Adolescent Alcohol and Drug Screening and Brief Intervention

2/17/16
Disclosure Statement:
No financial relationships to disclose

Maureen Daly, MD, MPH
Carolyn Swenson, MSPH, MSN

Planning Committee:
Lynn Bakken
Greta Klingler
Kristina Green
Maureen Daly

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.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0049</td>
<td>CRAFFT, negative screen without brief intervention</td>
</tr>
<tr>
<td>99408</td>
<td>CRAFFT with brief intervention, 15-30 minutes</td>
</tr>
<tr>
<td>99409</td>
<td>CRAFFT with brief intervention, 30+ minutes</td>
</tr>
</tbody>
</table>

Information on HCPF’s SBIRT Program & Billing can be found at: [https://www.colorado.gov/pacific/hCPF/billing-manuals](https://www.colorado.gov/pacific/hCPF/billing-manuals)
Adolescent Screening, Brief Intervention, Referral to Treatment

February 17, 2016

Carolyn Swenson, MSPH, MSN
Manager - Training and Consultation,
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

SBIRT Colorado is an initiative of the Governor, funded by the Substance Abuse and Mental Health Services Administration, administered by the Colorado Department of Human Services, Office of Behavioral Health and managed by Peer Assistance Services, Inc.
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)

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)? __________

© Boston Children’s Hospital 2014. All Rights Reserved. For permissions contact ASAP Project Manager 857.218.4317
CRAFFFT
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 it?

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?”

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 _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
©2001 SADD, Inc., a Massachusetts nonprofit corporation. All rights reserved. SADD and all SADD logos are registered trademarks of SADD, Inc. SADD chapters and their individual students have permission to reproduce this material for their use by the students. Copying of this material by other entities (publishers or other individuals), either in whole or in part, without written permission is strictly prohibited. SADD, Inc. sponsors Students Against Destructive Decisions and other health and safety programs.

SADD, Inc. | 255 Main Street | Marlborough, MA 01752
877-SADD-INC (877-822-3462) | 508-481-2500 | 508-481-5789 FAX
www.sadd.org
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

Adolescent SBI pocket cards
www.improvinghealthcolorado.org

For questions or more information contact:

Carolyn Swenson, MSPH, MSN
Manager, Training and Consultation, SBIRT Colorado

303-369-0039 x 227

cswenson@peerassist.org