

Implementing Alcohol Misuse Screening, Brief Intervention, and Referral to Treatment: “IAMSBIART” Project

Brief Intervention Workshop

Arkansas Children’s Hospital: April 5, 2021

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Training Overview

This training is a part of the IAMSBIART study: *Implementing Alcohol Misuse Screening, Brief Intervention and Referral to Treatment.*

It is designed for those delivering the brief intervention.



NURSES



SOCIAL WORKERS



SITE LEADERS

Agenda

- ❑ Welcome and Intro to IAMSBI RT project
- ❑ Module 1: What is SBIRT?
- ❑ Module 2: Screening
- ❑ Module 3: Brief Intervention
 - ❑ Overview
 - ❑ Brief Advice
 - ❑ Brief Motivational Intervention
 - ❑ Brief Intervention and Referral to Treatment
- ❑ Module 4: Role Play Practice
- ❑ Review & Wrap up



Learning Objectives

- 1) Understand adolescent substance use as a public health problem.
- 2) Acquire knowledge / skills to implement SBIRT



Long-term Goal: To help Level 1 pediatric trauma centers comply with the ACS mandate to offer universal screening and brief intervention

The Spirit of SBIRT

FAVORITE
TEACHER

A drawing of a pencil, oriented horizontally, positioned below the text. The pencil is drawn with simple lines, showing the eraser at the left end and the sharp lead tip at the right end.

How would you describe your *favorite* teacher?

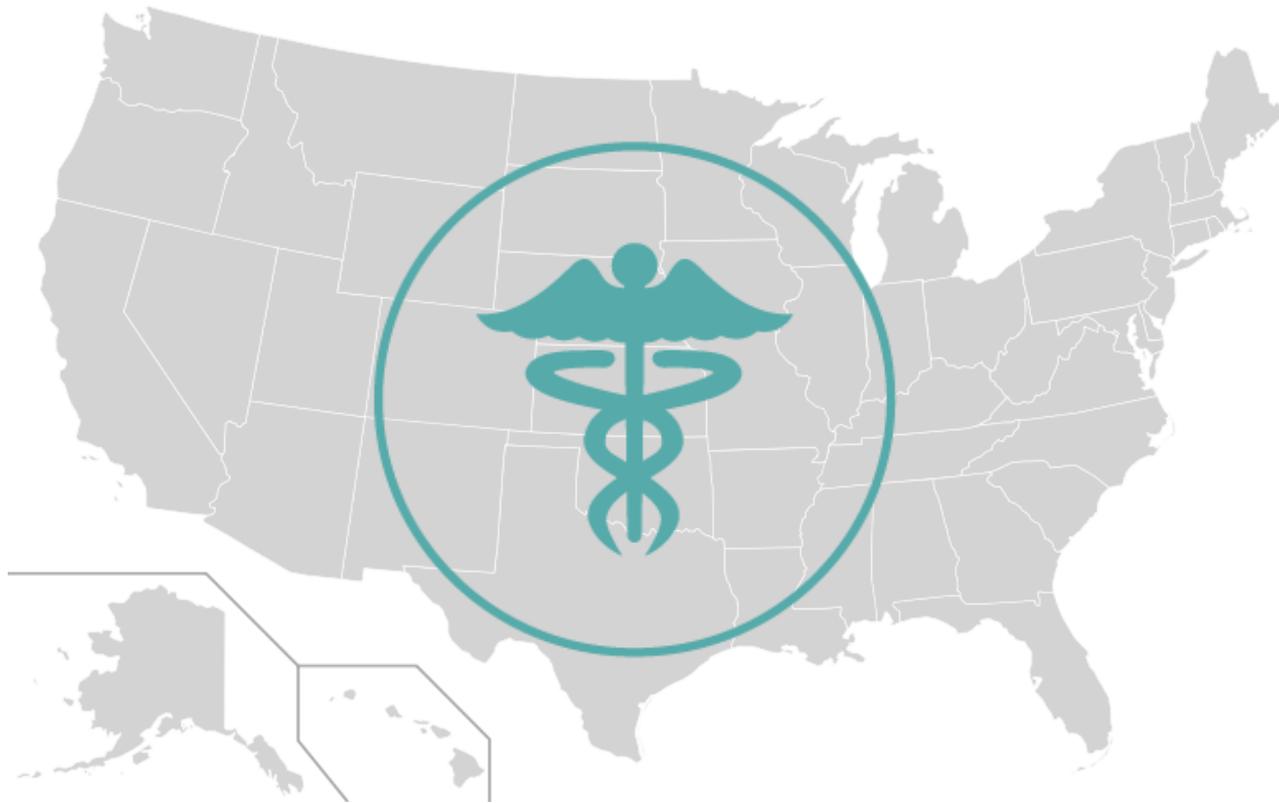
How would you describe your *worst* teacher?

Module One

SBIRT

**A Public Health Approach to Address
Adolescent Substance Use**

Adolescent Substance Use Is



A Public Health Problem

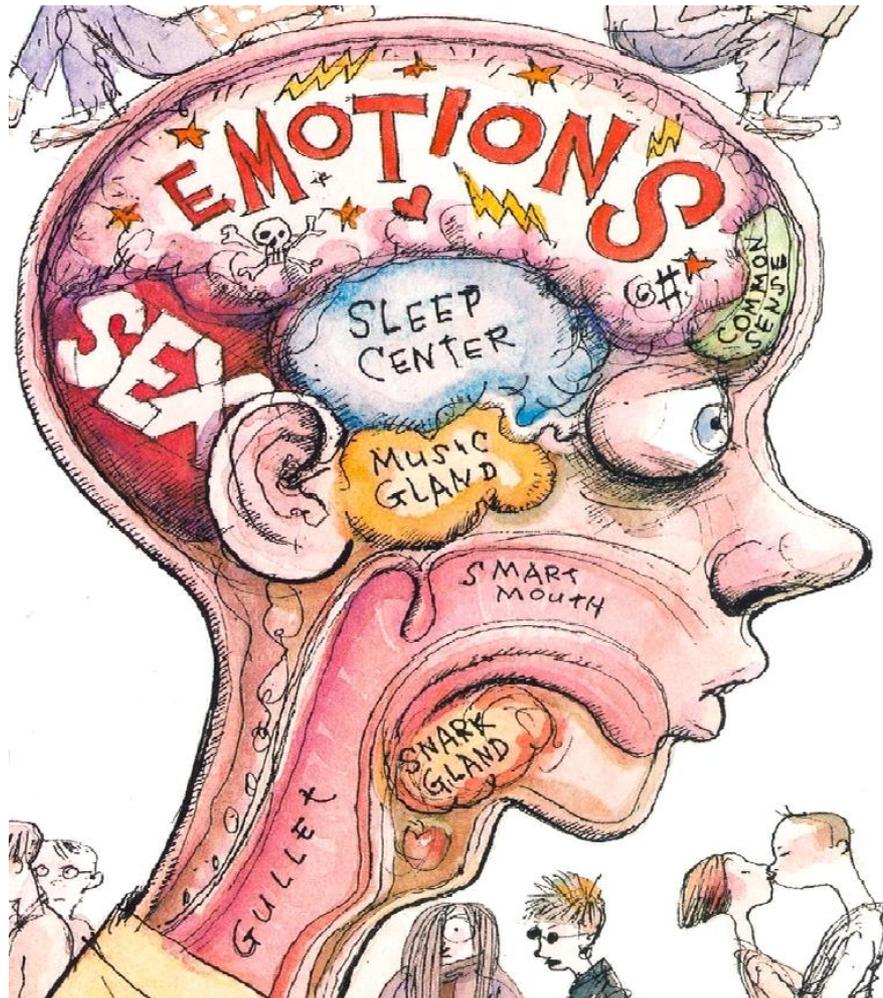
Adolescence is a Time of Experimentation

During the past 30 days, 9th-12th graders report:

- ❖ About 1/3 had at least one drink of alcohol
- ❖ About 14% had five or more drinks of alcohol in one sitting on at least 1 day (binge drinking).
- ❖ Almost 5% had driven a car or other vehicle while under the influence of alcohol and about 20% had ridden in a car with someone who had been drinking alcohol.

