

SBIRT and Enhancing Treatment Engagement: A Trauma Informed Approach

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Adolescent Substance Use and Abuse

Why are we here today?

- ▶ Recreational Use of drugs is an under recognized cause of morbidity and mortality in youth
- ▶ The underlying use rates remain high despite fluctuating statistics
- ▶ Adverse Consequences accompany use
- ▶ An increased risk of dependence among those who began smoking, drinking, and using drugs before age 18.
- ▶ Most adults with substance Use disorders initiated use during childhood or adolescence

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).

In schools: BI for prevention for all who are screened.

- ▶ **Referral to Treatment:** Actively link patients to resources when needed



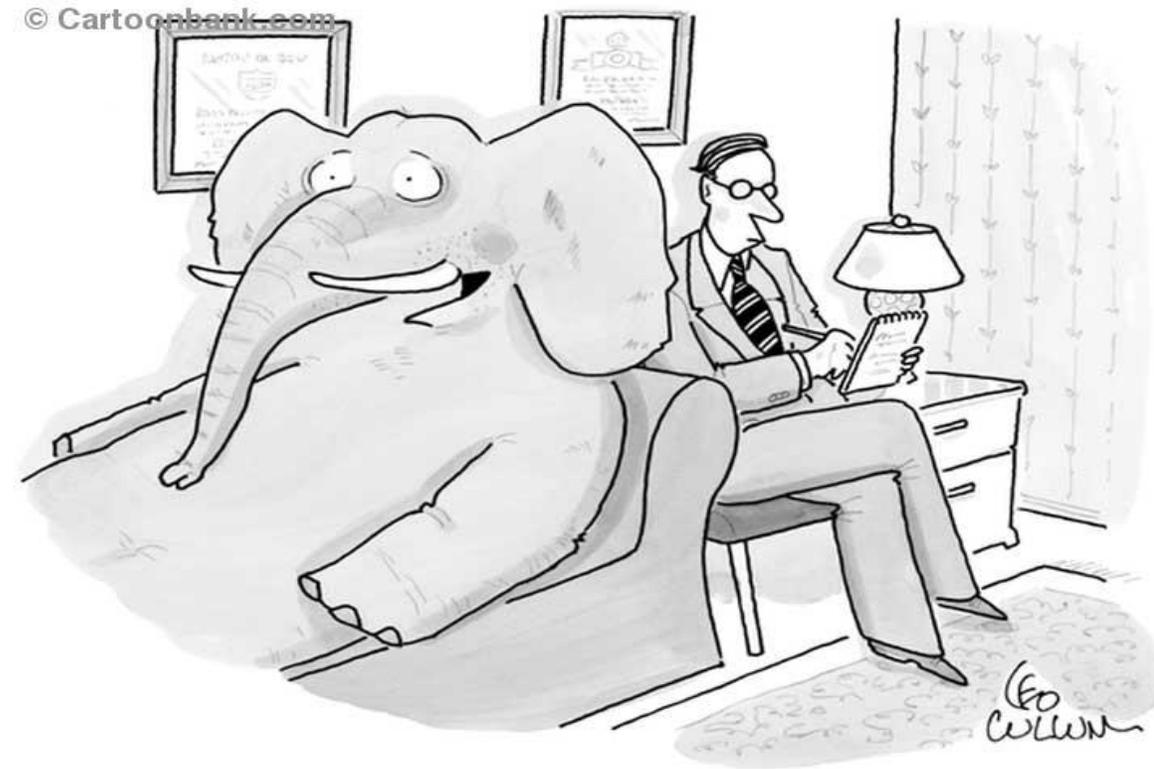
Pediatricians are on the FRONT LINES for

- ▶ Deterring
- ▶ Delaying
- ▶ Detecting
- ▶ Diminishing

The use of drugs by children

Pediatricians must Understand and Use the tools and strategies effective for these endeavors

Unhealthy Substance Use in Clinical Settings



"I'm right there in the room, and no one even acknowledges me."

1 in 6 patients talk with their doctor, nurse or other health professional about their drinking¹

1. CDC Vital Signs. National Center for Chronic Disease Prevention and Health Promotion. January 2014.

Maximum Drinking Limits For People Over 21



Low-risk drinking limits	MEN	WOMEN
On any single DAY	No more than 4  drinks on any day	No more than 3  drinks on any day
** AND **		
Per WEEK	No more than 14  drinks per week	No more than 7  drinks per week

To stay low risk, keep within BOTH the single-day AND weekly limits.

