



MPCA

Montana Primary Care Association

SBIRT for Adolescent Substance Use

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Sarah Potts- Disclosures

Nature of Relationship

Behavioral Health Director

Consultant

Name of Organization

Partnership Health Center (Nonprofit)

Montana Primary Care Association (Nonprofit)



Bob Sise- Disclosures

Nature of Relationship

CEO/Co Founder

Consultant

Consultant

Name of Organization

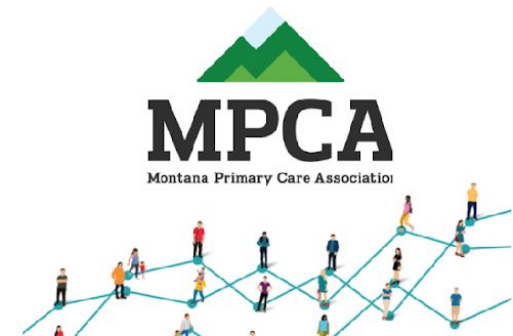
406 Recovery (Nonprofit)

Community Medical Services

Montana Primary Care Association (Nonprofit)



Check-in



Objectives

SBIRT

SCREENING, BRIEF INTERVENTION,
AND REFERRAL TO TREATMENT

Week 1

Learn what SBIRT stands for and what each component means.

Week 1

Learn why SBIRT is relevant and important for use with adolescents.



Full Series Overview

Week 2

Recognize the prevalence of substance use among adolescents.

Understand the impact of substance use on the lives of adolescents.

Week 3

Learn how to administer and score validated substance use and mental health screening tools with adolescents.

Learn how to interpret the screening score to determine the level of risk.

Week 4

Learn the steps of brief intervention based on the Brief Negotiated Interview Model.

Sharpen Motivational Interviewing skills for motivating health behavior change for adolescents.

Recognize importance for working with family members and/or other key stakeholders.

Week 5

Learn which substance use disorder treatment options are best suited to address the needs of adolescents.

Understand unique challenges that a provider will encounter when referring adolescents to treatment, relating to confidentiality and push back.

Understand the importance of follow-up and learn what to cover while supporting care.

*Week 6
TBD



Full Series Overview

Reminder
NextSession
#5:
OCTOBER
25th 8:30AM

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Today's Objectives

Week 4

1. Learn the steps of brief intervention based on the Brief Negotiated Interview Model
2. Sharpen Motivational Interviewing skills for motivating health behavior change for adolescents.
3. Recognize importance for working with family members and/or other key stakeholders



Patient Case

“Sarah” 15 y/o female high school student

Chief Concern: "I've been feeling alone and like I can't cope."

History of Present Illness: According to her parents, her behavior has undergone a noticeable change over the past few months...

CRAFFT: score 3



Sarah's CRAFFT (2.1)

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.

over 20

of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.

of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.

of days



Sarah's CRAFFT (2.1)

