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# SBIRT for Adolescent Substance Use

*Sarah Potts, PHD*

*Bob Sise, MD, MBA, MPH, FASAM*

# Sarah Potts- Disclosures

| *Nature of Relationship* | *Name of Organization* |
| --- | --- |
| *Behavioral Health Director* | *Partnership Health Center (Nonprofit)* |
| *Consultant* | *Montana Primary Care Association (Nonprofit)* |

# Bob Sise- Disclosures

| *Nature of Relationship* | *Name of Organization* |
| --- | --- |
| *CEO/Co Founder* | *406 Recovery (Nonprofit)* |
| *Consultant* | *Community Medical Services* |
| *Consultant* | *Montana Primary Care Association (Nonprofit)* |

# Check-in

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# 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. |

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# Full Series Overview

| | |
|---|---|
| Week 2 | Recognize the prevalence of substance use among adolescents.<br><br>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.<br><br>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.<br><br>Sharpen Motivational Interviewing skills for motivating health behavior change for adolescents.<br><br>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.<br><br>Understand unique challenges that a provider will encounter when referring adolescents to treatment, relating to confidentiality and push back.<br><br>Understand the importance of follow-up and learn what to cover while supporting care. |

*Week 6 TBD

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# Full Series Overview

## Week #6

## in 2 weeks Nov 15th 8:30AM

| | |
|---|---|
| Week 2 | Recognize the prevalence of substance use among adolescents.<br>Understand the impact of substance use on the lives of adolescents. |
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*Week 6 TBD

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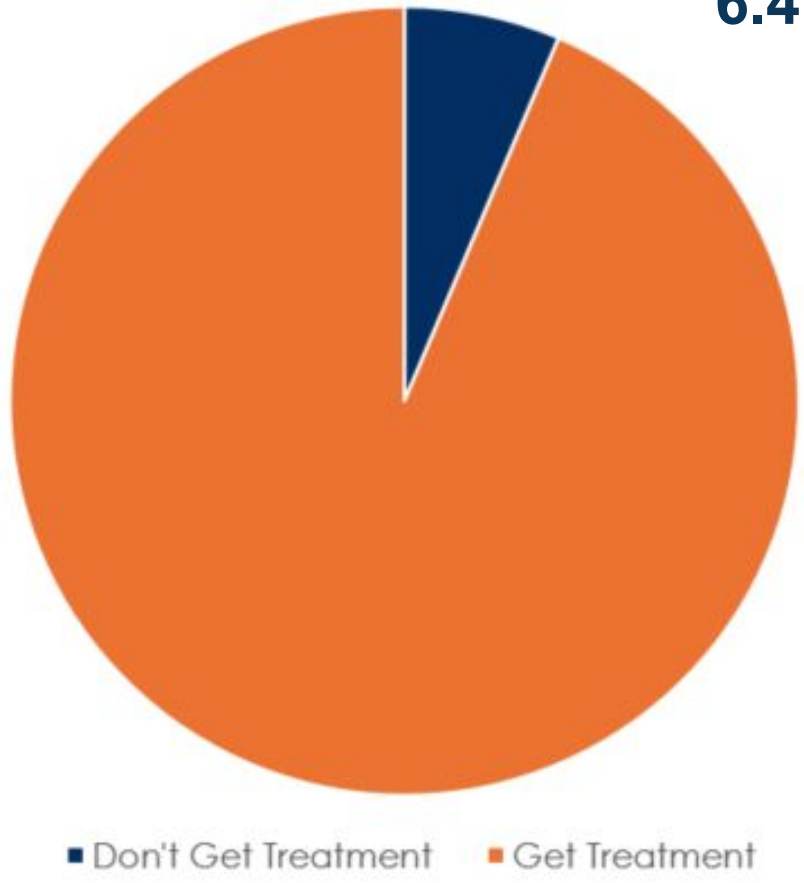
# Today's Objectives

Week 5

1. Learn which substance use disorder treatment options are best suited to address the needs of adolescents.
2. Understand unique challenges that a provider will encounter when referring adolescents to treatment, relating to confidentiality and push back.
3. Understand the importance of follow-up and learn what to cover while supporting care.