Non-Pregnant Women

Pregnant Women are advised to abstain from alcohol use

People with medical conditions and people on medications should speak with their doctor about alcohol use.

People under 21 should not drink at all.

What is a 'standard' drink?



Refs: National Institutes of Health, NIAAA. <http://rethinkingdrinking.niaaa.nih.gov/whatcountsdrink/whatsastandarddrink.asp>;
Adapted from SBIRT Montana Poster: www.dphhs.mt.us
Drinking Guidelines Explained: <http://ireta.org/2013/09/30/low-risk-drinking-guidelines-where-do-the-numbers-come-from/>

Introducing Screening to Patients

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



Pre-Screen Questions: Middle School

1. Do you have any friends who drank beer, wine or any drink containing alcohol in the past year?
2. How about you ? - in the past year how many days have you had more than a few sips of beer, wine or any drink containing alcohol in the past year?
3. What about other substances? Do you have any friends who use tobacco, marijuana, inhalants, prescription drugs that were not prescribed to them or anything else to get high?
4. How about you ? - in the past year how many days have you used tobacco, marijuana, inhalants, prescription drugs that were not prescribed to them or anything else to get high?

Pre-Screen Questions: High School

▶ 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



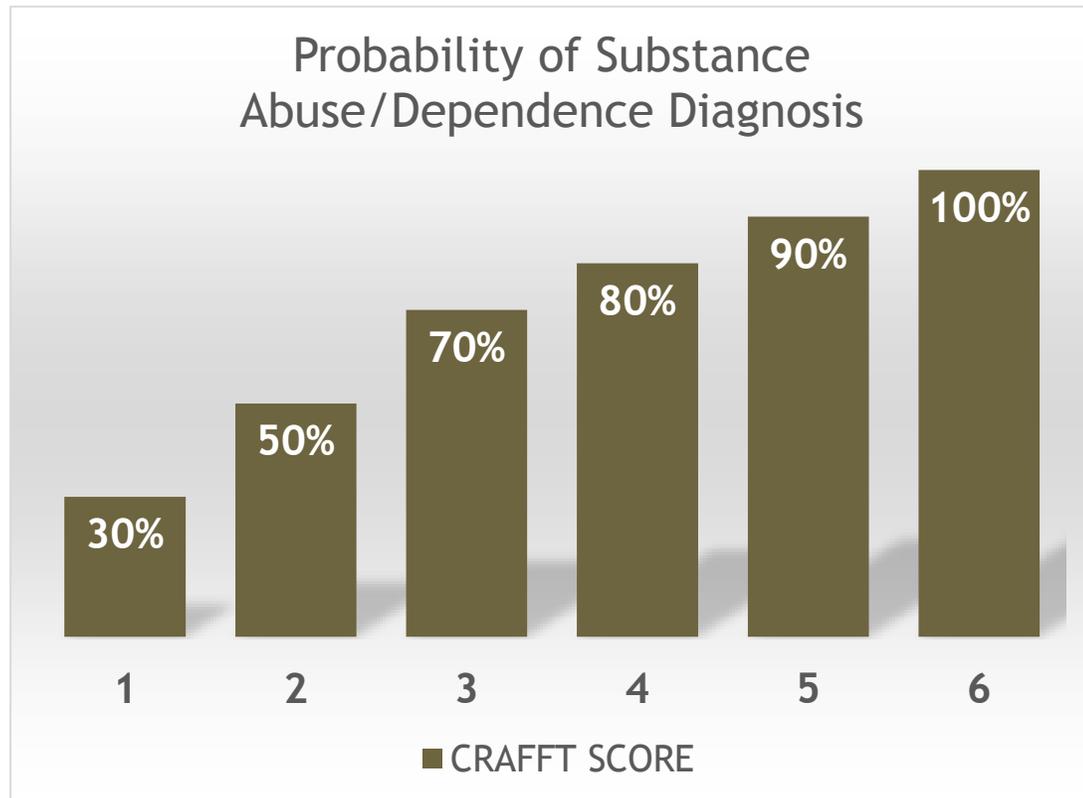
Source: <http://www.ceasar-boston.org/clinicians/crafft.php>

