

## It Takes a Village: Substance Abuse Screening for Adolescents SBIRT in SBHCs

**School-Based Health Alliance** 

Letitia D. Winston, MEd, NCC November 5, 2015 Advancing School Mental Health Conference



## **Presenter Disclosures**

### Letitia D. Winston

# The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose.



## Who's in the room?







By the end of this session, participants will be able to:

- Explain the three components of the SBIRT (Screening, Brief Intervention, and Referral to Treatment) model for adolescents, to provide substance abuse screening, intervention and treatment services.
- Formulate effective strategies in addressing substance use and abuse in the public health and mental health settings.
- Demonstrate ways to integrate SBIRT into their current health services.



## Substance Abuse: A National Public Health Problem

There are over **22 million** Americans who meet the medical definition of abuse or addiction to drugs and alcohol

Over **94%** of those Americans are unaware that they need help and have not sought treatment or intervention

Approximately **10%** of U.S adolescents (ages 12-17) report use of illicit drugs within the past month

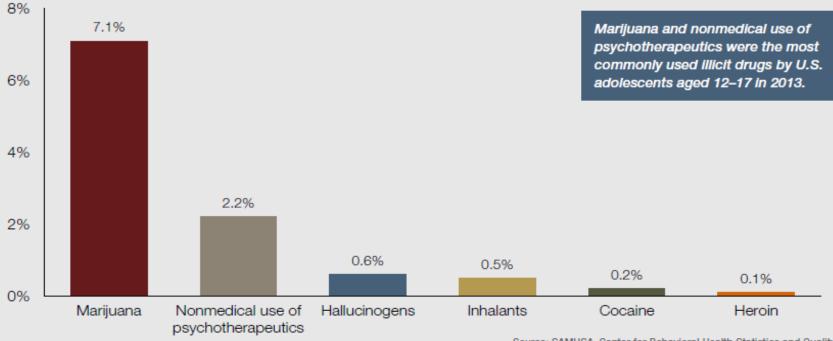
Nearly **18%** of U.S. adolescents report binge drinking within the past month

An estimated **50%** of high school seniors report using marijuana at least once Source: NSDUH, 2014; CDC, 2012



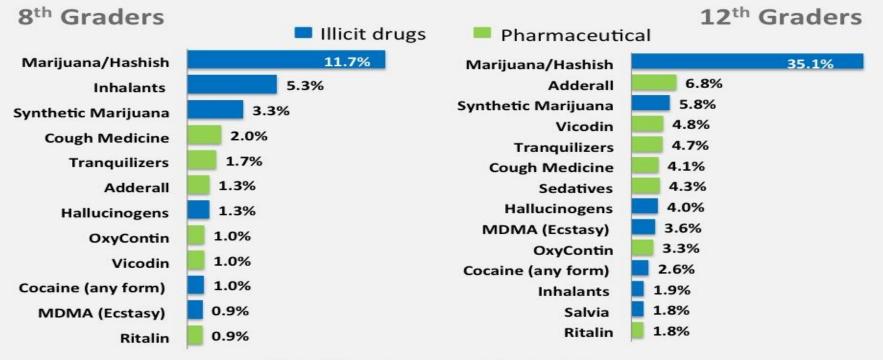
## U.S. Adolescent Past-Month Illicit Drug Use

#### Past-Month Illicit Drug Use Among Adolescents Aged 12-17 (2013)



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

### Top Drugs among 8<sup>th</sup> and 12<sup>th</sup> Graders, Past Year Use



#### \* Only 12<sup>th</sup> graders surveyed about sedatives use

Source: University of Michigan, 2014 Monitoring the Future Study



### Correlation of Substance Use During Adolescence & Young Adulthood

- Brain damage
- Injuries (intentional, unintentional)
- Emergency room visits (e.g., overdose)
- School failure
- Violence
- Arrests, incarceration

- Sexual assaults
- Unprotected intercourse
- Sexually transmitted diseases
- HIV/AIDS
- Fetal alcohol syndrome

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Jessor et al., 1991; DuRant et al., 1997; 1999; Hingson et al., 1990



# SBIRT IN SBHCS INITIATIVE



## Conrad N. Hilton Foundation Adolescent SBIRT Initiative

The Conrad N. Hilton has funded substance abuse prevention since 1982.

