Screening, Brief Intervention & Referral to Treatment (SBIRT): Identifying Youth at Risk

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Grant #1H79TI025939-01
University of Iowa College of Nursing

Brought to you by . . .

• **SBIRT-TIPS** → Screening, Brief Intervention and Referral to Treatment – *Training Iowa Preceptors and Students*
  - 3-year training project at the University of Iowa
  - Doctor of Nursing Practice (DNP) students in pediatric, geriatric, psychiatric, and family specialties
  - Physician Assistant (PA) students
  - **Preceptors for DNP & PA students statewide**
  - Funded by SAMHSA, 2015 to 2018

Goals for today . . .

• Describe key components of the evidence-based SBIRT model – **including adaptations for use with youth/adolescents**

• Identify youth-oriented SBIRT materials and resources that will be housed at the UI web-based clearinghouse for student and provider use in clinical practice

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What Is SBIRT?

An intervention based on “motivational interviewing” strategies
- **Screening**: Universal screening for quickly assessing use and severity of alcohol; illicit drugs; and prescription drug use, misuse, and abuse
- **Brief Intervention**: Brief motivational and awareness-raising intervention given to risky or problematic substance users
- **Referral to Treatment**: Referrals to specialty care for patients with substance use disorders

Why Is SBIRT Important?

- Unhealthy and unsafe alcohol and drug use are major preventable public health problems resulting in more than 100,000 deaths each year
- The costs to society are more than $600 billion annually
- Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for the individual, family, workplace, community, and the health care system

Harms Related to Hazardous Alcohol and Substance Use

**Increased risk for—**
- Injury/trauma
- Criminal justice involvement
- Social problems
- Mental health consequences (e.g., anxiety, depression, psychosis, cognitive impairment)
- Physical health consequence (see next slide!)
- Increased absenteeism and accidents in the workplace
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Medical & Psychiatric Effects of High-Risk Drinking

Unfortunately, these kinds of experiences remain too commonplace

Youth/Adolescents

Alcohol and drug use is prevalent
• 1 out of 10 aged 12 to 17 years report using illicit drugs in past 30 days
• Past month alcohol use →
  ✓ 14% among 8th graders
  ✓ 21% among 10th graders
  ✓ 49% among 12th graders
• 1.8 million (7.2%) were believed to need SA treatment, but only 150,000 received it

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Past month → Illicit Drug Use

Past Month Illicit Drug Use Among Adolescents Aged 12-17 in the United States, by Drug Type (2014)

In 2014, marijuana use and nonmedical use of inhalants were the most common forms of illicit drug use among adolescents aged 12-17 in the United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Month → Marijuana

Past Month Marijuana Use Among Adolescents in the United States, by National Survey (2000-2014)

Data indicate a consistent decrease in marijuana use among 12-17 year-olds, with a slight increase in recent years.


Past Month → Binge Drinking

Past Month Binge Alcohol Use Among Adolescents Aged 13-17 in the United States, by Gender (2006-2014)¹

¹In 2014, 8.8% of adolescents aged 13-17 in the United States (an estimated 1.5 million adolescents) reported binge alcohol use in the past month; a decrease from 8.8% in 2006. This percentage has been below the Healthy People 2020 target of 8.6% since 2010.

Note: Does not include 18 to 20 year olds.
Youth/Adolescents: Hazards

**Increased risks for**
- Overdose death
- Motor vehicle crashes
- Teen pregnancy
- Infectious disease like HIV, HepC
- School failure
- Family & relationship problems
- Violence, criminal behavior
- Increased risk for SUD as an adults
Youth/Adolescents: Hazards

- Misuse during youth impacts critical stages of brain development
  - Critical window of vulnerability to SUD
  - Developing prefrontal cortex and its connections to other brain regions
    - Assessing situations
    - Making sound judgments
    - Controlling emotions & impulses

*The adolescent brain is likened to a car with a fully functioning gas pedal (reward system) but weak brakes (prefrontal cortex).*

Rethinking Substance Use Problems From a Public Health Perspective

The Current Model ➔
A Continuum of Substance Use

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The SBIRT Model
A Continuum of Substance Use

If this is the U.S. Population . . .

This is Substance Use Disorder •
Goal

The primary goal of SBIRT is to identify and effectively intervene with **those who are at moderate or high risk for psychosocial or health care problems** related to their substance use.