Circle one

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

No

Yes

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

No

Yes

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

No

Yes

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

No

Yes

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

No

Yes

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

No

Yes

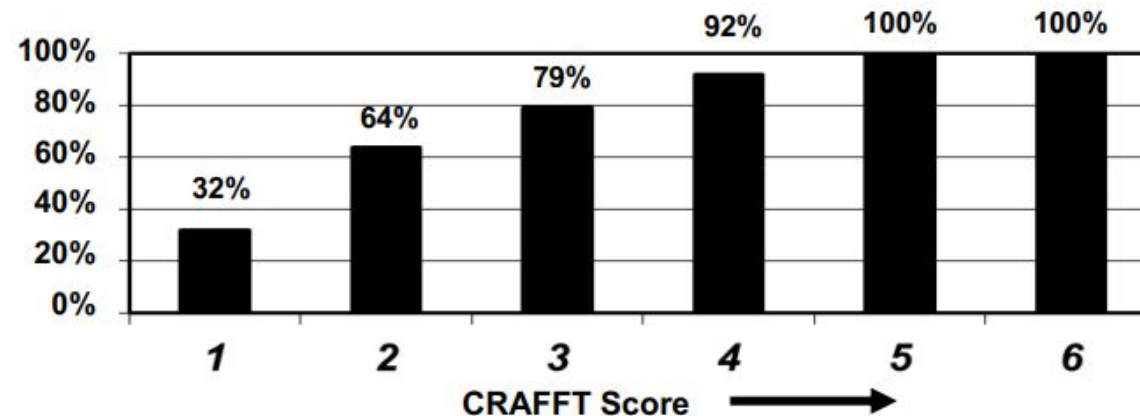


Sarah's CRAFFT (2.1) Scoring Risk Interpretation

- 0-1 can indicate that the risk of substance use disorder is low
- 2 or more can indicate that a more significant problem may exist, and a brief intervention is indicated
 - The 2+ cut-off score is not a hard and fast rule.
- **Sarah's Score of 3**

CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*



Patient Case *Continued*

History of Present Illness (Cont): ... Parents shared that Sarah had been secretly drinking alcohol at their home and that her grades had significantly declined. They also reported that she had become increasingly isolated and moody. She admitted to drinking alcohol with friends at parties and occasionally on her own, stating that her alcohol use had increased in frequency over the past six months. She acknowledged feeling peer pressure to consume alcohol and found it difficult to resist this pressure (“It’s really hard not to when everyone else is around me.”)

Past Medical History:

- Medications: Albuterol
- Allergies: None known
- Surgeries: None
- Illnesses: Moderate asthma



Patient Case *Continued*

Psychiatric History:

- Denies a history of self-harm behavior and suicide attempts.
- Denies prior history of depression, anxiety, or other mental health conditions.

Family History:

- Mother has a history of alcohol use disorder, now in recovery.
- Father has depression, on medication treatment.
- Younger brothers, ages 9 and 12, both with no known health issues.



Patient Case *Continued*

Social History:

- Pt lives with both parents and two younger siblings.
- Both parents are employed and maintain a stable household.
- There is no history of abuse or neglect in the family.
- She denies any history of physical or sexual abuse.
- Sarah reports that she has recently started experiencing academic stress due to her declining grades and increasing pressure to excel in school.
- She has started hanging out with a group of friends who frequently consume alcohol at parties.
- Sarah shared that it doesn't seem like a problem and she doesn't drink more than any of her friends.



Basic Ingredients of SBIRT



Screening

Process of identifying adolescents who are at risk of negative consequences due to their substance use, including risk of a substance use disorder.



Brief Intervention

A conversation that is intended to either prevent, stop, or reduce substance use disorder.



Referral to Treatment and Follow-up

Linking the adolescent to substance use disorder treatment and other services, resources, and supports and regularly checking in to facilitate sustained success.



Brief Intervention Overview

- Any use for adolescents = concerning
- The earlier the use/initiation, the more risk/SUD risk
- Screening results indicating risk = brief intervention that MAY incorporate:
 - feedback with comparison to peers
 - motivational interviewing - pace
 - simple encouragement or reinforcement
 - exploration of pros/cons of use
 - willingness rating
 - review with a caregiver (depending on age, associated risk, informed consent)
- Can range from 1 to 30+ minutes, depending on risk
- Is substance use the presenting concern? (not necessarily!)
- BE YOU



Example From CRAFFT 2.1

Use the 5 R's talking points for brief counseling.



1. **REVIEW** screening results
For each "yes" response: *"Can you tell me more about that?"*



2. **RECOMMEND** not to use
"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."



3. **RIDING/DRIVING** risk counseling
"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."



4. **RESPONSE** elicit self-motivational statements
Non-users: *"If someone asked you why you don't drink or use drugs, what would you say?"* Users: *"What would be some of the benefits of not using?"*



5. **REINFORCE** self-efficacy
"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."



Brief Intervention, BNI, MI??