Most adults (80-90%) with alcohol problems report that they started using during adolescence

And a Time of Peak Risk...



The developing adolescent brain is particularly vulnerable to the toxic effects of alcohol and other drug use.

SBIRT is a Public Health Approach

- ❖ SBIRT is a comprehensive, integrated public health approach to the delivery of early intervention and treatment services for **all** adolescents with or at risk of substance use disorders.

<http://www.samhsa.gov/prevention/SBIRT/whitepaper.gov>



SBIRT

Screening

- ❖ Quickly assesses the severity of substance use and identifies the appropriate level of treatment.

Brief Intervention

- ❖ Focuses on increasing motivation to reduce substance use.

Referral to Treatment

- ❖ Provides those identified as needing more extensive treatment with access to specialty care.

Evidence for SBIRT in Adolescents

Setting	# of studies	Session Time	Outcomes
Medical Settings	7	5-60 minutes	<ul style="list-style-type: none">• Reduced intention to use• Reduced use and “hazardous use”• Reduced emergency department visits• Increased treatment engagement
High School or College	6	20-60 minutes	<ul style="list-style-type: none">• Reduced use and negative consequences

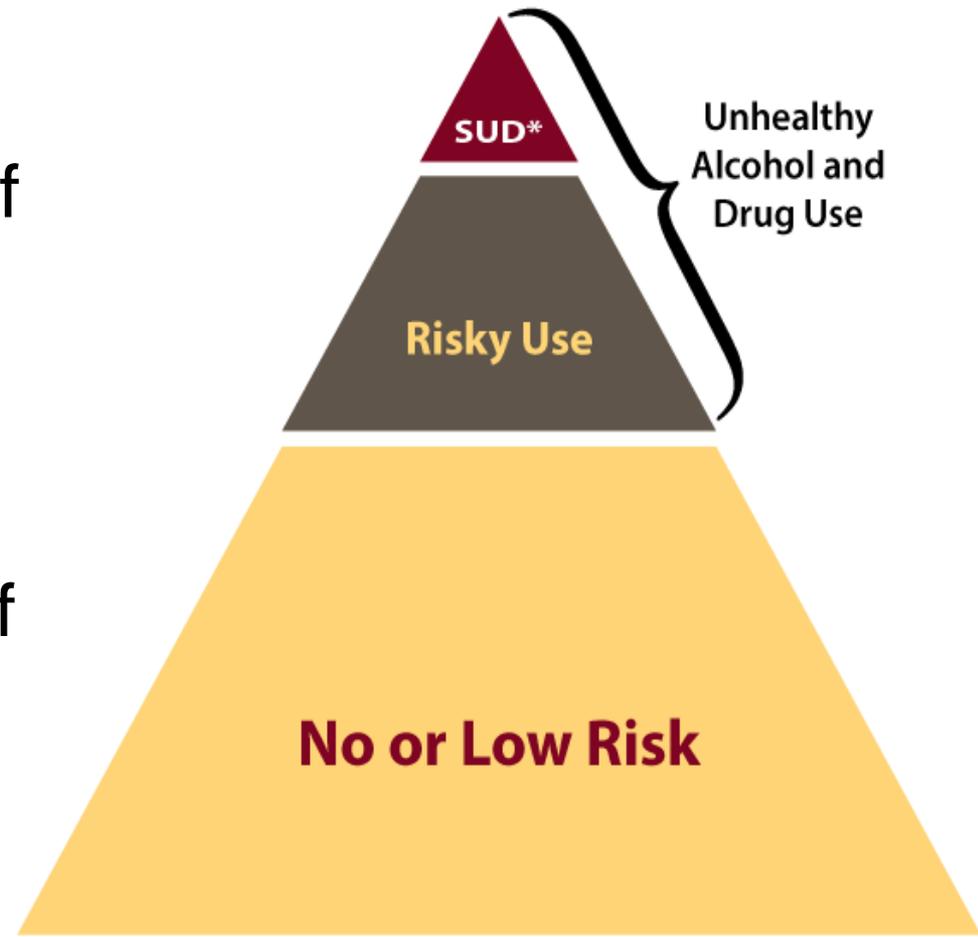
Module Two

SCREENING

**Enhancing our Identification
of Adolescent Substance Use**

Screening

- ❖ **Screening is step 1** of SBIRT and determines severity and risk level of teen's substance use.
- ❖ The result of a screen allows the **treatment provider** to determine if a brief intervention or referral to treatment is necessary.



*Substance Use Disorders

What Screening Tool Will Providers Use?

Screening to Brief Intervention (S2BI) Tool

- ❖ Brief, valid and easy to use
- ❖ Developed by Sharon Levy at Boston Children's Hospital.
- ❖ Available in multiple languages.
- ❖ Validated in youth age 12-17 years.
- ❖ Takes **< 1 minute** to administer.
- ❖ Yields more honest reporting than yes/no questions.

Screening to Brief Intervention (S2BI) Tool

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 if answers to all previous questions are “never.” Otherwise, continue with questions on the back.

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?

- Never
- Once or twice
- Monthly
- Weekly or more

Inhalants (such as nitrous oxide)?

- Never
- Once or twice
- Monthly
- Weekly or more

Illegal drugs (such as cocaine or Ecstasy)?

- 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

Sneak Peak of the S2BI in Your EHR...

RN Navigators

Admission

Transfer

Discharge

Pre-op

Sepsis

Blood

Restraints

Video Visit

Disaster Admit

Disaster Shift

Disaster Transfer and Discharge

Burn Admission

OVERVIEW AND HISTORY

Patient Profile

Travel/Exposure

Allergies

Home Meds

Password

History

ASSESSMENTS AND SCREENINGS

LDAs

Nutrition

Skin Risk

Assess for Press...

Autism Spectrum...

Abuse/Neglect

CRAFFT Screeni...

SBRIT-Substanc...

Behavior/Suicide

Fall Risk

VTE Risk Screen...

Functional Screen

Discharge Planning

HOME AND SCHOOL LIFE

Safety/Coping

Education/Daycare

Disability Status

INTERVENTIONS

Bedside Tablets

BestPractice 

Med Rec Status

SBRIT-Substance Misuse Screening

Time taken:  Responsible  Create Note

Show Last Filed Value Show Details Show All Choices

Primary Screening: In the past year, how many times have you used

Nicotine

Once or Twice taken yesterday

Never

Once or Twice

Monthly

Weekly or more





Alcohol

Never taken yesterday

Never

Once or Twice

Monthly

Weekly or more





Marijuana

Never taken yesterday

Never

Once or Twice

Monthly

Weekly or more





Secondary Screening: In the past year, how many times have you used

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)

Never taken yesterday

Never

Once or Twice

Monthly

Weekly or more





Inhalants (such as nitrous oxide)

Never taken yesterday

Never

Once or Twice

Monthly

Weekly or more





Herbs or synthetic drugs (such as salvia, "K2", or bath salts)

Never taken yesterday

Never

Once or Twice

Monthly

Weekly or more





Illegal drugs (such as cocaine or Ecstasy)

Never taken yesterday

Never

Once or Twice

Monthly

Weekly or more





 Create Note

 Restore

Close

Cancel

 Previous

 Next

Biologic Screening for Pediatric Trauma Patients



- **Biologic screens such as blood alcohol concentration (BAC) or urine drug screen (UDS) are frequently ordered for adolescent trauma patients**

