.g. stroke, dementia, cancers)
- Result in infectious diseases and infections (e.g. HIV, Hepatitis C)
- Affect the efficacy of prescribed medications
- Be associated with abuse of prescription medications
- Result in low birth weight, premature deliveries, and developmental disorders
- Result in dependence, which may require multiple treatment services

Conclusion: Substance abuse has a major impact on public health

WHAT IS THE PREVALENCE OF DRINKING AND DRUG USE AMONG ADOLESCENTS?

Monitoring the Future is an annual survey of 8th, 10th, and 12th graders conducted by researchers at the Institute for Social Research at the University of Michigan, Ann Arbor, under a grant from the National Institute on Drug Abuse, part of the National Institutes of Health. Since 1975, the survey has measured how teens report their drug, alcohol, and cigarette use and related attitudes in 12th graders nationwide; 8th and 10th graders were added to the survey in 1991.

42,531 STUDENTS FROM 396 PUBLIC AND PRIVATE SCHOOLS PARTICIPATED IN THE 2019 SURVEY.

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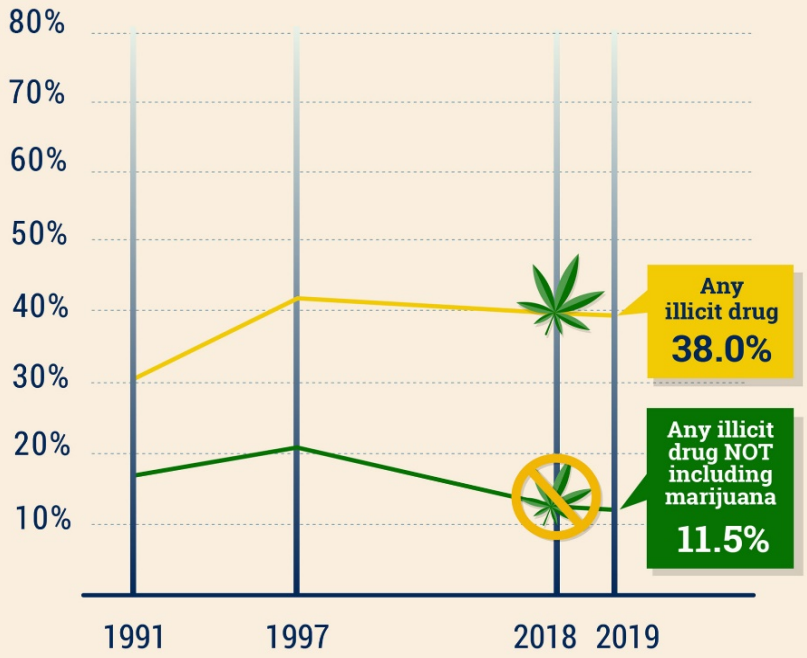
ILLICIT DRUG USE

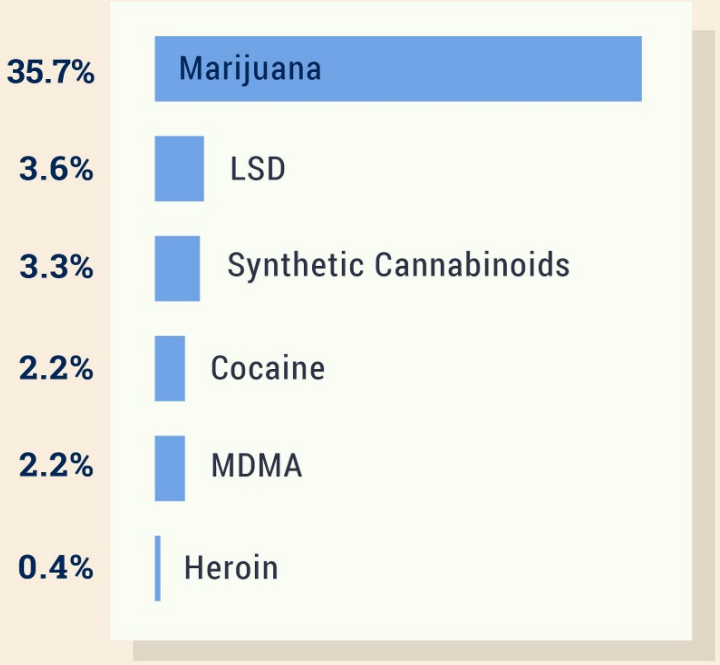
ILLICIT DRUG USE STEADY

Past year use among 12th graders



PAST YEAR ILLICIT DRUG USE

Past year use among 12th graders



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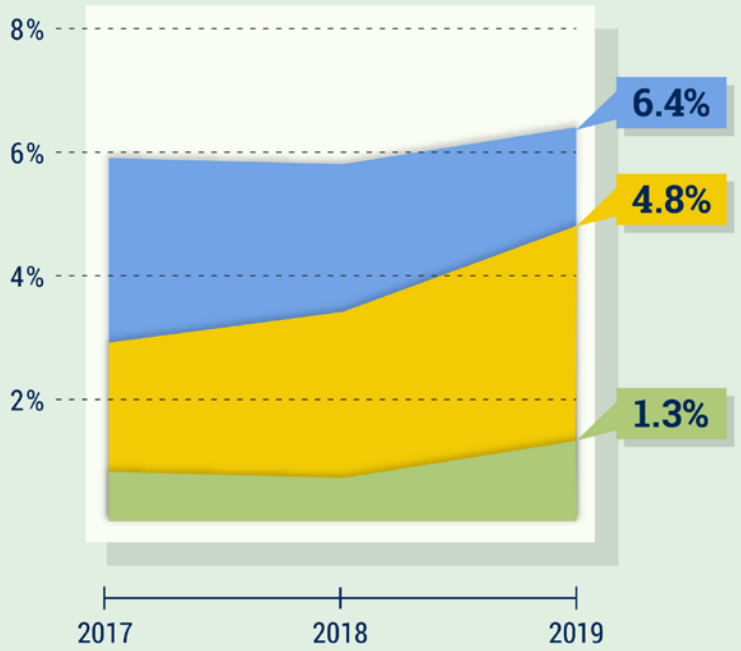
DAILY MARIJUANA USE IN LOWER GRADES INCREASES BUT PAST YEAR MARIJUANA USE STEADY

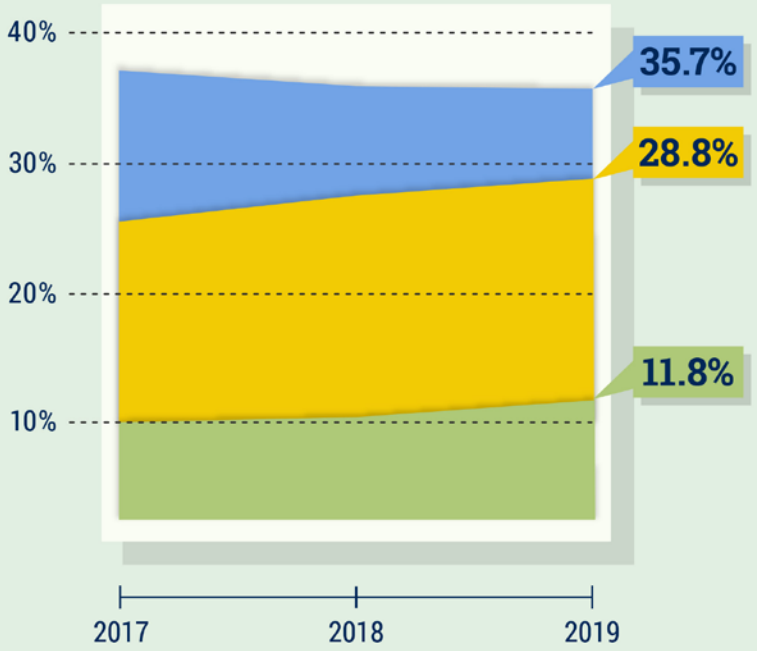
DAILY MARIJUANA USE

sees significant increase among
8th and 10th graders since 2018



PAST YEAR MARIJUANA USE

gap closing between older grades



8th graders | 10th graders | 12th graders

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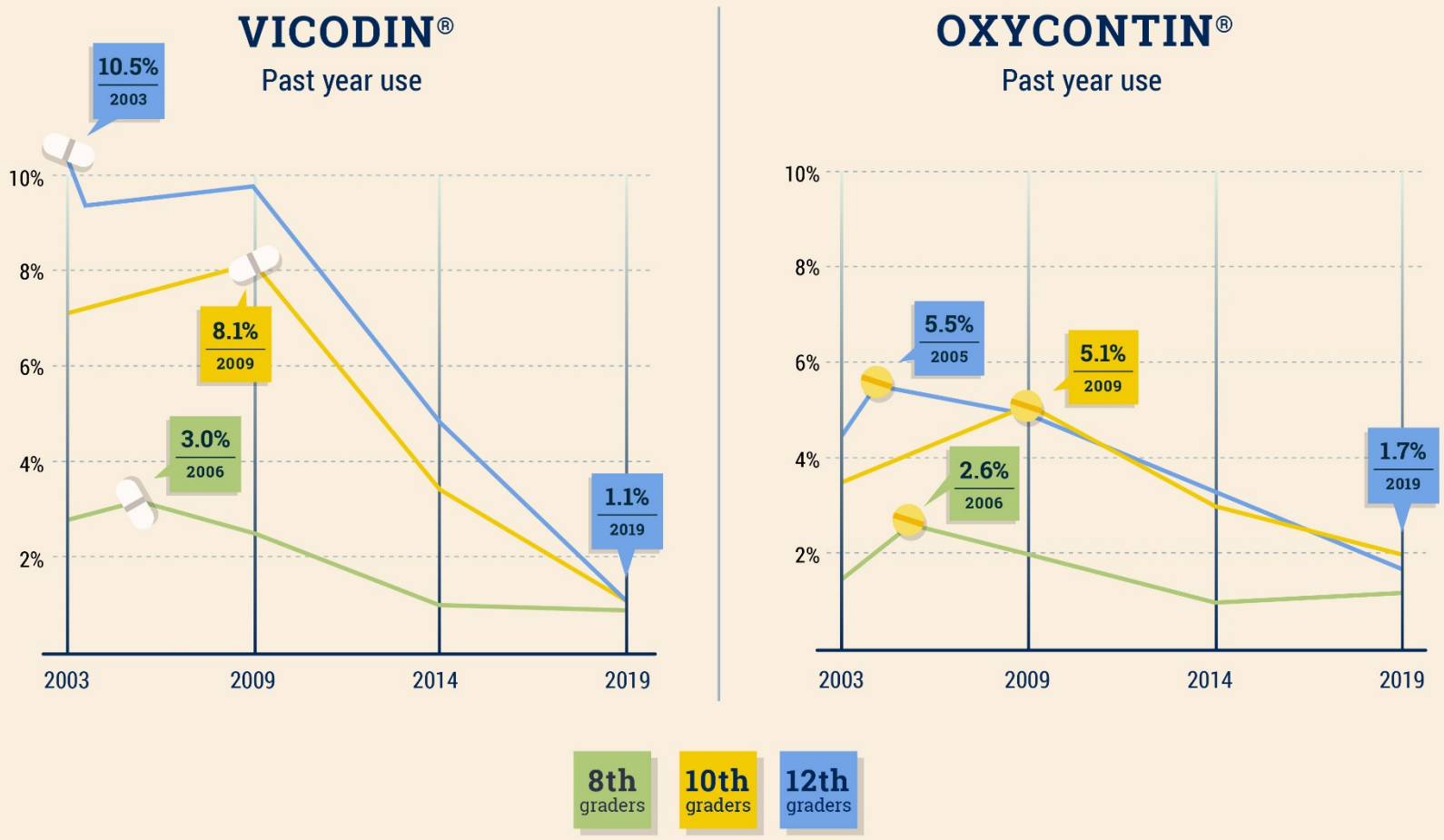
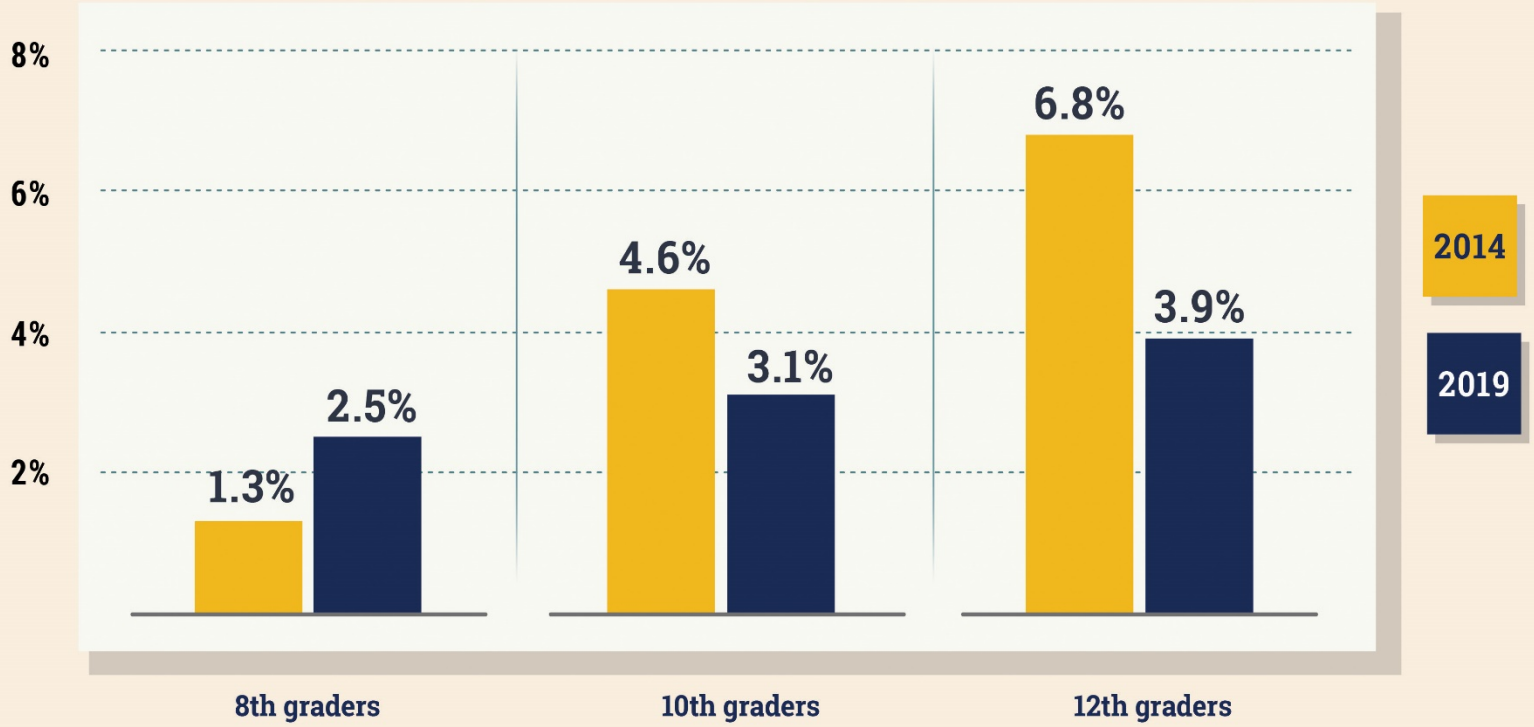
PRESCRIPTION DRUG MISUSE CONTINUES DECLINE FROM PEAK YEARS