• **Brief Intervention (BI):** a behavioral change strategy that is short in duration and that is aimed at helping a person reduce or stop a problematic behavior

• **Brief Negotiated Interview (BNI):** a specialized and semi-structured interviewing approach using the BI model, that is short in duration (5-15 min) and is ideal for medical settings

• **Motivational Interviewing (MI):** a communication method that is focused on the adolescent's concerns and perspectives and works to enhance their internal desire, willingness, and ability to change by exploring and resolving co-existing and opposing feelings about changing

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy



Effectiveness of a Brief Intervention

- Brief Intervention (BI) indicated anytime screening indicates use (adolescent)
- Multiple BIs are better than one BI
- Shorter and more frequent BIs are better than fewer and less frequent BIs
- TIME between screening and BI... gap between is NOT HELPFUL
- BI follows the positive screen **immediately**
- BI can be 5 min or longer
- BI can start by pointing out:
 - How the level of use compares to national averages or to the same gender or age group
 - Concerns about the potential effects of substance use during adolescence
- BI can follow the BNI Model's 4 primary steps

Tanner-Smith, E. E., & Lipsey, M. W. (2015). Brief alcohol interventions for adolescents and young adults: A systematic review and meta-analysis. *J Subst Abuse Treat*, 21, 1-18.



BI Research with Adol

Four meta-analyses and one systematic review found **small but significant effect sizes** for substance use outcomes resulting from BI and MI.

- A randomized control trial found that a computerized screening and brief advice protocol **reduced substance use** at 3- and 12-months following intervention and **prevented initiation** among those who had not started using substances.

- Another study found that approximately 3 years following the BI, **positive effects** were still present.



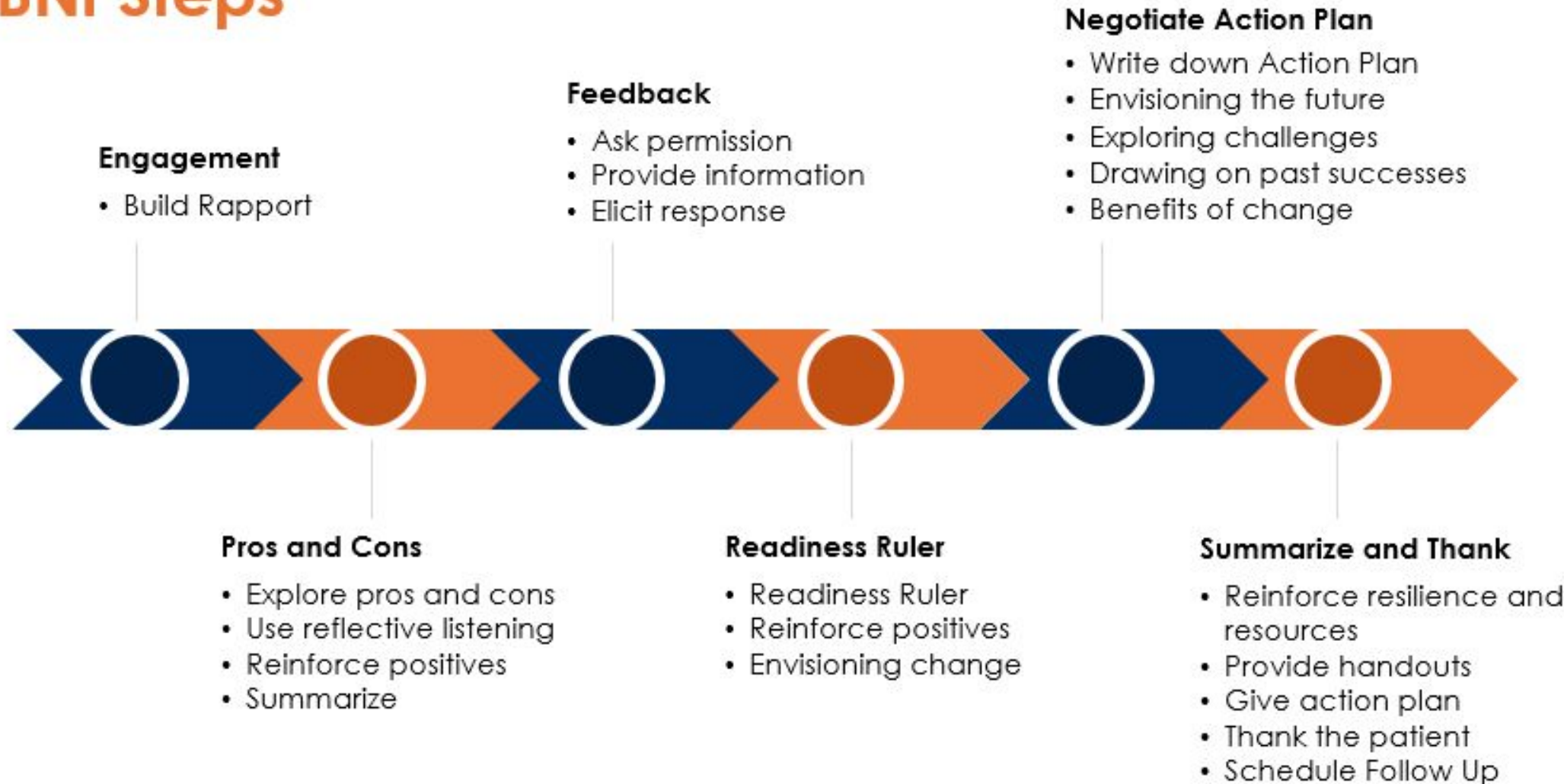
Brief Negotiated Interview (BNI)