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? *No Yes*
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? *No Yes*
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE? *No Yes*
4. Do you ever FORGET things you did while using alcohol or drugs? *No Yes*
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? *No Yes*
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

CRAFFT Scoring



Source: <http://www.ceasar-boston.org/clinicians/crafft.php>

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

The Key to SBIRT: Brief Intervention

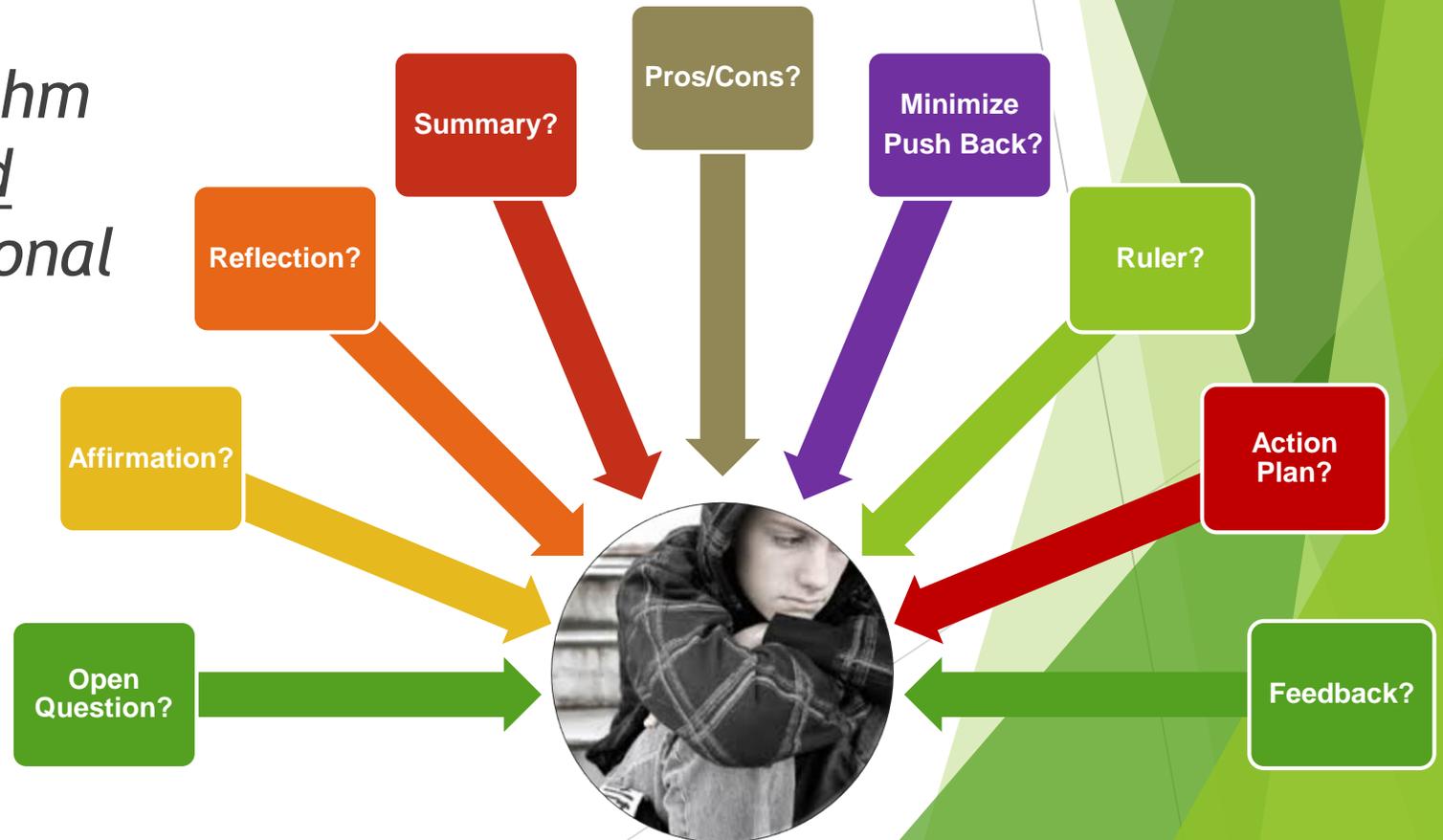
- *brief*
- non-confrontational
- *directive & collaborative* conversation
- uses Motivational Interviewing (MI) principles & strategies to enhance motivation to change use of alcohol (and other drugs)