PRESCRIPTION DRUG MISUSE CONTINUES DECLINE FROM PEAK YEARS

ADDERALL MISUSE SEES SIGNIFICANT CHANGES IN PAST 5 YEARS

a decrease in 10th and 12th grades, but an increase in 8th grade



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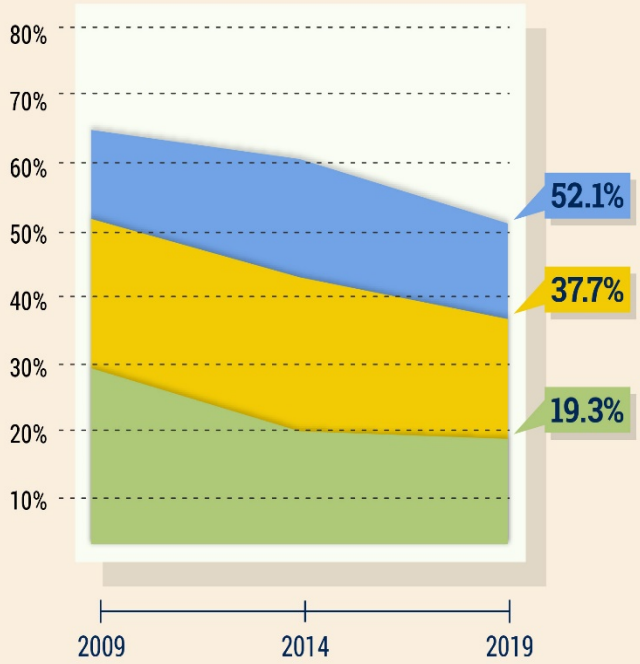
ALCOHOL USE CONTINUES ITS DECLINE

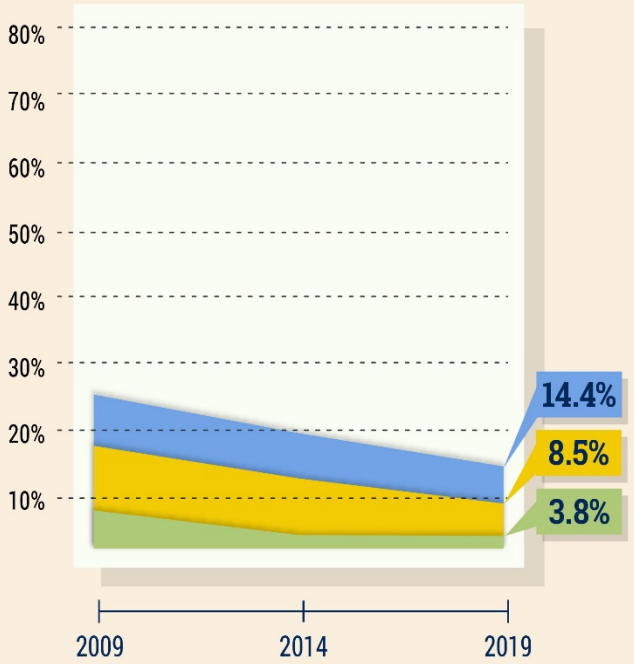
PAST YEAR ALCOHOL USE

Significant long-term decrease in all grades



BINGE DRINKING*

Significant long-term decrease in all grades



8th graders | 10th graders | 12th graders

*5 or more drinks in a row in the past two weeks

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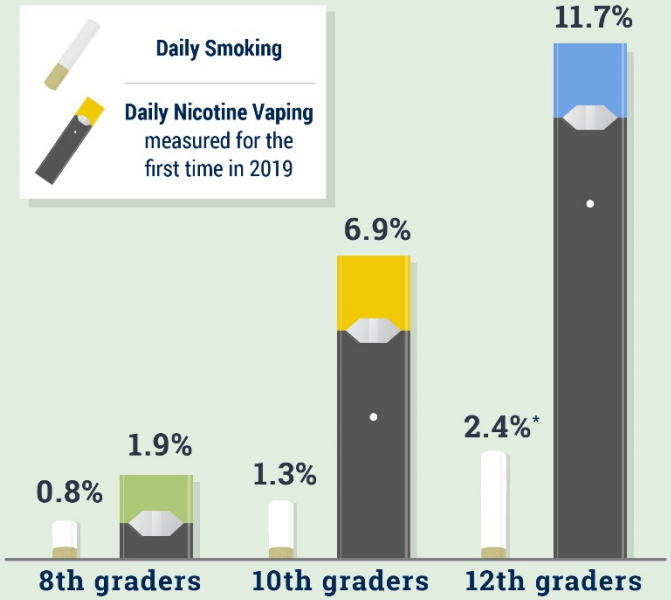
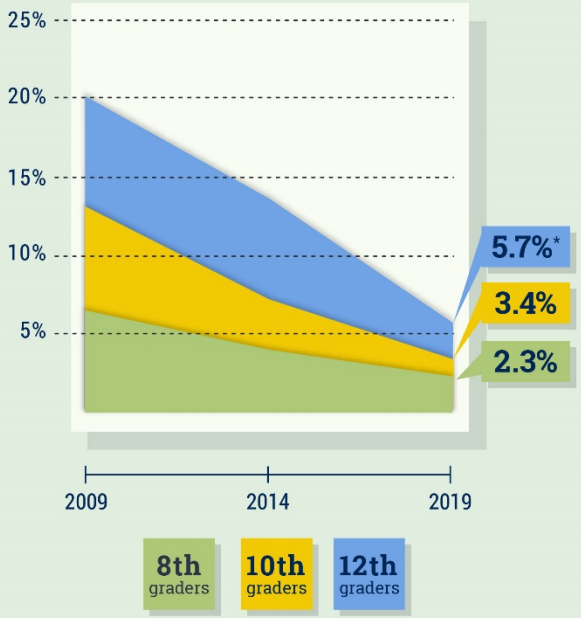
TOBACCO AND NICOTINE: VAPING THREATENS PROGRESS

NICOTINE – DAILY USE



*Significant decline from 2018 (3.6%)

CIGARETTE SMOKING (PAST MONTH) DECLINES OVER PAST TEN YEARS



*Significant decline from 2018 (7.6%)

TO VIEW MORE RESULTS ON VAPING VISIT:
https://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-vaping

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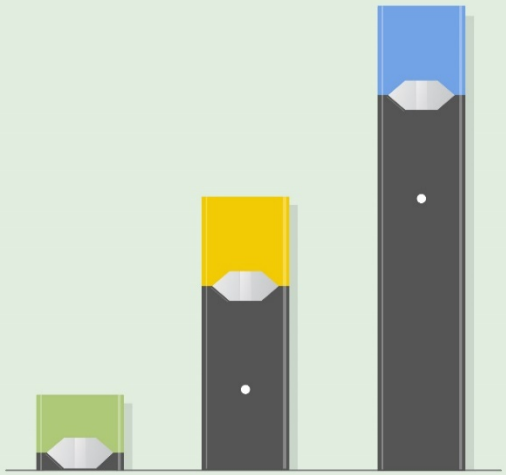
TEEN VAPING CLIMBS SIGNIFICANTLY*

**Both Nicotine and Marijuana (THC)*

DAILY NICOTINE VAPING[1]

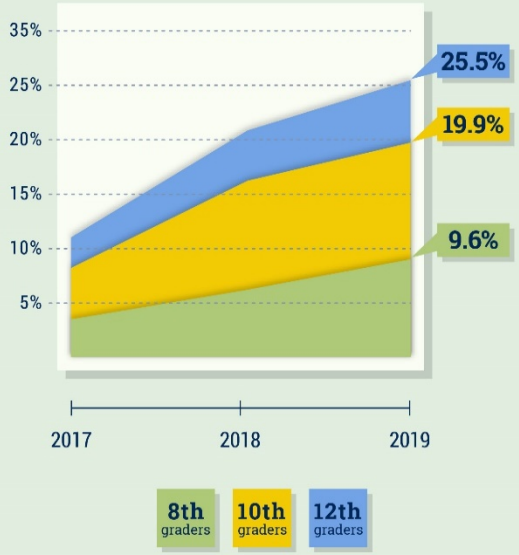
Measured for the first time in 2019



8th graders	10th graders	12th graders
1.9%	**6.9%**	**11.7%**

NICOTINE VAPING

Past month use



1. Miech R, Johnston L, O'Malley PM, Bachman JG, Patrick ME. Trends in adolescent vaping, 2017–2019. *N Engl J Med 2019*; 381:1490-1491

2019 Past Month Nicotine Vaping Equates to:

1 IN 4 – 12TH GRADERS • **1 IN 5** – 10TH GRADERS • **1 IN 10** – 8TH GRADERS

To view information on other drugs from the 2019 Survey visit:
www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings

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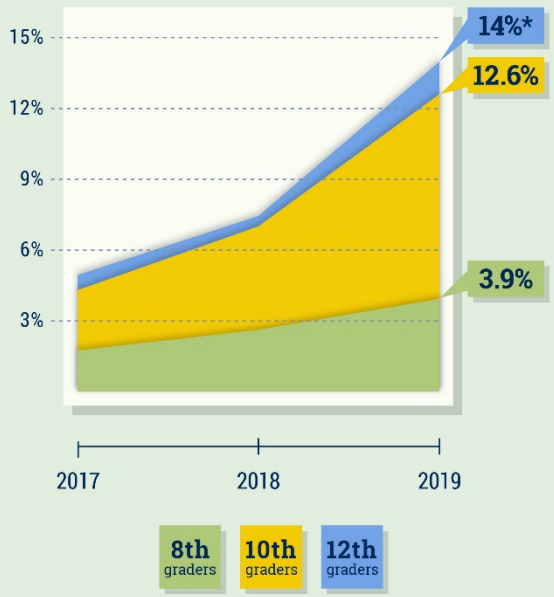
TEEN VAPING CLIMBS SIGNIFICANTLY*

