



SBIRT for Adolescent Substance Use

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Sarah Potts- Disclosures

Nature of Relationship

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Consultant

Association (Nonprofit)

Name of Organization

Partnership Health Center (Nonprofit)

Montana Primary Care



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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.



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



Screening for Substance Use

- At-risk substance use can be effectively managed and addressed if the presence and pattern of use is identified.
- Biggest obstacle = failure to administer a validated substance use screen that guides the appropriate level of intervention.
- We miss:
 - prevention messaging
 - brief advice for folks w/o SUD
 - referral to counseling/treatment



Substance Use Often Goes Undetected

- Harris et al., 2012 study: adolescent patients* don't routinely get asked about alcohol use:
 - 33-43% of pediatricians routinely ask
 - 14-27% of family practitioners routinely ask
 - *lower ask rates for patients 11-14 y/o
- Harris et al., 2016 study: Whose job is it to talk about substances??
 - 22% of program directors and clinicians at school-based health centers using SBIRT
 - <30% felt they had the tools to support
 - 63% did not believe it was their role to use an SBIRT screen for SUD
 - *lower ask rates for patients 11-14 y/o
- Lunstead et al., 2017 study
 - nurses in Massachusetts, 77% in favor of universal alcohol use screening
 - 65% reported only administering when suspecting alcohol use
 - 18% reported using a validated screening tool
 - 98% using face-to-face interviews (does anyone remember why that should sound interesting?)
- AAP Committee on Substance Use and Prevention (2016)
 - 83% of adolescents see their PCP annually
 - Adolescents consider PCPs an authoritative source of knowledge about health, including substance use/drugs
 - Pediatricians self-reported rates of routine screening from less than 50% and up to 86%
 - Few physicians reported using a validated screening tool and relied on clinical impressions instead

"AM I THE RIGHT PERSON TO ASK THESE QUESTIONS? SURELY SOMEONE ELSE WILL COVER THIS TOPIC, RIGHT?"

- Harris, B. R., Shaw, B. A., Sherman, B. R., & Lawson, H. A. (2016). Screening, brief intervention, and referral to treatment for adolescents: Attitudes, perceptions, and practice of New York school-based health center providers. *Subst Abus*, 37(1), 161-167.. <https://pubmed.ncbi.nlm.nih.gov/25774987/>
- Lunstead, J., Weitzman, E. R., Kaye, D., & Levy, S. (2017). Screening and brief intervention in high schools: School nurses' practices and attitudes in Massachusetts. *Subst Abus*, 38(3), 257-260. <https://pubmed.ncbi.nlm.nih.gov/28027019/>
- Harris, S. K., Herr-Stein, K., Weitzman, E., et al. (2012). Results of a statewide survey of adolescent substance use screening rates and practices in primary care. *Subst Abus*, 33(4), 321-326. <https://pubmed.ncbi.nlm.nih.gov/22989273/>
- Levy, S., Williams, J., & AAP Committee on Substance Use and Prevention. (2016). Substance use screening, brief intervention and referral to treatment. *Pediatrics*, 138(1). <https://publications.aap.org/pediatrics/article/138/1/20161211/52568/Substance-Use-Screening-Brief-Intervention-and?autologincheck=redirected>



Common Screening Tools - Substance Use

Tool	Target Population	Administration Method
CRAFFT+N 2.1 HONC	Adolescents and Young Adults	Paper and electronic; Interview and self
AUDIT-C and AUDIT	Adolescents, Young Adults, and Adults	Paper and electronic; Interview and self
GAIN-SS	Adolescents, Young Adults, and Adults	Paper and electronic; Interview and self
S2BI	Adolescents	Paper and electronic; Interview and self
DAST-10	Young Adults and Adults	Paper and electronic; Interview and self
BSTAD	Adolescents	Paper or electronic; Interview and self
NIDA Quick Screen	Young Adults and Adults	Paper and electronic; Interview and self
APA's NIDA-Modified ASSIST Level 2: Substance Use Screen - Child 11-17	Adolescents	Paper and electronic; Interview and self
APA's NIDA-Modified ASSIST Level 2 - Substance Use - Adult	Young Adults and Adults	Paper and electronic; Interview and self
CUDIT-R	Adolescents and Young Adults	Paper or electronic; Interview and self
COWS	Young Adults and Adults	Paper or electronic; interview



What is a validated screening tool?