- **S2BI and/or CRAFFT 2.1 should NOT replace biologic screens**

- **Biologic screens can be used to verify patient self-report of alcohol or other substance use**

- **Positive biologic screen results AND/OR positive S2BI should result in a social work consult**



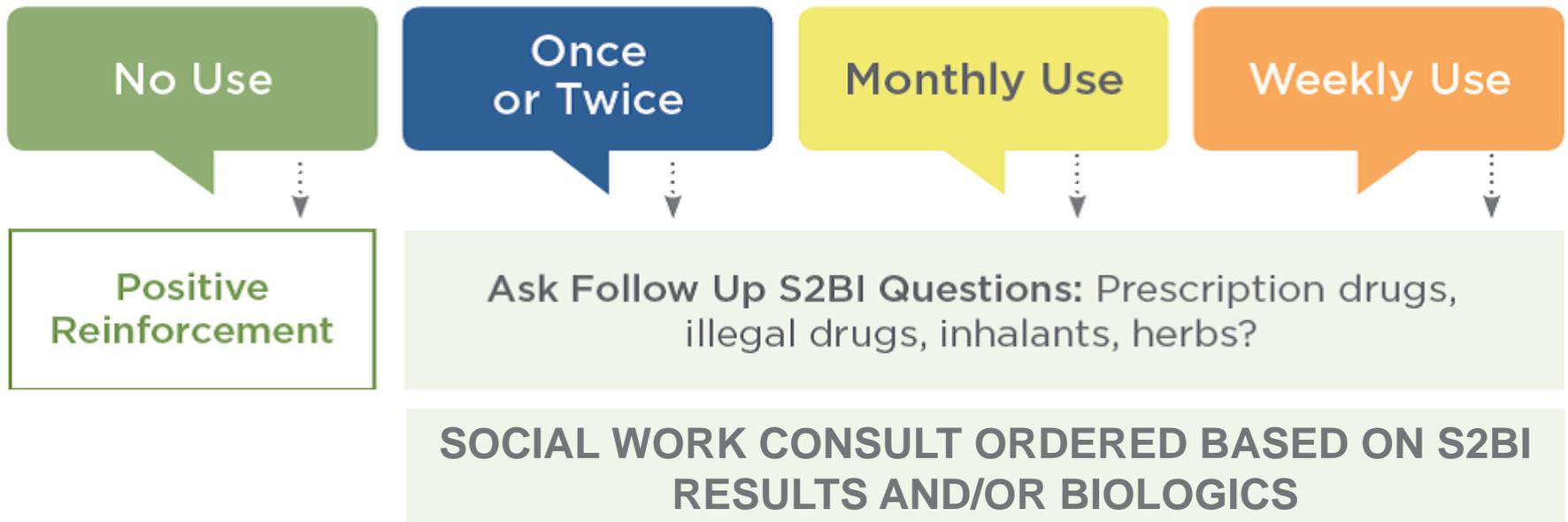
Best practice is to combine self-report and biologic screening!



Hasbro Children's Hospital
The Pediatric Division of Rhode Island Hospital
Lifespan. Delivering health with care.®

Screening Risk Triage Workflow

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana?



** Note: Our understanding is that nurses will conduct the S2BI at Arkansas and then will request a social work consult if the adolescent screens positive. This is the workflow used at most of our partner programs! Please let us know if you would like to discuss further.*

S2BI Screening and Biologics Result: No Use

- ❖ Nurse gives reinforcement to adolescents who report no use of substances.
- ❖ Reassures patients substance use is unusual.
- ❖ ***“It’s a great decision to avoid tobacco, alcohol, and drugs – it’s one of the best ways to protect your health.”***
- ❖ No further consult/intervention is needed.
- ❖ Nurse documents workflow in EHR.

Module Three

BRIEF INTERVENTIONS

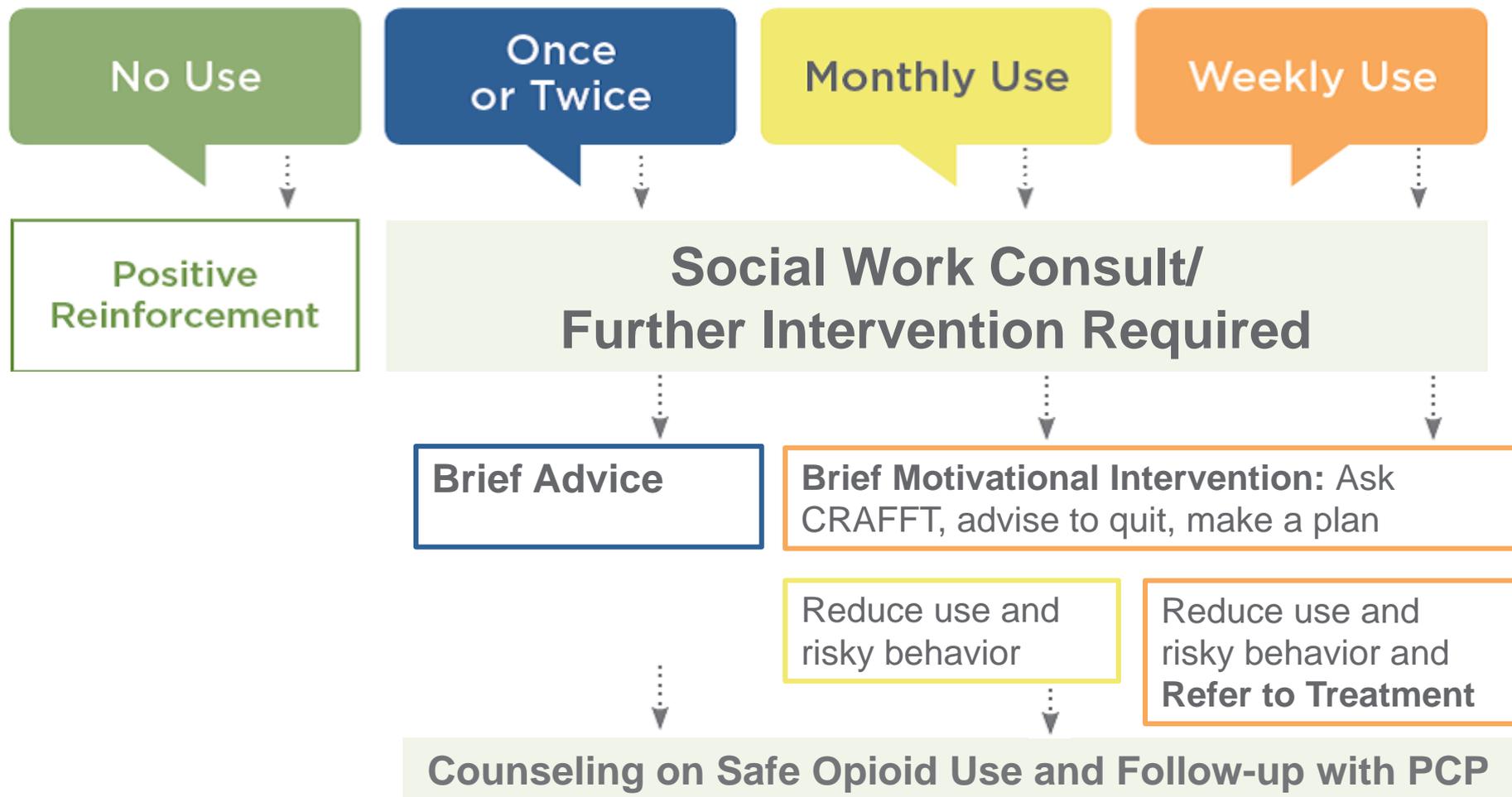
Part 1: Overview

Overview of the Social Work Consult

- ❖ The social worker reviews the screening results to determine which level of intervention is needed:
 - ❑ Brief advice (low risk)
 - ❑ Brief intervention (moderate risk)
 - ❑ Brief intervention + referral to specialty treatment (severe risk)
- ❖ **PLUS, all** adolescents and parents will receive:
 - ❑ Counseling on safe opioid prescribing
 - ❑ Recommendation to follow up with primary care provider

American Academy of Pediatrics. Policy statement—alcohol use by youth and adolescents: a pediatric concern. *Pediatrics*. 2010;125(4):1078-87.