- BNI is an interviewing approach when implementing the BI model
 - BNI originally developed to be used in ER and its use has expanded into a wide range of medical and behavioral health settings
 - Today we are reviewing a version of BNI developed by the BNI-ART Institute at the Boston University School of Public Health
-
- 4 Parts of BNI:
 1. Building Rapport
 2. Assess Readiness to Change (+pros and cons)
 3. Provide Feedback (+Readiness Ruler)
 4. Negotiate an Action Plan/Summarize + Thank



Another Example of BNI Steps

BNI Steps



Step 1: Building Rapport

- **Building trust with the adolescent**
 - Establishing trust is foundational to effective communication.
 - Adolescents are more likely to open up when they feel heard and respected.
 - Reinforce confidentiality

“Our conversation will be confidential unless I find that you are at risk of harming yourself or another person or that you are being hurt.”



Confidentiality Reminder (from our last Session)

- Setting stage for care (before you screen)
- Reviewing limits to confidentiality prior to administering substance use screen
- Medical record privacy
- Research has shown that adolescents who are aware of confidentiality are **more** willing to seek health care compared to their peers who may not have the same awareness.

“What you share with me stays confidential unless I hear that you’re harming yourself or someone else, or someone else is hurting you. I will keep our conversation about any substance use between us unless you agree to include your (caregiver).
Do you have any questions for me?”



Step 1: Building Rapport (Cont)

- **Active listening and empathy**
 - Practice active listening skills, including maintaining eye contact and using nonverbal cues.
- **Setting a non-judgmental tone**
 - Create a non-judgmental environment where adolescents feel safe sharing their concerns.
- **Importance of open-ended questions**
 - Open-ended questions encourage adolescents to share more about their thoughts and feelings.



Examples of Building Rapport Questions

“What is a typical day like for you? What’s the most important thing in your life right now?”

“Would you mind taking a few minutes to talk about your [X] use? Where does your [X] use fit in your life right now?”

“What do you like to do for fun?”

“Would you mind taking a few minutes to talk about your answers to your [questionnaire/form/health screen]?”

“Tell me about when you first used alcohol. What was it like for you?”



Examples of Reinforcement during Building Rapport Questions

“That’s great you’re able to share. It’s awesome that you are able to talk about this today.”

“It seems like you’re not afraid to talk about this - that’s really good!”

“Do you have any questions for me?”



Step 2 - Assessing Readiness to Change

- **Determining the adolescent's stage of change**
 - Adolescents may be at different stages of readiness to change.
 - Understanding their stage helps tailor the intervention.
- **Assessing motivation**
 - Use motivational interviewing techniques to explore their motivation.
 - Encourage "Change Talk" by asking questions like, "What would be the benefits of making a change?"