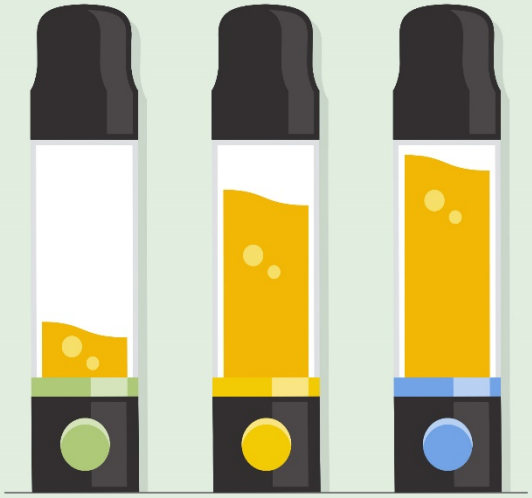
THC VAPING

Past month use



DAILY THC VAPING

Measured for the first time in 2019



8th graders	10th graders	12th graders
0.8%	3.0%	3.5%

*2018 – 2019 INCREASE IS THE SECOND LARGEST ONE-YEAR JUMP EVER TRACKED FOR ANY SUBSTANCE IN THE 45-YEAR SURVEY HISTORY (NICOTINE VAPING WAS THE LARGEST FROM 2017 – 2018)

To view information on other drugs from the 2019 Survey visit:
www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings

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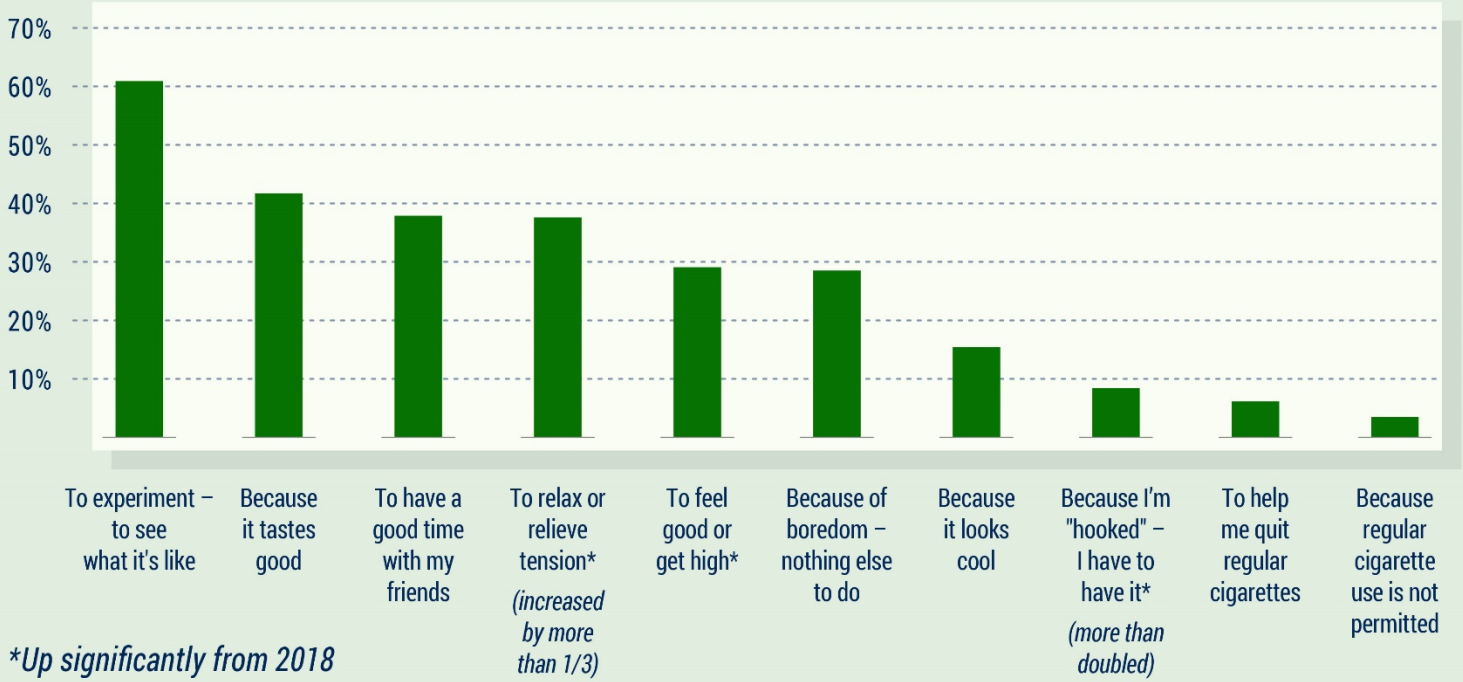
TEEN VAPING CLIMBS SIGNIFICANTLY*

TEENS REPORT REASONS FOR VAPING



*Up significantly from 2018

To view information on other drugs from the 2019 Survey visit:
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Why Screen for Underage Drinking/Drug Use?

- It's common (see previous slides)
- It's risky (unintentional injury/death, suicidality, aggression and victimization, infections and unintended pregnancies, academic & social problems, increased risk for alcohol/drug problems later in life)
- Marker for other unhealthy behaviors (drinking, smoking tobacco, illicit or prescription drug use, unprotected sex are all risk factors for the others)
- Often goes undetected until it has more severe consequences

Why Screen for Youth *Opioid* Use in Particular?

- A recent study of over 3,000 high school students in Los Angeles County found that teens who use prescription opioids when they are younger are more likely to start using heroin by high school graduation
  - Study enrolled freshmen, followed them thru senior year
  - Racially/ethnically diverse
  - 54% female/46% male
  - 35% reported depressive symptoms
  - 22% reported anxiety symptoms
  - 70% reported family history of substance use
  - Almost 600 reported prescription opioid use

Kelly-Quon et al. (2019). Association of non-medical prescription opioid use with subsequent heroin use initiation in adolescents. JAMA Pediatrics 173(9).

What is SBIRT?

SBIRT is a **comprehensive, integrated, public health** approach to the delivery of early intervention and treatment services

- For individuals *with* substance use disorders
- Individuals *at risk of* developing these disorders

Primary care centers, trauma centers, and school-based health programs provide opportunities for early intervention with at-risk substance users

Before more severe consequences occur

SBIRT Goals

- Increase access to care for persons with substance use disorders and those at risk of substance use disorders
- Foster a continuum of care by integrating prevention, intervention, and treatment services
- Improve linkages between health care services and alcohol/drug treatment services

SBIRT: Review of Key Terms

Screening: Very brief set of questions that identifies risk of substance-related problems

Brief Intervention: Brief counseling that raises awareness of risks and motivates client toward acknowledgement of problem

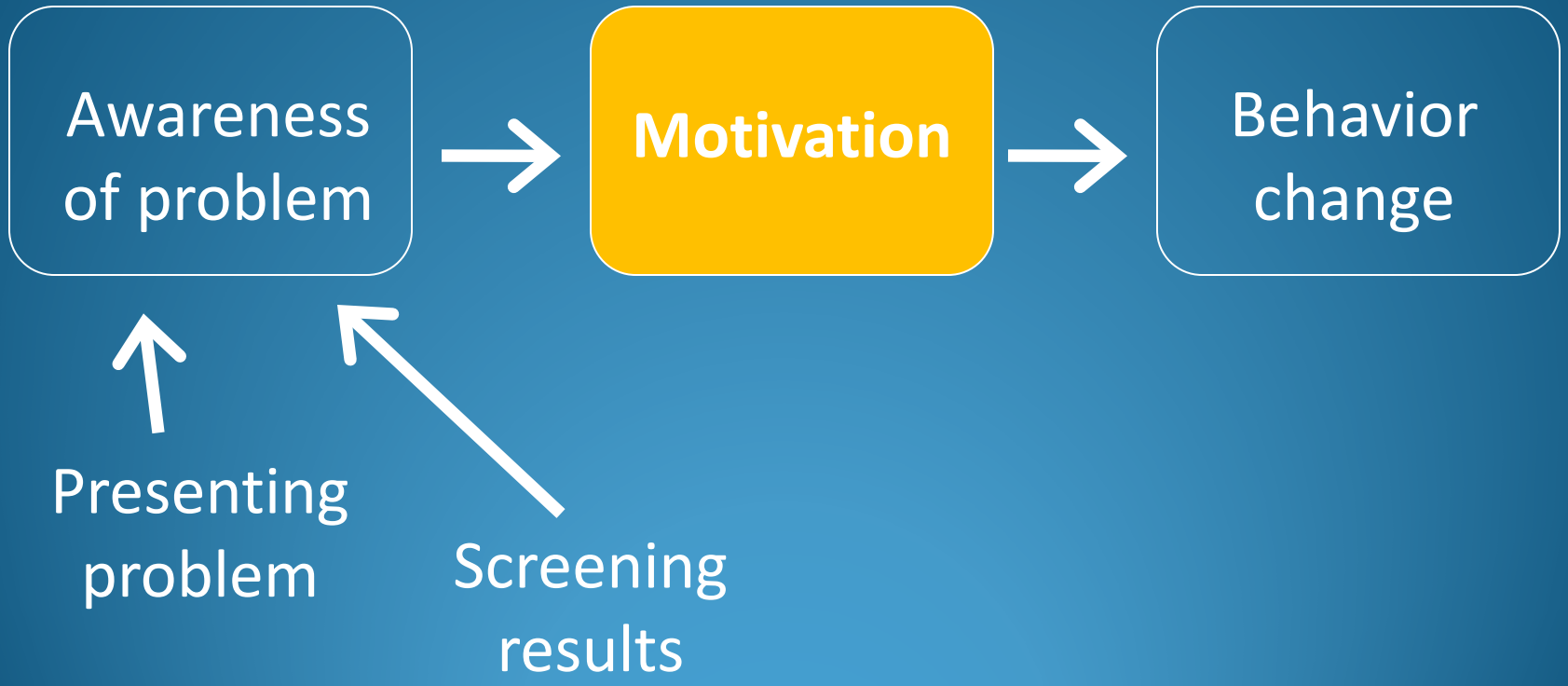
Brief Treatment: Cognitive behavioral work with students who acknowledge risks and are seeking help

Referral: Procedures to help students access specialized care

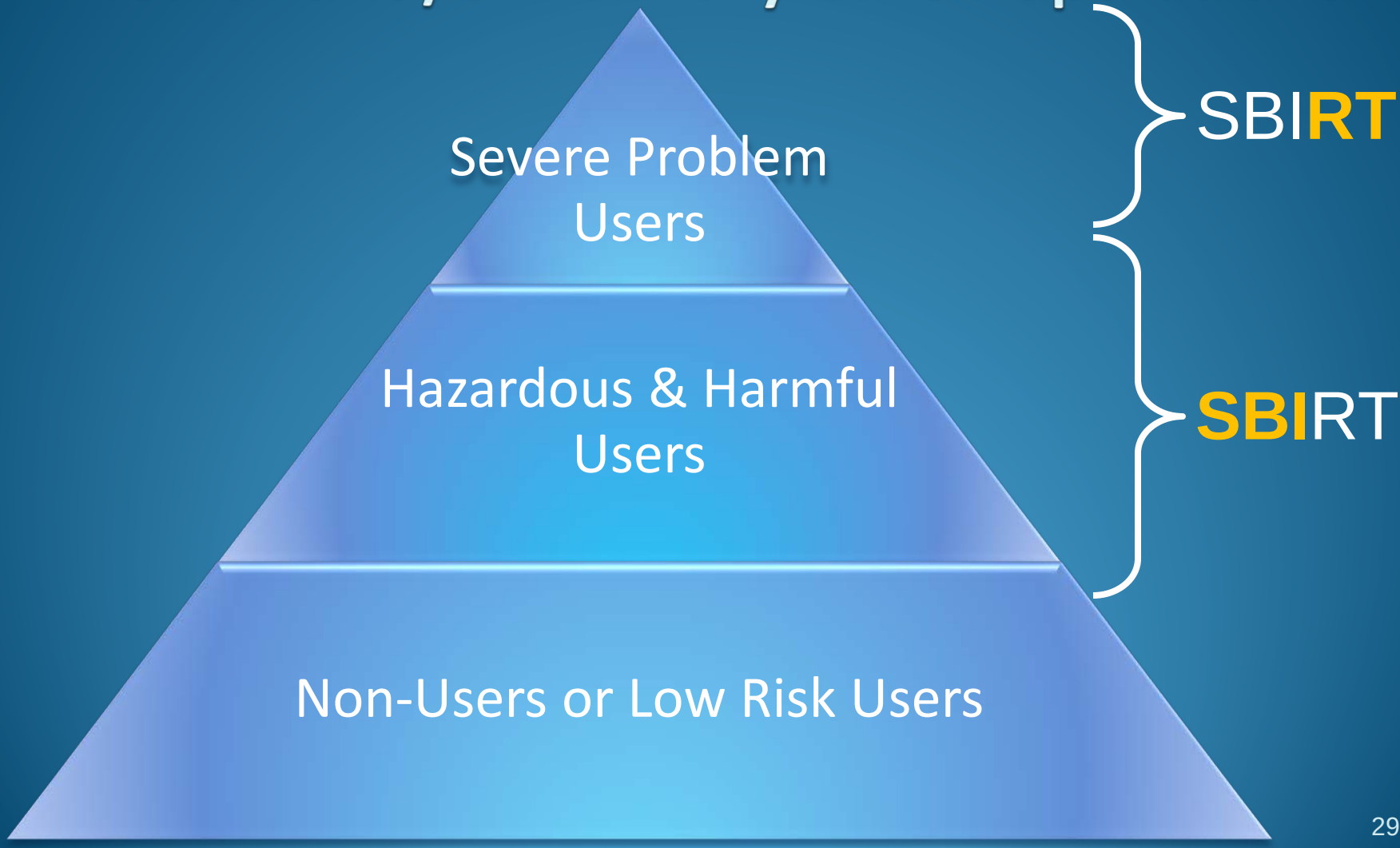
Brief Intervention Effect

- Brief interventions trigger change
- A little counseling can lead to significant change, e.g., 5 min. has same impact as 20 min
- Research is less extensive for illicit drugs, but promising
- Cocaine/heroin users seen in primary care: 50% higher odds of abstinence at follow-up after receiving BI than those who didn't get BI

Goal of Brief Interventions



Substance Use Problems among Mental Health and/or Primary Care Populations



Why Screening and Brief Intervention?