Brief Intervention Workflow



Module Three

BRIEF INTERVENTIONS

Part 2: Brief Advice

S2BI Screening Result: “Once or Twice”

In the past year,
how many times
have you used:
Tobacco? Alcohol?
Marijuana?

Once
or Twice

```
graph TD; A[Once or Twice] --> B[Further Intervention Required]; B --> C[Brief Advice]; C --> D[Counseling on Safe Opioid Use and Follow-up with PCP];
```

Further Intervention Required

Brief Advice

Brief advice is also appropriate for
teens who report “no use” on the
S2BI but had positive biologics

Counseling on Safe Opioid Use and Follow-up with PCP

S2BI Screening Result: “Once or Twice”

- ❖ Treatment provider delivers advice while explaining negative impacts of alcohol or drug use
- ❖ Recommend teen continue conversation about alcohol or drug use with PCP within 30 days
- ❖ Provide counseling on opioid safety
- ❖ Document in electronic medical record

Brief Advice Example



*“I understand that you reported using (**alcohol and marijuana**) in the past year. I recommend that you quit because some teens get into trouble when they use alcohol, and marijuana can get in the way of your goals. I am also going to recommend that you continue this conversation with your primary care physician within the next month.”*

All adolescents who screen positive for past year alcohol or drug use should be linked to their PCP within 1 month of discharge.

Why link to the PCP?: To continue the conversation about alcohol or drugs, and encourage healthy behavior!

Counseling about Opioid Safety



“Before we wrap up, I’d also like to talk about how to safely use prescription pain medications today. It’s important to only use these medications if they’re prescribed to you, and to use them as prescribed. I have a info sheet here I’d like to go over with you that covers safe opioid administration and disposal.”

Providing counseling about prescription pain medication usage is recommended during all IAMSBI RT consults.

**Try to involve the parent in this conversation if you can!
(Will discuss in more depth a bit later...)**

Opioid Worksheets

Using Prescription Opioids

A guide for teens

<p>Opioids are medications like prescription pain killers</p>	<p>If prescription drugs are misused, or sometimes even if they are taken as prescribed</p>
 <ul style="list-style-type: none"> • Morphine (MS Contin) • Fentanyl (Duragesic) • Codeine • Hydromorphone (Dilaudid) • Meperidine (Demerol) • Oxycodone (OxyContin) • Hydrocodone (Vicodin) • Oxycodone (Oxycontin, Percocet) <p>These medications can help relieve pain, but also cause sedation and reduced breathing. Opioids affect your ability to do tasks which require quick reactions or clear judgement.</p>	 <ul style="list-style-type: none"> • You can have side effects like nausea, constipation, and increased risk of falling. • You can become physically dependent • You can have withdrawal symptoms • You can become addicted • You can overdose
<p>Safe Opioid Use</p>	<p>Risk Factors</p>
<div style="text-align: center; margin-bottom: 10px;">  </div> <p>1. Administer As Prescribed</p> <ul style="list-style-type: none"> • Make sure that your medical provider knows of the prescription, over-the-counter, and any recreational drugs that you may use. • Do not mix opioids with alcohol. • Never share medications <p>2. Store Safely</p> <ul style="list-style-type: none"> • A drug lock-box is the most secure option in preventing unauthorized access to your medications. <p>3. Dispense Properly</p> <ul style="list-style-type: none"> • Dispose of medications promptly when no longer needed. • 24/7 safe drug disposal boxes are available at many police stations and pharmacies. 	<div style="text-align: center; margin-bottom: 10px;">  </div> <p>You may be at higher risk for overdose if:</p> <ul style="list-style-type: none"> • You have a history of substance abuse or non-medical opioid use • You have ever had an overdose before. • You take a higher dose opioid. • You take a long acting opioid (ex: MS Contin, OxyContin, Fentanyl Patch). • You also take benzodiazepines (Xanax, Ativan), other sedatives, or certain antidepressant medications. • You smoke cigarettes or use alcohol. <p><small>*To find a public disposal location near you, search: "USDOJ Controlled Substance Public Disposal Locations" on your preferred web browser or scan the QR code.</small></p> <div style="text-align: right;">  </div>

PRESCRIPTION OPIOID SAFETY IN ADOLESCENTS

A guide for parents and legal guardians

<p>Opioids are medications like prescription pain killers</p>	<p>If prescription drugs are misused, or sometimes even if they are taken as prescribed, your teen may...</p>
 <ul style="list-style-type: none"> • Morphine (MS Contin) • Fentanyl (Duragesic) • Codeine • Hydromorphone (Dilaudid) • Meperidine (Demerol) • Oxycodone (Opana) • Hydrocodone (Vicodin) • Oxycodone (Oxycontin, Percocet) <p>These medications can help relieve pain, but also cause sedation and reduced breathing. Opioids affect your ability to do tasks which require quick reactions or clear judgement.</p>	 <ul style="list-style-type: none"> • Have side effects like nausea, constipation, and increased risk of falling. • Become physically dependent • Have withdrawal symptoms • Become addicted • Overdose
<p>Safe Opioid Use</p>	<p>Risk Factors</p>
<div style="text-align: center; margin-bottom: 10px;">  </div> <p>1. Administer As Prescribed</p> <ul style="list-style-type: none"> • Make sure that you know all prescription, over-the-counter, and recreational drugs that your teen may use. • Make sure your teen never mixes opioids with alcohol or other drugs, as this greatly increases risk of overdose. • Don't let your teen share medications <p>2. Store Safely</p> <ul style="list-style-type: none"> • A drug lock-box is the most secure option in preventing unauthorized access to your medications. <p><small>*family and friends are the source of 70% of misused prescription opioids in youth</small></p> <ul style="list-style-type: none"> • Keep opioids and all other medications away from other children in the house. • Administer your teen's medication and store securely in between doses <p>3. Dispense Properly</p> <ul style="list-style-type: none"> • Dispose of medications promptly when no longer needed. • 24/7 safe drug disposal boxes are available at many police stations and pharmacies. 	<div style="text-align: center; margin-bottom: 10px;">  </div> <p>Your teen may be at higher risk for overdose he or she:</p> <ul style="list-style-type: none"> • Has a history of substance misuse or non-medical opioid use • Has ever had an overdose before • Takes a higher dose opioid • Takes an extended release or long acting opioid (OxyContin, MS Contin, Fentanyl Patch) • Also takes benzodiazepines (Xanax, Ativan), other sedatives, or certain antidepressant medications. • Smokes cigarettes or use alcohol. <p><small>*To find a public disposal location near you, search: "USDOJ Controlled Substance Public Disposal Locations" on your preferred web browser or scan the QR code.</small></p> <div style="text-align: right;">  </div>

- The opioid worksheets are available in both English and Spanish.
- Separate worksheets are tailored to the parent/legal guardian and the teen.

Download worksheets at sites.brown.edu/IAMSBIRT

Module Three

BRIEF INTERVENTIONS

Part 3: Brief Motivational Interview

S2BI Screening Result: “Monthly”

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana?

Monthly Use

Further Intervention Required

Brief Intervention: Ask CRAFFT questions, advise to quit, make a plan

Reduce use & Risky behavior

Counseling on Safe Opioid Use and Follow-up with PCP

S2BI Screening Result: “Monthly”

- ❖ Deliver a **brief intervention**: a short, structured conversation based on the principles of motivational interviewing (MI).