- An instrument that has been psychometrically tested for:
 - **reliability:** the ability of the instrument to produce consistent results
 - **validity:** the ability of the instrument to produce true results
 - **sensitivity:** probability of identifying a patient with the diagnosis/risk
 - **specificity:** probability of identifying people who don't have diagnosis/risk as not having the condition
- **Not** clinical judgment
- **Not** clinical interviewing
- **Not** a set of questions I crafted from my own clinical experience
- **Not** a set of questions I crafted from various validated screeners



Common Screening Tools – Mental Health

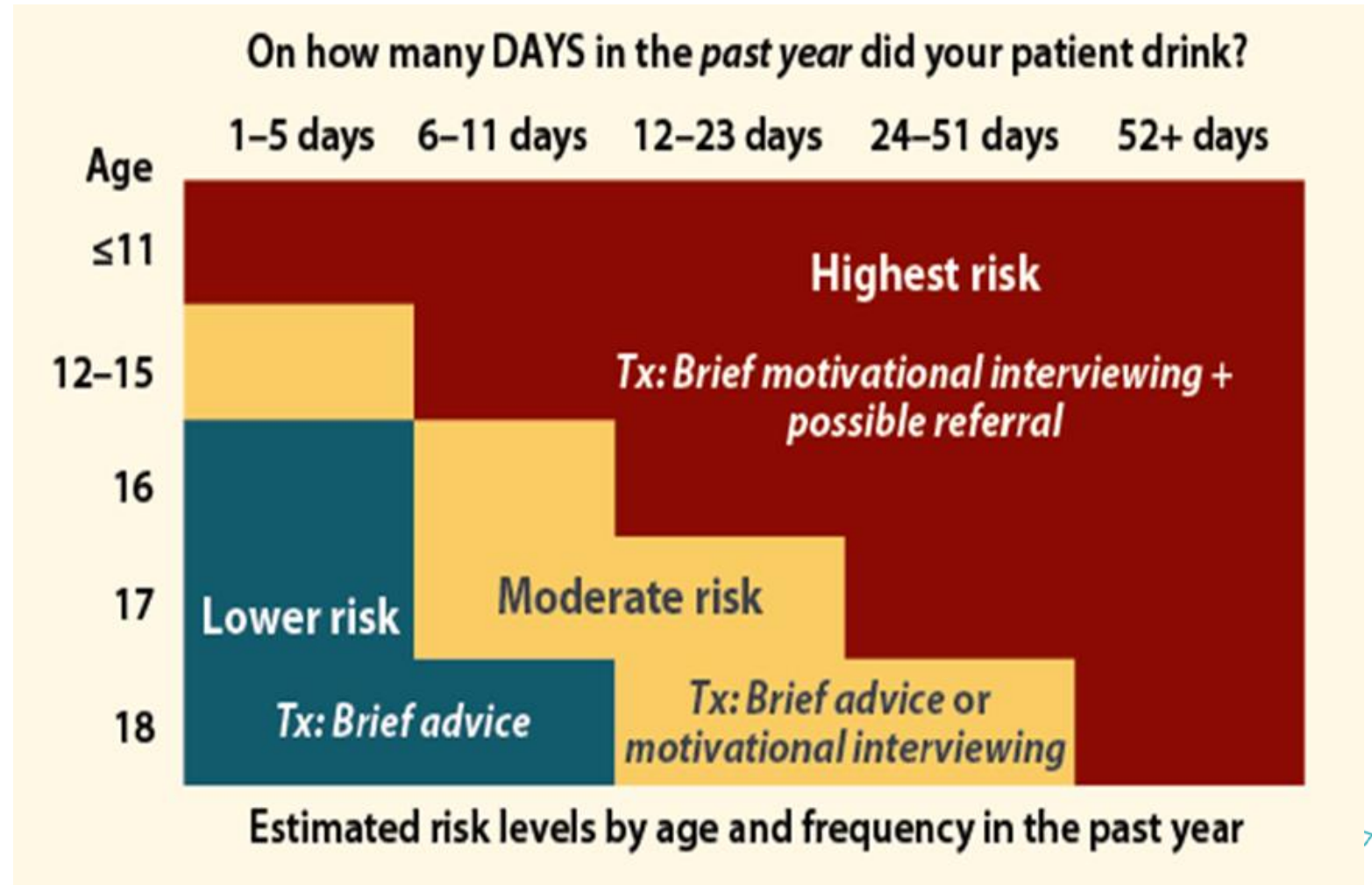
Tool	Target Population	Administration Method
Anxiety		
Severity Measure for Generalized Anxiety Disorder (GAD) – Child Age 11-17	Adolescents	Paper and electronic; interview and self
Depression		
PHQ-2A/PHQ-3A/ PHQ-9A	Adolescents and Young Adults	Paper and electronic; interview and self
PHQ-2/PHQ-3/ PHQ-9	Young Adults and Adults	Paper and electronic; interview and self
Suicide		
ASQ	Adolescents and Young Adults	Paper and electronic; interview and self
C-SSRS	Adolescents, Young Adults, and Adults	Paper and electronic; interview and self