Focus on Youth Substance Use Prevention and Early Intervention 3-Year \$1.5 million grant focused on adolescents SAMHSA-project health centers, large pediatric practices and schoolbased health clinics



## **SBIRT in SBHCs Initiative**

### **Started September 2014**

Ultimate Goals:

- Test adolescent-specific SBIRT integration in nontraditional settings (SBHCs)
- Test use of evidence-based intervention *Teen Intervene* in SBHCs
- Develop a dissemination strategy for integrating adolescent-specific SBIRT and *Teen Intervene* into SBHCs on a national scale



## PARTICIPATING SITES

#### Cohort I (September 2014-15)

California Skyline HS United for Success MS Madison MS/HS

> Oregon Merlo Station HS Beaverton HS

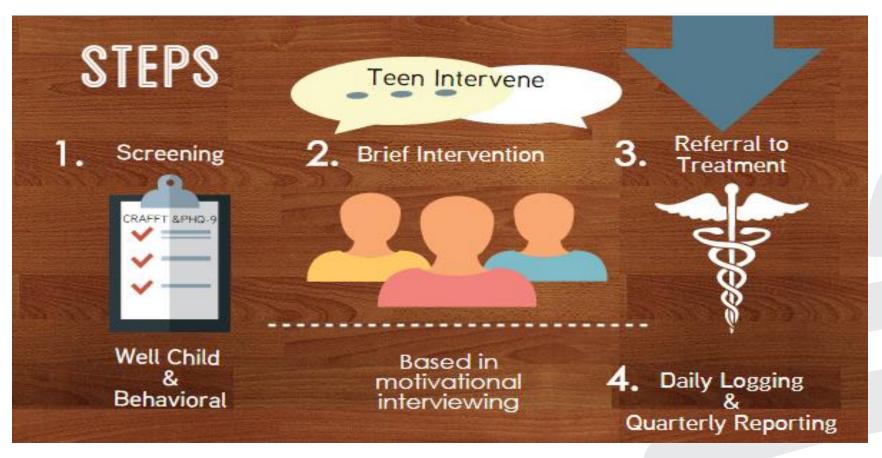
#### Cohort 2 (January 2015-16)

District of Columbia Coolidge HS Dunbar HS

Illinois Auburn Gresham MS Maryland St. Frances Academy HS

New Mexico Grant MS Wilson MS







# WHAT IS SBIRT?



## **SBIRT Components**



Application of a simple test to determine if a patient is at risk for or may have an alcohol or subconce use disorder

#### Brief Intervention

Explanation of screening results, information on safe use, assessment of readiness to change, advice on change

### Referral to Treatment

Patients with positive results on a screening may be referred for an in depth substance abuse assessment and/or treatment



## SBIRT: A National Public Health Solution

- SBIRT focuses on identifying people with at-risk and dependent substance and alcohol use behaviors prior to the need for more extensive or specialized drug treatment
- Research suggests that as little as **2-3** minutes of provider counseling can bring about:
  - 40-50 percent reduction in substance abuse, with effects lasting up to one year
  - 40 percent reduction in harmful use of alcohol by those drinking at risky levels and a 55 percent reduction in negative social consequences



## **SBIRT Effectiveness**

### Reduced health care costs

- For each \$1 spent on SBIRT we save \$3.81 \$5.60
- Reduced ED visits 20%
- Reduced hospitalizations 37%
- Reduced non-fatal injuries 33%
- Reduced car crashes 50%
- Reduced arrests 46%
- Reduced severity of drug & alcohol use Reduced employer costs - \$771 per staff





## Top Six Cited Barriers to Screening for Adolescent Substance Use

Not enough TIME

No **TRAINING** (to deal with + screen)

Need to TRIAGE competing priorities

Perceived lack of TREATMENT

TENACIOUS Parent (who won't leave teen)

Not familiar with screening TOOLS



## **Remedies to Barriers**

### Barrier

### Remedy

- Screening can be completed prior to visit
- Short trainings provide skills
- Challenging but also consider what NOT to miss
- Local treatment options and resources
- Screening can be done in private
- Brief, valid, reliable, developmentally appropriate tools

### Time

Training

Triage

Treatment

Tenacious parent

Tools



# <u>S</u>BIRT SCREENING



## CRAFFT: Adolescent Screening Tool

- Validated screening tool for use with adolescents
- Screens for both alcohol and other drug problems
- Self-administered version
- Provider-guided version





## **CRAFFT Decoded**

- C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol /drugs?
- R Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A Do you ever use alcohol/drugs while you are by yourself, **ALONE**?
- F Do you ever FORGET things you did while using alcohol or drugs?
- F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- T Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

#### The CRAFFT Screening Interview

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

#### Part A

During the PAST 12 MONTHS, did you:	No	Yes
<ol> <li>Drink any <u>alcohol</u> (more than a few sips)?</li> <li>(Do not count sips of alcohol taken during family or religious events.)</li> </ol>		
2. Smoke any <u>marijuana or hashish</u> ?		
3. Use anything else to get high?		
("anything else" includes illegal drugs, over the counter and		

prescription drugs, and things that you shift or "huff")

#### For clinic use only: Did the patient answer "yes" to any questions in Part A?



Part B	No	Yes
<ol> <li>Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?</li> </ol>		
2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in?		
3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?		
4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs?		
5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use?		
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?		