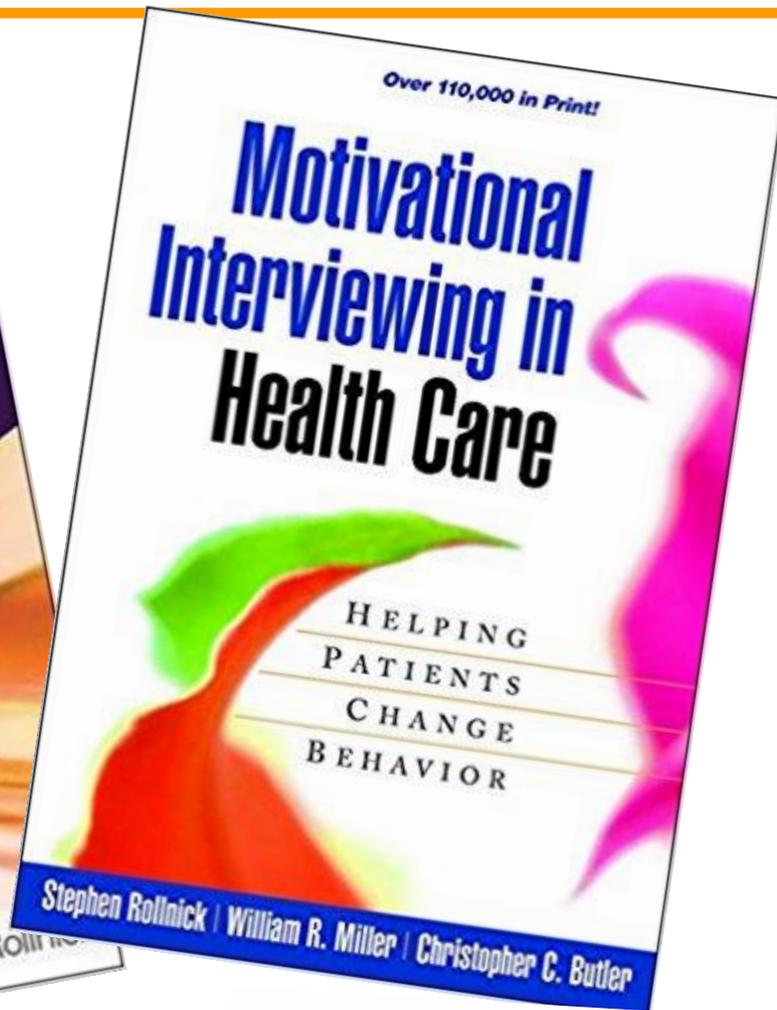
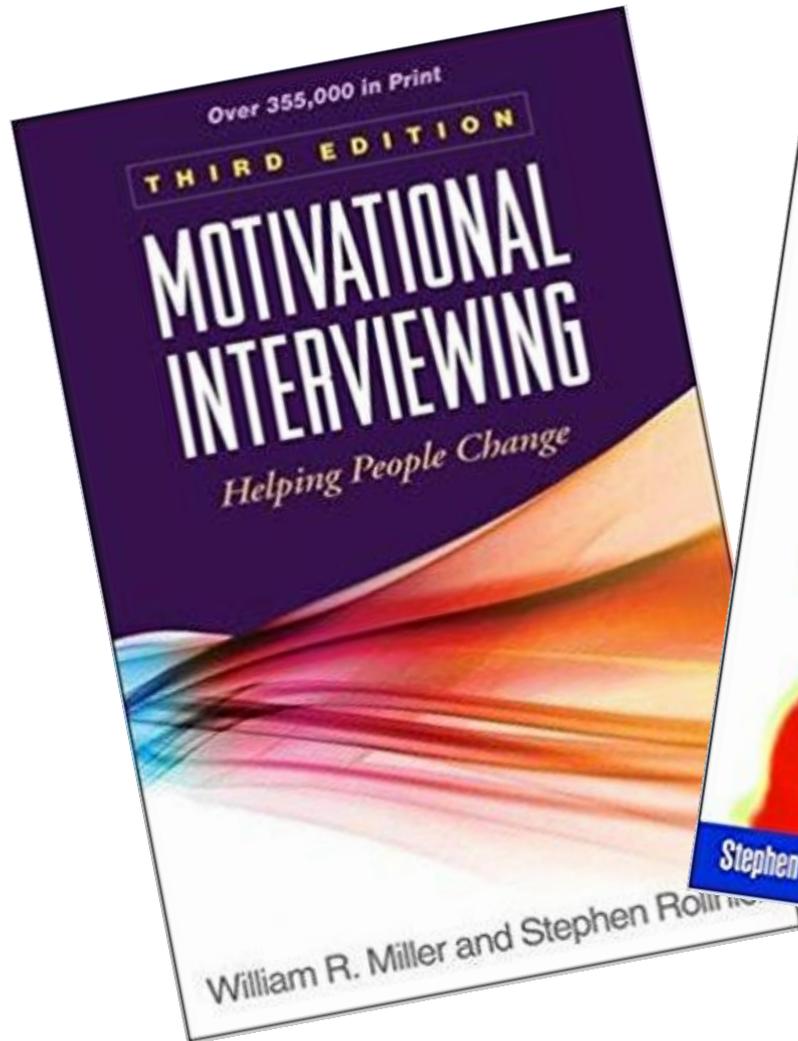
Miller & Rollnick (2013). *Motivational Interviewing: Helping People Change (3rd Edition)*. Guilford Press: New York, New York.

Key Components of the IAMSBI RT BI

- ❖ Use basic MI principles and methods to explore the adolescent's ambivalence to change
- ❖ Review CRAFFT to identify common problems
- ❖ Discuss changes with the teen; target highest risk behaviors
- ❖ Ask permission to include parents in discussion

(Plus standard IAMSBI RT components: Recommend follow-up with primary care provider and provide counseling on safe opioid administration)

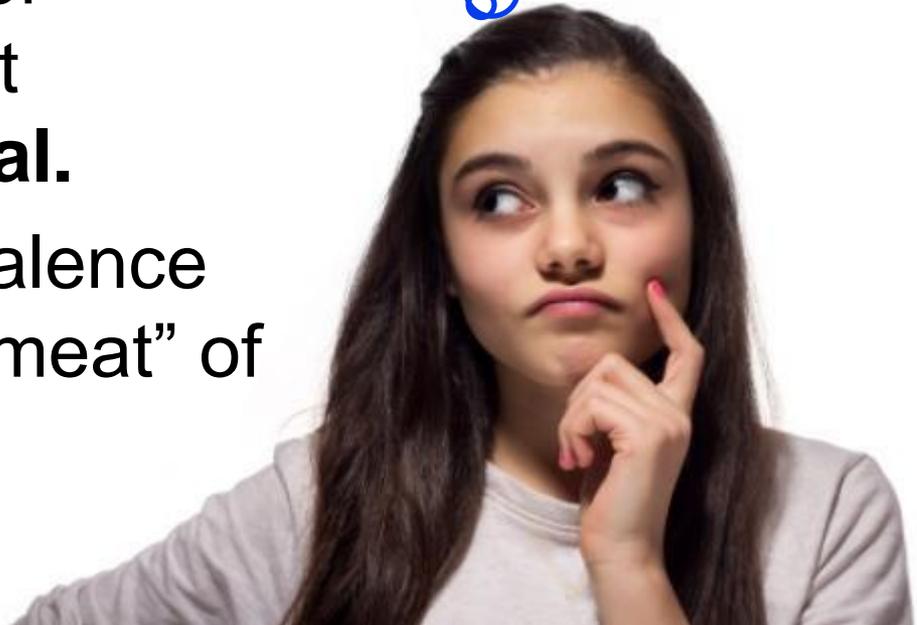
✓ Use Basic Principles of Motivational Interviewing (MI)



Ambivalence

- ❖ MI relies on the premise that all behavior change contains an element of ambivalence, and that ambivalence is **normal**.
- ❖ Adolescents' ambivalence about change is the “meat” of the brief intervention.

