

Adolescent Alcohol and Drug Screening and Brief Intervention

2/17/16



2016-2017 SBHC Performance Measures
Webinar Training Series

Disclosure Statement:
No financial relationships to disclose

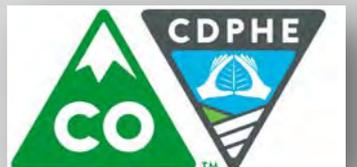
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Statement of Disclosure

We have no relevant financial relationships with commercial interests pertaining to the content presented in this program.



Webinar Objectives

1. Describe approaches to screening pre-adolescents and adolescents for alcohol and other drug use using validated questions.
2. Demonstrate techniques for effective brief interventions using motivational interviewing to promote change in adolescent alcohol and other drug use.



Housekeeping...

- ❑ **Sign in** - Please type name & Email in the Chat Box.
- ❑ **Questions** - Everyone is muted. Please type your questions into the Chat Box.
- ❑ **Recording** - We are recording this. The recording & slides will be available on the CDPHE website.
- ❑ **Evaluation** - We will provide the link to the evaluation after the presentation in the Chat Box. Please complete before March 2nd.
- ❑ **CNEUs** - If you are an RN or NP, you will need to stay throughout the entire webinar and complete the evaluation before March 2nd in order to receive CNEUs.



Performance Measure Work Group

(May to November 2015)

- Deidre Callanan - CASBHC
- Lynn Bakken - MCPN
- Erin Major - SCCC SBHCs
- Ann Galloway - GRHD SBHCs
- Jen Suchon - Northside SBHC
- Cassie Comeau - SCCC SBHCs
- Suzy Rosemeyer - APS SBHCs
- Anne Taylor - RMYC SBHCs
- Sonja O'Leary - DH SBHCs
- Shannon Morrison - Apex



Adolescent Annual Risk Assessment Screen

Definition

Percentage of SBHC users, aged 11-20 years, with ≥ 1 age-appropriate annual risk assessment in past 12 months.

This performance measure will be reported on by Apex for SBHCs using the eSHQ. Sites not using the eSHQ can report this measure annually on the HUB. It is the expectation that a risk assessment is part of an annual WCC.



Substance Abuse Screening/Assessment Codes

H0049	CRAFFT, negative screen without brief intervention
99408	CRAFFT with brief intervention, 15-30 minutes
99409	CRAFFT with brief intervention, 30+ minutes

Information on HCPF's SBIRT Program & Billing can be found at:

<https://www.colorado.gov/pacific/hcpf/billing-manuals>

*Adolescent
Screening, Brief
Intervention, Referral to
Treatment*

February 17, 2016

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SBIRT Colorado

Peer Assistance Services, Inc.

Dedicated to quality, accessible prevention and intervention services in workplaces and communities, focusing on substance abuse and related issues.

Incorporated in 1984

Acknowledgements

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*Addiction is a pediatric disease**

*John R Knight, MD. Center for Adolescent Substance Abuse Research (CeASAR), Boston Children's Hospital

The United States spends vastly more on substance abuse treatment, interdiction, law enforcement, and international drug control policy than on prevention

Prevention

“A child who reaches his or her 21st birthday without using drugs, tobacco or alcohol is “virtually certain” never to slip into those habits.”

-Joseph A. Califano Jr.
How to Raise a Drug-Free Kid

*Adolescent Substance Use**

Typically begins in early adolescence

80% of high school seniors report alcohol use

62% report having gotten drunk

31% report heavy episodic use

* Data from *Monitoring the Future*

Risk Factors

Family substance use problems

Major transitions (physical, school, social)

Co-occurring mental health disorder

Chronic health conditions

Reasons for substance use vary in girls vs. boys

- Boys: more likely to relax and be popular
- Girls: more likely related to low self-esteem, body image, depression, anxiety

Risk Levels

Never/No use

Praise and positive reinforcement

Once or twice in past year = Low risk

Brief advice

Monthly use = Moderate risk

Brief intervention

Weekly or more = High risk

Brief intervention + possible referral

*Anticipated risk levels: 12-18 year olds**

~57% abstinence

~19% non-problematic use

~14% problematic use (2+ serious in problems past year)