## **Interpreting the CRAFFT**

Score	Risk	<b>Recommended Action</b>
"No" to 3 opening questions	No risk	Positive reinforcement
"Yes" to car question	Riding risk	Discuss risk reduction
CRAFFT score = 0	Low risk	Positive Reinforcement
CRAFFT score = 1	Medium risk	Brief Advice
CRAFFT score ≥ 2	High risk	Brief intervention + Consider referral for further assessment



# CRAFFT

## Let's Practice!!



# S<u>BI</u>RT BRIEF INTERVENTION



## What is a Brief Intervention?

A brief intervention consists of one or more time-limited conversations (3-15 minutes) between an at-risk drinker or substance user and a provider

## Brief interventions are designed to be:

- Time efficient
- Motivational to empower the client to take action
- A possible first step in change



- Help client change the way they see, understand, or feel about a particular risk factor or behavior
- Reduce the risk of harm from the substance use or other risky behaviors
- Assist the client in accessing treatment if appropriate



## **Brief Intervention**

### No use: CRAFFT Score=0

Positive reinforcement to delay initiation.

### Use without associated problems: CRAFFT Score=1

Brief advice to encourage cessation.

### Use with problems but without dependence: CRAFFT Score=2

- Brief intervention to encourage cessation or reduced use.
- Uses motivational interviewing strategies with an emphasis on negotiation.

### **Dependence: CRAFFT Score=2+**

• Referral for further assessment and treatments.



## Talk the Talk

	Confrontational		Motivational
•	Heavy emphasis on self as having a problem and acceptance of diagnosis	•	De-emphasis on labels
•	Emphasis on personality pathology, choice and control	•	Emphasis on personal choice which reduces personal and responsibility
•	Therapist presents evidence of problems	•	Therapist focuses on eliciting the client's own concerns
•	Resistance is seen as 'denial' which is confronted	•	Resistance is met with reflection, non- argumentation
•	Goals of treatment and strategies, prescribed; client assumed to be incapable of sound decisions	•	Treatment goals and strategies are negotiated; client involvement is vital



## **Flip Your Communication Style**

How many years have you been abusing alcohol? Abusing marijuana?

Tell me about your alcohol use? Your marijuana use? When did you have your first drink?

You were just arrested for buying alcohol under age. Why are you still drinking? Don't you see how this is affecting your life?

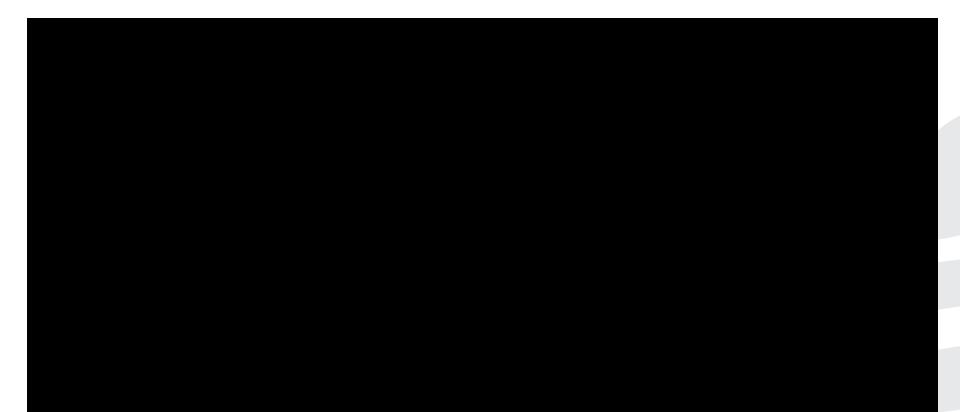
What concerns do you have about your current pattern of use?

What do you see as some of the negative things about using?

What are some of the benefits that you get from using?