To change,
or not to
change?



Examples of Ambivalence

- ❖ *Brandon (17)* knows drinking and driving is risky, but has driven home after drinking at a party on multiple occasions; He says that he can “hold his liquor”.
- ❖ *Maria (15)* knows that marijuana is making her asthma symptoms worse, but thinks her boyfriend will break up with her if she quits.
- ❖ *Tom (16)* recently started mixing prescription medications with alcohol and had a blackout; he says he doesn't know how else to cope with feelings of depression and anxiety.

Motivational Interviewing Principles

Four Key Principles of MI



Let's Look at What MI Is NOT....



Core Interviewing Skills in MI

Use these skills to keep the conversation going and to promote “change talk.”

OARS

- ❖ **Open-ended questions**
- ❖ **Affirmations**
- ❖ **Reflective listening**
- ❖ **Summarizing**



Open-ended Questions

- ❖ Elicit the adolescents' thoughts and feelings about a behavior, which is likely to evoke change talk.

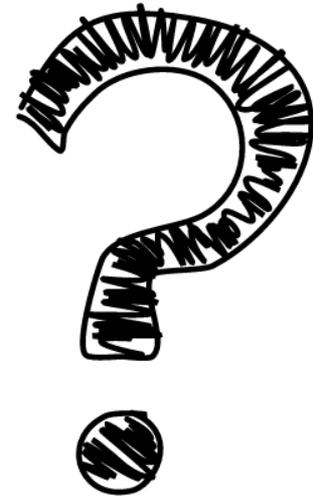
- ❖ **Sample open-ended questions:**
 - ❑ *Tell me more about your marijuana use.*
 - ❑ *What problems have you had because of drinking?*
 - ❑ *What made you decide to quit smoking last year?*
 - ❑ *Why do you think your mother is so worried about you?*

Closed-ended Questions

- ❖ Can be answered with yes/no or one word reply. Helpful to assess problems, gain clarification or gain permission for moving forward.

- ❖ **May start with the following:**

- ❑ *Where...*
- ❑ *Are you...*
- ❑ *Do you want to...*
- ❑ *Is this...*



Affirmations

- ❖ **Affirmations** emphasize *genuine, specific* strengths of the patient. Used to express positive regard and caring.

- ❖ **Sample affirmations:**
 - ❑ *You seem like a person who really thinks for himself.*
 - ❑ *You are someone who sticks to her goals.*
 - ❑ *You thought through the risks of smoking and made the decision to quit.*



Reflective Listening

❖ **Reflections** are statements, not questions. The provider makes a statement about what the person means or feels, and encourages the person to elaborate, amplify, confirm or correct.

1. **Simple** – Repeating or rephrasing what the patient said
2. **Complex** – Paraphrasing (making a guess about) the meaning implied by patient's words, including a metaphor.
3. **Double-sided** – Acknowledging both sides of ambivalence.
4. **Amplified** - Exaggerating the point.

Case Example: Maria



Maria is 16 years old and has been smoking marijuana with her steady boyfriend for the past year. This aggravates her asthma. She tells you “*I love Jack and he would not be interested in hanging out with me if I quit. My parents think I don’t care about my asthma and are on my back.*”

Simple Reflection: *You don’t think Jack would be interested in hanging out with you if you quit.*

Complex Reflection: *You are concerned that Jack would break up with you if you prioritized your asthma.*

Double sided: *On the one hand, you want to be with Jack. On the other hand, you want to regain your parents’ trust.*

Amplified Reflection: *There is no way you could see yourself cutting down on marijuana no matter what your parents think.*

Summarizing

- ❖ **Summarizing** is a way of pulling a long discussion together, by reflecting factors underlying a patient's decisions.
- ❖ **Sample summarization:**
 - ❑ *From what I understand so far, you really enjoy smoking marijuana with your friends and you don't think you have a drug problem. However, your girlfriend doesn't like it, you think marijuana might be slowing you down on the football field, and your parents are constantly nagging you. Where does that leave you?*

How Do You Handle Resistance?

What doesn't work

- ❖ Persuasion – not an effective method for resolving ambivalence.
- ❖ The righting reflex – may result in arguing or pushback.

What does work

- ✓ Express empathy – show you recognize the barriers.
- ✓ Develop discrepancy
- ✓ Support self-efficacy – focus on skills and strengths
- ✓ Use Change Talk

Focus on the problem NOT the patient

Example Responses to Resistance

- ❖ Reflect the resistant statement:
 - ❑ *You don't like this idea.*
- ❖ Acknowledge the resistance process:
 - ❑ *I've gotten us off track here.*
- ❖ Reflect ambivalence:
 - ❑ *On the one hand you want... and on the other you don't think you can...*
- ❖ Support choice / control:
 - ❑ *It's up to you.*

✓ Use CRAFFT Questions as Pivot Point for Conversation



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



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



Do you ever use alcohol or drugs while you are by yourself, **ALONE**?



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



Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?



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

CRAFFT can be used to quickly identify problems associated with use.

Ask follow-up questions about each "yes" answer.

Listen for change talk.

Why the CRAFFT?

- ❖ Also brief, valid, and easy to use
- ❖ Translated into multiple languages
- ❖ Allows for assessment of problems to guide the BMI

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

✓ Explore “Yes” Responses on CRAFFT

❖ Open questions

- ❑ *You said that you have used alcohol or drugs to relax, to feel better about yourself, or to fit in. What does that mean to you?*

❖ Affirming

- ❑ *I am really glad to hear that you made a decision never to drive or accept a ride from an impaired driver.*

❖ Reflections

- ❑ *You have forgotten things you did while using alcohol or drugs.*

❖ Summarizing

- ❑ *Overall, you don't think alcohol or drugs have gotten you into trouble, but your family and friends have told you to cut down.*

✓ Advise to Quit



“We both know that only you can decide what to do, but I recommend that you quit entirely for the sake of your health. A blackout means that you drank enough to poison your brain cells, at least temporarily, and as you know, kids often get themselves into trouble when they are ‘black out.’”

- ✓ Provide clear medical advice
 - ✓ Emphasize autonomy

✓ Develop a Change Plan

- ❖ **Elicit** changes the teen wants to make. Offer a “menu of options.”
- ❖ **Examine** reasons for making changes
- ❖ **Explore** specific steps and people who can help
- ❖ **Encourage** teen to consider the PCP as a helper.

