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

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?

5% alcohol beer/cooler
7% alcohol malt liquor
12% alcohol table wine
40% alcohol hard liquor

These are general measurements and your drink may be higher. Pay attention to a drink’s alcohol percentage not its size.

Adapted from SBIRT Montana Poster: [www.dphhs.mt.us](http://www.dphhs.mt.us);
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)!*
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
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?  *No*  *Yes*
CRAFFT Scoring

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

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

Developed by BNI-ART Institute, @ BU.edu and The Yale Brief Negotiated Interview Manual. D’Onofrio, et al. New Haven CT: Yale Univ. School of Med. 2005
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?”

Samet, JH, Arch Intern Med 1996
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
- Affirmations
- Reflections
- Summaries
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

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