Conceptualizing Alcohol Use Risk - NIAAA

National Institute on Alcohol Abuse and Alcoholism (NIAAA) assesses level of risk with:

- # of drinking days in the past year
- adolescent's age



Conceptualizing Alcohol Use Risk - CRAFFT

The developers of the CRAFFT identified 3 general patterns of substance use risk based on using the CRAFFT screening tool (will go over today as well)

Low Risk

Adolescents who report no use of substances in the past 12 months and report that they have not ridden in a car with a driver who has been using any substances (CRAFFT score of 0).

Medium Risk

Adolescents who report no use of substances in past 12 months and report only that they have ridden in a car with a driver who has been using any substances, OR they report use of substances in the past 12 months and have a CRAFFT score 0 or 1.

High Risk

Adolescents who report use of substances in the past 12 month and have a CRAFFT score of 2 or more.



12 oz. of
beer or
cooler



~5% alcohol

12 oz.

8–9 oz. of
malt liquor
8.5 oz. shown in
a 12-oz. glass that,
if full, would hold
about 1.5 standard
drinks of malt liquor



~7% alcohol

8.5 oz.

5 oz. of
table wine



~12% alcohol

5 oz.

3–4 oz. of
fortified wine
(such as
sherry or port)
3.5 oz. shown



~17% alcohol

3.5 oz.

2–3 oz. of
cordial,
liqueur, or
aperitif
2.5 oz. shown



~24% alcohol

2.5 oz.

1.5 oz. of
brandy
(a single jigger)



~40% alcohol

1.5 oz.

1.5 oz. of
spirits
(a single jigger
of 80-proof
gin, vodka,
whiskey, etc.)
Shown straight and
in a highball glass
with ice to show
the level before
adding a mixer*



~40% alcohol

1.5 oz.

What is a drink?

Alcohol Type	Size of Container	Standard Drinks Equivalent
Beer	12 oz.	1
	16 oz.	1.3
	22 oz.	2
	40 oz.	3.3
Malt liquor	12 oz.	1.5
	16 oz.	2
	22 oz.	2.5
	40 oz.	4.5
Wine	750 mL bottle (25 oz.)	5
80-proof spirits/ “hard liquor”	A mixed drink	1 or more
	A pint (16 oz.)	11
	A fifth (25 oz.)	17
	1.75 L (59 oz.)	39

Asking About Substance Use

- It may be more efficient for practitioners to use a tool that screens for multiple substances simultaneously rather than using a single tool to assess use of a single substance.
- Regardless of the tool used, asking about substance use may be especially difficult with adolescents who may not want to disclose or discuss their use.
- Successful screening can be enhanced by the memorization of the tools and practice of the conversation skills required to put the adolescent at ease.
- Whatever the tool and method of administration, introducing the conversation about substance use and screening is a good skill to practice in order to naturally transition into the suggested tools in this module.
- The literature also suggests that self-administered computer screening is valid and time-efficient for adolescents and that some may prefer this method.



How do I start this conversation?

- PRACTICE it
- Be yourself - talk about substance in no different tone than talking about other health behaviors
- Know your validated tools (questions/scoring)
- Ask to ask

"I would like to ask you some questions about your health that I ask all of my clients/patients. These questions will help me to get to know you and provide you with the services you need. Is that ok?"

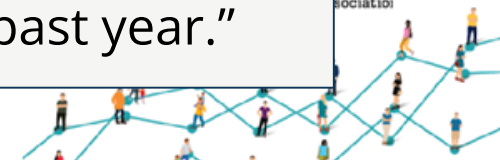
"I ask everyone about their use of alcohol, tobacco, marijuana, opioids, and other substances. It helps me better understand your concerns and the things that may come up in any work we do together. The information you tell me is confidential."