Rationale for Screening and Brief Intervention

- Substance use is a global public health issue
- Substance use is associated with significant morbidity and mortality
- Early identification and intervention reduces substance-related health consequences

The Key to Successful Interventions

Brief interventions are most successful when clinicians relate students'

risky substance use

to

improvement in their *overall health* and *well-being*

Why are they here to see you today? Draw connection between that & their substance use

Implications

As long as specialty care programs (SUD treatment programs) are the only places that actually address substance use:

- Most individuals with *severe* substance-related problems will not receive treatment
- Virtually all individuals with *moderately* risky use will not receive professional attention that might otherwise have prevented escalation to more severe health consequences

Opportunities and Indications for Screening

- When seeing students who:
  - You haven't seen before
  - Are likely to drink, i.e. students who smoke
  - Have conditions associated with increased risk for substance use, i.e. depression, anxiety, conduct problems
  - Have health problems that might be alcohol/drug-related, i.e. accidents or injuries, STI's or unintended pregnancies, changes in eating or sleeping patterns, GI disturbances, chronic pain
  - Show substantial behavioral changes, i.e. increased oppositional behavior, mood changes, loss of interest in activities, drop in grades, unexcused school absences

Source: https://www.niaaa.nih.gov/YouthGuide

Screening to Identify Students At Risk for Substance Use Problems

Drinking Guidelines

- **Men**: No more than **4** drinks on any day and **14** drinks per week
- **Women**: No more than **3** drinks on any day and **7** drinks per week
- **Men and Women >65**: No more than **3** drinks on any day and **7** drinks per week

NIAAA, 2011

Beer
12 oz

Wine
5 oz

Fortified Wine
3.5 oz

Liquor
1.5 oz

Introducing the Screener

- I am going to ask you some ***personal questions*** about alcohol (and other drugs) that we ask all our students.
- Your responses will be ***confidential***.
- These questions help me to provide the ***best possible care***.
- You ***do not have to answer*** them if you are uncomfortable.

Screening Tools

- S2BI
- CRAFFT

S2BI Administration

- Ask the student (or instruct them to do it if is self-administered) to complete the 1st 3 questions on the S2BI.
- If all 3 responses are “Never”, stop there
- Provide positive reinforcement i.e. “Good for you, sounds like you’re making healthy choices”
- If any response is other than “Never”, have them answer the remaining S2BI questions and then follow the decision tree on the slide titled “S2BI Actions”.

S2BI

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:
Tobacco? Never ___ Once or twice ___ Monthly ___ Weekly or more ___
Alcohol? Never ___ Once or twice ___ Monthly ___ Weekly or more ___
Marijuana? Never ___ Once or twice ___ Monthly ___ Weekly or more ___

STOP here if answers to all previous questions are “never.” Otherwise, continue with the following questions.

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)? ___Never ___Once or twice ___ Monthly ___Weekly or more

Illegal drugs (such as cocaine or Ecstasy)? ___Never ___Once or twice ___Monthly ___Weekly or more

Inhalants (such as nitrous oxide)? ___Never ___Once or twice ___Monthly ___Weekly or more

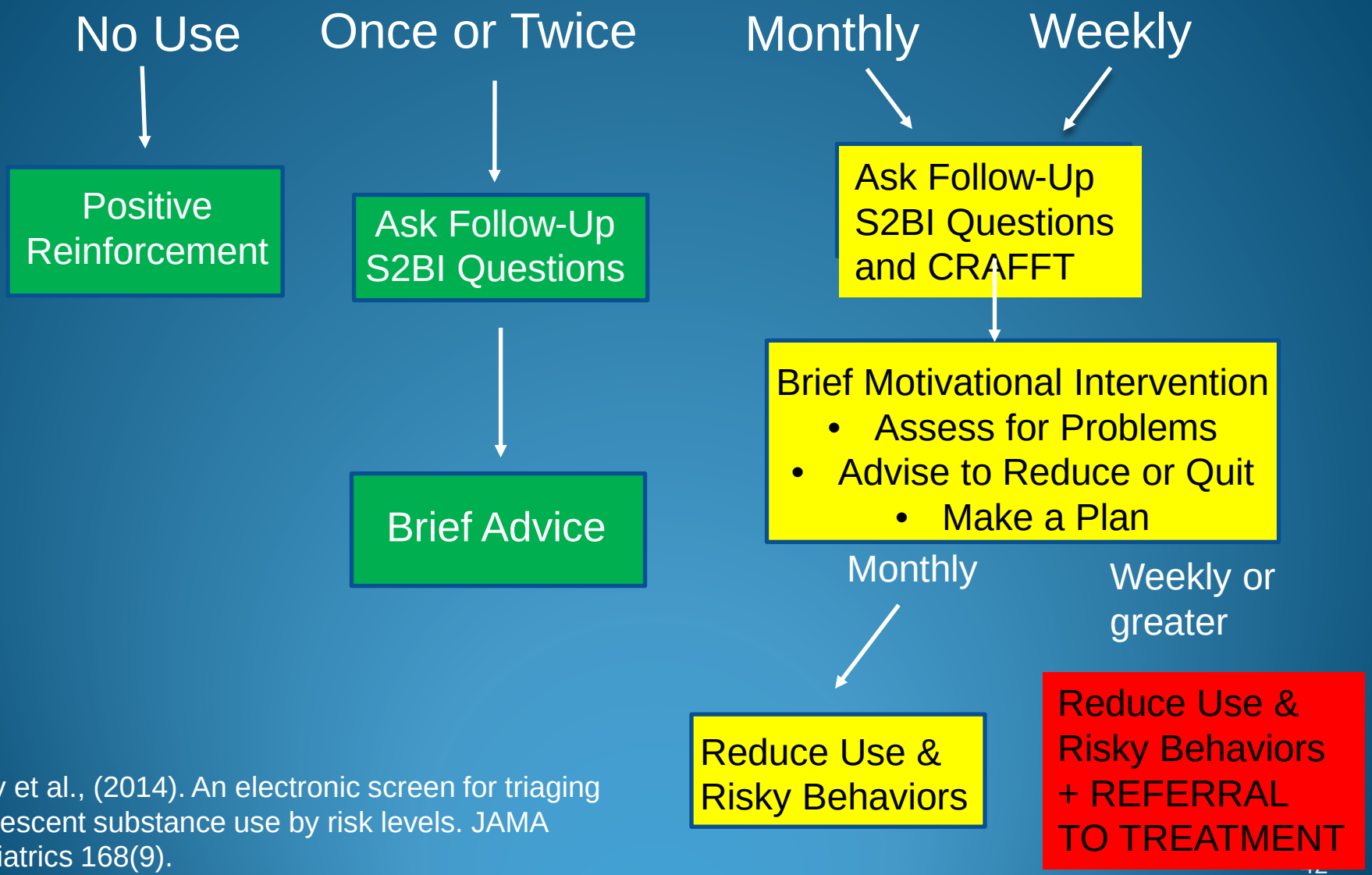
Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)? ___Never ___Once or twice ___ Monthly ___Weekly or more

S2BI Scoring

S2BI Response	Risk Category
Never	No Reported Use
Once or Twice	Lower Risk
Monthly+	Higher Risk

May 2015

S2BI Actions



Levy et al., (2014). An electronic screen for triaging adolescent substance use by risk levels. JAMA Pediatrics 168(9).

CRAFFT

- Car, Relax, Alone, Forget, Family, Trouble

- The CRAFFT is a behavioral health screening tool for use with adolescents and young adults under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents
- Consists of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously
- Short and effective
- Designed to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted

John R. Knight, MD, Boston Children's Hospital, 2018.

CRAFFT 2.0

- Similar to the original CRAFFT, the CRAFFT 2.0 is validated for use with adolescents aged 12-18 years old.
- The CRAFFT 2.0 screening tool begins with past-12-month frequency items, rather than the previous “yes/no” question for any use over the past year.
- This new set of frequency questions was tested in a recent study of 708 adolescent primary care patients ages 12-18 that found good sensitivity and specificity for detecting past-12-month use of any substance.
- This suggests better performance in identifying substance use compared to that of the “yes/no” questions found in the prior study (Harris et al., 2015; Harris et al., 2016).

CRAFFT 2.0 Instructions

- If the student answered “0” to all the opening “frequency of use” questions, ask the CAR question only.
- If the student provided an answer >”0” to any of the “frequency of use” questions, ask the full set of six CRAFFT questions.
- Two or more “yes” answers to any of the CRAFFT questions indicates an elevated risk for a substance use disorder (SUD), and a need for further assessment.
- Further assessment may include a follow-up visit with you and/or a referral to treatment.

The CRAFFT 2.0 Questionnaire

To be completed by student

Please answer all questions **honestly**; your answers will be kept **confidential**.

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. _____
2. Use any marijuana (pot, weed, hash, or in foods) or “synthetic marijuana” (like “K2” or “Spice”)? Put “0” if none. _____
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or “huff”)? Put “0” if none. _____

READ THESE INSTRUCTIONS BEFORE CONTINUING:
If you put “0” in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.
If you put “1” or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

CRAFFT Questionnaire 2.0 Part B

4. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

6. Do you ever use alcohol or drugs while you are by yourself ALONE?

7. Do you ever FORGET things you did while using alcohol or drugs?

8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

CRAFFT: Scoring

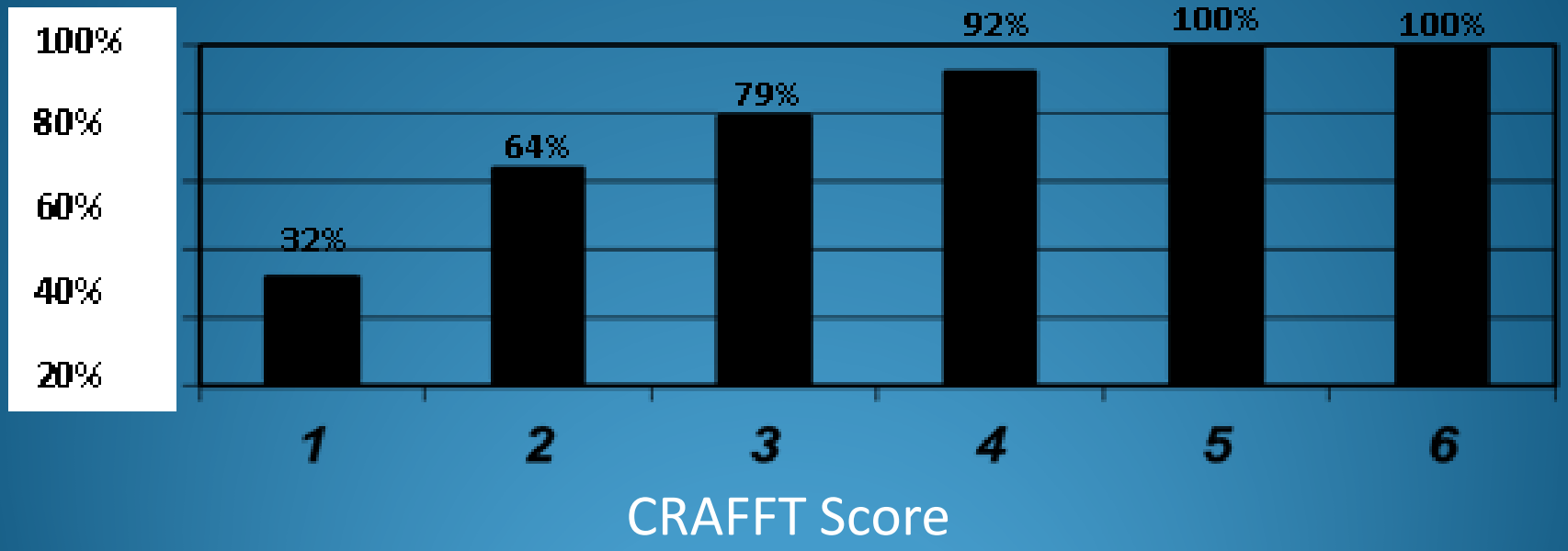
Scores range from 0-6

Score of 0: No Evidence of risk

Score of 1 or more: Positive screen; indicates need for further assessment

Likelihood of having a Substance Use Disorder increases with the number of “yes” responses

Students with a DSM-5 Substance Use Disorder by CRAFFT Score



*Data source: Mitchell SG, Kelly SM, Gryczynski 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 reexamination. Substance Abuse, 35(4), 376–80.

