SBIRT for Adolescents

MHTTC Webcast
May 22, 2019
OUR MISSION

To use evidence-based means to disseminate evidence-based practices across the New England states.
OUR FOCUS

Recovery-oriented practices and supports
OUR TEAM

Yale Program for Recovery and Community Health

in partnership with

C4 Innovations & Harvard University Department of Psychiatry
Why Screening Brief Intervention & Referral to Treatment?
Laura Pannella Winn

Deputy Director

Co-Principal Investigator, Project Amp
This webcast *is* an introduction to adolescent SBIRT. This webcast *is not* a practical training on strategies, review of the literature, or primer on financing strategies.
Substance Use Among Adolescents

50% of 12th graders have used illicit drugs

50% of 12th graders have been drunk at some point

Vaping marijuana rates are growing among middle and high school students

SUBSTANCE USE DURING DEVELOPMENTAL PERIOD
As use increases, risk increases for developing an alcohol or substance use disorder

5x more likely that teen use of alcohol before age 15 will result in substance use disorder and risk of other disruptive outcomes in life.

ACCIDENTS AND INJURIES
UNPROTECTED SEX (STIS, PREGNANCY)
DECLINE IN SCHOOL PERFORMANCE
CRIMINAL ACTIVITY
FAMILY CONFLICT
DEATH

Substance Use Among Adolescents

- Substance use among young people has stabilized.
- New trends (legalization, vaping, increased access to opioids, cultural shifts)
- Improved understanding around wellness, holistic care, co-occurring issues
What is SBIRT?

Screening
- Universal, validated screen to assess risk and use.

Brief Intervention
- Brief motivational, awareness-raising intervention.

Referral to Treatment
- Referral to specialty care (or other supports)

“A public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at risk of developing these disorders.” (SAMHSA)

SAMHSA recommends universal substance use Screening, Brief Intervention, and/or Referral to Treatment (SBIRT) as part of routine health care.
## SBIRT vs. usual care

<table>
<thead>
<tr>
<th>SBIRT</th>
<th>No SBIRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal screen, regardless of indication (well visits; health class)</td>
<td>Inconsistent and selective screening</td>
</tr>
<tr>
<td>Validated, standardized screen</td>
<td>Non-systematized questions</td>
</tr>
<tr>
<td>Use is seen as a continuum</td>
<td>Use is seen as dichotomous (problem or not)</td>
</tr>
<tr>
<td>Evidence-based, person-centered change talk</td>
<td>Often directive communication</td>
</tr>
<tr>
<td>Can facilitate integrated, holistic care</td>
<td>Uncoordinated/unclear referrals and follow-up</td>
</tr>
</tbody>
</table>

Winkle, J. SBIRT in Medical Settings. sbirtoregon.org
Where is Adolescent SBIRT?

• Primary care, emergency care, school-based health
  • Increased training for health professionals
  • Federal support (SAMHSA; Medicaid, etc.)
  • AAP policy statement

• School
  • Mandated in public schools (e.g. MA)
  • Pilot programs (e.g. WI, IN, NM, etc.)
  • Typically provided through school nurse, guidance, partnered behavioral health support
  • Medicaid support for some students
What is SBIRT?
Screening

• Validated screening tool
  • BSTAD
  • S2BI
  • CRAFFFT 2.0-N (5 minutes)

• Evidence-based tools with enduring sensitivity to SUD risk*

Box 1. The CRAFFT Screening Interview

Begin: “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

Part A

During the PAST 12 MONTHS, did you:

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Smoke any marijuana or hashish?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Use anything else to get high? (“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)</td>
<td>☐</td>
<td>☐</td>
</tr>
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</table>

For clinic use only: Did the patient answer “yes” to any questions in Part A?

No [ ] Yes [ ]

Ask CAR question only, then stop Ask all 6 CRAFFT questions in Part B

Part B

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Do you ever FORGET things you did while using alcohol or drugs?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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CRAFFT Scoring

CRAFFT Scoring: Each “yes” response in Part B scores 1 point.
A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

Probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score

<table>
<thead>
<tr>
<th>CRAFFT Score</th>
<th>Probability of Abuse/Dependence DX</th>
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<tbody>
<tr>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>6</td>
<td>100%</td>
</tr>
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DSM-IV Diagnostic Criteria (Abbreviated)

Screening

- Proportions of adolescents at various risk levels vary significantly across settings, age levels, populations, etc.
- Majority screen at no/low risk


Response to Screen

S2BI algorithm

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana?

- No Use
- Once or Twice
- Monthly Use
- Weekly Use

Positive Reinforcement

Ask Follow Up S2BI Questions: Prescription drugs, illegal drugs, inhalants, herbs?