"Now I am going to ask you some questions about your use of various substances during this past year."

"The more I know, truly, the more I can help."

with
consent

A
association



Confidentiality

- Setting stage for care (before you screen)
- Reviewing limits to confidentiality prior to administering substance use screen
- Medical record privacy - age (Montana 16 y/o+ BH; 14 y/o+ PCP)
- 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?”



CRAFFT

CRAFFT 2.1+N



CRAFFT - About

- The CRAFFT family of tools are the most popular substance use screening tools for adolescents 12-21
- CRAFFT stands for: **C**ar, **R**elax, **A**lone, **F**orget, **F**amily, **F**riends, **T**rouble
- American Academy of Pediatrics' Bright Futures Guidelines recommends the CRAFFT for use in preventive care screenings and well-visits
- Includes age-appropriate questions about problems related to alcohol, drug, and nicotine and tobacco use, and screens adolescents for lifetime substance drug use disorders
- Original CRAFFT tool - 2002 and has since been updated to create a more streamlined and easier to understand process of self-reporting and to better represent substances of use
 - The Center for Adolescent Substance Abuse Research (CeASAR)
- Newer version is HIGHLY recommended
- Most versions have been translated into several languages
- See more versions of CRAFFT at crafft.org



CRAFFT 2.1+N Parts

All versions contain 2 parts:

01

Part A: determines if the adolescent has used any alcohol, marijuana, or drugs (and now tobacco and nicotine) in the past 12 months.

02

Part B: asks about the adolescent's experiences with alcohol and drugs.



Part A has been lightly modified over the years, while Part B has remained exactly the same.

CRAFFT+N 2.1
HONC only

Part C: has been added to assess nicotine and tobacco dependence among adolescents.

All versions of the CRAFFT may be administered via interview or self-administered either electronically or in paper form.



CRAFFT Part A Questions

During the past 12 months, on how many days did you:

of days

Drink more than a few sips of beer, wine or any drink containing **alcohol**? Put "0" if none.

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

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.

Use a **vaping device*** containing **nicotine and/or flavors**, or use any **tobacco products†**? Put "0" if none.

**Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*



CRAFFT Part A Questions (cont.)



If the adolescent reports any use on Part A, all 6 questions in Part B should be asked.

If the adolescent answers "0" to questions 1-4 on Part A, only the "CAR" question in Part B should be asked.

If the adolescent reports using a vaping device containing nicotine and/or flavors, or any use of tobacco products in question 4 on Part A, all 10 questions in Part C should be asked.



CRAFFT Part B Questions

C	Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	YES/NO
R	Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?	YES/NO
A	Do you ever use alcohol/drugs while you are by yourself, or ALONE ?	YES/NO
F	Do you ever FORGET things you did while using alcohol or drugs?	YES/NO
F	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	YES/NO
T	Have you gotten into TROUBLE while you were using alcohol or drugs?	YES/NO



CRAFFT Part C Questions

The following questions ask about your use of any vaping devices containing nicotine and/or flavors, or use of any tobacco products*. Circle your answer for each question.

- | | | |
|----|---|--------|
| 1. | Have you ever tried to quit using, but couldn't? | Yes/No |
| 2. | Do you vape or use tobacco now because it is really hard to quit? | Yes/No |
| 3. | Have you ever felt like you were addicted to vaping or tobacco? | Yes/No |
| 4. | Do you ever have strong cravings to vape or use tobacco? | Yes/No |
| 5. | Have you ever felt like you really needed to vape or use tobacco? | Yes/No |
| 6. | Is it hard to keep from vaping or using tobacco in places where you are not supposed to, like school? | Yes/No |
| 7. | When you haven't vaped or used tobacco in a while (or when you tried to stop using)... | |
| | a. did you find it hard to concentrate because you couldn't vape or use tobacco? | Yes/No |
| | b. did you feel more irritable because you couldn't vape or use tobacco? | Yes/No |
| | c. did you feel a strong need or urge to vape or use tobacco? | Yes/No |
| | d. did you feel nervous, restless, or anxious because you couldn't vape or use tobacco? | Yes/No |

CRAFFT 2.1+N Scoring

- **Part A** scoring: no score, but instead the answers indicate *which* questions of **Part B** to ask next
- **Part B** scoring:
 - Each **YES** answer for any question = **1 point**
 - Each **NO** answer for any question = **0 points**
 - Add the points accrued in Part B to obtain a final score
- Score is interpreted as *SUD probability* rather than a cut-off score



The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

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.