MOTIVATIONAL INTERVIEWING

What is Motivational Interviewing?

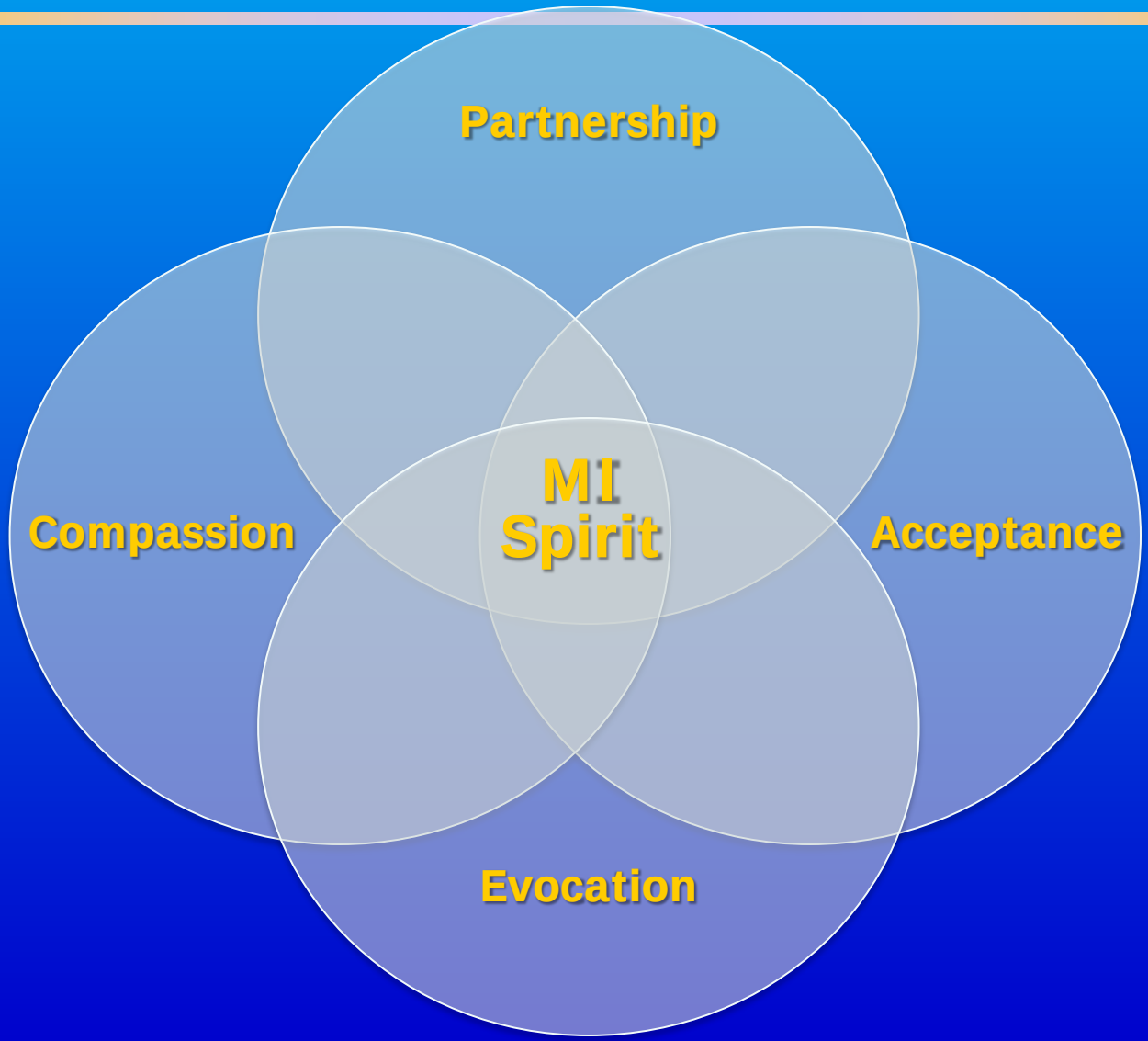
Developed by William Miller (U New Mexico), Stephen Rollnick (Cardiff University School of Medicine), and colleagues over the past three decades. Miller and Rollnick (2012, p. 29) define MI as:

"MI is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."

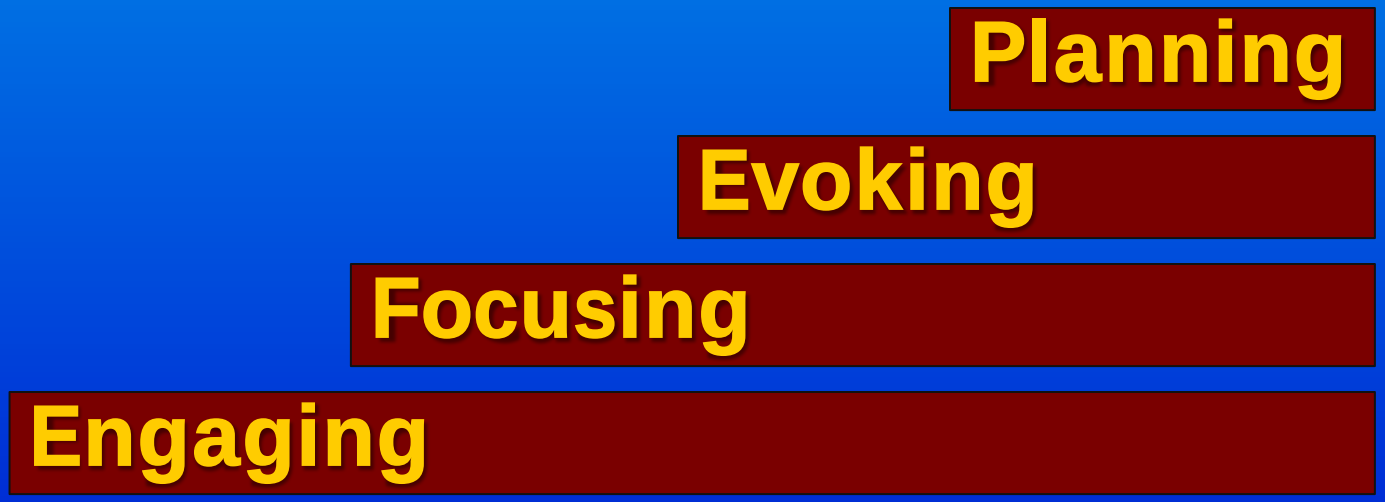
The Concept of Motivation

- Motivation is influenced by the clinician/counselor's style
- Motivation can be modified
- The clinician/counselor's task is to elicit and enhance motivation
- *"Lack of motivation" is a challenge for the clinician's therapeutic skills, not a fault for which to blame our students*

The Underlying Spirit of MI



Four Processes of MI



What's the Best Way to Facilitate Change?

- Constructive behavior change comes from connecting with something valued, cherished and important
- Intrinsic motivation for change comes out of an accepting, empowering, safe atmosphere where their current behavior can be faced by the student

Where do I start?

- What you **do** depends on where the student **is** in the process of changing

- The first step is to be able to **identify where they are**

Stages of Change: Primary Tasks

1. Precontemplation

Definition:
Not yet considering change or is unwilling or unable to change.

Primary Task:
Raising Awareness

2. Contemplation

Definition:
Sees the possibility of change but is ambivalent and uncertain.

Primary Task:
Resolving ambivalence/ Helping to choose change

3. Determination

Definition:
Committed to changing. Still considering what to do.

Primary Task:
Help identify appropriate change strategies

4. Action

Definition:
Taking steps toward change but hasn't stabilized in the process.

Primary Task:
Help implement change strategies and learn to eliminate potential relapses

5. Maintenance

Definition:
Has achieved the goals and is working to maintain change.

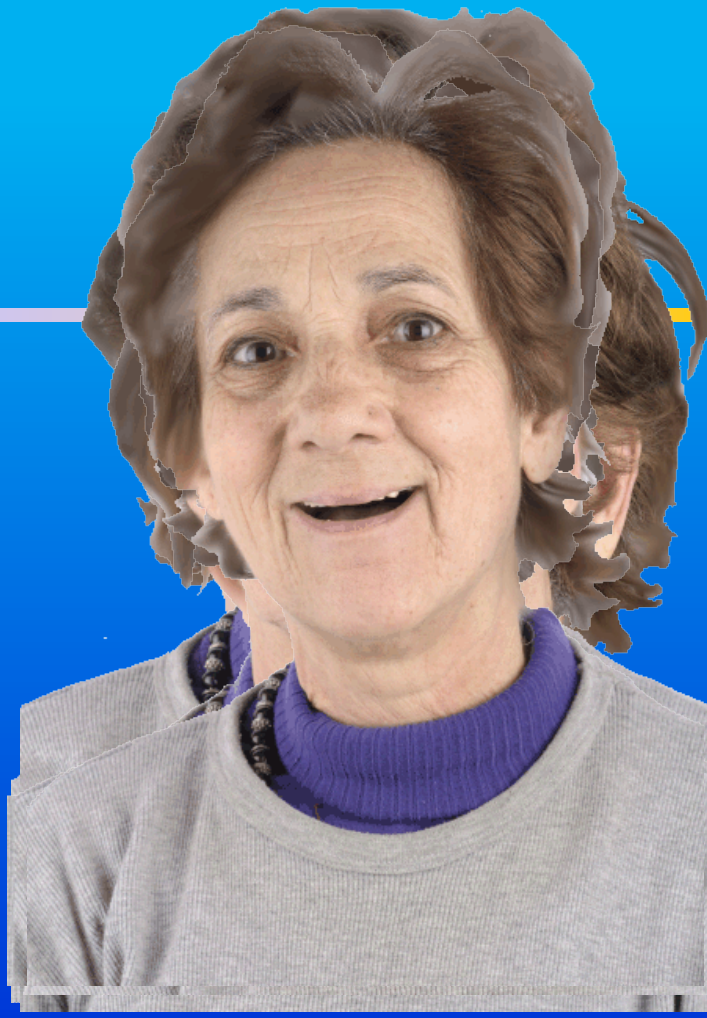
Primary Task:
Develop new skills for maintaining recovery

6. Recurrence

Definition:
Experienced a recurrence of the symptoms.

