

PEDIATRIC
Screen
Brief
Intervention
Refer to
Treatment



PCMH – KIDS
ANNUAL LEARNING
COLLABORATIVE
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Introduction

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Introduction

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Objectives

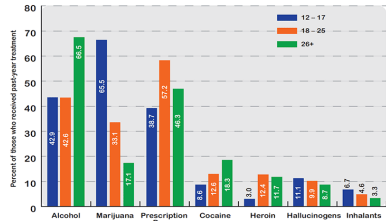
- Adolescent Substance Use Disorders
 - Epidemiology
 - Why is it important?
- SBIRT methods
 - Screening tools
 - Motivational Interviewing
 - Substance Use referrals and resources

What is the prevalence of unhealthy substance use?

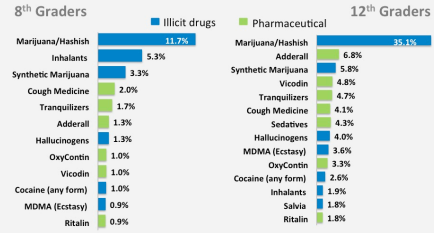
Teens and Substance Use -- Some Good News

- 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.**

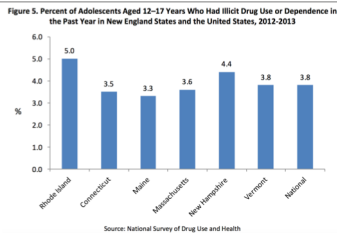
Adolescent Substance Use vs. Adults



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



Substance Use in New England Teens



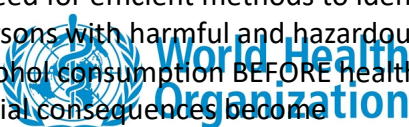
RI Youth Substance Use Data

Current Substance Use, Rhode Island High School Students by Select Subgroups, 2015

	ALCOHOL USE	BINGE DRINKING*	TOBACCO USE**	MARIJUANA USE	PRESCRIPTION DRUG MISUSE***
Female Students	30%	14%	21%	23%	6%
Male Students	22%	12%	28%	24%	7%
Black Students	20%	11%	21%	24%	5%
White Students	28%	13%	26%	24%	5%
Multiple Race Students	28%	13%	28%	26%	12%
Hispanic Students	27%	14%	23%	23%	8%
9th Grade Students	15%	6%	20%	13%	6%
10th Grade Students	22%	10%	24%	19%	5%
11th Grade Students	30%	15%	21%	28%	5%
12th Grade Students	37%	21%	34%	33%	7%
ALL STUDENTS	26%	13%	25%	24%	6%

What is SBIRT?

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



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



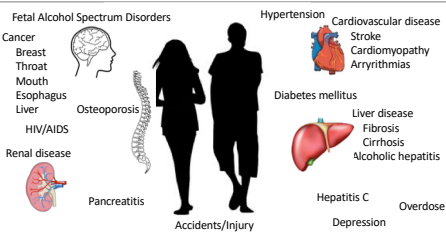
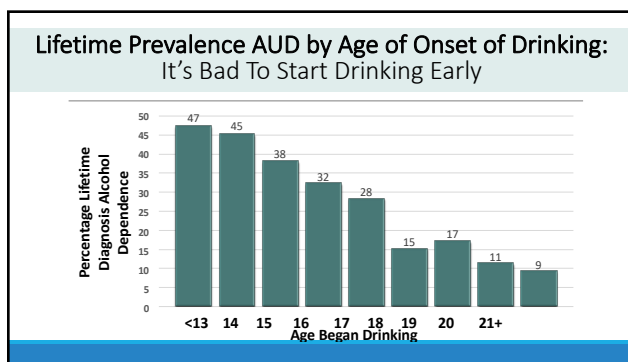
Why SBIRT For Youth?

- **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

Why Screen Everybody?



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:
 - CRAFT
 - DAST-20 (Drug Abuse Screening Test)
 - Also called DUQ (Drug Use Questionnaire)
- Other tools
 - AUDIT
 - NIAAA Two-Question Screen



CRAFT

- 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 that you sniff or "huff".)