Video: BNI-ART ER effective MD



Brief Negotiated Interview

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



Brief Negotiated Interview (BNI)

Five Steps:

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



Things to Note about the BNI

- ▶ Follows a scripted approach
- ▶ BNI is the skeleton, but 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



Giving Feedback & Advice

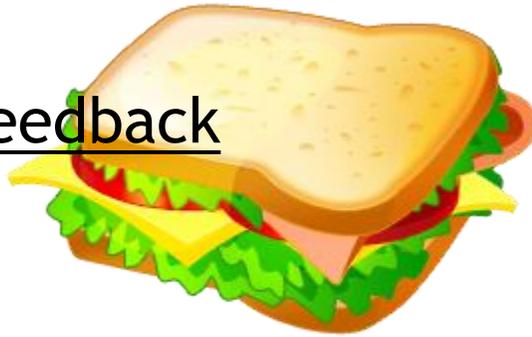
- Determine the patient's perception of his/her need to change and perceived ability to change
 - *"How do you see your drug use?"*
- Gauge the patient's reaction to the information
 - *"What do you think about this information?"*
- Assess the patient's stage of readiness to change behavior
 - *"On a scale from 0 to 10, how important is it for you to change?... Why not a lower number?"*

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?”

Motivational Interviewing (MI): A Review

A collaborative conversation style for strengthening a person's own motivation and commitment for change.

Source: Miller & Rollnick, 2013



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



Open
Questions

Affirmati
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Reflectio
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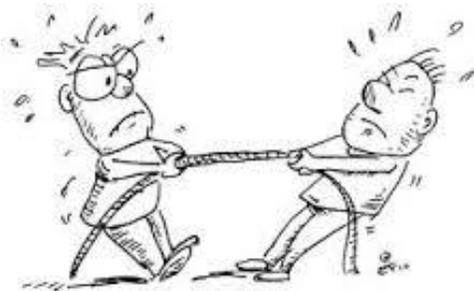
Summari
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Tips to Decrease Patient Pushback

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.



What is 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.

Drug testing for Adolescent Substance Use

- ▶ Often used as part of an assessment for substance use
- ▶ Indications for and how to use not clear
- ▶ Complexity of the procedure and limitations of the information limit utility



Indications for **VOLUNTARY** Drug Testing in Primary Care

- ▶ As part of an assessment of Behavioral or Mental Health Symptoms suggestive of drug use or abuse and is **not** volunteered in a thorough history
- ▶ For substance abuse management plans that use contingency management strategies (reward based therapy or juvenile justice drug use deterrent strategy or parent engaged strategy)
- ▶ Home Drug Testing...efficacy unknown
- ▶ “medical clearance” to return to school...not necessarily a drug test (a negative test might be the most helpful to support history)

Sources of error in Interpreting Urine Drug test.....A complex process

- ▶ False Positive results (cross reactivity e.g. Fluoroquinolone and opiates)
- ▶ Can't distinguish appropriate use from misuse of prescribed medications (ADHD medications and amphetamines)
- ▶ False Negative results
 - ▶ urine tampering by dilution or ingestion of substance to elevate urine creatine
 - ▶ Masking urine with an agent that interferes with immunoassay,
 - ▶ timing of drug use,
 - ▶ abused substance or metabolites not detected on drug panel

Urine drug testing for substances of abuse....