# 12-17 YO Who Need SUD Tx

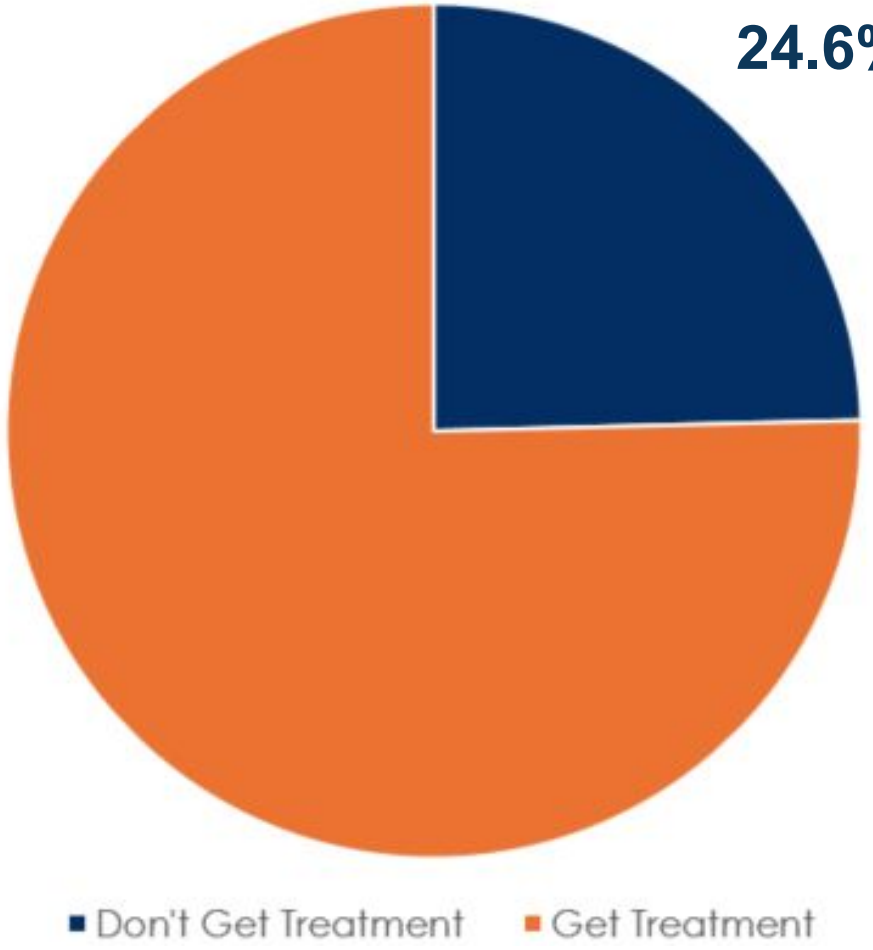
**6.4% do (93.4% don't)**




(SAMHSA) National Survey on Drug Use and Health (NSDUH)

# 18-25 YO Who Need SUD Tx

**24.6% do (75.4% don't)**




(SAMHSA) National Survey on Drug Use and Health (NSDUH)

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# Why?

Most adolescents who use substances do not want or think they need help.

Developmentally, adolescents have a harder time recognizing their own behavior patterns than adults.


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# A Number of Barriers to Seeking Tx

- Perceived need for treatment
- Knowledge of where to receive treatment
- Health care coverage
- Cost of treatment
- Impact of seeking treatment on job
- Perceived negatively by neighbors/community

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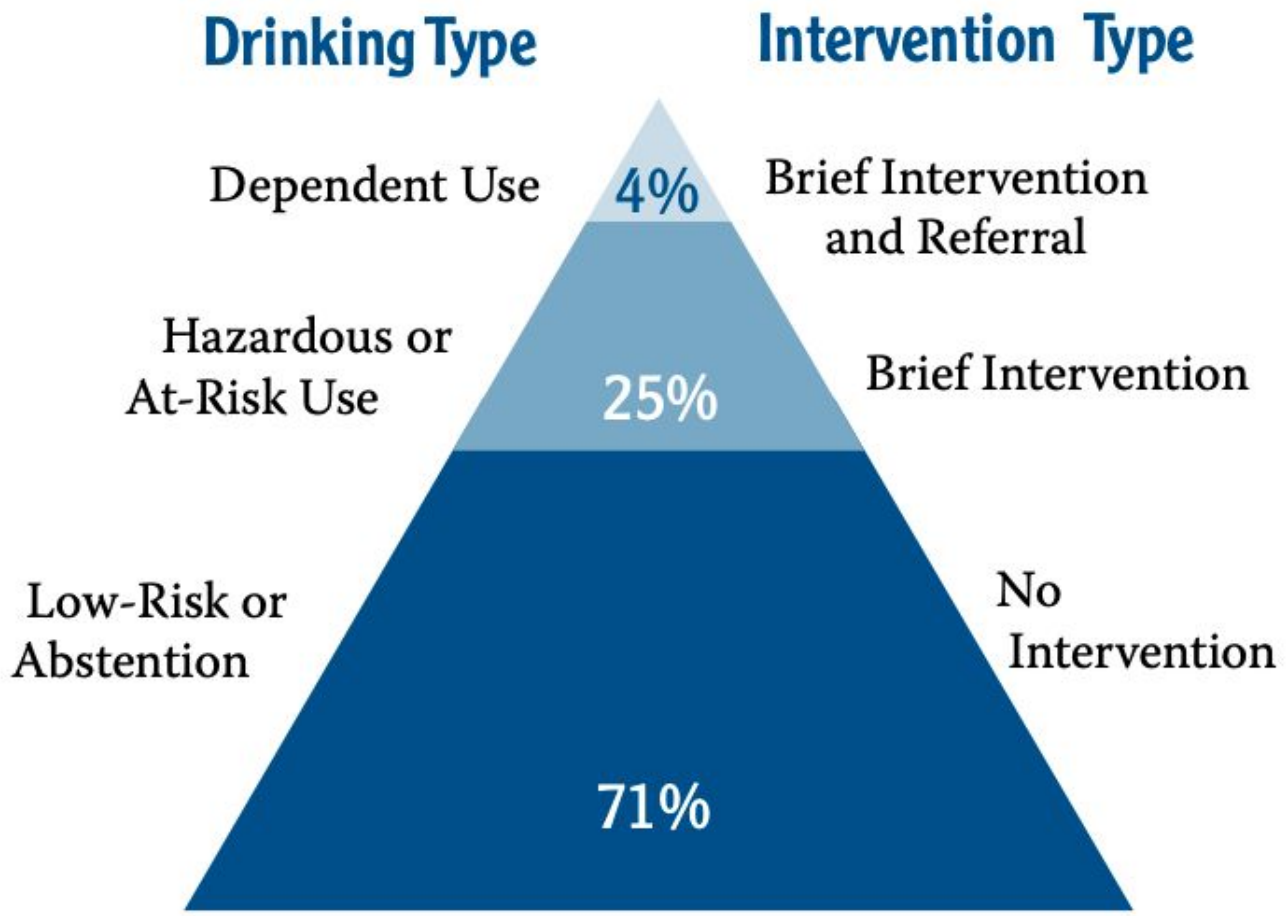
# Reminder: Not all use requires referral