## **Brief Intervention Video**





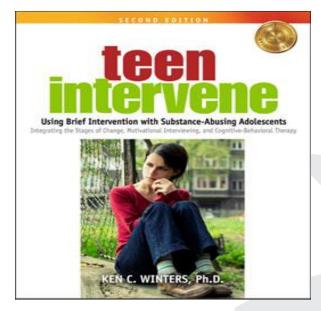
# **Brief Intervention**

## Let's Practice!!



## **Teen Intervene**

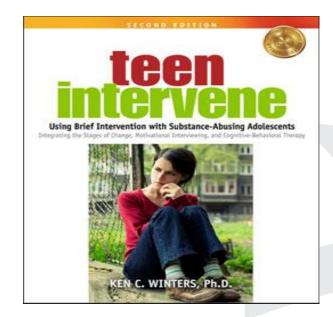
- Organized around these strategies:
  - Motivational interviewing
  - Stages of change Cognitive-behavioral
- Modeled after existing evidence-based approaches







- Three sessions:
   First two with adolescent
   Last one with parent
   # of sessions depends on length of sessions
- Each session: 60-75 minutes
- 7 10 day interval between sessions





# SBIRT REFERRAL TO TREATMENT



## **Types of Adolescent Treatment**

### **Outpatient:**

- Group
- Family
- Intensive outpatient
- Partial hospital program
- Recovery school or recovery school programming

### Inpatient/residential:

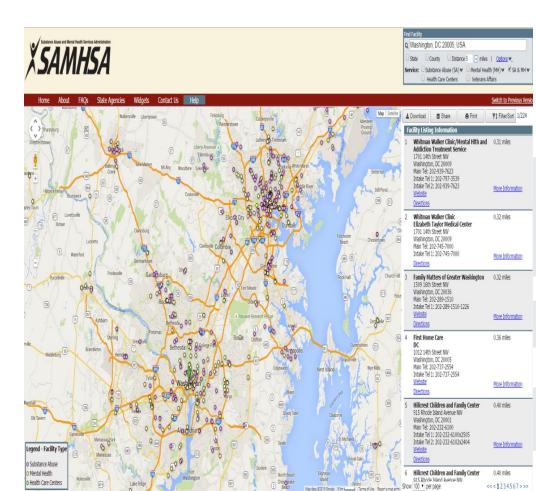
- Detoxification Acute residential treatment
- Residential treatment
- Therapeutic boarding school



## **Treatment Center Locator**

 Be familiar with available treatment services in your community - use licensed mental health professionals.

 Treat co-occurring disorders simultaneously: ADHD, mood/anxiety disorders (e.g. depression)
 Special caution with





## **Keys to Successful Referrals**

- Small % of youth need outside referral to treatment, but be prepared
- Adolescent-accessible and friendly
- Local Treatment Provider/Program (outpatient/inpatient) Understand programs and services Understand referral procedure Linkage agreement Brochure/information/website of program to give to student and family



## **Why Intervene?**

SBIRT will identify individuals that are both known and unknown to have at risk drug and alcohol use

Through doors already open to adolescents, quick and easy screening can uncover a need for further counseling

It is an opportunity to begin to normalize the conversation around alcohol and drug use as a health issue SBIRT can occur with any professional that has a trusting relationship with the adolescent, which expands access to intervention

The majority of at-risk adolescent users do not seek specialty treatment services Need to provide services at different levels Effects of substance abuse on youths are substantial

A significant percentage of adolescent substance use does require treatment, but SBIRT may reduce likelihood of increased problematic use







## When the Village Comes Together



#### https://www.hiltonfoundation.org/priorities/substance-use-prevention/our-approach



# **Thank You!**

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## **SBIRT Training Resources**

### SAMHSA-HRSA Center for Integrated Health Solutions

http://www.integration.samhsa.g ov/clinical-practice/sbirt/trainingother-resources

http://www.integration.samhsa.g ov/clinicalpractice/sbirt/financing School-Based Health Alliance Consulting Services http://www.sbh4all.org/about/c onsulting/

### Clinical Tools, Inc.

http://www.sbirttraining.com/sb irtcore

### **BNI-ART Institute**

http://www.bu.edu/bniart/



## Educational Materials and Resources

Print E

#### NIDA for Teens: www.teens.drugabuse.gov



# AND BRIEF INTERVENTION



NIAAA:

http://www.niaaa.nih.gov/pu blications/clinical-guidesand-manuals/alcoholscreening-and-briefintervention-youth/resources

### RealCare<sup>™</sup> Drug Affected RealCare<sup>™</sup> Fetal Alcohol Baby Syndrome Baby