Step 2 - Assessing Readiness to Change (Cont)

- **Talk about Pros and Cons**

- Introduce idea of pros and cons of substance/s of choice
- May help bring ambivalence out into the open.
- Be curious in trying to understand reasons for use
 - *Asking about the “not so good things” about their substance use carries more weight when the adolescent hears their own voice talking and stating the negatives of substance use.*

- **Identifying barriers to change**

- Discuss potential obstacles and challenges that may hinder behavior change.
- Encourage adolescents to reflect on how to overcome these barriers.



Step 2 - Assessing Readiness to Change (Cont)

- **Reflective listening**

- Reflect back what the adolescent has shared to show understanding and empathy.
- Helps you have a good idea of what and why



Examples of Assessing Readiness to Change Questions/Comments

"I'm curious if there is anything you don't enjoy about drinking alcohol?"

"I'd like to understand more about your use of (X). What do you enjoy about (X)?"

"What kind of benefits would you see around not drinking as much?"

"I'm curious, what do you enjoy about smoking marijuana?"

"What is 'not so good' about your use of (X)? What else?"

Reinforce: "Thank you for being so open and willing to discuss a difficult subject."



A Little More About Reflective Listening Skills here....

Try to offer a ratio of 1 or 2 reflections per question you ask

Reflection feeling too simple or conversation is not progressing?

Try reinforcing the positives:

- Accentuate the adolescent's strengths

- Notice and acknowledge the positive in the adolescent's intentions and actions

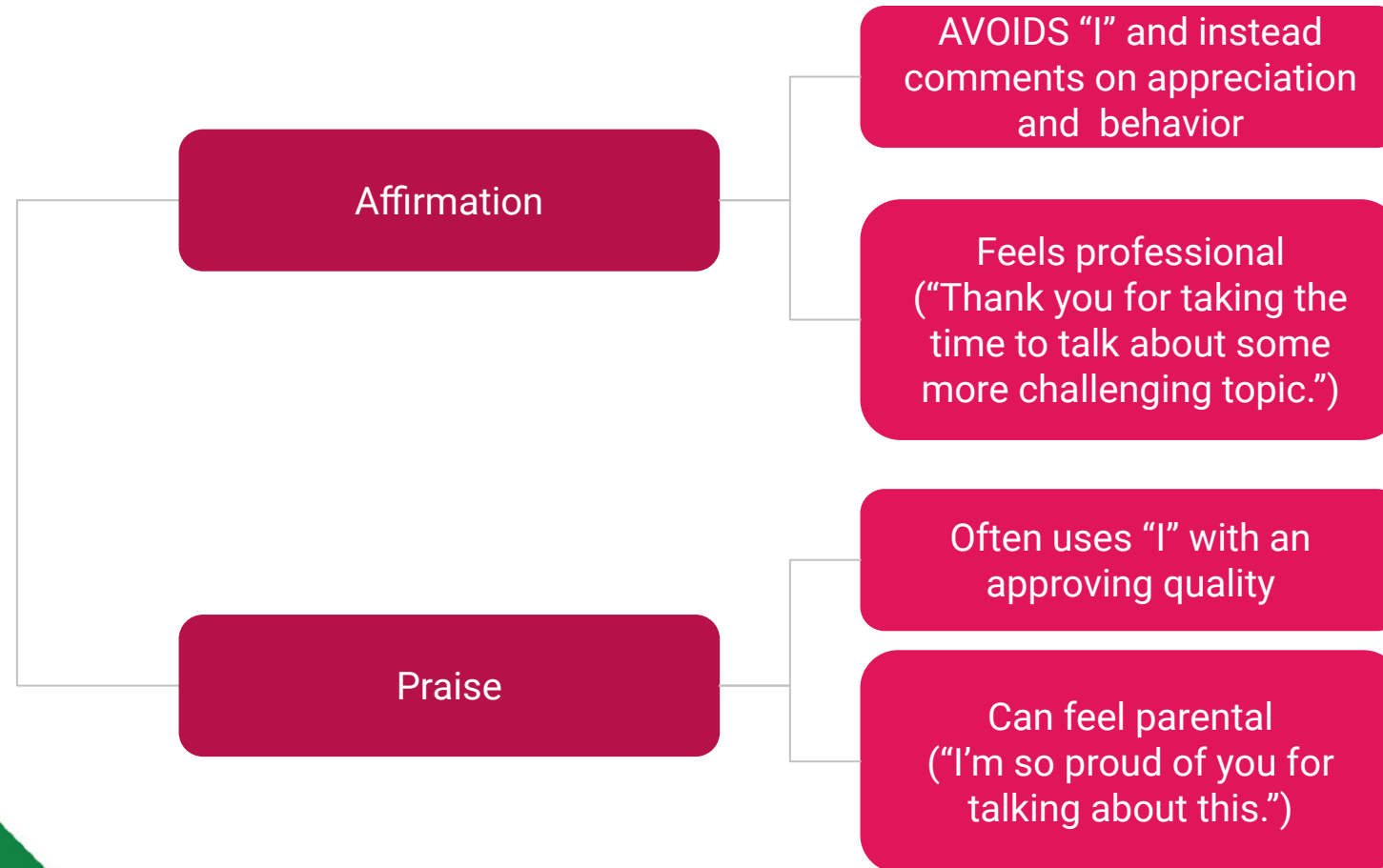
- Affirming the adolescent helps with engagement and can increase openness.