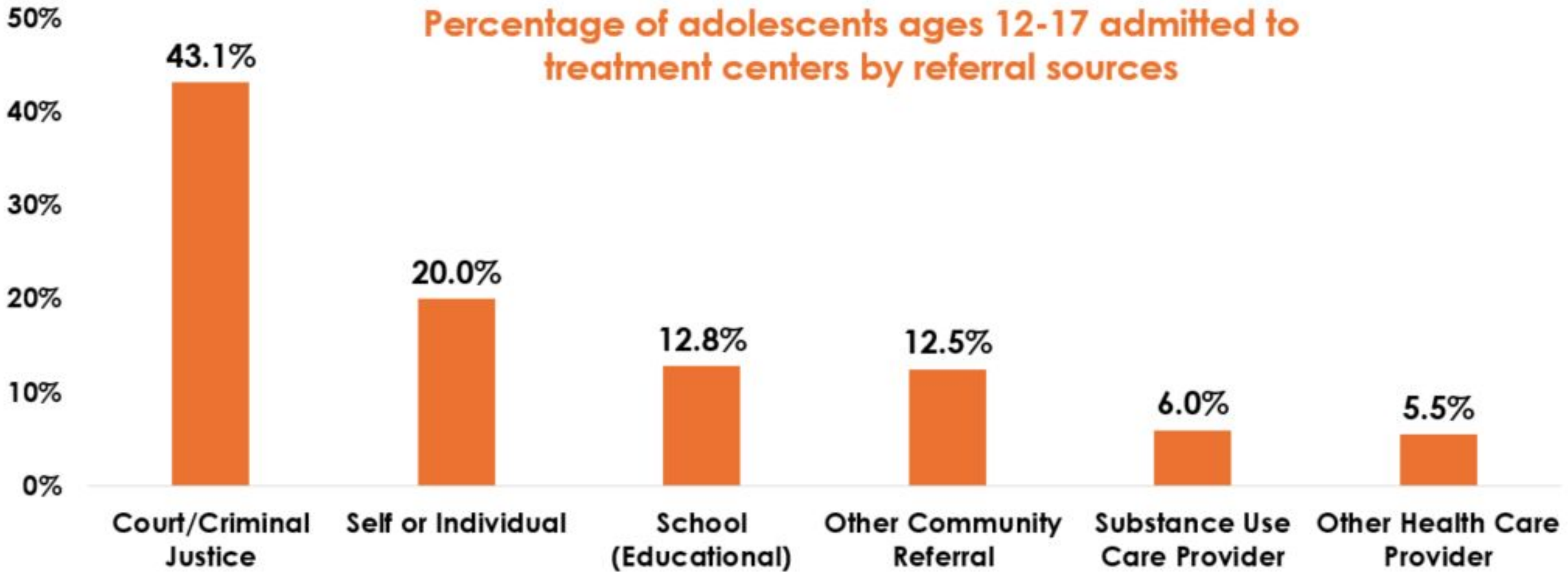
## *Pyramid of Alcohol Consumption*




Note: The prevalence estimates in this figure are for non-institutionalized U.S. population, not trauma patients.

American College of Surgeons Committee on Trauma. "Alcohol screening and brief intervention (SBI) for trauma patients." *Committee on Trauma Quick Guide. Chicago: ASCOT* (2007).