Primary Task:
Cope with consequences and determine what to do next

The Concept of Ambivalence



- Ambivalence is normal
- Clients usually enter treatment with fluctuating and conflicting motivations
- They “want to change and don’t want to change”
- *“Working with ambivalence is working with the heart of the problem”*

MI - The Spirit (1) : *Style*

- nonjudgmental and collaborative
- based on student and clinician partnership
- “gently persuasive”
- more supportive than argumentative
- listens rather than tells or lectures
- communicates respect for and acceptance of students’ feelings and worldview

MI - The Spirit (2) : *Style*

- explores students' perceptions without labeling or correcting them
- no teaching, modeling, skill-training
- "resistance" is seen as an interpersonal behavior pattern influenced by the clinician's style of interaction
- "resistance" is met with reflection rather than confrontation

MI - The Spirit (3) : *Student*

- While clinician can have significant influence, responsibility for making the change (or not) is left with the student
- Change arises from within rather than being imposed from without
- Focus on eliciting the student's own concerns
- Emphasis on student's personal choice for deciding future behavior

MI - The Spirit (4) : *Clinician*

- Implies a strong sense of purpose
- Seeks to create and amplify discrepancy between values/goals and current behavior in order to enhance motivation
- Elicits possible change strategies from the student
- Systematically directs student toward increased motivation for change

Summary--The process of change is a continuum

- MI is a style of counseling that aims to facilitate student-driven decisions to change harmful behaviors
- MI is useful with a person who is “contemplating” changing his/her behavior but may be experiencing ambivalence
- When people hear their own words they are more likely to commit to desired changes

MI: Principles

- Motivational interviewing is founded on 4 basic principles:
  - Express empathy
  - Develop discrepancy
  - Roll with resistance
  - Support self-efficacy

MI Skills and Strategies

Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing

Open-Ended Questions

- Are difficult to answer with brief replies or simple “yes” or “no” answers.
- Contain an element of surprise; you don’t really know what the student will say.
- Are conversational door-openers that encourage the student to talk.
- *Is this an open-ended or closed-ended question?*

Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing

OARS: Affirmations
(Positive Reinforcement)

- Must be authentic
- Supports and promotes confidence and self-efficacy
- Acknowledges student's challenges
- Validates student's experiences and feelings
- Reinforcing successes reduces discouragement & hopelessness

OARS: Affirmations

- “Thanks for coming today.”
- “I appreciate that you are willing to talk to me about your substance use.”
- “You are obviously a resourceful person to have coped with those difficulties.”
- “That’s a good idea.”
- “It’s hard to talk about drug use. I really appreciate your willingness to be honest with me.”

Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing

Expressing Empathy through Reflective Listening

Reflective listening is used to:

- Check out whether you really understood the student
- Highlight the student's own motivation for change about substance use
- Steer the student towards a greater recognition of her or his problems and concerns, and
- Reinforce statements indicating that the student is thinking about change (change talk).

Types of Reflective Statements

1. Simple Reflection (repeat)
2. Complex Reflection (making a guess as to underlying meaning)
3. Double-Sided Reflection (captures both sides of the ambivalence)

Summary Statements

Collection

Linkage

Transition

Next

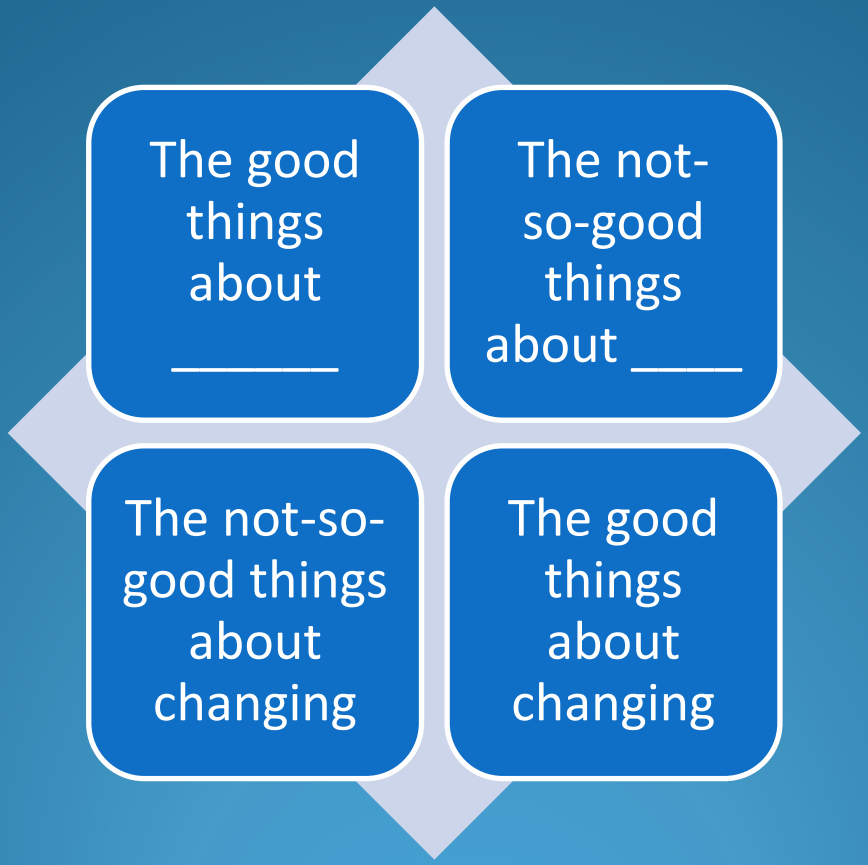
Conducting a Brief Intervention requires strong MOTIVATIONAL INTERVIEWING skills

How does MI differ from traditional or typical medical counseling?

- AMBIVALENCE is the key issue to be resolved for change to occur.
- People are more likely to change when they hear their own discussion of their ambivalence.
- This discussion is called "*change talk*" in MI.
- Getting patients to engage in "change talk" is a critical element of the MI process.

*Glovsky and Rose, 2008

How to Explore Ambivalence



Avoid questions that inspire a yes/no answer.

Building Motivation OARS (the micro-skills)

- Open-ended questioning
- Affirming
- Reflective listening
- Summarizing

Reflective Listening

- Listen to both what the patient says and to what the patient means
- Demonstrate empathy without judging what patient says
  - You do not have to agree
- Be aware of intonation
  - Reflect what patient says with statement, not with a question, e.g., "You couldn't get up for work in the morning."

We are listening to understand, NOT to diagnose and fix a problem, which is how most healthcare interactions are oriented.

Avoid Confrontation

- Challenging

  "What do you think you are doing?"

- Warning

  "You will damage your liver if you don't stop drinking."

- Finger-wagging

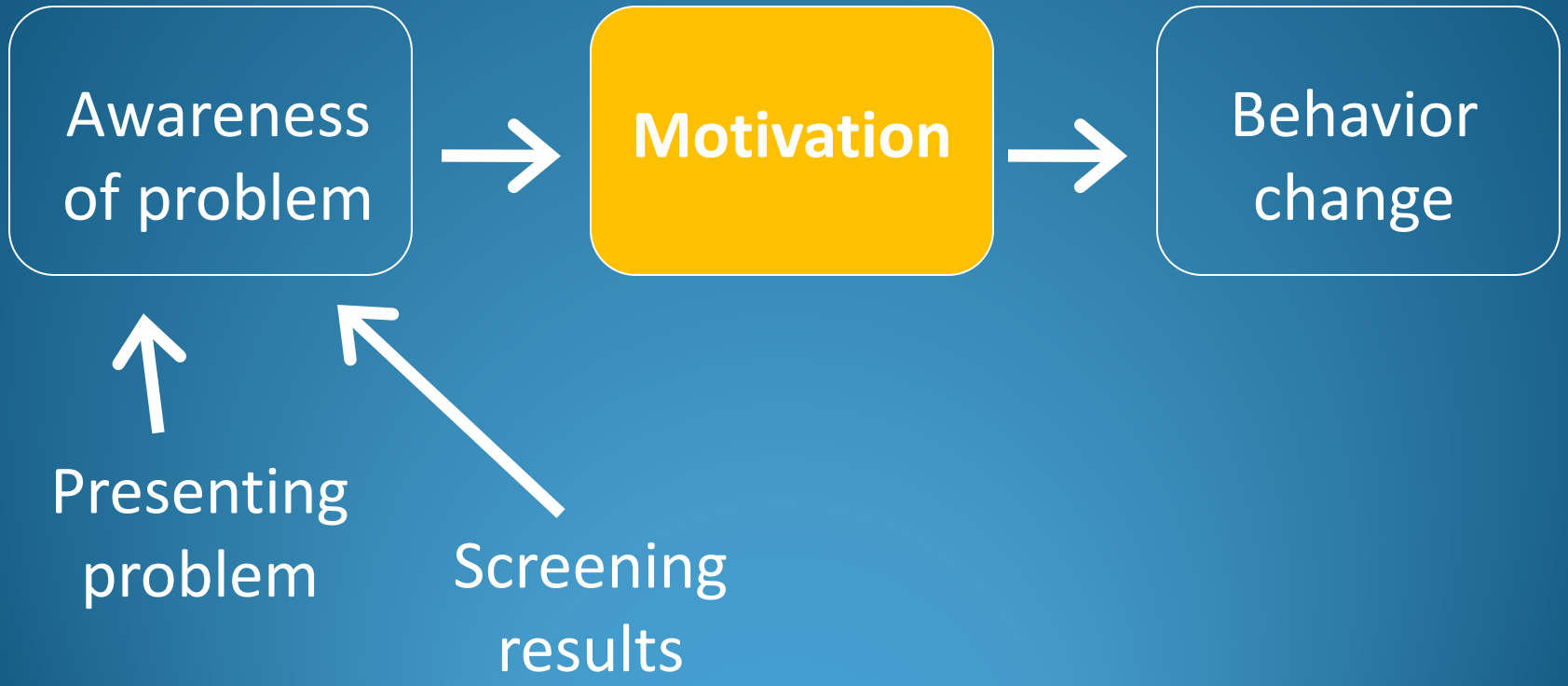
  "If you want to be a good student, you must stop drinking on school nights."

Elicit "Change Talk"

Change talk consists of self-motivational statements that suggest:

- Recognition of a problem
- Concern about staying the same
- Intention to change
- Optimism about change

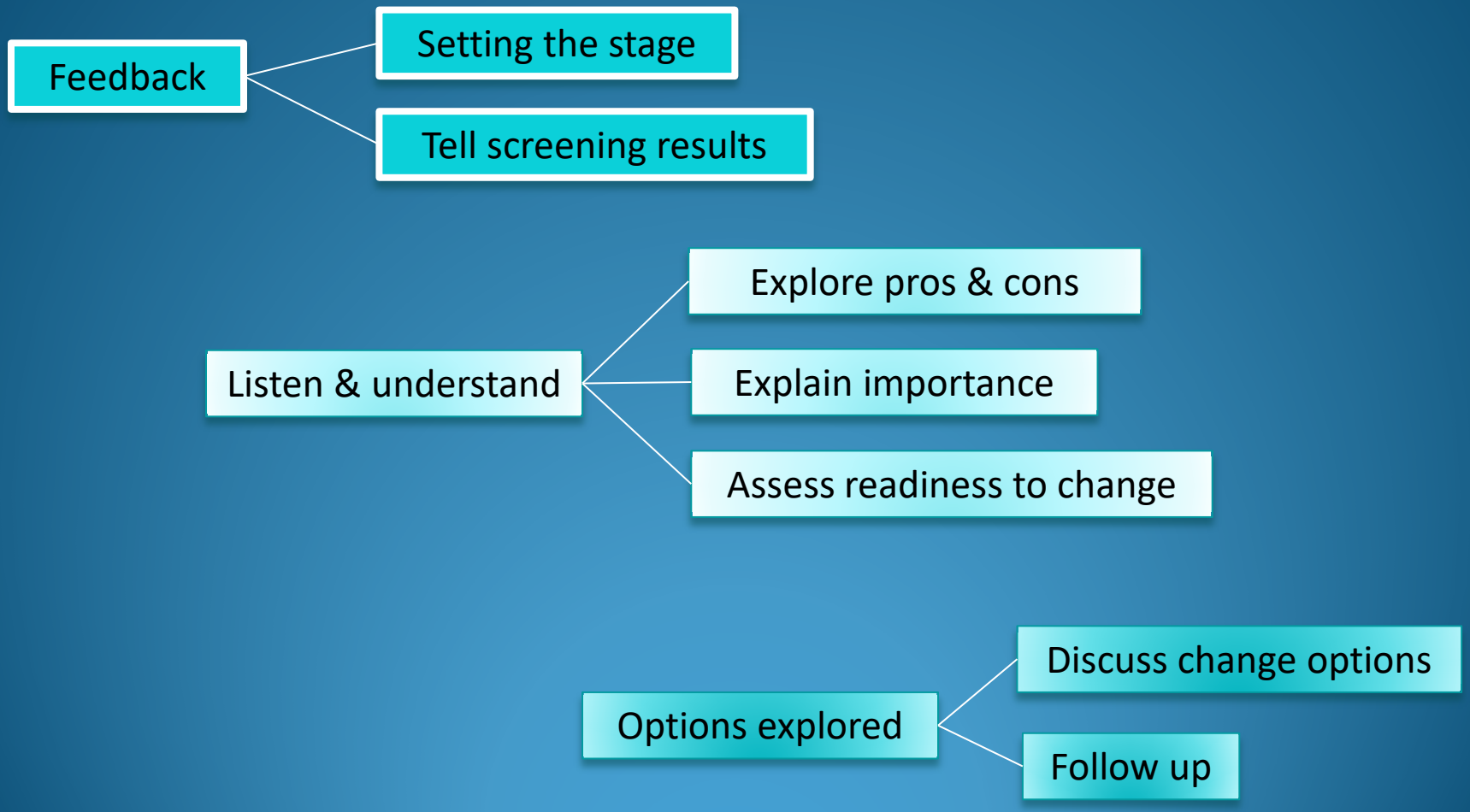
Goal of Brief Interventions



Conducting a Brief Intervention

F L O

How Does It All Fit Together?