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

4. Use a **vaping device*** containing nicotine and/or flavors, or use any **tobacco products†**? Put "0" if none.

of days

**Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.
- If you put "1" or more for Questions 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW.
- If you put "1" or more for Question 4 above, ANSWER ALL QUESTIONS ON BACK PAGE.



Circle one

- | | | |
|--|----|-----|
| 5. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs? | No | Yes |
| 6. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? | No | Yes |
| 7. Do you ever use alcohol or drugs while you are by yourself, or ALONE? | No | Yes |
| 8. Do you ever FORGET things you did while using alcohol or drugs? | No | Yes |
| 9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | No | Yes |
| 10. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | No | Yes |



The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products***. Circle your answer for each question.

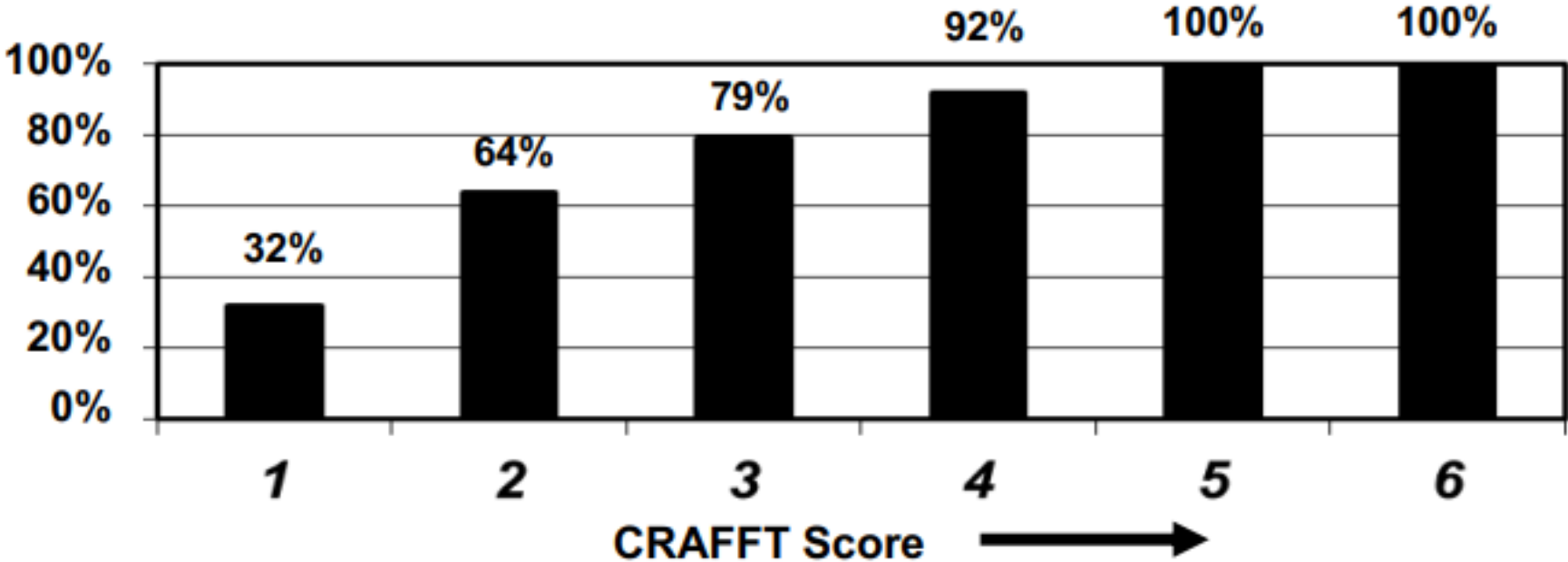
Circle one

- | | | |
|--|-----|----|
| 1. Have you ever tried to quit using, but couldn't? | Yes | No |
| 2. Do you vape or use tobacco now because it is really hard to quit? | Yes | No |
| 3. Have you ever felt like you were addicted to vaping or tobacco? | Yes | No |
| 4. Do you ever have strong cravings to vape or use tobacco? | Yes | No |
| 5. Have you ever felt like you really needed to vape or use tobacco? | Yes | No |
| 6. Is it hard to keep from vaping or using tobacco in places where you are not supposed to, like school? | Yes | No |
| 7. When you haven't vaped or used tobacco in a while (or when you tried to stop using)... | | |
| a. did you find it hard to concentrate because you couldn't vape or use tobacco? | Yes | No |
| b. did you feel more irritable because you couldn't vape or use tobacco? | Yes | No |
| c. did you feel a strong need or urge to vape or use tobacco? | Yes | No |
| d. did you feel nervous, restless, or anxious because you couldn't vape or use tobacco? | Yes | No |



CRAFFT Score Interpretation

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



Will be covered when we discuss brief interventions

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, nicotine, 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, vape, or use tobacco or 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 substance use from getting in the way of achieving your goals."



CRAFFT 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.
- YES to any question in Part C signals a loss of autonomy and the onset of tobacco dependence



AUDIT



AUDIT - About

- Alcohol Use Disorders Identification Test (AUDIT), and the short version, AUDIT-C, are well-known screening tools used in the U.S. and internationally for adults, including adolescents
 - AUDIT-C can be used as pre-screen for full AUDIT
- Validated for use with adolescents
- Can be used to measure change over time, sensitive to change
- Developed by the World Health Organization (WHO), the 10-item AUDIT is used to assess:
 - quantity and frequency (consumption)
 - risk for an alcohol use disorder (dependence)
 - hazardous and harmful use
- Check <https://auditscreen.org/> for versions in different languages and more information



AUDIT-C

All questions are scored on a scale from 0-4.

To score, add up the points for questions 1-3 only.

Assesses
CONSUMPTION

Questions	0	1	2	3	4	Score
1) How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	
2) How many drinks containing alcohol do you have on a typical day of drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10+	
3) How often do you have 5 (for men)/ 4 (for women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
AUDIT-C Score (add items 1-3): Adolescent Positive Screen= 1 Young Adult (age 18+) Positive Screen= 4 for men/3 for women If positive, ask the next 7 questions to administer the full AUDIT.						