# Where do most referrals come from?




SAMHSA Treatment Episodes Data Set (TEDS) National Report 2020

# When Working With Adolescents

- Depending on the age of the adolescent, the degree of acute risk, and state regulations regarding access to health care by a minor, it may be necessary to **involve the parents/guardians** regardless of whether the adolescent agrees.
- **Reluctance and resistance** to change are characteristic of substance use disorders at this stage of the disease, therefore the adolescent and/or family may not be interested in pursuing treatment even when it is clearly indicated.
- It is important for the provider to **be supportive** during conversations with the **family** about the adolescent's care options. Early review of confidentiality sets you up for no surprises!
- **Motivational Interviewing (MI) strategies** can be used to encourage an adolescent and/or family to accept a referral.

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# Benefits of Early Referral to Tx

Any amount of substance use (starting with mere "experimentation") is concerning for young people, due to:

- increased risk of motor vehicle accidents; other injuries
- unwanted pregnancy, or
- contraction of sexually transmitted diseases (STDs) as a result of sexual risk taking

… all of which can be negative outcomes of first-time use.

Adolescent use is also associated with increased risk of:

- chronic disease
- poor school performance
- depression
- suicide
- future dependence

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# 8 Principles to Help with Hand-Offs Between Levels of Care

1. Commitment
2. Responsibility
3. Understanding the client
4. Designation & clearly defined roles
5. Presence
6. Common language for hand-offs
7. Practice
8. Monitoring, evaluation & improvement

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# Discussing Treatment Options

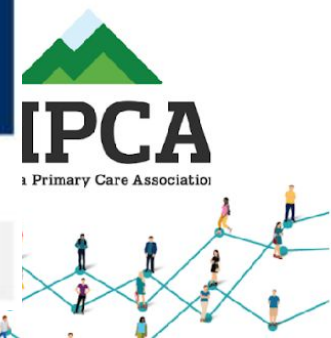
Higher concern during screen means the provider should consider higher level of care/intensive treatment.

If suicide risk is present or there are co-occuring mental health diagnoses, that also presents more risk and rationale for higher level of care.

Example of depression + SUD risk from the National Survey on Drug Use and Health (NSDUH)

- Adolescents ages 12-17 with a past year Major Depressive Episode (MDE) were more likely than those without a past year MDE to exhibit:

| Past year illicit drug use | Past year marijuana use | Past year opioid misuse | Past month binge alcohol use | Past month cigarette use |
|---|---|---|---|---|
| 31.9% vs. | 24.6% vs. | 4.2% vs. | 8.9% vs. | 4.4% vs. |
| 14.4% | 11.1% | 1.8% | 4.1% | 1.8% |



# AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's Criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

## DIMENSION 1

**Acute Intoxication and/or Withdrawal Potential**

Exploring an individual's past and current experiences of substance use and withdrawal

## DIMENSION 2

**Biomedical Conditions and Complications**

Exploring an individual's health history and current physical health needs

## DIMENSION 3

**Emotional, Behavioral, or Cognitive Conditions and Complications**

Exploring an individual's mental health history and current cognitive and mental health needs

## DIMENSION 4

**Readiness to Change**

Exploring an individual's readiness for and interest in changing

## DIMENSION 5

**Relapse, Continued Use or Continued Problem Potential**

Exploring an individual's unique needs that influence their risk for relapse or continued use

## DIMENSION 6

**Recovering/Living Environment**

Exploring an individual's recovery or living situation, and the people and places that can support or hinder their recovery

# Treatment Settings

**ADOLESCENT**


.5 Early Intervention
1 Outpatient Services
2.1 Intensive Outpatient Services
2.5 Partial Hospitalization Services

3.1 Clinically Managed Low-Intensity Residential Services
3.5 Clinically Managed Medium-Intensity Residential Services
3.7 Medically Monitored High-Intensity Inpatient Services
4 Medically Managed Intensive Inpatient Services

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# Effective Treatment Approaches


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# Effective Treatment Approaches: Behavioral

Work to strengthen the adolescent's motivation to change

Help adolescents to actively participate in their recovery from SUD and enhance their ability to resist using substances

Types of treatments that may be used:

- Cognitive-Behavioral Therapy (CBT)
- Contingency Management (CM)
- Adolescent Community Reinforcement Approach (A-CRA)
- Motivational Enhancement Therapy (MET)
- Twelve-Step Facilitation Therapy (12-Step)

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# Effective Treatment Approaches: Medication-Assisted Treatment

**Medication Assisted Treatment (MAT) i**s available for the treatment of **most SUDs** in the adult population.

- **Opioid Use Disorder (OUD):** methadone, buprenorphine or naltrexone
- **Alcohol Use Disorder**- naltrexone, gabapentin, disulfiram, acamprosate
- **Stimulants**: Case management/Motivational interviewing are first line, Vivitrol +bupropion for meth use (perhaps disulfiram for cocaine use)
- **Kratom**: buprenorphine

**Note - For most SUDs: motivational interviewing and 12-step facilitation (i.e. AA, NA) = crux of tx**

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# Twin Peaks of Treatment Efficacy