~7% abuse (DSM-IV)

~3% dependence (DSM-IV)

* Source: Knight, J. R., S. K. Harris, et al. (2007). Prevalence of positive substance abuse screens among adolescent primary carepatients. Arch Pediatr Adolesc Med 161(11): 1035-1041.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

Screen: use validated questions

Brief Intervention: a short conversation to provide feedback and enhance motivation

Referral to Treatment: further engagement to facilitate more intensive services

Screening Adolescents

Who?

- All adolescents
- Starting at least by age 12
- Ask younger adolescents about friends use of tobacco, alcohol, or drugs

How?

- Use validated questions
- Ask questions exactly as worded in questionnaire
- Self-administered whenever possible (increases accuracy)
- Electronic screening is ideal

Confidentiality

Reassure adolescents the information and conversation are confidential unless you identify potential risk for harm to self or to another person, or that they may be a victim of abuse.

Youth under age 18 in Colorado can enter substance use treatment without parental consent and must sign for release of information.

S2BI: Screening to Brief Intervention

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

- Tobacco? _____
- Alcohol? _____
- Marijuana? _____

STOP if all **"Never."** Otherwise, **CONTINUE.**

- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)? _____
- Illegal Drugs (such as cocaine or Ecstasy)? _____
- Inhalants (such as nitrous oxide)? _____
- Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

- Never
- Once or twice
- Monthly
- Weekly

CRAFFT

Prescreen

During the past 12 months, did you:

1. Drink any alcohol (more than a few sips)?
2. Use any marijuana or hashish?
3. Use anything else to get high?

No to all: Ask question 1 on CRAFFT

Yes to any: Ask full CRAFFT

C: Have you ever ridden in a CAR driven by someone including yourself who was high or had been using alcohol or drugs?

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

A: Do you ever use alcohol or drugs while you are by yourself or ALONE?

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

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

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

CRAFFT scoring

0: Positive reinforcement

0-1: Brief intervention

2+: Brief intervention and possible referral

Questions for further assessment

1. “Tell me about your alcohol/drug use. When did it begin? What is it like now?”
2. “Have you had any problems at school, home, or with the law?” If yes, “Were you drinking or using drugs just before that happened?”
3. “Have you ever tried to quit? Why? How did it go? For how long did you stop? Then what happened?”

High Risk Indicators

Weekly or more frequent use

Extreme binge drinking (potentially fatal amounts)

Poly-pharmacy

Injection drug use

Significant drop in school performance

Co-occurring mental health disorder

Illegal behaviors

Safety concerns- e.g. driving/biking/snowboarding under the influence, victim of violence

Next Step

Relatively minor problems: Negotiate behavior change (i.e., brief intervention)

More serious problems: Consider referral for further assessment and possible treatment

Motivational Interviewing: Adolescents

Why it makes sense:

Encourages insight and self-understanding

Encourages confidence

Non-confrontational

Respect for autonomy can 'keep the door open'

Good starter questions:

"What do you know about _____?"

"What have you heard about _____?"

"What do you think about _____?"

Listen for and ask for
CHANGE TALK

Desire
Ability
Reasons
Need



Brief Intervention: *Brief Negotiated Interview*

Step 1: Raise the Subject

Step 2: Provide Feedback

Step 3: Enhance Motivation

Step 4: Negotiate and Advise

Step 1: Raise the Subject

"Would you mind taking a few minutes to talk with me about your screening results?"

(ask permission to have the conversation)

Step 2: Provide Feedback

Review reported substance use and consequences.

Provide feedback on health or other effects of use.

Link substance use to the purpose of the visit.

Tell a story

Express concern.

Always elicit the person's response to the feedback.

"What do you think about this information?"

*Feedback: What kind of information?**

1. Give us the science...trust adolescents to make the right decisions
2. Tell a story...put a human face on it

*Focus groups with adolescents- Boston Children's Hospital - CEASAR program

Enhancing Motivation: Explore the pros and cons

WHEN READINESS IS VERY LOW

“What do you like about your current level of drinking?”

