Introduction

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  - Disclosure: no conflicts

Objectives

• Adolescent Substance Use Disorders
  - Epidemiology
  - Why is it important?
  - SBIRT methods
  - Screening tools
  - Motivational Interviewing
  - Substance Use referrals and resources

Introduction

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What is the prevalence of unhealthy substance use?

• Many students don’t ever use drugs or get drunk.
• Monitoring the Future (MTF) survey found:
  - 53.3% never used any illegal drug
  - 58% never smoked marijuana.

Teens and Substance Use -- Some Good News
Adolescent Substance Use vs. Adults

Substance Use in New England Teens

Top Drugs among 8th and 12th Graders, Past Year Use

RI Youth Substance Use Data

What is SBIRT?

“Need for efficient methods to identify persons with harmful and hazardous alcohol consumption BEFORE health and social consequences become pronounced.”

<table>
<thead>
<tr>
<th>Current Substance Use, Rhode Island High School Students by Subgroups, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Alcohol Use</td>
</tr>
<tr>
<td>Cigarettes</td>
</tr>
<tr>
<td>Tobacco</td>
</tr>
<tr>
<td>Heroin Use</td>
</tr>
<tr>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>Prescription Opioids</td>
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<tr>
<td>Non-Pharmaceutical Use</td>
</tr>
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</table>

What is SBIRT?

- Screening: Identify patients with unhealthy substance use
- Brief Intervention: Conversation to motivate patients who screen positive to consider healthier decisions (e.g. cutting back, quitting, or seeking further assessment)
- Referral to Treatment: Actively link patients to resources when needed
Why SBIRT For Youth?

- Reduces substance use related harm during adolescence
- Provides education and intervention for both primary and secondary prevention to keep all patients healthy
- Provides early identification of risky behaviors to assist providers with treatment planning
- Identifies need for referral to prevent harm at the earliest possible stages among patients

Why is SBIRT important?

Health Consequences of Substance Use
- Cardiovascular disease
- Stroke
- Cardiomyopathy
- Arrhythmias
- Cancer
- Breast
- Throat
- Mouth
- Esophagus
- Liver
- Liver disease
- Fatty liver disease
- Cirrhosis
- Alcoholic hepatitis
- Pancreatitis
- Renal disease
- Diabetes mellitus
- HIV/AIDS
- Hepatitis C
- Hypertension
- Fetal Alcohol Spectrum Disorders
- Osteoporosis

Lifetime Prevalence AUD by Age of Onset of Drinking: It’s Bad To Start Drinking Early

Introducing Screening to Patients
- Screening is universal
- Contributes to quality healthcare
- Confidential as part of your medical record
- Ask permission to screen:
  Think MI (Motivational Interviewing)!
Screening Tools

Validated Adolescent Screening Tools

- National Institute of Drug Abuse (NIDA) recommends:
  - CRAFFT
  - DAST-20 (Drug Abuse Screening Test)
  - Also called DUQ (Drug Use Questionnaire)
- Other tools
  - AUDIT
  - NIAAA Two-Question Screen

CRAFFT

- How many times in the past year did you...
  - Drink any alcohol?
  - Smoke any marijuana?
  - Use anything else to get high?
    ([“Anything else” includes illegal drugs, over the counter and prescription drugs, and things you sniff or “huff”])

If all answers are “No”, ask CAR question; then stop

CRAFFT Scoring

- Each “yes” = 1 point
- A total score of 2+ is a positive screen and indicates a need for additional assessment (brief intervention)

Brief Intervention
Brief Intervention

- Numerous adult BI models
- Motivational Interviewing (MI) models most common with teens
- Challenges:
  - Developmentally appropriate
  - Efficiency

Motivational Interviewing (MI)

- Patient adherence and/or compliance with caregiver directions often poor
- Direct persuasion only works with already motivated patients
- Lecturing and arguing doesn’t work with ambivalent or unmotivated patients.

Rhode Island’s Contribution to MI...

- Stages of Change
  - Patient-centered
  - Goal-directed (behavior change)
  - Helps to resolve ambivalence
  - Affirms patient’s autonomy
  - Collaboration between patient and provider
  - Evokes patient’s own motivation and reasons for change

MI Basic Principles

- MI is an individualized, incremental, harm reduction model
- People already know why and how they should/could change
  - We need to understand:
    - why they don’t want to change
    - what are motivators for them to change

Goal of MI

- CONTROVERSY
Pediatric MI Studies

- Asthma
- Diabetes
- Dental health promotion
- Obesity
- HIV medication compliance

The Three Counseling Skills

- Informing
- Asking
- Listening

Counseling Skills vs. Style

Key MI Communication Skills: F.R.A.M.E.S.