**Medication Assisted Treatment (MAT)**

**Psychosocial Interventions**

# Opioid Use Disorder (Adult Case)

**Medication Assisted Treatment (MAT)**

**Psychosocial Interventions**

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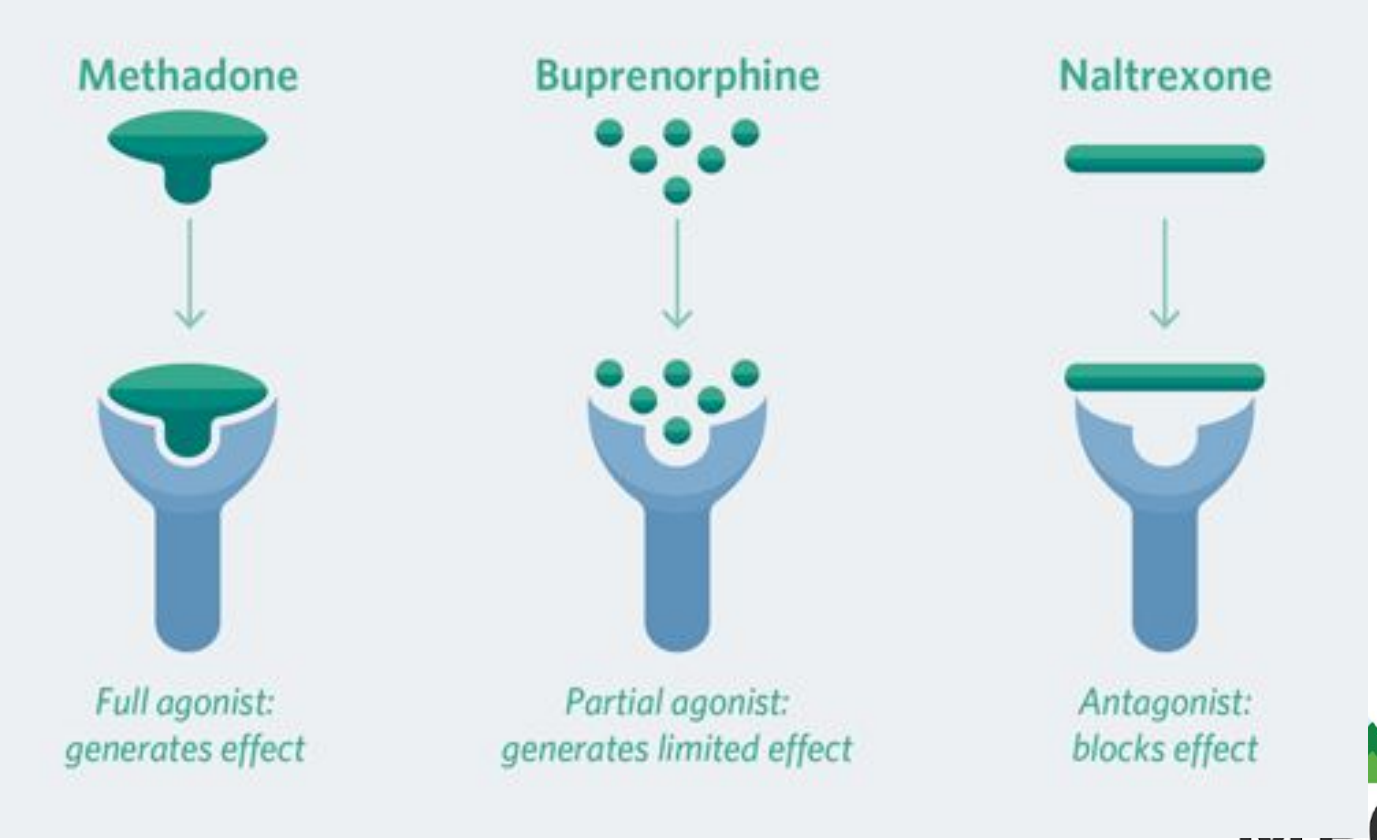
# Medication-Assisted Treatment for OUD (MOUD)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# Medication-Assisted Treatment for OUD (MOUD) in Adolescence


Evidence favors use of buprenorphine for treatment of moderate to severe OUD in adolescents ages 16 and up. Studies specifically indicate that in comparison to placebo, buprenorphine treatment is strongly associated with **higher rates of:**

- treatment retention
- abstinence from opioids
- successful transfer to naltrexone*

**and lower:**

- frequency of transaminase abnormalities associated with HCV
- rates of HIV risk behaviors**

*Marsch et al 2005.

**Woody e al. 2008.

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# Medication-Assisted Treatment for OUD (MOUD) in Adolescence


Buprenorphine is approved by the Food and Drug Administration for individuals aged 16 and older.

Recommendations for treating adolescents with buprenorphine:

- Conduct a thorough substance use history and urine drug testing to confirm the diagnosis of  OUD, moderate to severe.
- Provide education & establish a set of expectations including medication adherence and risks of concomitant alcohol and/or benzodiazepine use.
- Continue for at least 12 weeks as doing so significantly improves outcomes
- Screen and treat co-occurring psychiatric disorders.
- Engage parents whenever possible.