Followed by:

“What are the not so good things about your current level of drinking?”

Then summarize both sides:

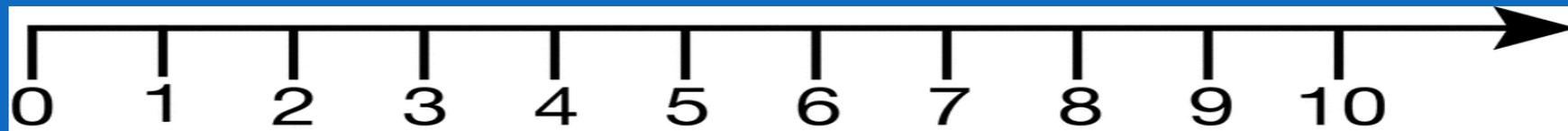
“So, on the one hand _____, and on the other hand, _____.”

Enhancing Motivation: Assess Readiness

"On a scale of 0 -10 how ready are you to quit or cut-back on using marijuana?"

Then respond:

"What makes you a 3 and not a lower number?"

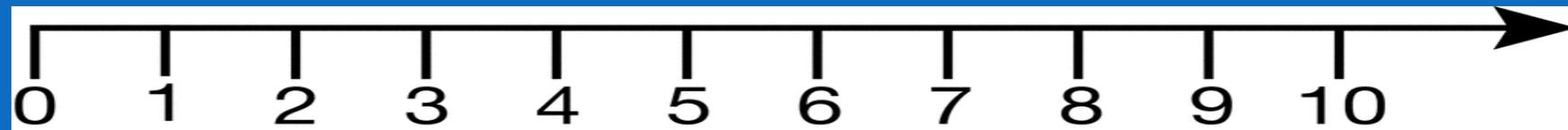


Enhancing Motivation: Assess Confidence

“On a scale of 0 -10, how confident are you that you could quit/cut-back if you decided to?”

Then respond:

“What could help you feel more confident?”



A Few Good Questions

"How does drinking/using marijuana fit with what matters most to you in your life right now?"

"How would you know if you were developing a problem?"

"Let's say you did decide to quit, how would you go about doing it?"

Step 4: Negotiate and Advise

Elicit response:

"What are some of your thoughts about our discussion?"

Negotiate a goal:

"What are some steps you could take to make a change?"

Assist in developing a plan:

"What will this be challenging?"

"How could you approach these challenges?"

Summarize:

"It sounds like your plan and next steps are ____."

Plan follow-up: Phone or in-person. Consider risk level.

Thank them for having the conversation

Harm Reduction

GOAL: Keep the door open to ongoing open communication.

Start with a clear, strong, personalized message to abstain.

Then ask: "*What do you think about this?*"

If unwilling to abstain...

If CRAFFT CAR question was "yes": Contract for Life

Ask what they already know about risks:

"What do you know about how alcohol can affect you?"

Offer information about risks.

Then ask: *"What do you think about this information?"*

Ask how they could prevent harm to themselves and others:

"What steps could you take to minimize the possibility that your drinking will harm you or another person?"

Finally - *important!* Repeat the advice to abstain!

CONTRACT FOR LIFE

A Foundation for Trust and Caring

This Contract is designed to facilitate communication between young people and their parents about potentially destructive decisions related to alcohol, drugs, peer pressure, and behavior. The issues facing young people today are often too difficult for them to address alone. SADD believes that effective parent-child communication is critically important in helping young adults to make healthy decisions.

YOUNG PERSON

I recognize that there are many potentially destructive decisions I face every day and commit to you that I will do everything in my power to avoid making decisions that will jeopardize my health, my safety and overall well-being, or your trust in me. I understand the dangers associated with the use of alcohol and drugs and the destructive behaviors often associated with impairment.

By signing below, I pledge my best effort to remain free from alcohol and drugs; I agree that I will never drive under the influence; I agree that I will never ride with an impaired driver; and I agree that I will always wear a seat belt.