If all answers are "No", ask **CAR question**; then stop

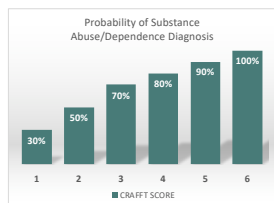


CRAFT

During the PAST 12 MONTHS,

1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?
4. Do you ever **FORGET** things you did while using alcohol or drugs?
5. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

CRAFT 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

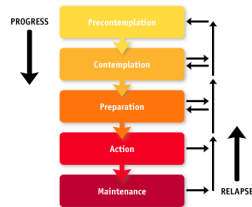
Direct persuasion only works with already motivated patients



Lecturing and arguing doesn't work with ambivalent or unmotivated patients.

Rhode Island's Contribution to MI...

Stages of Change



What is MI?

- 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

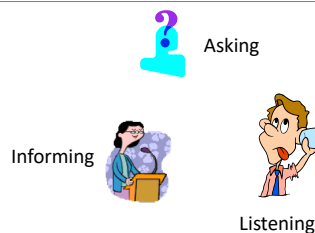
Goal of MI

CONTROVERSY

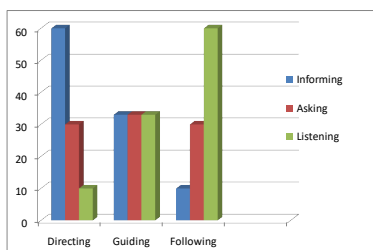
Pediatric MI Studies

- Asthma
- Diabetes
- Dental health promotion
- Obesity
- HIV medication compliance
- Well child anticipatory guidance
- Smoking and ETS (parental and child)
- Contraceptive use
- Alcohol use

The Three Counseling Skills



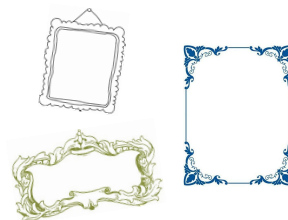
Counseling Skills vs. Style



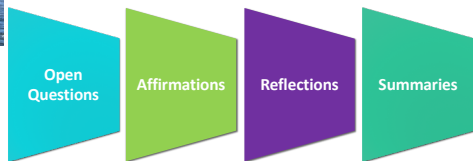
Key MI Communication Skills: F.R.A.M.E.S.

FRAMES

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



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



MI Skills: Listen for Change Talk

- Statements about change
- Linked to a specific behavior
- Typically comes from patient
- Phrased in the present tense



Source: Rollengren, 2009.

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

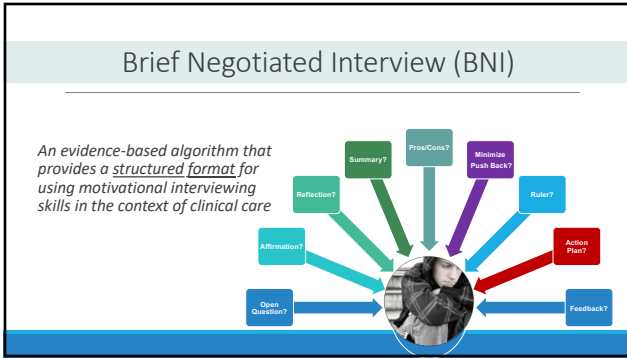
- Try hypothetical questions
 - Less threatening
- “What might it take for you to (change)?”
- “If you did (change), what might be some of the benefits?”
- “Suppose you did decide to (change). How would you do it?”
- “How would you like things to be different?”

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

- ### Brief Negotiated Interview (BNI)
- Follows a scripted approach
 - BNI is the skeleton, you bring it to life!
 - Not always linear; might need to adapt process as situation unfolds
 - While ideal, it might not be possible to complete each step at every encounter
-

MI STEPS	DIALOGUE/PROCEDURE
1. Raise the Subject <ul style="list-style-type: none"> • Ask permission • Review current drinking/express concern • 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 fact>>." "Do you think there's any connection between your drinking and your << problems/insert facts>>?"
2. Enhance Motivation <ul style="list-style-type: none"> • 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 has 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?" "So on the one hand, drinking <<restate pros>>, but on the other hand, drinking <<restate cons>> and might <<interfere with your goals>>. And <<barriers>> might make it hard for you to change your drinking."
3. Negotiate/Advise <ul style="list-style-type: none"> • Identify a goal • Formulate a plan 	"What do you think you can change about your drinking?" "What would that <<change in drinking>> look like for you?" "How do you see yourself making that change?"