- Feedback
- Responsibility
- Advice
- Menu options
- Empathy
- Self-efficacy

Key MI Communication Skills: O.A.R.S.

- Open Questions
- Affirmations
- Reflections
- Summaries

MI Skills: Listen for Change Talk

- Desire: I want to...
- Ability: I could or might be able to...
- Reasons: Things would be better if I...
- Need: I really should...
- Commitment: I am ready to...
- Steps: This week I started...

MI Skills: What is Resistance/Pushback?

- Absence of collaboration between two people
- Normal part of adolescence and change process
- Product of interpersonal dynamics
- Cue to try something different (reflections)
- Less resistance → more likely to change
- GOAL: Not to eliminate pushback, but to minimize it.

MI Skills: “Rolling with Resistance/Pushback”

1. Don’t try to convince them that they have a problem.
2. Don’t argue about the benefits of change.
3. Don’t tell them how they should change.
4. Don’t warn them of the consequences of not changing.

MI Tips: Wiggle Words (What to say when you’re stuck)

- Avoid the “I” and “Y” words
  - “I think…”
  - “You should…”
- More neutral words:
  - Perhaps
  - “Others have found…”
  - “One option might be…”
  - “You might consider…”
  - “Here’s a thought… What do you think?”

MI Tips: Unwilling to change patients

- Try hypothetical questions
  - Less threatening
  - “What might it take for you to (change)?”
  - “If you did (change), what might be some of the benefits?”
  - “Suppose you did decide to (change). How would you do it?”
  - “How would you like things to be different?”

MI Tips: Resistant Patients

- Increased need:
  - for clear, agreed upon agenda
  - to resist imposing your agenda
  - building good rapport

- Strategies
  - Let patient vent/cool off first, then return to agenda
  - Change the subject, then return to agenda
  - Agree to work on their and your agendas

How to connect with adolescents?

- Be yourself
- Take time, be curious, learn about them/their life
- Demonstrates genuine interest and builds rapport
- Gain insight into their developmental level and what motivates them
- Be an active, non-judgmental listener
- Avoid “lecturing”
Brief Negotiated Interview (BNI)

**An evidence-based algorithm that provides a structured format for using motivational interviewing skills in the context of clinical care.**

**Five Steps:**
1. Build Rapport/Engagement
2. Pros and Cons
3. Feedback
4. Readiness Ruler
5. Action Plan

**MI STEPS**

**DIALOGUE/PROCEDURE**

1. **Raise the Subject**
   - Ask permission
   - Review current drinking
   - Make connection (if applicable)
   
   
   
   "Is it OK if we talk about your alcohol use?"
   "I understand you drink <<quantity & frequency>>. I'm concerned that <<your level of drinking>> is causing/may cause problems such as <<insert facts>>."
   "Do you think there’s any connection between your drinking and your <<problem/interest>>?"

2. **Enhance Motivation**
   - Pros & Cons of drinking
   - Identify goals (if applicable)
   - Explore barriers to changing drinking
   - Develop discrepancy
   
   
   
   "What do you like about drinking?" "Is there anything that you don’t like or hasn’t caused your problems?"
   "Tell me about what's important to you and what you'd like to do with your life."
   "What would be hard about changing your drinking? Are there situations that would be hard for you to change your drinking?"
   "On one hand, drinking <<pros>>, but on the other hand, drinking might <<cons>> and might <<interfere with your goals>>. And <<barriers>> might make it hard for you to change your drinking."

3. **Negotiate/Advise**
   - Identify a goal
   - Formulate a plan
   
   
   
   "What do you think you can change about your drinking?"
   "What would <<change to drinking>> look like for you?"
   "How do you see yourself making that change?"