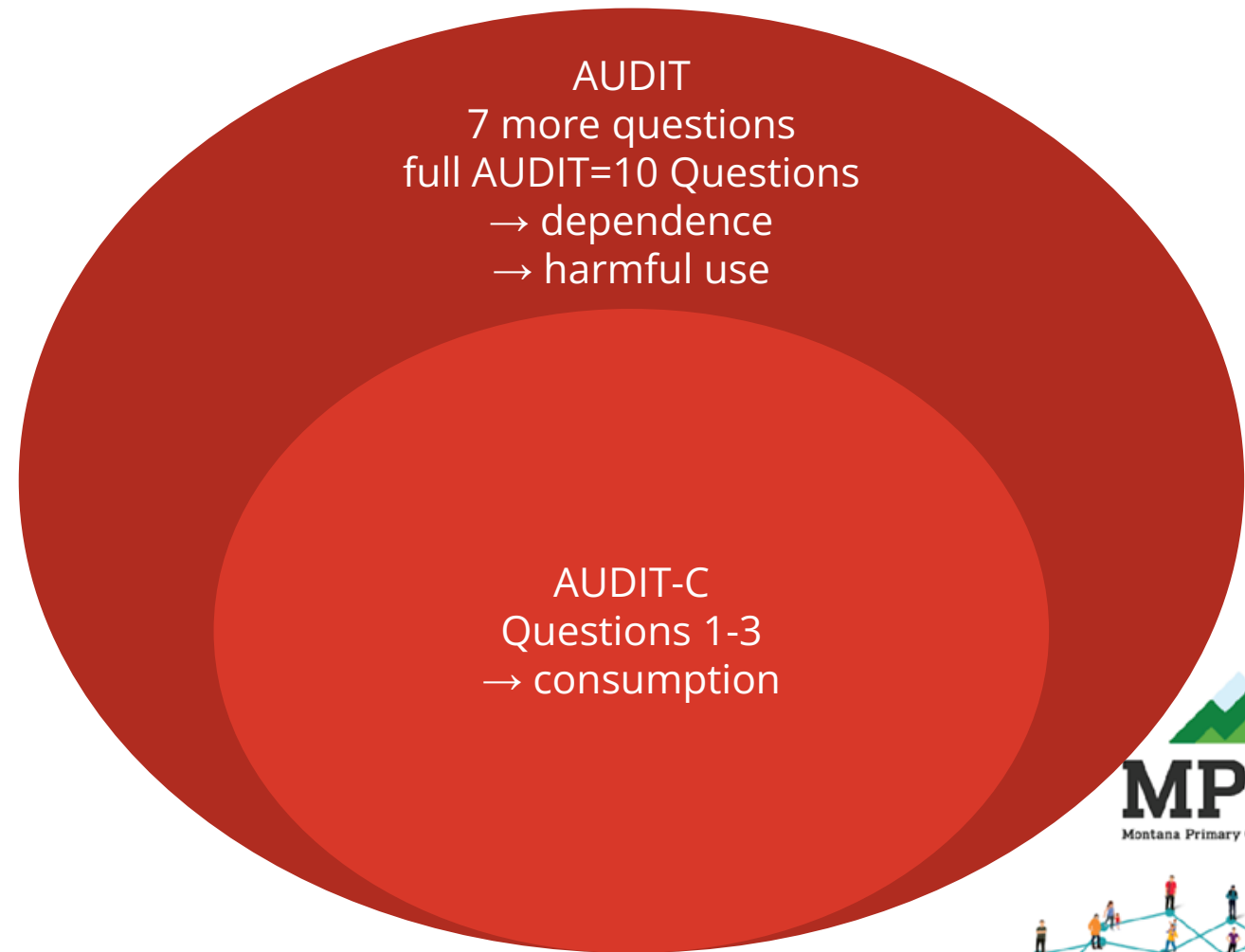
AUDIT-C Scoring

- 14-17 y/o: 0=NEGATIVE SCREEN, 1 or more points = POSITIVE SCREEN
 - If positive screen, best to give full AUDIT next
- 18+ y/o: 4+ for men, 3+ for women = increased risk
 - If AUDIT-C score is 4+ for men, 3+ for women, best to give full AUDIT next



AUDIT

AUDIT-C (**consumption**) + 7
more questions assessing
dependence and **harmful**
use.



AUDIT

All questions are scored on a scale from 0-4.

Assesses
CONSUMPTION

Questions	0	1	2	3	4	Score
1) How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	
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AUDIT

All questions are scored on a scale from 0-4.

Assesses
DEPENDENCE

Questions	0	1	2	3	4	Score
4) How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5) How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6) How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	



AUDIT

All questions are scored on a scale from 0-4.

To score, add up the points for questions 1-10

Assesses
HARMFUL USE

Questions	0	1	2	3	4	Score
7) How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8) How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9) Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10) Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	



AUDIT Scoring (14-17 y/o)

LOW RISK = 0 to 1

Moderate risk, any problematic use, potential harms = 2

3+/4+ = SUD
may be present

High risk, possible dependence = 3 or more