Research Demonstrates Effectiveness

- A growing body of evidence about SBIRT’s effectiveness—including cost-effectiveness—has demonstrated its positive outcomes
- The research shows that SBIRT is an effective way to reduce drinking and substance abuse problems
Research Shows

Brief interventions—
• Are low cost and effective
• Are most effective among persons with less severe problems
• “Brief interventions are feasible and highly effective components of an overall public health approach to reducing alcohol misuse.”

Youth/Adolescents: Settings

Strong evidence for SBIRT use in
• School settings
• Emergency departments
• Primary Care settings
  ✓ “Well-Care” PCP visit
  ✓ Routine health services

American Academy of Pediatrics and American Medical Association recommend ALL health care providers routinely ASK adolescents about drinking & drugs

SBIRT in Practice Settings

The annual screen (<1 min), followed by the full screen (3-5 min) doesn’t take much time!

The BI and Referral require more skills and training is often needed; SBIRT-TIPS will provide!!
Annual Prescreening: Adults

• How many times in the past year have you had \(X\) or more drinks in a day?
  \(\checkmark X = 5\) for men, 4 for women, and 4 for those aged 65 and older

• How many times in the past year have you used an illegal drug or used a prescription medication for non-medical purpose?

Important: What is “a drink”?

![Diagram of drinks and their alcohol content]

The percent of “pure” alcohol, expressed here as alcohol by volume (Alc./Vol.), varies by beverage.

AUDIT Questionnaire

Use established cut-points to make decisions:

• 0-7: Low Risk (no action needed)
• 8-15: Risky (use Brief Intervention)
• 16+: Harmful or dependent (use Brief Intervention / Referral to Treatment)
**DAST(10) Questionnaire**

<table>
<thead>
<tr>
<th>These Questions Refer to the Past 12 Months</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Are you unable to stop using drugs when you want to?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, blackouts)?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**DAST(10) Interpretation**

<table>
<thead>
<tr>
<th>Interpretation (Each “Yes” response = 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Degree of Problems Related to Drug Abuse</strong></td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>1-2</td>
</tr>
<tr>
<td>3-5</td>
</tr>
<tr>
<td>6-8</td>
</tr>
</tbody>
</table>

**Youth/Adolescent: Pre-Screen - CRAFFT**

*Please answer these next questions honestly. [Remind him/her of confidentiality policies.]*

**During the last 12 months, did you:**
1. Drink any alcohol (more than a few sips?)
2. Smoke any marijuana or hashish?
3. Use anything else to get high?
   *Anything else includes illegal drugs, over-the-counter and prescription drugs, and things that you “sniff” or “huff”.
   **If “No” to all 3 questions, ask the “Car” question.*
Youth/Adolescent: Screening

**CRAFFT** 6 Yes/No questions screen for at risk for drug use or alcohol problems
1. Have you ever ridden in a Car driven by someone (including yourself) who was high or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to Relax, feel better about yourself or fit it?
3. Do you ever use alcohol or drugs while you are Alone?

Youth/Adolescent: Screening

**CRAFFT, continued . . .**
4. Do you ever Forget things you did while using alcohol or drugs?
5. Do your Family or Friends ever tell you that you should cut down on drinking or drug use?
6. Have you ever gotten into Trouble while you were using alcohol or drugs?
*Total score 0 to 6 with score of 2 or higher indicating problem use, abuse

Teen Well Check Questionnaire

**Kaiser Permanente: embedded in EHR**
• Five yes/no questions re: alcohol & drugs
  ✓ Do your close friends drink alcohol or get high?
  ✓ Has anyone in your immediate family (parents, grandparents, or siblings) had a problem with drugs or alcohol?
  ✓ During the past year, did you drink alcohol?
  ✓ During the past year, did you use marijuana?
  ✓ During the past year, did you use any other substance to get high, calm down, or stay awake?
*Positive screen=endorsement of past year use

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Youth/Adolescents: At Risk for SU

Lots to think about . . .
- Exposure to stress: emotional, physical abuse
- Personality traits: impulsivity, aggression
- Drug use at earlier age
  ✓ 15.2% who start drinking by age 14 develop alcohol abuse or dependence in their lifetime
  ✓ 25% of those who abuse prescription drugs by age 13 develop SUD in their lifetime
- Anxiety, depression, other mental disorders are likely to precede SU and contribute

Answers guide next steps . . .