**Guiding, not directing**
- Avoid the "righting reflex"

**Patient Voice and Choice**
- Patient as decision maker
- They’re in the driver’s seat

**Step 1: Build Rapport/Engagement**

- Before we start, I’d like to know more about you. Would you mind telling me a little bit about yourself?
- What is a typical day like for you?
- How does your [x] use fit in?
### Step 2: Pros and Cons

<table>
<thead>
<tr>
<th>Explore PROS and CONS</th>
<th>Use reflective listening</th>
<th>Summarize</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I’d like to understand more about your [X] use.</td>
<td>• What do you enjoy about [X]? What else?</td>
<td>• What do you enjoy less or regret about your [X] use? What else?</td>
</tr>
<tr>
<td>• If NO cons: Explore problems mentioned in screening.</td>
<td>• “You mentioned ... Can you tell me more about that?”</td>
<td>• So, on the other hand you said [PROS], and on the other hand you said [CONS].</td>
</tr>
</tbody>
</table>

### Develop Discrepancies

- **The Good**
  - “What do you like about [drinking]?”
  - “What’s good about [drinking]?”
  - “What would you miss if you stopped or cut back on drinking?”
- **The Bad**
  - “What are the downsides of your [drinking]?”
  - “What are not so good things about [drinking]?”
  - “What problems has [drinking caused for you]?”

### Step 3: Feedback

<table>
<thead>
<tr>
<th>Ask permission</th>
<th>Provide information</th>
<th>Elicit response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What do you know about the health effects and/or risks of [X]?</td>
<td>• How risky do you feel about your [X] use?</td>
<td>• What do you make of that?</td>
</tr>
<tr>
<td>• Would you mind if I shared some additional information with you?</td>
<td>• Would you like to know more about [X]?</td>
<td>• What are your thoughts on that?</td>
</tr>
<tr>
<td>• Provide 1-2 salient substance specific health effects/risks.</td>
<td>• Would you like to know more about [X] and its effects?</td>
<td>• What do you think about that?</td>
</tr>
</tbody>
</table>

### Giving Feedback & Advice: The MI Sandwich

1. **Ask Permission**
   - “Is it OK if I share with you what is considered high risk drinking according to research studies?”
2. **Give Information or Feedback**
3. **Ask for Response**
   - “What do you make of that?”

### Step 4: Readiness Ruler

<table>
<thead>
<tr>
<th>Readiness ruler</th>
<th>Envisioning change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>To help me understand how you feel about making a change in your [X] use, [show readiness ruler]...</td>
<td></td>
</tr>
<tr>
<td>On a scale of 1-10, how ready are you to change any aspect related to your [X] use?</td>
<td></td>
</tr>
<tr>
<td>Why did you choose a [X] and not a lower number like a 1 or 2?</td>
<td></td>
</tr>
<tr>
<td>If they choose “0”: What would need to happen in your life to consider making a change?</td>
<td></td>
</tr>
</tbody>
</table>

### Step 5: Action Plan

<table>
<thead>
<tr>
<th>Develop plan</th>
<th>Assess confidence</th>
<th>Explore challenges</th>
<th>Summarize</th>
<th>Thank patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What are you willing to do for now to be safe and healthy?...What else?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• On a scale of 1-10, how confident (1-10) are you that you could do that?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Why did you choose [X] and not a lower number like a 1 or 2?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What are some challenges to reaching your goal?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Let me summarize what we’ve been discussing, and let me know if there’s anything you want to add...[review action plan]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Thanks for being so open with me today!</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Confidence Scale

• Assesses patient’s confidence
• Identifies potential barriers
  • “What would you need to change for you to feel more confident?”
• Can discuss previous successes to build confidence
  • “What changes have you made in your life?”
  • “How did you accomplish that change?”

Adolescent Example

Brief Intervention Example

Refer to Treatment

• Resources
  ◦ Level of care
  ◦ Psychopharmacology
  ◦ Working with BH providers

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https://findtreatment.samhsa.gov/
RI-SBIRT Resource Center Contact Information

Chris Dorval - Project Coordinator
401-626-0169
cdonovandorval@ric.edu
www.risbirt.org

RI-SBIRT Training & Resource Center

- Supported by RIC SSW and BHDDH
- Build statewide SBIRT awareness and capacity
- Implement and integrate SBIRT into diverse settings and organizations
- Promote clinician SBIRT skills and competency

Other Possible Referrals

- School
- DCYF
- Community Youth Programs
- DARE
- YMCA
- Boys and Girls Clubs

RI-SBIRT Resource Center Contact Information

Chris Dorval - Project Coordinator
401-626-0169
cdonovandorval@ric.edu
www.risbirt.org
http://www.masbirt.org/

http://www.motivationalinterviewing.org/


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http://ceasar.childrenshospital.org/
Questions?