Source: PCSS guidance - providers clinical support system 2022.

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# Effective Treatment Approaches: Family-Based

Strengthen family relationships through improving communication

Developing family members' ability to support abstinence from substance use

Types of treatments that may be used:

- Brief Strategic Family Therapy (BSFT)
- Family Behavior Therapy (FBT)
- Functional Family Therapy (FFT)
- Multidimensional Family Therapy (MDFT)
- Multisystemic Therapy (MST)

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# Effective Treatment Approaches: Recovery Support Services

Improve quality of life and reinforce progress made in treatment

Types of services that may be available:

- Assertive Continuing Care (ACC)
  - Partnership to End Addiction: drugfree.org/treatment-and-recovery/
- Mutual Support Groups
  - Mutual Support Groups: 12-step programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) for teens, and non-12-step programs such as SMART Recovery Teen & Youth Support Program ages 14-22: www.smartrecovery.org/teens/
- Peer Recovery Support Services
  - Substance Abuse and Mental Health Services Administration's Guide to Peer Recovery Support Services: store.samhsa.gov/system/files/sma09-4454.pdf
- Recovery High Schools
  - Recovery high school resources: www.recoveryschools.org
  - Recovery schools for higher education: collegiaterecovery.org/programs/

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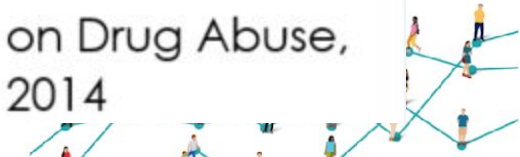
# Treatment Approaches Summary

| Study | Findings | Reference |
|---|---|---|
| Meta-analysis | Findings suggest family therapy is the treatment with the strongest evidence of comparative effectiveness, although most types of treatment appear to be beneficial in helping adolescents reduce their substance use. | Tanner-Smith et al., 2013 |
| Systematic Review | This review suggests that ecological family-based treatment, individual and group Cognitive-Behavioral Therapy, and some multicomponent treatment approaches are well-established as efficacious; behavioral family-based treatment and Motivational Interviewing are probably efficacious, and drug counseling is possibly efficacious. | Hogue et al., 2018 |
| Systematic review | Review of treatment outcome studies showed that family systems-based treatments and Motivational Enhancement Therapy/brief intervention approaches had the most empirical support compared to other modalities. | Winters et al., 2018 |
| Research report | Provides information on principles of effective substance use disorder treatment for adolescents, including behavioral approaches, medications, and recovery support services. | National Institute on Drug Abuse, 2014 |



# Referral Conversations

- Set the tone by displaying a non-judgmental demeanor
- Explain (or reinforce) your role and concern
- Connect screening results and current visit to the need for treatment

*"We have talked a bit about your struggles at home, at school and with your health, and I think some changes around alcohol could help with the issues you identified. Your score of 4 on the CRAFFT indicates that you might benefit from some help with cutting back on drinking. Working on this through outpatient therapy with a behavioral health clinician or other health professional like myself could be really helpful. What do you think of this idea?"*

Consider language of recommendation:
behavioral health consultant, therapist, clinician, behavioral health provider, expert on stress

# Another Way to Start Referral Conversation

*"It's great that you want to make significant changes in your health by decreasing the amount of nicotine and marijuana you vape. You know, other teenagers in your situation are often more successful if they also see a provider who specializes in this topic. We have some excellent programs in our area that have helped many people in exactly your situation. Would you be willing to see one of these therapists to assist you with your plan to cut back?"*

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# Another Way to Start Referral Conversation (cont)

*"Your score of 6 on the CRAFFT indicates that you your substance use is currently risky. The score also indicated that you may currently meet criteria for a substance use disorder because of the opiate use. I am very concerned for you and your health. I understand your desire to want to cut back on your own, and I applaud your determination. However, your current heavy use of opioids can be dangerous, and you might have challenges with opioid withdrawal too. The best response is to admit you to a residential program that can safely manage your possible withdrawal and provide you with the support and treatment you need. I would be really worried if you were to just stop (go "cold turkey") on your own without the care of a health professional. This could be dangerous to your health."*

# Another Way to Start Referral Conversation (cont)

*"We've talked about the impact that the use of Xanax has had at school, and I think some changes around your use could help with the issues you've identified.  Your score indicates that you might benefit from some help reducing your use. Working on this with a counselor or a nurse like myself could be really helpful. What do you think of this idea?"*

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# When There Is Limited Motivation For Treatment

- When there is less motivation to go into intensive treatment, our primary task is to engage teens in a discussion that allows us to get a good understanding of how they see substance use, how they believe they don't need treatment.

- When adolescents hear themselves describe their thoughts and feelings about their substance use to a non-judgmental listener, they are more likely to understand their mixed feelings which serve to increase their level of motivation for treatment.