The changes I want to make (or continue making) are:

The reasons why I want to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me are:

I will know that my plan is working if:

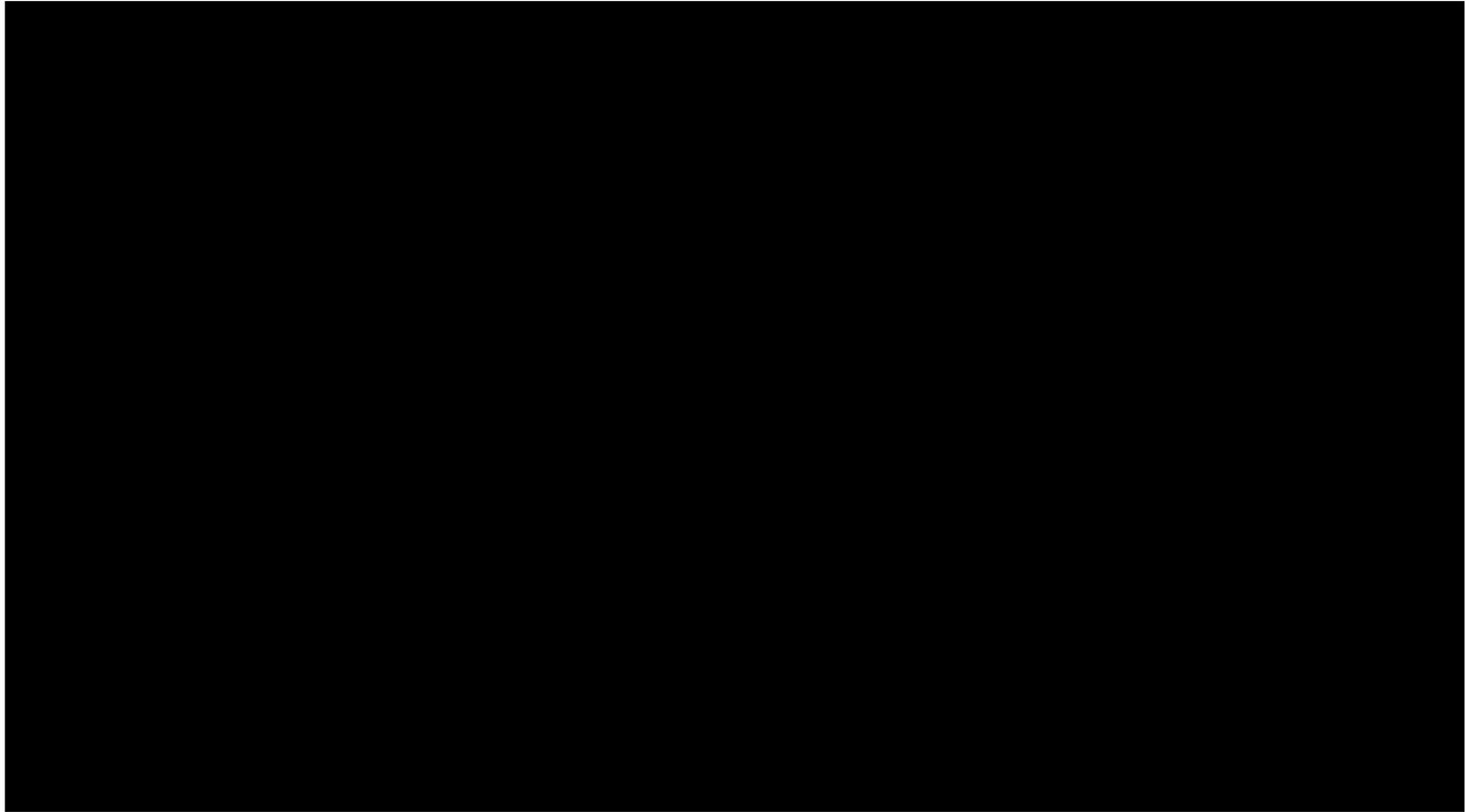
Some things that could interfere with my plan are:

What I will do if the plan isn't working:

Example Change Plan Questions

- ❑ *“What changes are you willing to make?”*
- ❑ *“What are the reasons for making those changes?”*
- ❑ *“What steps will you take to make those changes?”*
- ❑ *“Who can help you to make changes?”*
- ❑ *“How will you know if your plan is working?”*

Let's Watch an Example!



✓ Invite Parents

- ❖ Increases likelihood teen will follow through with change plan and PCP linkage.
- ❖ Parent can ensure safe opioid administration.
- ❖ Many teens are willing to include a parent, if information can be presented non-judgmentally.
- ❖ If teen refuses, confidentiality must be respected **in accordance with your institution's procedures.**



✓ Invite Parents: Specific Strategies

- ❖ Share a rationale with the teen
 - ❑ *I am worried about your drinking and how it might affect your recovery. I think it's important we talk to your mom about how to keep you safe.*
 - ❑ *I would like to go over these medication instructions with your dad to make sure he knows how to safely administer the pills.*
- ❖ Give teen options about how to involve the parent.
 - ❑ *How do you want to proceed – do you want me to speak to your parent alone or do you want to do it together?*
- ❖ Practice the conversation with the teen
 - ❑ *Which part of the conversation, if any, do you want to lead? Please let me know what you would be comfortable saying.*

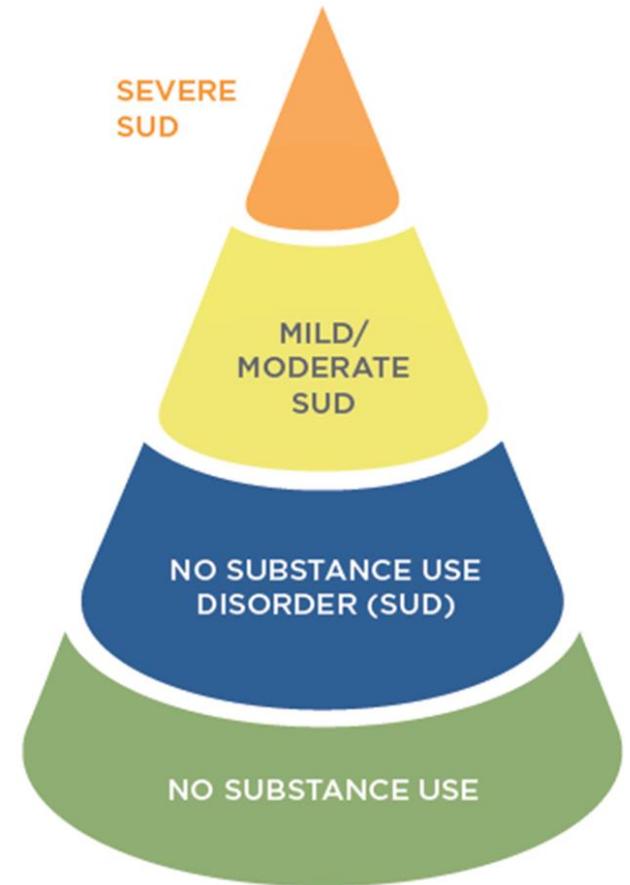
Module Three

BRIEF INTERVENTIONS

Part 3: Brief Intervention + Referral to Treatment

Adolescent Substance Use Disorders

- ❖ Adolescents who report **weekly use** are at risk of severe substance use disorder.
- ❖ The good news is that effective treatments work.
- ❖ However...denial, minimization, stigmatization, and other barriers may interfere with accepting a referral to treatment.



Levy, Sharon, Weiss, R., Sherritt, L., Ziemnik, R., Spalding, A., Van Hook, S., & Shrier, L. A. (2014). An Electronic Screen for Triaging Adolescent Substance Use by Risk Levels. *JAMA Pediatrics*.

Referral to Treatment

- ❖ For many adolescents, the first opportunity to discuss substance use with a professional occurs in primary care.
- ❖ BIs help encourage a teen and/or family to accept a referral.



S2BI Screening Result: “Weekly”

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana?

Weekly Use

Further Intervention Required

Brief Intervention: Ask CRAFFT questions, advise to quit, make a plan

Reduce use & Risky behaviors & **Refer to Treatment**

Counseling on Safe Opioid Use and Follow-up with PCP

S2BI Screening Result: “Weekly”

Brief Intervention + Referral to Treatment

- ❖ If teen is using weekly AND reports 2+ problems on the CRAFFT, a referral to specialty care is likely indicated.
- ❖ Invite parents in to discuss the referral to treatment.



✓ Discuss with teen & parents

- ❖ Use BMI strategies to recommend a referral
 - Use CRAFFT responses to guide your decision.
- ❖ Ask the teen for permission to include parents.
- ❖ If teen's behavior is putting him/herself at risk, consider whether confidentiality should be breached in accordance with your site and state guidelines.