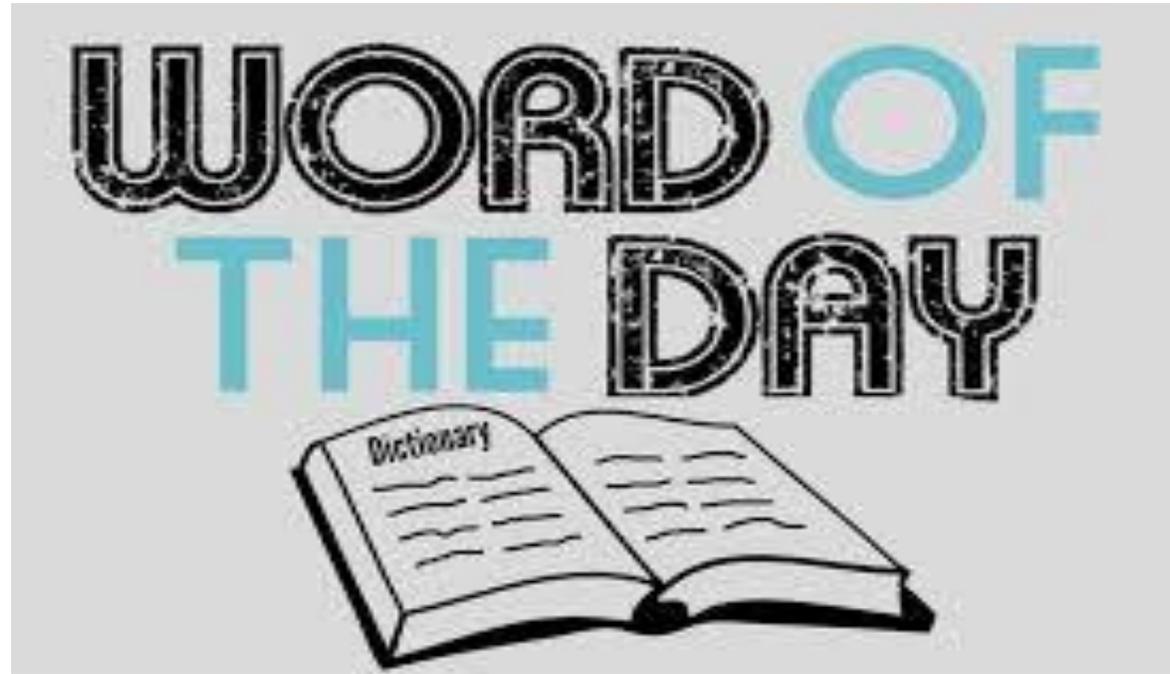
Some substances are **not** detectable in routine drug testing

Drug	Initial testing drug cutoff concentration (ng/ml)	Analytes tested	Confirmation Cutoff Concentration ng/ml	Urine Detection Time (days)
Amphetamine	1000	Amphetamine (NOT methylphenidate)	500	2-4
Barbiturates	200	Amobarbital, secobarbital, other barbiturates	200	2-4 for short acting, up to 30 for long acting
Benzodiazepines	200	Oxazepam, diazepam, others (NOT Clonazepam)	200	Up to 30 for long acting
Cocaine	300	benzoylecgonine	150	1-3 for sporadic use, up to 12 for chronic use
Codeine	300	Codeine, morphine	300	1-3
Heroin	300	Morphine , 6-acetylmorphine	300,10	1-3
Marijuana	100,50,20	Tetra-hydrocannabinol (THC) (NOT Synthetics)	15	1-3 for casual use, 4-6 moderate use, up to 30 for chronic use
Methadone	300	methadone	300	2-4
Methamphetamine	1000	Metamphetamine, amphetamine	500, 200	2-4
Phencyclidine	25	phencyclidine	25	2-7 for casual use up to 30 for chronic use

If Testing for Substances

Develop a protocol for office testing in collaboration with substance use providers

- ▶ Develop a practice plan for voluntary and for confidential screening and explanation of procedures
- ▶ Don't test unless patient consents. Discuss how to handle results
- ▶ Know the laws protecting adolescent confidentiality, its limits and the guidelines for medical judgment
- ▶ Obtain consent to share with substance abuse provider
- ▶ Develop Procedures for how to urine test to improve sample quality
 - ▶ Direct observation or label if not observed
 - ▶ Separate bathroom, no sink or soap, tint the toilet water
 - ▶ Measure urine temperature, document appearance and specific gravity
 - ▶ Consider ordering urine creatine to validate SG



▶ **SAFETY**

Types of Safety

- ▶ Environmental
- ▶ Social
- ▶ Psychological / Emotional
- ▶ Spiritual

Tips and Tricks for Talking

- ▶ Posture
 - ▶ Face to face
 - ▶ Side to side
 - ▶ Eye level presentation
- ▶ Rapport Building
- ▶ Identify Safety Needs

Contact Information

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