Prescreen
Full Screen
Brief Intervention

What Is Brief Intervention?
- Brief Intervention is a brief awareness-raising intervention given to risky or problematic substance users
  ✓ Semi-structured interview
  ✓ Based on Motivational Interviewing
  ✓ Takes 5 to 15 minutes
The MI Shift

From feeling responsible for changing patients’ behavior

To supporting them in thinking & talking about their own reasons and means for behavior change

Motivational Interviewing

• Is focused on competency and strength
  ✓ Affirms the client
  ✓ Emphasizes free choice
  ✓ Supports self efficacy
  ✓ Encourages optimism that changes can be made
• Is individualized and client centered
• Does not label ➔ Avoids using names
  ✓ Those who may not agree
  ✓ Those who do not see behavior as problematic

Motivational Interviewing

• Creates therapeutic partnerships
  ✓ Encourages active partnerships where the client and provider work together to establish goals and strategies
• Uses empathy not authority
  ✓ Emphasizes warm supportive listening by providers
• Focuses on less intensive treatment
  ✓ Emphasizes less intensive, but equally effective care
Goals of Brief Intervention

- Educate the patient on safe levels of substance use
- Increase the patient’s awareness of the consequences of substance use
- Motivate the patient towards changing substance use behavior
- Assist the patient in making choices that reduce their risk of substance use problems

Goals of the Brief Intervention

- NOTE \(\rightarrow\) Goals are fluid and dependent on a variety of factors
  - The patient's screening score
  - The patient's readiness to change
  - The patient's specific needs

Use a “Ruler”

- On a scale from 1 to 10...
  - How ready are you to make a change?
  - How confident are you?
  - How important is it?

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Brief Intervention \(\Rightarrow\) FLO

- **Feedback**
  - Set the stage: health concerns
  - Talk about the screening results
- **Listen & Understand**
  - Explore Pros and Cons
  - Explain the importance (health risks)
  - Assess readiness to change
- **Options are explored**
  - Discuss options
  - Negotiate a plan for change
  - Follow-up

<table>
<thead>
<tr>
<th>Ask Permission</th>
<th>“I appreciate your answering our health questionnaire. I would like to take a minute to discuss your results. Is that okay with you?”</th>
</tr>
</thead>
</table>
| Provide Feedback | Provide the individual’s screening score.  
| Provide Feedback | “Drinking at this level can be harmful to your health. In fact, it might even be responsible for the health problem you came in with today. How do you feel about that?” |
| Provide Feedback | “What do you enjoy about drinking? What do you not enjoy about drinking?”  
| Provide Feedback | “On a scale of 0-10, how ready are you to decrease or quit drinking?”  
| Provide Feedback | “On a scale of 0-10, how important is it for you to decrease or quit drinking?”  
| Provide Feedback | “On a scale of 0-10, how confident are you that you will be able to make this change?” |
| Advise with Permission | Refer to drink limit guidelines and discuss possible health consequences related to use. Advise to quit or cut down.  
| Negotiate Goals | “If you were to make a change, what would be your first step? What would be the challenges? How would you overcome these challenges?” |
| Close on Good Terms | Summarize. Emphasize the individual’s strengths. Highlight change talk, decisions and goals. Arrange for follow-up as appropriate. |

Youth/Adolescents: BI

- Brief Interventions principles remain the same
  - Based on Motivational Interviewing
  - Brief, focused discussions
  - Recognize “costs/benefits”; resolve ambivalence
  - Employ “change talk”
- Length varies by setting
  - Typical 15 minute intervention in primary care
  - Multiple 45 – 60 minute sessions in schools
  - Several minutes in emergency departments
Youth/Adolescents: Brief Advice/Intervention

- Greater emphasis on advice
  - As your doctor, I’m concerned about your health. Alcohol and drugs are bad for your brain, which at your age, is still developing. Please don’t make things harder for yourself. You deserve to do well.
  - Clear discussion of associated risks, now and in the future
    - Brain development → risks of psychosis, depression, addiction
    - Health hazards → liver, lungs, overdose
    - Accidents → sexual assault, car crashes

Youth: Brief Advice/Intervention

<table>
<thead>
<tr>
<th>Lower Risk</th>
<th>Moderate Risk</th>
<th>Highest Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Provide brief advice: “I recommend that you stop drinking, and now is the best time. Your brain is still developing, so things are different for you.” - Encourage them to reflect on what they have lost and make a decision to change. - Notice the growth. Notice any strengths and healthy decisions. - Explain and list/avoid the potential influence of friends who drink or binge drink.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Does the patient have alcohol-related problems? - If yes, provide brief advice: “Start with the brief advice for Lower Risk patients (left) and add your concern about the frequency of drinking.” - If yes, conduct brief motivational interviewing to discuss a decision and commitment to change. (see page 10). - Ask if patients know: See suggestions for Highest Risk patients (right). - Arrange for follow-up. Identify within a week.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Conduct brief motivational interviewing to discuss a decision and commitment to change. (see page 20). - Ask if parents know: See suggestions for Highest Risk patients (right).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Consider referral for further evaluation or treatment based on your estimate of severity. (see page 13). - Arrange for follow-up within a month.</td>
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Youth/Adolescents: BI