Sample Discussion

“I am glad you spoke honestly with me today. From what you told me, I am worried about your alcohol and benzodiazepine use. You are likely to be discharged on medication that could cause a serious reaction if mixed with the pills you’ve been taking. Because I’m worried about your safety, I would like to discuss safe opioid medication use with your parents and make a plan for you to follow up with your primary care provider. I am also going to recommend an appointment with a specialist. Can we work together to think through how to share this information with your parents?”

- ✓ Express concern
- ✓ Ask permission to involve parents
- ✓ Follow your site’s procedures for decisions about when to breach confidentiality (consistent with other high-risk behaviors)

Let's Review: Key Components of a Referral

- ❖ Discuss with teen
- ❖ Involve parents
- ❖ Arrange follow-up with PCP within 30 days
- ❖ Recommend appt with a behavioral health or substance use specialist as indicated
- ❖ Document in the EHR

Example of Auto Text to Make EHR Documentation More Simple

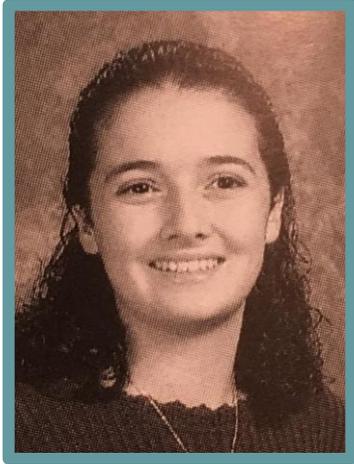
.SBIRTSW

The patient was screened for substance use and screened positive. A brief intervention with the patient discussing their substance use was completed with referral to their primary care provider, :{“and addiction services, and mental health services,”} and the patient was provided safe pain medication education.

Module Four

ROLE PLAY!

Case A: Jen



Adolescent role

You are Jen, a 16-year-old girl admitted after an injury sustained in a motor vehicle accident.

If the SW asks follow-up substance use questions:

- You drink at unsupervised house parties.
- You usually have 6-8 drinks at a party.
- You don't drive yet.
- You often forget how you get home from parties.
- You admit that you don't like to think about it because the thought can be frightening.

When the treatment provider screens you:

- You have been drinking at parties about once a month
- You have used marijuana once or twice
- You do not use tobacco products or any other substances

If the SW makes a plan with you about your substance use:

- You are not going to quit drinking.
- You agree to limit yourself to two drinks per occasion.
- You refuse to let your SW discuss the plan with your mother.

Case A: Jen



- ❑ What is Jen's S2BI result?
- ❑ What is Jen's risk category?
- ❑ What intervention should you try with Jen?
- ❑ Would you tell Jen's mother about her substance use?
- ❑ If yes, what would you say to her?

Sample counseling language (1)



Ask Jen for her own reasons to stop drinking.

- ❖ *What are your concerns about drinking?*
- ❖ *Why might you want to stop drinking?*
- ❖ *Tell me more...*
- ❖ *When was the last time that happened?*

Reflect back what Jen tells you about her reasons to stop drinking.

- ❖ *It sounds like you like to drink at parties and at the same time, you end up in some pretty frightening situations when you drink. Did I get that right?*

Sample counseling language (2)

Elicit her knowledge about the problems that can arise from drinking

- ❖ *How do you define a blackout? What are the risks?*

Affirm her change language and summarize her reasons for not drinking

- ❖ *As you pointed out, kids often get themselves into trouble when they “black out.” It sounds as if you have had some frightening experiences. Given your experiences, it makes sense that you might be considering not drinking.*

Sample counseling language (3)

Give clear advice, while acknowledging agency

- ❖ *As your clinician, I recommend that you stop drinking alcohol, at least until you are older. How can you work toward not drinking?*

Ask questions to empower Jen to develop a plan.

- ❖ *How do you think you can take care of yourself in the future? It sounds like you made a very important decision to limit your drinking. What sorts of things will help you follow your plan?*

What else could you have done?

Propose involving mother in the conversation

Provide counseling on safe opioid administration

Document in EHR

Case B: Tracy



Adolescent role

You are Tracy, a 17-year-old girl being treated for minor injuries following a motor vehicle accident. Your mother is in the waiting room. You plan to go to college next year.

When the nurse screens you:

- You have been using marijuana a couple of times a week
- You drink about once a month
- You have tried “lots of things,” including Ecstasy (“a few times”) and cocaine (“twice”).

If the SW asks follow-up substance use questions:

- You smoke marijuana to try to relieve stress from school and friendships, and you don't think it's a big deal.
- Your mother knows about your MJ use has caused stress in your relationship.
- You sometimes smoke MJ before school.
- You were recently suspended from school for coming to school high.
- Your grades have declined over this school year and you are failing your first subject of the day, English.
- You sometimes drive high.

If the SW makes a plan with you about your substance use:

- You might be willing to speak with a counselor, but you're not sure.
- You are willing to let the SW discuss the plan with your mother.
- You are not sure you can stop using marijuana: you are just so stressed.

Case B: Tracy



- ❑ What is Tracy's S2BI result?
- ❑ What is Tracy's risk category?
- ❑ What intervention should you try with Tracy?
- ❑ Would you tell Tracy's mother about her substance use?
- ❑ If yes, what would you say to her?

Sample counseling language (1)



– Provide a balanced summary, using empathy.

- ❖ *You use marijuana to manage stress and, at the same time, marijuana use is causing tension with your mother and has gotten you into trouble at school.*

– Develop discrepancy between marijuana use and values/goals; elicit ambivalence about MJ use.

- ❖ *Tell me more about how marijuana has affected your relationship with your mother? How would you like your relationship with your mother to be? How does using marijuana affect that vision? Tell me more about school...What would you like to do after high school? How does your MJ use fit in with those plans?*

Sample counseling language (2)

Affirm consideration of discontinuing use.

- ❖ *It is clear that you are really thinking carefully about your marijuana use, its role in your life, and the effects it is having.*

Give clear advice, while acknowledging autonomy.

- ❖ *As your social worker, I recommend that you stop using marijuana for the sake of your health, and your relationship with your mother. What do you think?*

Make a referral.

- ❖ *Talking through these issues with a counselor can be very helpful as you develop your plan. What do you think about that?*

What else could you have done?

Propose involving mother in the conversation

Provide counseling on safe opioid administration

Document in EHR

Review & Wrap Up

Next Steps in the IAMSBI RT project

Review: Social Worker Consult (1)

- ✓ Review results of S2BI collected by treatment provider
- ✓ Triage adolescent into 3 risk categories:
 - Brief Advice
 - Brief Intervention
 - Brief Intervention + Referral to treatment
- ✓ If teen needs a Brief Intervention:
 - Use MI principles and methods
 - Use the CRAFFT to guide discussion
 - Discuss a change plan

Review: Social Worker Consult (2)

- ✓ Provide counseling on opioid administration
 - ▣ Safe administration, signs of negative reaction, safe disposal
- ✓ Facilitate follow-up with primary care provider within month of discharge
- ✓ For teens using weekly or more often:
 - ▣ Facilitate warm hand off to specialty provider
- ✓ Involve parents whenever possible
- ✓ Document consult in EHR per site guidelines

Additional SBIRT Resources

- ❑ Visit sites.brown.edu/iamsbirt for additional training materials/handouts
- ❑ Consult with IAMSBI RT leaders at your trauma center for ongoing training resources – they will have recordings of all SBIRT training materials
- ❑ Check out your regional Addiction Technology Transfer Center (ATTC) for additional SBIRT training: <https://attcnetwork.org/>

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- ❖ The original module was developed by *Sara Forman, MD* and *Sharon Levy, MD, MPH*.
- ❖ Updated for the IAMSBI RT project by *Sara Becker, PhD*, *Graham DiGuseppi, ScM*, *Kelli Scott, Ph.D.*, and *Evelyn Nimaja, BA*