Brief Negotiated Interview (BNI)

Patient Voice and Choice

Guiding, not directing

- Avoid the "righting reflex"

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

Explore PROS and CONS

Use reflective listening

Summarize

- I'd like to understand more about your [X] use.
- What do you enjoy about [X]? What else?
- What do you enjoy less or regret about your [X] use? What else?
- **If NO cons: Explore problems mentioned in screening.**
 - "You mentioned ... Can you tell me more about that?"
- So, on the one hand you said [PROS], and on the other hand you said [CONS].



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

Ask permission

Provide information

Elicit response

- What do you know about the health effects and/or risks of [X]?
- Would you mind if I shared some additional information with you?
- Provide 1-2 salient substance specific health effects/risks.
- What are your thoughts on that?

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

1 2 3 4 5 6 7 8 9 10

Readiness ruler

Envisioning change

- To help me understand how you feel about making a change in your [X] use, [show readiness ruler]...
- On a scale of 1-10, how ready are you to change **any** aspect related to your [X] use?
- Why did you choose a [X] and not a **lower** number like a 1 or 2?
- If they choose "0": What would need to happen in your life to consider making a change?

Step 5: Action Plan

Develop plan

Assess confidence

Explore challenges

Summarize

Thank patient

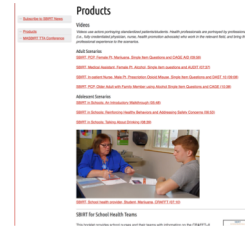
- What are you willing to do for now to be safe and healthy?...What else?
- On a scale of 1-10, how confident (1-10) are you that you could do that?
- Why did you choose [X] and not a **lower** number like a 1 or 2?
- What are some challenges to reaching your goal?
- Let me summarize what we've been discussing, and let me know if there's anything you want to add...[review action plan]
- Thanks for being so open with me today!

Confidence Scale

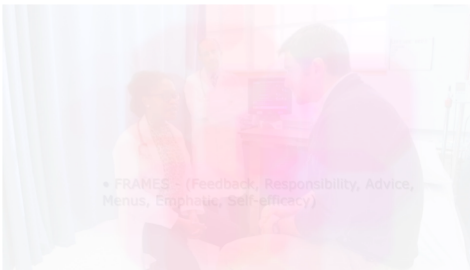
- Assesses patient’s confidence
- Identifies potential barriers
 - “What would you need to change for you to feel more confident?”
- Can discuss previous successes to build confidence
 - “What changes have you made in your life?”
 - “How did you accomplish that change?”



Adolescent Example



Brief Intervention Example



Supported by SAMHSA Award3 1H79T025950

Refer to Treatment



Referral to Treatment

- Resources
 - Level of care
 - Psychopharmacology
 - Working with BH providers



<https://findtreatment.samhsa.gov/>

<https://www.lifespan.org/centers-services/kids-link-ri%E2%84%A2>

<https://www.mcpap.com/Default.aspx>

Other Possible Referrals

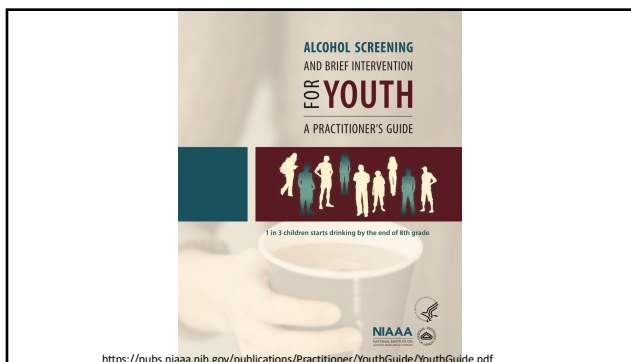
- School
- DCYF
- Community Youth Programs
- DARE
- YMCA
- Boys and Girls Clubs

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

RI-SBIRT Resource Center Contact Information

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



<https://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf>