- Not all affirmation needs to come from you. Try asking the adolescent to describe their own strengths, successes, and good efforts.

- Affirmation is not equivalent to praise.



Affirmation Versus Praise



Examples of Assessing Readiness to Change Summary Questions/ Comments

“What I have heard so far is...”

“Here’s what I am hearing. On the one hand you said <PROS>, and on the other hand <CONS>. Is that right?”

“What are your thoughts about this?”

Reinforce: “Thank you for being so open and willing to discuss a difficult subject.”



Step 3 - Providing Feedback

- **Gathering permission to share Feedback**
 - It's important that you always ask for permission to ensure that the patient is open to hearing some feedback.
 - Supports the rapport you're building as well
- **Sharing assessment results**
 - Present assessment findings in a non-confrontational manner.
 - Emphasize strengths and areas for improvement.



Step 3 - Providing Feedback (Cont)

- **Using a strengths-based approach**
 - Focus on the adolescent's capabilities and resilience.
 - Help them recognize their own strengths and resources.
- **Addressing ambivalence**
 - Acknowledge any mixed feelings they may have about change.
 - Explore their reasons for and against making changes.



Examples of Providing Feedback Questions/Comments

“Would you mind if I provided you with some feedback about your use of alcohol?”

“As your provider, I want you to know that I’m concerned about your drinking. Would you mind if I shared some of my thoughts with you?”

“Would you mind if I provided you with some feedback about your use of Vyvanse?”

“As your provider, I want you to know that I’m concerned about your use of hydrocodone. Would you mind if I shared some of my thoughts with you?”

Examples of Providing Feedback Questions/Comments (Cont)

“I have some information on guidelines for drinking, would you mind if I shared it with you?”

“I have some information on low-risk guidelines for drinking, would you mind if I shared it with you?”

“I have some information on guidelines for use of prescription medication. Would you mind if I shared them with you?”

“What do you know about vaping?”

“What do you know about using alcohol and Xanax at the same time?”



Examples of Providing Feedback Questions/Comments (Cont)

“When people do drugs – things can go wrong, like injuring yourself....”

“When teens use any addictive substance while the brain is still developing can increase the chances that they will develop a serious substance use disorder in the future.”

“We know that substance use can put you at risk for illness and injury. It can also cause problems with family or friends, and school problems, such as missing class or not being able to study and remember what you need to for a test.

What do you think about this?”

“What reactions do you have to the information I have just shared?”