The 3 Tasks of a BI

F Feedback

L Listen & Understand

O Options Explored

The 1st Task: Feedback

The Feedback Sandwich

Ask Permission

Give Feedback

Ask for Response

The 1st Task: Feedback

What you need to cover:

1. Range of scores and context
2. Screening results
3. Substance use norms in population
4. Interpretation of results (e.g., risk level)
5. Patient feedback about results

The 1st Task: Feedback

What do you say?

1. **Range of score** and **context** - Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8.
2. **Results** - Your score was 18 on the alcohol screen.
3. **Interpretation of results** - 18 puts you in the moderate-to-high risk range. At this level, your use is putting you at risk for a variety of health issues
4. **Patient reaction/feedback** - What do you make of this?

Informational Brochures

NIAAA Underage Drinking Fact Sheet:

https://www.niaaa.nih.gov/sites/default/files/Underage_Fact.pdf

SAMHSA Underage Drinking "Facts vs. Myths" Fact Sheet

https://store.samhsa.gov/system/files/facts_mythsvsfacts_rev2019_508.pdf

The 1st Task: Feedback

Handling Resistance

- Look, I don't have a drug problem.
- My dad was an alcoholic; I'm not like him.
- I can quit using anytime I want to.
- I just like the taste.
- Everybody drinks in college.

What would you say?

The 1st Task: Feedback

To avoid this…

LET GO!!!

The 1st Task: Feedback

Easy Ways to Let Go

- I'm not going to push you to change anything you don't want to change.
- I'd just like to give you some information.
- What you do is up to you.

The 1st Task: Feedback

Finding a Hook

- Ask the patient about their concerns
- Provide non-judgmental feedback/information
- Watch for signs of discomfort with status quo or interest or ability to change
- **Always ask this question: "What role, if any, do you think alcohol played in your (getting injured)?**
- Let the patient decide.
- Just asking the question is helpful.

The 3 Tasks of a BI

L Feedback

L Listen & Understand

O Options Explored

The 2nd Task: Listen & Understand

Ambivalence is
Normal

Digging for Change: The Decisional Balance

Avoid questions that call for a yes/no answer.

The 2nd Task: Listen & Understand

Listen for the Change Talk

- Maybe drinking did play a role in what happened.
- If I wasn't drinking this would never have happened.
- Using is not really much fun anymore.
- I can't afford to be in this mess again.
- The last thing I want to do is hurt someone else.
- I know I can quit because I've stopped before.

Summarize, so they hear it twice!

The 2nd Task: Listen & Understand

Strategies for Weighing the Pros and Cons

- What do you like about drinking? What does it do for you?
- What are the not-so-good aspects of drinking?
- What else are you aware of about your drinking?

Summarize Both Pros and Cons

"On the one hand you said..,

and on the other you said…."

The 2nd Task: Listen & Understand

Importance/Confidence/Readiness

On a scale of 1–10…

- How important is it for you to change your drinking?
- How confident are you that you can change your drinking?
- How ready are you to change your drinking?

For each ask:

- Why didn't you give it a lower number?
- What would it take to raise that number?

1	2	3	4	5	6	7	8	9	10

The Payoff for Asking the Questions…

- These questions will lead to a working treatment plan
  - Stage of change
  - Benefits of use
  - Consequences of use
  - Willingness to work on these issues

The 3 Tasks of a BI

L

Feedback

L

Listen & Understand

O

Options Explored

The 3rd Task: Options for Change

What now?

- What do you think you will do?
- What changes are you thinking about making?
- What do you see as your options?
- Where do we go from here?
- What happens next?

The 3rd Task: Options for Change

Offer a Menu of Options

- Manage drinking/use (cut down to low-risk limits)
- Eliminate your drinking/drug use (quit)
- Never drink and drive (reduce harm)
- Utterly nothing (no change)
- Seek help (refer to treatment)

The 3rd Task: Options for Change

The Advice Sandwich

Ask Permission

Provide Suggestion

Ask for Response

The 3rd Task: Options for Change

Closing the Conversation ("SEW")

- **S**ummarize patient's views (especially the pro)
- **E**ncourage them to share their views
- **W**hat agreement was reached (repeat it)

Brief Negotiated Interview

(another form of brief intervention)

Brief Negotiated Interview

BNI Steps	Procedures
Introduction/Ask Permission	• "Before we start, I'd like to know a little more about you. Would you mind telling me a little bit about yourself?" "What is a typical day like for you?" "How does alcohol/drugs fit in?" "What are the most important things in your life right now?"
1. **Engagement**	

Source: Boston University School of Public Health; BNI ART Institute

Brief Negotiated Interview

BNI Steps	Procedures
2. Pros & Cons • Explore pros and cons • Use reflective listening • Reinforce positives • Summarize	"I'd like to understand more about your use of (X). What do you enjoy about (X)? What else?" "What do you enjoy less about (X) or regret about your use?" If NO con's: Explore problems mentioned during the CRAFFT: "You mentioned that… Can you tell me more about that situation?" "So, on one hand you say you enjoy (X) because… And on the other hand you say…."

Brief Negotiated Interview

3. Feedback

- Ask permission
- Provide information
- Elicit response

- "I have some information about the guidelines for low-risk drinking, would you mind if I shared them with you?"
- "We know that for adults drinking more than or equal to 4F/5M drinks in one sitting or more than 7F/14M in a week, and/or use of illicit drugs can put you at risk for illness or injury, especially in combination with other drugs or medication. [Insert medical information.] It can also lead to problems with the law or with relationships in your life."
- "What are your thoughts on that?"

Brief Negotiated Interview

4. Readiness Ruler

- Readiness scale

- Reinforce positive reasons for change

- Envision change

- "To help me better understand how you feel about making a change in your use of (X), [show readiness ruler]… On a scale from 1-10, how ready are you to change any aspect related to your use of (X)?"
- "That's great! It means you're ___% ready to make a change."
- "Why did you choose that number and not a lower one like a 1 or a 2?"
- "It sounds like you have reasons to change."

Brief Negotiated Interview

5. Negotiate Action Plan

- Write down Action Plan
- Envisioning the future
- Exploring challenges
- Drawing on past successes
- Benefits of change

- "What are you willing to do for now to be healthy and safe? ...What else?"
- "What do you want your life to look like down the road?" [Probe for goals.] "How does this change fit with where you see yourself in the future?"
- "What are some challenges to reaching your goal?"
- "What have you planned/done in the past that you felt proud of? Who/what helped you succeed? How can you use that (person/method) again to help you with the challenges of changing now?"
- "If you make these changes, how would things be better?"

Brief Negotiated Interview

6. Summarize & Thank

- Reinforce resilience & resources
- Provide handouts
- Give Action Plan
- Thank the patient

- "Let me summarize what we've been discussing, and you let me know if there's anything you want to add or change…" [Review Action Plan.]
- [Present list of resources]: "Which of these services, if any, are you interested in?"
- "Here's the action plan that we discussed, along with your goals. This is really an agreement between you and yourself."
- "Thanks so much for sharing with me today!"

Example of BNI with a teen using Vicodin

BNI Steps	Dialogue/Procedures
• Step 1. Engagement	• "Before we get started, I'd like to know a little more about you. Would you mind telling me a little bit about yourself?"
	• "What's a typical day like for you? • How does Vicodin fit in?"
	• "What are the most important things in your life right now?"

Example of BNI with a teen using Vicodin

Step 2. Pros & Cons

- Explore pros & cons of using
- Use reflective listening
- Summarize statements

- "I'd like to understand more about your use of Vicodin. What do you enjoy about it?"
- "What do you enjoy less about Vicodin or regret about your use of it?"
- IF they can't think of any cons, explore problems mentioned on the CRAFFT, i.e. "you said that you have gotten into trouble while using Vicodin. Tell me more about that."
- "So on one hand you enjoy Vicodin because….and on the other hand it has caused these problems…"

Example of BNI with a teen using Vicodin

Step 3. Feedback

- Ask permission to share information
- Provide information
- Elicit response

"I have some information about the use of opioids by teens that I'd like to share with you. Would that be ok?"

"We know that use of opioids by teens has some negative consequences. For one thing, it's very easy to become addicted to them to the point that you need them just to be able to function every day. They can lead to short-term problems like impaired ability to learn, poorer grades, and family relationship issues, along with overdose & death, and long-term consequences like collapsed veins, respiratory problems, and liver disease.

Example of BNI with a teen using Vicodin

Step 3 (cont'd)

"Teens who use prescription opioids in their early teens are more likely to be using heroin by the time they graduate from high school. And because your brain is still developing, opioids can cause changes in your brain that may be permanent and make you more vulnerable to addiction as an adult."

"What are your thoughts about this information?"

Example of BNI with a teen using Vicodin

Step 4. Readiness Ruler

- Readiness Scale

- Reinforce positives of changing

- Envision change

"To help me better understand how you feel about reducing or stopping your use of Vicodin, on a scale of 1 to 10, how ready would you say you are to change any aspect of your use of Vicodin?"

"That's great, it means you're ___% ready to make a change."

"Why did you choose that number and not a lower number, like a 1 or a 2?"

<Their response>

Reflect their response and say "so it sounds like you have some reasons to make a change."

Example of BNI with a teen using Vicodin

Step 5. Negotiate Action Plan

- Write down action plan
- Envision the future
- Explore potential challenges
- Draw on past life successes
- Benefits of change

"So what are you willing to do right now to be healthy and safe?" (write down action plan)

"What do you want your life to look like down the road?" (Probe for goals) "How does this change fit in with those goals?"

"What might be some challenges in accomplishing your goal with regard to Vicodin?"

"What's something you have accomplished in the past that you felt proud of? Who or what helped you succeed in that? How can you use that (person or method) to help you with the challenges of making this change now?"

"So if you make this change, how would things be better for you?"

Example of BNI with a teen using Vicodin

Step 6. Summarize and Thank

- Reinforce resilience and resources
- Provide handouts (if available)
- Give them the action plan
- Thank the student for coming today

"So let me summarize what we've discussed, and you let me know if there's anything you'd like to add or change." (Review action plan)

(If available, present list of local resources) "Which of these services, if any, are you interested in to help you with your goal?"

"OK, here's the action plan we've discussed. This is really an agreement between you and yourself."

"Thanks so much for coming in and talking with me today!"

Referral to Treatment

- Approximately 5% of students screened will require referral to substance use evaluation and treatment.
- A student may be appropriate for referral when:
  - They report weekly or more use of a substance on the S2BI
  - They score higher than 2 on the CRAFFT