- Alternative providers provide BI
  - Primary care providers
  - Mental health practitioners
  - Peer outreach workers
  - Health educators

- Continued message → One size does NOT fit all!! Need individualized approaches to fit both clinicians/settings AND needs of youth/adolescent clients!!

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Youth/Adolescents: BI

**Lots to consider . . .**

- 12 to 21 is small in span of years, but HUGE in developmental change
  - Biological/psychological transformations
  - Social and role transformations
    - Decreased parental control
    - Increased social problem-solving
    - Middle school vs. high school influences
- BI should reflect characteristics & needs of the individual

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Answers guide next steps . . .

- Full Screen Score
- Brief Intervention Outcome
- Referral to Treatment
- Based on READINESS

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Referral: Identify options early

- When your patient is ready →
  - Make a plan with the patient
  - Actively participate in the referral process → the warmer the referral handoff, the better the outcome!
  - Decide how you will interact/communicate with the SUD provider
  - Confirm your follow-up plan with the patient
  - Decide on ongoing follow-up support strategies you will use
Plan for the Nuts and Bolts

- Whom do you call?
- Do you have access to referral resource information?
- What form do you fill out?
- What support staff can help?

Common Mistakes To Avoid

- Rushing into “action” and making a treatment referral when the patient isn’t interested or ready
- Referring to a program that is full or does not take the patient’s insurance
- Not knowing your referral base
- Not considering pharmacotherapy in support of treatment and recovery
- Seeing the patient as “resistant” or “self-sabotaging” instead of having a chronic disease

Youth/Adolescents: Tx

**Lots to consider . . .**

- Behavioral health + substance use issues
- Confidentiality/relationship with the youth
- Parental relationship/consent
- Perceived stigma (same as adults)
- Availability of treatment resources
- Availability of payment resources
Youth/Adolescents: Tx

**Treatment selection based on 6 areas →**
1. Level of intoxication and potential for withdrawal
2. Presence of other medical conditions
3. Presence of other emotional, behavioral, or cognitive conditions
4. Readiness or motivation to change
5. Risk of relapse or continued drug use
6. Recovery environment (e.g., family, peers, school, legal system)

Source: American Society of Addiction Medicine

Youth/Adolescents: Tx

**Common options parallel adult treatment**
- **Outpatient/Intensive Outpatient**: most common for adolescent treatment; for those with less severe additions, fewer additional problems
- **Partial hospitalization/day treatment**: for those with more severe disorders, but who can still be safe at home
- **Residential/inpatient treatment**: for those with severe levels whose medical/mental health needs and addictive behaviors require 24-hour structured care

Referral Resources

• SAMHSA’s National Treatment Facility Locator [http://findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)

Enter an address or just zip code to identify services in the area
Summary

• Screening, Brief Intervention, and Referral to Treatment works with people of all ages!
  ✓ Youth/Adolescents
  ✓ Adults
  ✓ Older adults
• SBIRT-TIPS training project promotes adoption and use → students, their preceptors, systems of care
• **Stay in touch for free training options and access to resources at our web site clearinghouse!!!**

Resources

Knowledge Application Program (KAP) Keys for Screening and Treating Adolescents for Substance Use
https://store.samhsa.gov/shin/content/SMA12-3597/SMA12-3597.pdf

Alcohol Screening and Brief Intervention for Youth: Practitioner’s Guide

Resources

Provider Guide: Adolescent Screening, Brief Intervention and Referral to Treatment using the CRAFFT Screening Tool

Teen Well Check Questionnaire
https://mydoctor.kaiserpermanente.org/ncal/images/00 244-089%20Revised%2010_tcm75-14049.pdf

Center for Adolescent Substance Abuse Research
http://www.ceasar.org/

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Resources

Alcohol Screening and Brief intervention for Youth: A Research-based Guide
https://teens.drugabuse.gov/sites/default/files/poda ta_1_17_14_0.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov/

Addition Technology Transfer Center (ATTC)
http://www.nattc.org/home/