- Using open-ended questions, giving empathic reflections, and using summary statements can help facilitate change talk. (examples next slide)

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# Examples of MI for Motivating for Referral to Therapy/Treatment

- open-ended question, empathic reflections and summary statement

*"Here's what I think I'm hearing. You see your drinking is bringing you down and causing challenges in your relationships, but that you're also unsure and don't see how therapy would help. Additionally, that you think it's partly the use itself that's got you feeling this way, but you just don't feel ready to commit to treatment yet. And, sometimes you even feel a little scared of yourself. How accurate am I catching what you're saying and thinking?"*

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# Examples of MI for Motivating for Referral to Therapy/Treatment

Adolescent says, *"I don't know and I'm not interested"* when you provide a summary statement and you don't feel like there's any motivation.

*"It's hard to know what could happen that could make you feel more motivated for counseling. Sometimes people get more motivated because some things in their life get worse, like health problems or failing a class in school. Sometimes people get more motivated to go into counseling because something good happens, for example they get transportation there or their parents become supportive. Do you relate to any of these?"*

# Examples of MI for Motivating for Referral to Therapy/Treatment

adolescent is not even somewhat willing to think about treatment options…

*"You're saying that you know that therapy can help people, and it's even been helpful to you before, but that you just don't want to start any therapy because you're not ready to make changes in your drinking behavior quite yet. You feel like you'll know when you're ready, and you'll get treatment then. Did I get that right?"*

# Examples of MI for Motivating for Referral to Therapy/Treatment

adolescent expresses willingness to think about treatment options…

*"What would need to be different for you to go to counseling?"*

*"Tell me about some of the reasons why you would be motivated to get counseling."*

*"Tell me about some of the reasons why you would not be motivated get counseling."*

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# Examples of MI for Motivating for Referral to Therapy/Treatment

adolescent expresses willingness to think about treatment options…

*"So, you're saying that you want to go to treatment because you're sick of being tired and grouchy. You really sound tired of that life."*

*"I see the way you light up when you talk about how you'd like to be a better friend."*

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# Examples of MI for Motivating for Referral to Therapy/Treatment

adolescent is ambivalent and sees no or little perceived potential benefits of treatment…

*"So, what I'm hearing is that you feel like therapy isn't your thing, that it's a lot of work, and you really don't see any benefits of doing it right now."*

*"Tell me if I am hearing you correctly. Right now therapy is something you're really not interested in. You also have been in therapy in the past and it was helpful for some of the concerns you've shared with me today."*

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# Examples of MI for Motivating for Referral to Therapy/Treatment

adolescent is motivated for treatment!

*"I'm hearing you share quite a bit of motivation to get some treatment for your substance use right now."*

*"Tell me some of the main reasons for that... You mentioned some health concerns."*

*"Is that also related to why you want to get treatment? How so?"*

**NOT - "Wow, that's great to hear, what a great decision you're making! This is a wonderful choice!"

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# Examples of MI for Motivating for Referral to Therapy/Treatment

adolescent is motivated for treatment!

*"You're describing a lot of reasons why it would be a good idea for you to get therapy for your anxiety medication misuse. Sometimes even when someone is really motivated to get treatment, they might have some negative feelings or concerns about doing that. How do you feel about it?"*

*"Is that also related to why you want to get treatment? How so?"*

Make it OKAY for them to know it's OKAY to feel how they feel - motivation AND ambivalence can exist at same time

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# Examples of MI for Motivating for Referral to Therapy/Treatment

adolescent is motivated for treatment!

*"I appreciate that you've been so open in looking at the ways marijuana has been complicating things for you. Now you're planning to take back control of your life by going to treatment (or involvement in a support group). That's a really positive step you're taking, and I know it's not easy."*

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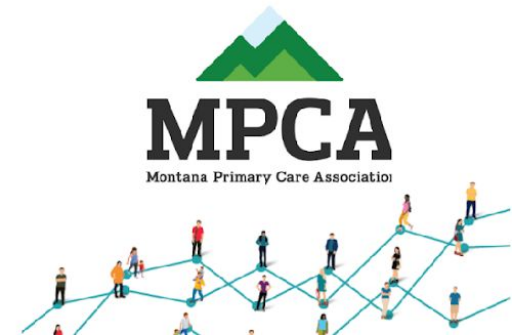
# Example (Video #4)

https://www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-videos/



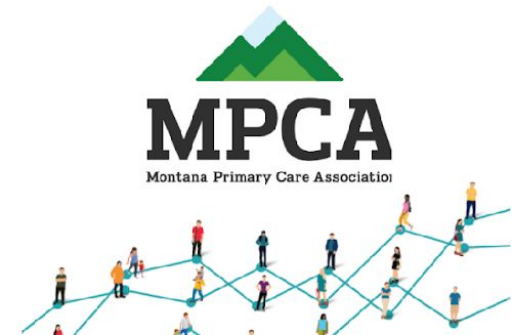
# Considerations for Referral Follow-Up

The speed at which you can link an adolescent to treatment dramatically impacts their likelihood to show up, remain in treatment, and experience positive outcomes.