AUDIT Scoring (18+ y/o)

LOW RISK = 0 to 7

≥8 =-risk, harmful,
or hazardous
drinking

Moderate risk, any
problematic use, potential
harms = 8 to 19

High risk, possible
dependence = 20 to 40



Full Series Overview

Join us next time for Week 4 content!

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



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*.



Caregiver/Community Resources

Parenting to Prevent Childhood Alcohol Use (NIAAA): pubs.niaaa.nih.gov/publications/adolescentflyer/adolflyer.htm

Talk. They Hear You (SAMHSA): www.samhsa.gov/underage-drinking and www.samhsa.gov/underage-drinking/parent-resources

Discussion Starter Videos (SAMHSA): www.samhsa.gov/underage-drinking/partner-resources/discussion-starter-video

Marijuana Talk Kit - What You Need to Know to Talk with Your Teen about Marijuana: drugfree.org/download/marijuana-talk-kit/

Talking With Your Kids and What to Say to Prevent Medicine Misuse: drugfree.org/article/talk-with-your-kids/

The Guide to Community Preventive Services recommends evidence-based interventions like increasing alcohol taxes, enhancement of laws prohibiting sales to minors, school-based peer organizing interventions, and social norming campaigns. For more information, visit: www.thecommunityguide.org/topic/excessive-alcohol-consumption www.thecommunityguide.org/topic/adolescent-health

SAMHSA partner resources can be customized for prevention efforts: www.samhsa.gov/underage-drinking/partner-resources