More Feedback Ideas

Risks Associated with Adolescent Alcohol, Tobacco, and Other Substance Use

Substance use increases the risk of:

- Sexual risk taking and sexually transmitted infections
- Unwanted pregnancies
- Poor school performance
- Violence
- Injuries and accidents
- Depression
- Suicide
- Alcohol poisoning
- Drug overdose

- Substance use has harmful effects on developing brains and physical bodies.
- Substance use is implicated in more than a third of driver fatalities resulting from automobile accidents.
- Substance use is implicated in about two-fifths of drownings.
- Substance use can impair judgment and lead to engagement in risky behaviors.
- Alcohol and tobacco use increases risk of using other substances.
- Substance use increases risk of developing behavioral problems, such as fighting, stealing, and skipping school.
- Substance use can impact relationships with peers, family and friends.



Using Ruler Question

The readiness ruler is used to quantify the adolescent's readiness to 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 X % ready to make a change."

"What made you choose that number and not a lower one like a 1 or a 2?"

"What would have to be different for you to choose a higher number?"

"It sounds like you have reasons to change."





NIDA For Teens

teens.drugabuse.gov/teens/drug-facts

SAMHSA TIPS For Teens

store.samhsa.gov/series/tips-teens



Step 4 - Negotiating an Action Plan

- **Collaborative goal-setting**
 - Involve adolescents in setting their own goals.
 - Collaborative decision-making empowers them.
 - Ask the adolescent if they can think of ways to reduce their risk of substance-related problems, ways that make sense to them and that they could see themselves trying.
- **SMART goals for adolescents**
 - Specific, Measurable, Achievable, Relevant, Time-bound goals are effective

Example: "I will reduce my beer consumption to one can per time I drink within the next month."

More on SMART Goals

- Short-term and more immediate goals with specific actions are clearly stated (okay to state long-term goal too, but need short-term)
- Set 1 to 2 - keep it BRIEF and do-able!
- Achieving smaller goals over time builds self-efficacy - it's reinforcing
- 1 goal may relate DIRECTLY to substance (goal is to cut back or stop)
- Another goal may relate to behaviors (“I won’t drive after drinking.”)



Step 4 - Negotiating an Action Plan (Cont)

- **Strategies for overcoming obstacles:**
 - Discuss strategies and resources for overcoming challenges.
 - Encourage problem-solving and planning.
- **Involving family or stakeholders**
 - Consider the role of family or other key stakeholders in supporting the adolescent's goals.



Examples of Negotiating a Plan Questions/Comments

“Have you considered cutting back your use of [X]? Reducing your [X] use could reduce your risk of problems, and cutting back could really help you concentrate on the issues that led you to come in today. I am concerned that your continued use of [X] at this level may make things worse. I think following the recommended guidelines would help make things better. If you are not ready to change, you might consider doing 1 or more of these things....”

“Keep track of how often and how much you are using [X].”

“Notice how using [X] affects you.”

“Deal with things that may get in the way of changing your use of [X].”

“Ask for support from your family member, a friend, or someone else you trust.”

WILL I CUT DOWN – OR WILL I STOP MY SUBSTANCE USE?

Now that you have decided to make a change to your use of substances, your next decision is whether you will use alcohol/drugs less or stop using substances altogether.

To help you make up your mind, think about these questions:

- ▶ Do you have any health or psychological problems that might be made worse by your substance use? - Your provider can advise you.
- ▶ Do you experience withdrawal symptoms when you stop drinking or using drugs? If so, stopping use entirely is probably the best goal for you. - Your provider can help you manage the withdrawal symptoms.
- ▶ Do you have any problems at school as a result of your substance use?
- ▶ Do you have any legal or financial problems as a result of your substance use?
- ▶ Do you have any relationship or family problems because of your substance use?

Have you solved substance use problems before by stopping completely? – Then, this might be your best way now.



Examples of Negotiating a Plan Questions/Comments (Cont)

“What steps might you try over the next 2 weeks to reach your goal?”

“What steps could you take between now and our next appointment together to work towards your goal?”

“What things would make it easier for you to reach your goal of [X]?”

“What situations may be difficult for you to maintain the goal of reducing drinking?”

“Who could support you with this goal?”

“How might you go about handling that challenge when you face it?”

“Tell me about a time when you overcame challenges in the past. What kinds of resources did you call upon then? Which of those are available to you now?”



Examples of Negotiating a Plan + Summary

“Let me summarize what we’ve discussed, and you let me know if there’s anything you want to add or change.”