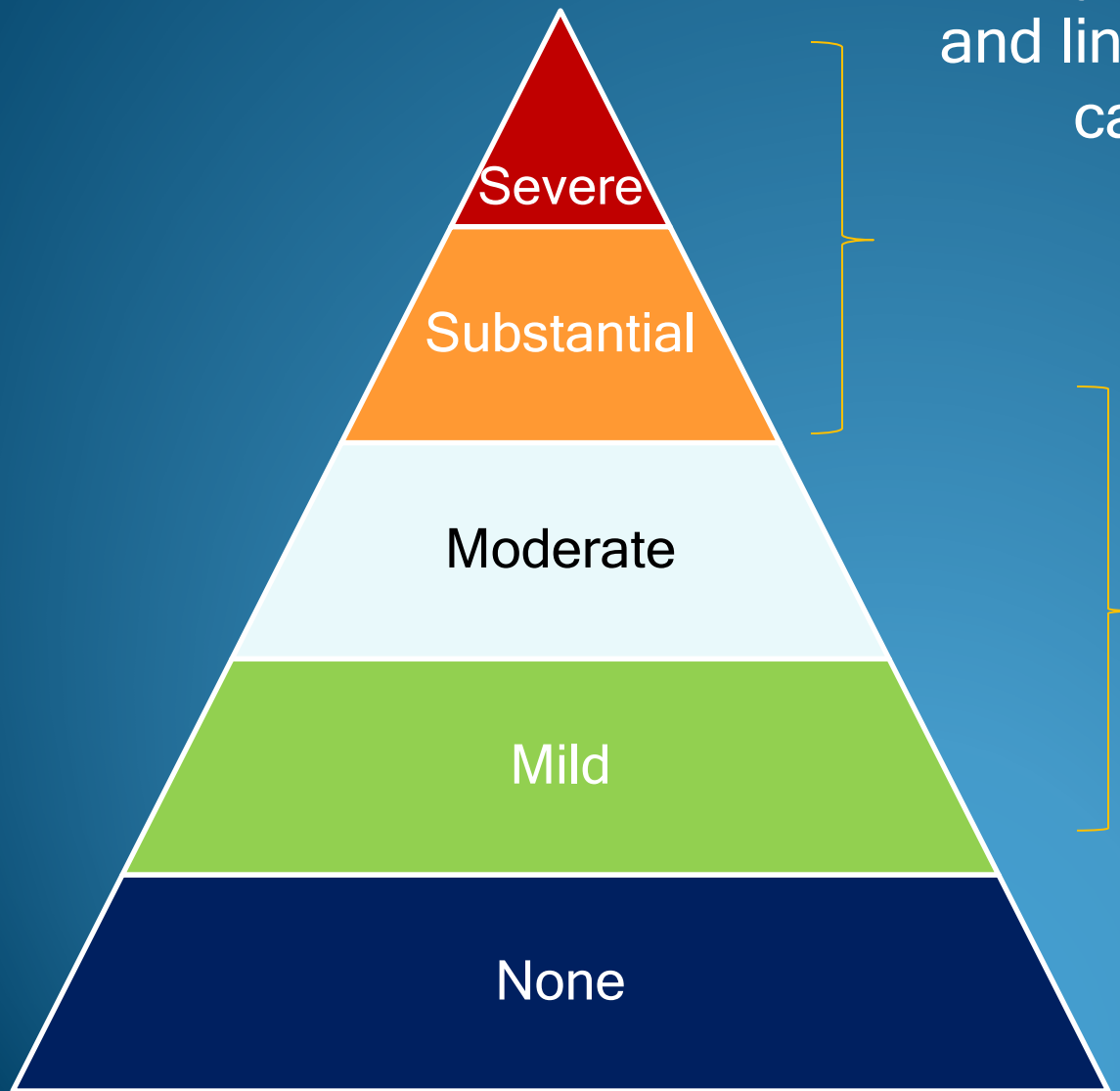
These high risk students will receive a brief intervention that is oriented toward a referral to treatment.

"Warm hand-off" Approach to Referrals

- Describe treatment options to students based on available services in your community (know what they are)
- Develop relationships between school-based health centers, who do screening, and local treatment centers
- Facilitate hand-off by:
  - Calling to make appointment for student
  - Providing directions and clinic hours to student
  - Coordinating transportation when needed and if available
- Can you think of any other useful referral strategies?

Advocating for SBIRT

What SBIRT Can Accomplish



Identify adolescents with SUD and link them with specialty care (about 5% of adolescents)

Educate adolescents who are using substances (approx 11.5% using alcohol, 9.4% using drugs) motivate behavior change)

Possible SBIRT Settings

Where can we access adolescents?

- Medical settings, clinics
- Schools
- Juvenile Justice

National Institute on Drug Abuse 2016b; Weinstein 2006

Why Do Prevention for Adolescents in School Settings?

21.5% of tenth graders and 35.3% of twelfth graders report past-month alcohol use

16.5% of tenth graders and 23.5% of twelve graders report past-month drug use

Schools are major source of behavioral health care for many students

- 21 times more likely to visit a school-based health center for behavioral health than a community-based health center

Visits to treat negative impacts of substance use (injuries, infections) a “teachable moment”

National Institute on Drug Abuse 2016b; Weinstein 2006

Advocate and Educate

Time and resources are essential for SBIRT to succeed

- Space
- Training
- Time to deliver SBIRT service
- Integrating SBIRT into workflow

Make the case for SBIRT with school administrators

- Public health
- Student health and well-being
- Emphasize potential impact on issues of concern to the school (dropouts) and how they are caused or aggravated by substance use

What are some other ways you would make the case?

Advocacy

Identify and engage community leaders who are concerned with substance use, can help create momentum to tackle the issue

- Politicians, school boards, nursing associations
- Community leaders
- Parents

Emphasize that this is a public health approach to improving student health and wellness, not "Just Say No."

Community Catalyst Advocate Toolkit, 2018

Advocacy

Launch a public health campaign to increase public awareness

Generate interest among providers to deliver SBIRT by engaging professional associations

Community Catalyst Advocate Toolkit, 2018

Resources to Help Make Your Pitch

Reference the endorsement of youth SBIRT by national organizations, such as the American Academy of Pediatrics, National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Institute on Drug Abuse (NIDA).

Visit Community Catalyst Website:

https://www.communitycatalyst.org/resources/tools/sbirt/mobilize-for-sbirt

Resources to Help Make Your Pitch

Tips for Advocates:

https://www.communitycatalyst.org/doc-store/publications/Tips_Advocates_Decision-maker-advocacy.pdf

Provide evidence on the Effectiveness of SBIRT:

https://drive.google.com/file/d/0B67gcMqEtX6tWlI4MzBJcFlVekk/view

Resources

Adolescent SBIRT Toolkit:
https://www.mcpap.com/pdf/S2BI%20Toolkit.pdf
(Boston Children's Hospital)

SBIRT Resource Hub:
https://www.adolescentsubstanceuse.org/
(Hilton Foundation/UCLA)

End Code: 6732

Please make a note of this; you will need it for CE credit

YOUTH HEALTH WORKER CURRICULUM

- Peer health education curriculum
- Two sections
  - Topic areas
  - Learn, meet, practice

WHAT'S SUP (SUBSTANCE USE PREVENTION)? MODULE

- Two versions

SBIRT QUICK GUIDES

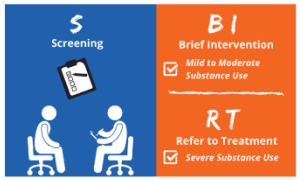
School-Based Health SBIRT Quick Guide
Substance Use Screening

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to the screening and identification of individuals engaged in substance use, the delivery of early brief interventions in order to reduce use, and the referral to treatment for high-risk use. The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, created this quick guide for SBIRT in school-based health centers (SBHCs) in an effort to reduce youth opioid use. **This quick guide focuses on screening.**

Why screen for substance use?

- **Nationwide, 9.6 percent of youth age 12-17 report having used alcohol in the previous month, and 8.8 percent report past-month drug use.[1]**
- **Fourteen percent of high school students have misused an opioid prescription.[2]**
- **The majority of people with a substance use disorder (SUD) started using before age 18 and developed their disorder by age 20.[3]**

Because of their early initiation, youth who use substances are at increased risk for health, educational, and social challenges related to alcohol and drugs. SBHCs are ideal places to identify these youth and provide evidence-based services that inform them about the health risks associated with alcohol and drug use, motivate them to ch… support them in addressing the concerns that may be underlyin…



This service is supported by a federal grant under the State Opioid Response program, w… Department of Health Care Services. The California School-Based Health Alliance and t… Integrated Substance Abuse Programs (UCLA ISAP) adapted a resource from UCLA ISAP… the Conrad N. Hilton Foundation's Substance Use Prevention initiative.

School-Based Health SBIRT Quick Guide
Brief Interventions for Substance Use

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to the screening and identification of individuals engaged in substance use, the delivery of early brief interventions in order to reduce use, and the referral to treatment for high-risk use. The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, created this quick guide for SBIRT in school-based health centers (SBHCs) in an effort to reduce youth opioid use. **This quick guide focuses on brief interventions.**

Why adopt brief interventions for substance use?

- **Nationwide, approximately 2.4 million youth age 12-17 report having used alcohol in the previous month, and 2.2 million report past-month illicit drug use.[1]**
- **Opioid poisoning and mortality has significantly increased among both teens and young adults.[2]**
- **The vast majority of youth using substances do not have a substance use disorder (SUD) and therefore specialty SUD treatment would be clinically inappropriate.[1] However, not addressing substance use increases the risk for serious health, educational, and social problems.[3]**

Brief interventions are structured conversations designed to address alcohol and/or drug use among youth who are using substances, but do not need specialty SUD treatment. They are intended to be used when a young person screens positive for substance use or the need to discuss substance use emerges some other way.

The goal of brief interventions is to have a discussion aimed at reinforcing a youth's self-determination to reduce their risky behavior. Brief interventions are designed to be delivered in non-SUD treatment settings such as SBHCs.

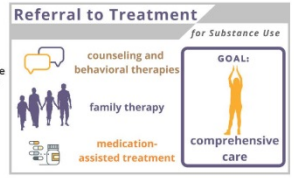
This service is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services. The California School-Based Health Alliance and the University of California, Los Angeles' Integrated Substance Abuse Programs (UCLA ISAP) adapted a resource from UCLA ISAP's Adolescent SBIRT Briefs that were part of the Conrad N. Hilton Foundation's Substance Use Prevention initiative.

School-Based Health SBIRT Quick Guide
Referral to Treatment for Substance Use

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to the screening and identification of individuals engaged in substance use, the delivery of early brief interventions in order to reduce use, and the referral to treatment for high-risk use. The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, created this quick guide for SBIRT in school-based health centers (SBHCs) in an effort to reduce youth opioid use. **This quick guide focuses on referral to treatment, including referral to medication-assisted treatment in response to opioid use disorder (OUD).**

Why adopt referral to treatment for substance use?

- **Nationwide, 30% of high school students report having used alcohol in the previous month.[1]**
- **Fourteen percent of high school students report illicit drug use.[2]**
- **Between 1991 and 2012, the rate of non-medical use of opioids by youth, and the rate of OUD, more than doubled.[3]**



…t is intended …a substance …and therefore …treatment …nd the scope …ings such as

…he different types of SUD treatment?

…erent types of treatment for youth with SUDs. The treatment types can …al categories:

…roaches – Psychosocial approaches address the underlying causes …SUD, ranging from individual counseling to group therapy. One common …D and other SUDs is Cognitive-Behavioral Therapy (CBT). Short-term …ment is sometimes provided by trained and qualified behavioral health …HCs.

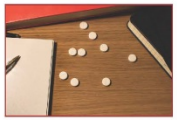
…a federal grant under the State Opioid Response program, with funding provided by the California …r Services.

School-Based Health SBIRT Quick Guide
Opioid Use Disorder

The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, is creating quick guides for school-based health centers (SBHCs) in an effort to reduce youth opioid use. While our goal is to …revent youth opioid use, we recognize that adolescent experimentation and risk-taking …s normative and prevention is not always successful. Therefore, it is important that health …care providers are ready with age-appropriate screenings, brief interventions, and referrals …o treatment (aka "SBIRT"). **This quick guide focuses on opioid use disorder (OUD) and its impact on youth.**

Young People Are Increasingly Impacted by Opioids

- **About 4% of California high school students report using opioids each year.[1]**
- **Between 1991 and 2012, the rate of non-medical use of opioids by youth and their rate of opioid use disorders more than doubled.[2, 3]**
- **The rate of overdose deaths among youth is increasing. In 2015, half of the 4,235 overdose deaths among 15-24 year-olds were attributable to opioids.[4]**
- **For every young adult overdose death, there are 119 emergency room visits and 22 treatment admissions.[5]**



Youth often start experimenting with opioids such as cough syrup with Codeine (AKA "Swizzle" or "Purple Drank"). One of the greatest risks facing youth who use opioids is that deaths from fentanyl – an extremely potent opioid – more than quadrupled in California between 2014 and 2017. Early evidence supports the notion of a pending "wave" as fentanyl enters more and broader pockets of the drug supply. Deaths are increasingly seen among individuals using substances other than opioids, including marijuana, that are laced with fentanyl.

Youth and OUD

The adolescent brain is uniquely primed for substance use disorder (SUD), including OUD. Biologically, youth are at greater risk of initiating substance use and progressing to OUD. Adolescent substance use is also highly predictive of adult substance use because the adolescent brain is still developing, making it more susceptible to addiction. Nine out of ten people meeting the clinical criteria for a SUD began using addictive substances before the age of 18.[6] At the same time, youth are at higher risk of experiencing more severe short- and long-term harms of substance use. The developing adolescent brain puts youth at greater risk of substance use because:

- Adolescent brains are primed for novelty and risk taking. The limbic system – like the engine of a car – is very strong and active, while the prefrontal cortex – like the brake – is still developing. Opioids also harm the prefrontal cortex, which can increase impulsivity.

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YOR CA PROJECT

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CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
Putting Health Care Where Kids Are

YOR CALIFORNIA
California Youth Opioid Response

CONTINUING EDUCATION UNITS POST-TEST

- https://docs.google.com/forms/d/e/1FAIpQLSc3iscm0QvoaFoTrJibY5SYNO09ilXcTgHkhQhwrVziY4e3OA/viewform
- Two units for BBS CEs (LMFT, LCSW, LPCCS, LEPs) via CA MFT
- 8/10 correct to pass
- Continuing Education course evaluation

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CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
Putting Health Care Where Kids Are

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