Finally, I agree to call you if I am ever in a situation that threatens my safety and to communicate with you regularly about issues of importance to both of us.

YOUNG PERSON

PARENT (or Caring Adult)

I am committed to you and to your health and safety. By signing below, I pledge to do everything in my power to understand and communicate with you about the many difficult and potentially destructive decisions you face.

Further, I agree to provide for you safe, sober transportation home if you are ever in a situation that threatens your safety and to defer discussions about that situation until a time when we can both have a discussion in a calm and caring manner.

I also pledge to you that I will not drive under the influence of alcohol or drugs, I will always seek safe, sober transportation home, and I will always wear a seat belt.

PARENT/CARING ADULT



Students Against Destructive Decisions

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Involving parents and caregivers

Involve parents/caregivers whenever possible.

Recruit parents as allies to restrict access to alcohol and drugs.

Some adolescents may be looking for ways to disclose their use to parents and seek their support.

Be on the side of the adolescent. Communicate this:

"I want what is best for you."

"I will continue to be there for you."

"I can help you talk with your parents. What do you think about involving them in this conversation?"

Finding Treatment Services: LinkingCare

<http://linkingcare.org/>

Online training simulations

Kognito simulations use

<https://www.kognito.com/>



New material development

HOW MANY TIMES IN THE PAST YEAR HAVE YOU HAD X OR MORE DRINKS IN ONE DAY? MEN X=5 WOMEN X=4 POSITIVE = 1 OR MORE TIMES

TIPS FOR GIVING FEEDBACK

ALCOHOL

A STANDARD DRINK
ANY DRINK CONTAINING ABOUT 14 GRAMS OF ALCOHOL*

*NIAAA (www.RethinkingDrinking.NIAAA.NIH.gov)

12 fl oz Beer = 5 fl oz table wine = 1.5 fl oz liquor (vodka, tequila, etc.)

-5% alcohol -12% alcohol -40% alcohol

Craft beers are often higher % alcohol

LOWER RISK DRINK LIMITS*

	PER DAY	PER WEEK
WOMEN	3	7
MEN	4	14
OVER 65	3	7

LESS IS BETTER

AVOID ALCOHOL IF YOU

- take medications that interact with alcohol
- have a health condition made worse by drinking
- are under 21 years of age
- plan to drive a vehicle or operate machinery
- are pregnant or trying to become pregnant

HOW IMPORTANT IS IT TO YOU? HOW READY ARE YOU? HOW CONFIDENT ARE YOU?

NOT AT ALL 1 2 3 4 5 6 7 8 9 10 EXTREMELY

NEGOTIATE AND ADVISE

This guide can be used for other risky behaviors, such as tobacco or illicit drug use.

Ask permission: "Would you mind taking a few minutes to talk with me about your screening results?"

Review reported alcohol use and refer to lower risk alcohol guidelines. Discuss possible health and other consequences of use; link to purpose of visit, if applicable. Express concern. Advise to quit or cut back. Elicit the person's response: "What do you think about this information?"

"On a scale of 0-10, how important is it for you to decrease (or quit) your drinking?"
 "On a scale of 0-10, how ready are you to decrease (or quit) your drinking?"
 "On a scale of 0-10, how confident are you that you will be able to make this change?"
 "How does your current level of drinking fit with what matters most to you in your life right now?"
 When readiness is low, ask, "What do you enjoy about drinking? What do you not enjoy about drinking?" Then summarize both sides.

Elicit response: "What are some of your thoughts about this discussion?"
 Negotiate a goal: "What are some steps you may want to take to make a change?"
 Assist in developing a plan: "What would help you accomplish your goal? What will be challenging?"
 Summarize the conversation; emphasize the individual's strengths; highlight decisions and goals. Arrange follow-up. Thank the person for having the conversation.

OPTIONS FOR MORE HELP

- Medication
- Referral
- www.LinkinCare.org

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COLORADO Office of Behavioral Health, Department of Human Services

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Adolescent SBI pocket cards



www.improvinghealthcolorado.org

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