References

- Smith, P.C., Schmidt, S.M., Allensworth-Davies, D., & Saitz, R. (2010) A single-question screening test for drug use in primary care. *Archives of Internal Medicine*, 170(13):1155-1160.
- Bien, T., Miller, W. R., & Tonigan, J. S. (1993). Brief interventions for alcohol problems: A review. *Addiction*, 88, 315–336.
- Kahan, M., Wilson, L., & Becker, L. (1995). Effectiveness of physician-based interventions with problem drinkers: A review. *Canadian Medical Association Journal*, 152, 851–859
- Wilk, A.I., Jensen, N.M., and Havighurst, T.C. (1997). Meta-analysis of randomized control trails addressing brief interventions in heavy alcohol drinkers. *Journal of General Medicine*, 12 (5), 274-283
- Madras, B. K., Compton, W. M., Avula, D., Stegbauer, T., Stein, J. B., & Clark, H. W. (2008). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug Alcohol Dependence*, doi:10.1016/j.drugalcdep.2008.08.003
- Saitz, R. (2010). Candidate Performance Measures for Screening for, Assessing, and Treating Unhealthy Substance Use in Hospitals: Advocacy or Evidence-Based Practice? Commentary from the *Ann Intern Med*. 2010;153:40-43
- Bernstein, J., Bernstein, E., Tassiopoulos, K., Heeren, T., Levenson, S., & Hingson, R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug Alcohol Dependence*, 77(1), 49–59
- SAMHSA, White Paper on Screening Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare. Substance Abuse and Mental Health Services Administration (2011). Accessed at https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf
- Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.



References (continued)

Woodruff, Susan I., et al. "Randomized clinical trial of the effects of screening and brief intervention for illicit drug use: the life shift/shift gears study." *Addiction science & clinical practice* 9.1 (2014): 8.

Bradley KA, DeBenedetti AF, Volk RJ, et al. AUDIT-C as a brief screen for alcohol misuse in primary care. *Alcohol Clin Exp Res* 2007; 31:1208.

Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care. 2001.

Maisto SA, Saitz R. Alcohol use disorders: screening and diagnosis. *Am J Addict* 2003; 12 Suppl 1:S12.

Johnson JA, Lee A, Vinson D, Seale JP. Use of AUDIT-based measures to identify unhealthy alcohol use and alcohol dependence in primary care: a validation study. *Alcohol Clin Exp Res* 2013; 37 Suppl 1:E253.

Babor TF, Grant M, Acuda W, et al. A randomized clinical trial of brief interventions in primary care: summary of a WHO project. *Addiction* 1994; 89:657.

Bush, Kristen, et al. "The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking." *Archives of internal medicine* 158.16 (1998): 1789-1795.

Bradley, Katharine A., et al. "Two brief alcohol-screening tests From the Alcohol Use Disorders Identification Test (AUDIT): validation in a female Veterans Affairs patient population." *Archives of internal medicine* 163.7 (2003): 821-829.

Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A single-question screening test for drug use in primary care. *Arch Intern Med* 2010; 170:1155.

Skinner et al, 1982 HA. The drug abuse screening test. *Addict Behav* 1982; 7:363

Validity of brief alcohol screening tests among adolescents: a comparison of the AUDIT, POSIT, CAGE, and CRAFFT." *Alcoholism: Clinical and experimental research* 27.1 (2003): 67-73.

Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376-80.

Knight, John R., et al. "Validity of brief alcohol screening tests among adolescents: a comparison of the AUDIT, POSIT, CAGE, and CRAFFT." *Alcoholism: Clinical and experimental research* 27.1 (2003): 67-73.

Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376-80.



Severity Measure for Generalized Anxiety Disorder—Age 11–17

							Clinician Use
	During the PAST 7 DAYS, I have...	Never	Occasionally	Half of the time	Most of the time	All of the time	Item score
1.	felt moments of sudden terror, fear, or fright	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2.	felt anxious, worried, or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3.	had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6.	avoided, or did not approach or enter, situations about which I worry	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7.	left situations early or participated only minimally due to worries	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
8.	spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
9.	sought reassurance from others due to worries	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
10.	needed help to cope with anxiety (e.g., alcohol or medication, superstitious objects, or other people)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Total/Partial Raw Score:							
Prorated Total Raw Score: (if 1-2 items left unanswered)							
Average Total Score:							