Brief Advice

Motivational Intervention: Assess for problems, advise to quit, make a plan

Reduce use & risky behavior

Reduce use & risky behaviors & refer to treatment

Brief Intervention

• Moderate (and high)
• Average 30 minutes
• Motivational Interviewing-based conversation
• Initiate:
  • Reflection
  • Motivation to change
  • Change plan
• Leverages EBPs, with variation
Referral to Treatment

• Offer referral to outpatient counseling or treatment supports
• Consider talking to parents (with permission)
• Can look very different based on setting, time, and resources
Advantages

- Screen many youth quickly
- Identify otherwise unnoticed cases
- Find cases in the initial stages of problematic use prior to abuse or dependence
- Provide an intervention delivered in short amount of time
- Close the gap between treatment need and utilization by enhancing motivation to change and facilitating access to treatment.

Challenges

• Normed with adult population for alcohol use
• Great variability results in “emerging evidence”
• Providers lack time, confidence, resources¹
• Demands developmentally appropriate adaptations²

Adolescent SBIRT
The Evidence

- Examples of Studies¹
  - Public middle and high schools in MA and WI
  - School-based health centers in NM and NY
  - Primary care providers in NH

- Systematic Review²
  - SBIRT can effectively identify youth at risk
  - Effectiveness of the “brief intervention” component was inconclusive
  - SBIRT has insufficient evidence to support long-term effects on illicit drug use and limited research on the costs and benefits for substance use in adolescence

Project Amp

- Four, one-hour sessions
  - One-on-one
  - Adolescent (13-17)
  - Young adult mentor (18-30)
- Guided by manual
  - Example scripts
  - Flexible approach
- For early risk and use
  - CRAFFT-2.0 score 0-3

Project Amp: Guiding Principles

- While brief, more extended than typical “BI”
- Offers connections to ongoing supports
- “Peers” in recovery have relatable experiences
- Skills and qualities developed through recovery are directly applicable to prevention
  - Goal setting
  - Wellness
  - Positive social connections
  - Recreational activities
Project Amp: Research

• Phase 1:
  • Feasibility Study in schools (3) and clinics (3)
  • Limited but favorable results

• Phase 2:
  • Randomized control trial in schools
  • Larger sample and adaptations form lessons learned
  • Looking for school sites/partners

• Access manual, hear from mentors, explore implementation:
  www.projectamp4youth.com
Questions?
Resources


Substance Use Screening, Brief Intervention, and Referral to Treatment  Clinical Report. America Academy of Pediatrics, 2016.  [https://pediatrics.aappublications.org/content/pediatrics/138/1/e20161211.full.pdf](https://pediatrics.aappublications.org/content/pediatrics/138/1/e20161211.full.pdf)


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www.mhttcnetwork.org/newengland
**Save the Date!**

Register: [www.mhttcnetwork.org/newengland](http://www.mhttcnetwork.org/newengland)

<table>
<thead>
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<th>Date</th>
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<tr>
<td>JUN 05</td>
<td><strong>EBP Series: What Is Trauma-informed Care and Why Does It Matter?</strong> Join us to learn about the principles of trauma-informed care, ways to implement it in your...</td>
</tr>
<tr>
<td>JUN 05</td>
<td><strong>Person-centered Recovery Planning (PCRP) Implementation Series - Part I</strong> Webinar presented by Yale University - Program and Recovery and Community Health (PRCH) and NE...</td>
</tr>
<tr>
<td>JUN 06</td>
<td><strong>Childhood-Trauma Learning Collaborative (C-TLC) Webinar Series: Mindfulness Practices in Schools</strong> A Childhood-Trauma Learning Collaborative (C-TLC) Webinar Series presented by Center for...</td>
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<tr>
<td>JUN 17</td>
<td><strong>Suicide Prevention Symposium</strong> Join us to explore on the role of the peer workforce in supporting people through transitions of...</td>
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<tr>
<td>JUN 19</td>
<td><strong>Non-Adherence and its Management in Early Course Psychotic Disorders</strong> Participants will understand the causes of non-adherence, approaches to identify and manage...</td>
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<tr>
<td>JUN 19</td>
<td><strong>Person-centered Recovery Planning (PCRP) Implementation Series - Part II</strong> Webinar presented by Yale University - Program and Recovery and Community Health (PRCH) and NE...</td>
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<tr>
<td>JUN 26</td>
<td><strong>Financial Health and Mental Health: Making the Connection</strong> Webinar presented by Yale University - Program and Recovery and Community Health (PRCH) and NE...</td>
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<tr>
<td>JUL 17</td>
<td><strong>EBP Series: Motivational Interviewing to Support Recovery</strong> Join us to learn how the skills of Motivational Interviewing (MI) can support and promote recovery...</td>
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