Offering a treatment appointment date immediately and reminding the adolescent of their initial scheduled appointment usually improves the rate at which adolescents will begin treatment.

The first 24 hours after an adolescent's initial contact is a critical period in initiating treatment.

# What are the treatment approaches most frequently used where you work?



# What kinds of referrals do you see yourself placing?

(sometimes starting with patient's PCP is a great place to start!)

# LAST SESSION IS IN 2 WEEKS

Next: November 15 @8:30AM

Any hopes/dreams for Week 6?

Let us know!

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

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# Video Resources

Boston University's BNI-ART Institute videos that might be helpful when discussing referral www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-videos/

- Video 1 - insensitively confronting a young adult with an alcohol-related injury
- Video 2 - an alternate, respectful brief intervention with the same young adult
- Video 3 - an exceptionally sensitive video of a practitioner helping an ambivalent patient/client make their own decisions and plan to get intensive treatment
- Video 4 – SBIRT for alcohol use with a college student

SBIRT Oregon videos offer examples of SBIRT in practice, including a video entitled "Clinical workflow with behavioral health specialist" which demonstrates a warm hand-off

- www.sbirtoregon.org/video-demonstrations/

University of Florida Institute for Child Health Policy & Cherokee National Behavioral Health; School Counselor with a High-Risk Teen

- www.youtube.com/watch?v=_TwVa4utpII

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# Video Resources

- HBO Addiction: Drug Treatment for Adolescents: www.hbo.com/documentaries/addiction
- Partnership to End Addiction: Untreated & Unheard: The Addiction Crisis in America: https://pluto.tv/en/on-demand/movies/untreated-and-unheard-the-addiction-crisis-in-america-ad-free-1-1

# Suggested Articles/Books


Marsch LA, Bickel WK, Badger GJ, Stothart ME, Quesnel KJ, Stanger C, & Brooklyn J (2005). Comparison of pharmacological treatments for opioid-dependent adolescents: A randomized controlled trial. Archives of General Psychiatry, 62(10), 1157–1164. 10.1001/archpsyc.62.10.1157

Woody GE, Poole SA, Subramaniam G, Dugosh K, Bogenschutz M, Abbott P, … Fudala P (2008). Extended vs short-term buprenorphine-naloxone for treatment of opioid-addicted youth a randomized trial. JAMA : The Journal of the American Medical Association, 300(17), 2003–2011. 10.1001/jama.2008.574.

PCSS guidance - providers clinical support system. https://pcssnow.org/wp-content/uploads/2014/03/PCSS-MATGuidanceTreatmentofOpioidDependantAdolescent-buprenorphine.SubramaniamLevy1.pdf

Fishman, M. (2020). Placement criteria and integrated treatment services for youth with substance use disorders. In Y. Kaminer & K. C. Winters (Eds.), Clinical manual of youth addictive disorders, (2nd ed., pp. 123-140). American Psychiatric Association Publishing.

Kaminer, Y., Godley, M. D., Winters, K. C., & Bagot, K. S. (2020). Continuity of care for abstinence and harm reduction. In Y. Kaminer & K. C. Winters (Eds.), Clinical manual of youth addictive disorders, (2nd ed., pp. 255-276). American Psychiatric Association Publishing.


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# Suggested Articles/Books

National Institute on Drug Abuse. (2014). Principles of adolescent substance use disorder treatment: A research-based guide.

Williams, R. J., Chang, S. Y., & Addiction Centre Adolescent Research Group. (2000). A comprehensive and comparative review of adolescent substance abuse treatment outcome. Clinical Psychology: Science and Practice, 7(2), 138-166.

Meyers, K., Cacciola, J., Ward, S., Kaynak, O., & Woodworth, A. (2014). Paving the way to change: Advancing quality interventions for adolescents who use, abuse or are dependent upon alcohol and other drugs. Treatment Research Institute.

Winters, K. C., Tanner-Smith, E. E., Bresani, E., & Meyers, K. (2014). Current advances in the treatment of adolescent drug use. Adolescent Health, Medicine and Therapeutics, 5, 199-210.

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# Treatment Referral Resources

- SAMHSA's Behavioral Health Treatment Services Locator: 1-800-662-HELP or www.samhsa.gov/find-treatment
- SAMHSA's Buprenorphine Practitioner Locator: www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator
- SAMHSA's Opioid Treatment Program Directory: dpt2.samhsa.gov/treatment
- American Academy of Child and Adolescent Psychiatry's Child and Adolescent Psychiatrist Finder: www.aacap.org/AACAP/Families_and_Youth/Resources/CAP_Finder.aspx
- The American Society of Addiction Medicine's (ASAM) Physician Locator: www.asam.org/resources/patient-resources
- American Academy of Addiction Psychiatry's Patient Referral Program: www.aaap.org/patients/find-a-specialist

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