“Will you summarize the steps you will take to change your [X] use?”

“Let’s summarize the steps you have said you want take to make that change. I’ve written down your plan, a prescription for change, to keep with you as a reminder... Did I capture them correctly?”

“What reactions do you have to the information I have just shared?”

BETTER YET,
have teen
write it
themselves

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Importance of Family and Stakeholders

- **Family's Role in Adolescent Health Behavior Change:**
 - Family can provide crucial support and guidance during behavior change.
 - Involving parents or guardians can enhance the adolescent's success.
- **Collaborative Care with Stakeholders:**
 - Cooperation with teachers, counselors, and healthcare providers can ensure a holistic approach.



Importance of Family and Stakeholders (Cont)

- **Addressing Family Dynamics:**

- Consider family dynamics and potential conflicts that may affect the adolescent's change efforts.
- Referral to treatment ideas may include family therapy. An evidence-based treatment for family conflict/unworkable communication patterns includes Functional Family Therapy (FFT) and Brief Strategic Family Therapy (BSFT).

- **Building a Supportive Environment:**

- Creating a supportive and encouraging environment at home and in the community is vital for sustained change.



Patient Case *Revisited*

History of Present Illness (Cont): ... Parents shared that Sarah had been secretly drinking alcohol at their home and that her grades had significantly declined. They also reported that she had become increasingly isolated and moody. She admitted to drinking alcohol with friends at parties and occasionally on her own, stating that her alcohol use had increased in frequency over the past six months. She acknowledged feeling peer pressure to consume alcohol and found it difficult to resist this pressure (“It’s really hard not to when everyone else is around me.”)

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Patient Case *Brief Intervention*

Group Discussion

If we have limited time today to walk through our case example, we can bring back examples during our final week for more practice putting it altogether



NEXT SESSION IS NEXT WEEK

Next: OCTOBER 25th 8:30AM

Any hopes/dreams for Week 6?

Let us know!

email Sarah at pottss@phc.missoula.mt.us



Suggested Articles/Books

Hassan, A., Harris, S. K., & Knight, J. R. (2020). Primary care and pediatric settings: Screening, brief intervention, and referral to treatment (SBIRT). In Y. Kaminer & K. C. Winters (Eds.), *Clinical manual of youth addictive disorders*, (2nd ed., pp. 75-96). American Psychiatric Association Publishing.

DiClemente, C. C. (2020). Screening, brief intervention, and referral to treatment: An efficacious public health approach to substance use prevention and treatment. In M. D. Cimini & J. L. Martin (Eds.), *Screening, brief intervention, and referral to treatment for substance use: A practitioner's guide*. American Psychological Association.

Babor, T. F., McRee, B. G., Kassebaum, P. A., Grimaldi, P. L., Ahmed, K., & Bray, J. (2007). Screening, brief intervention, and referral to treatment (SBIRT): Toward a public health approach to the management of substance abuse. *Substance abuse*, 28(3), 7-30.

Babor, T. F., Del Boca, F., & Bray, J. W. (2017). Screening, brief intervention and referral to treatment: Implications of SAMHSA's SBIRT initiative for substance abuse policy and practice. *Addiction*, 112 Suppl 2, 110-117.



Suggested Articles/Books (cont.)

Bray, J. W., Del Boca, F. K., McRee, B. G., Hayashi, S. W., & Babor, T. F. (2017). Screening, brief intervention and referral to treatment (SBIRT): Rationale, program overview and cross-site evaluation. *Addiction (Abingdon, England)*, 112 Suppl 2, 3-11.

U.S. Preventive Services Task Force. (2018). *Unhealthy alcohol use in adolescents and adults: Screening and behavioral counseling interventions*.

Committee on Substance Abuse, Levy, S. J., & Kokotailo, P. K. (2011). Substance use screening, brief intervention, and referral to treatment for pediatricians. *Pediatrics*, 128(5), e1330-e1340.

Substance Abuse and Mental Health Services Administration. (2011). *Screening, brief intervention, and referral to treatment (SBIRT) in behavioral healthcare*.

