An Introduction to: Screening, Brief Intervention and Referral to Treatment (SBIRT) in Adolescent Populations

Presenters:
Shannon Christensen, MBA, Project Coordinator
Rori Douros, Assistant Project Coordinator
What we do:

• Provide Training & Technical Assistance (TA) through Technology Transfer Model
• Disseminate tools and strategies needed to improve the quality of substance use prevention
• Leverage expertise and resources to engage the next generation of professionals
• Strengthen the workforce pipeline for pre-professionals and professionals in the substance use prevention and health care fields
GPRA - Post-Event and 30-Day Evaluations

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, and assist us in planning future meetings and programs.
Upon completion of this session, participants will be able to:

• Learn what SBIRT stand for and what each component means
• Understand why SBIRT is relevant and important for use with adolescents and young adults
• Learn to recognize the prevalence of substance use among adolescents and how SBIRT can prevent longer term problems
• Learn how alcohol use is measured – what constitutes one drink
• Discuss ways in which SBIRT could be implemented in your setting
Defining SBIRT
Defining SBIRT

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

The primary goal is to intervene with those who are at moderate or high risk for psycho-social or health care problems related to their use of substance.
SBIRT Model

• It is brief
• The screening is universal
• One or more specific behaviors are targeted
• The services can occur in any setting other than substance abuse treatment setting
• It is comprehensive
Major Components of SBIRT

**Screening:** process of identifying people who may be at risk for alcohol or other substance-use disorder.

**Goals:**

1) Is there a risk or not?
2) If yes, what is the level of risk?
Major Components of SBIRT

Brief Intervention: a behavior change strategy focused on helping the client reduce or stop their use of alcohol or other substances.

Goals:

1) Increase awareness
2) Increase motivation toward behavior change
Major Components of SBIRT

Referral to Treatment: If appropriate, refer person for (assessment) treatment

Goals:

1) Successful referral made
2) Receive appropriate level of services
   - Assessment
   - Treatment
Prevention Triangle (Drinkers Pyramid)

- **Abstain**: 78% (Low Risk)
- **Risky**: 9% (Moderate Risk)
- **Harmful**: 8% (Moderate Risk)
- **Dependent**: 5% (High Risk)

---

- **No Intervention or further screening. Positive Feedback**
- **Brief Intervention and referral for assessment/treatment**
- **Brief Intervention**
Historical Overview

• Concept started by World Health Organization in 1980’s
• 25+ Years of Research
• 50+ Published Randomized Control Studies
• Effective in Reducing Problem Drinking
• Reduces Total Healthcare Costs
• 50% Patient Reduction in ER Visits
SBIRT for Adolescents

- SBIRT has mostly been studied in adults
- US Preventive Services Task Force Recommendation Statement (USPSTF) states there is insufficient evidence to determine the benefits and harms of screening for unhealthy alcohol use in adolescents aged 12 to 17 years...
- HOWEVER...
  - American Academy of Pediatrics DOES support SBIRT
  - NIH/National Institute of Alcohol and Alcoholism (NIAAA) DOES support SBIRT
  - WE NEED TO ASK THE QUESTIONS!
# Adolescent SBIRT Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Results- conclusions</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meta-analysis</td>
<td>• Brief interventions reduced drug and alcohol use as well as problem and criminal behaviors related to substance use in adolescents</td>
<td>Carney &amp; Myers, 2012</td>
</tr>
<tr>
<td>Meta-analysis</td>
<td>• Brief interventions to address alcohol misuse was associated with reduced alcohol use and presence of alcohol-related problems</td>
<td>Tanner-Smith &amp; Lipsey, 2015</td>
</tr>
<tr>
<td>Literature review</td>
<td>• SBIRT may be effective with adolescents but further study is needed</td>
<td>Mitchell et al, 2013</td>
</tr>
<tr>
<td>Primary care computerized screening and brief advice</td>
<td>• lower past-90-day alcohol use and any substance use at 3 and 12 months • 44% fewer adolescents who had not yet begun drinking had started drinking during the 12 month study period</td>
<td>Harris et al, 2002</td>
</tr>
<tr>
<td>Community health center</td>
<td>• decrease in marijuana use • lower perceived prevalence of marijuana use and fewer friends using marijuana</td>
<td>D'Amico et al., 2008</td>
</tr>
<tr>
<td>Emergency department</td>
<td>• decrease in marijuana use and greater abstinence at 12 months</td>
<td>Bernstein et al., 2005</td>
</tr>
</tbody>
</table>
SBIRT for Social Workers

• Many social workers/case workers regularly interface with clients using alcohol and other substances since use, misuse are so prevalent in the general population.

• Implementation of SBIRT is becoming the standard of care in many behavioral health settings, in addition to medical settings.
Why SBIRT?
Why SBIRT?

- Use, abuse, and dependence to alcohol, nicotine, and illicit and prescription drugs costs U.S. more than $700 billion a year.

- Alcohol and drugs contribute to the death of more than 90,000 Americans, while tobacco is linked to an estimated 480,000 deaths per year.
Physical Health Impact of Alcohol Misuse

- Chronic liver disease and cirrhosis
- Heart disease
- Pancreatitis
- Stroke
- Injuries
- Pneumonia
- Seizures
- Eight specific cancers
- High cholesterol
- Depression
- Obesity
- Brain Damage
- Peripheral Neuritis
- Fertility, menstrual disorders
- Malnutrition
- Sexually transmitted diseases
- Meningitis
- Alcohol poisoning
- Hypertension
- Suicide
- Violence related trauma
- Immune suppression
Why it’s so Important to Protect the Adolescent Brain
Alcohol Use in the Past Month

Source: Annual Averages 2016 and 2017, NSDUH

<table>
<thead>
<tr>
<th>State</th>
<th>12-17 Estimate</th>
<th>18-25 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total U.S.</td>
<td>9.54%</td>
<td>9.75%</td>
</tr>
<tr>
<td>Colorado</td>
<td>9.75%</td>
<td>12.82%</td>
</tr>
<tr>
<td>Montana</td>
<td>12.82%</td>
<td>64.38%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>10.97%</td>
<td>67.58%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>11.27%</td>
<td>64.44%</td>
</tr>
<tr>
<td>Utah</td>
<td>5.77%</td>
<td>36.17%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>9.68%</td>
<td>57.76%</td>
</tr>
</tbody>
</table>
Binge Alcohol Use in the Past Month

Source: Annual Averages 2016 and 2017, NSDUH
Tobacco Product Use in the Past Month

Source: Annual Averages 2016 and 2017, NSDUH
Marijuana Use in the Past Year

Source: Annual Averages 2016 and 2017, NSDUH

<table>
<thead>
<tr>
<th>Location</th>
<th>12-17 Estimate</th>
<th>18-25 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total U.S.</td>
<td>12.19%</td>
<td>16.97%</td>
</tr>
<tr>
<td>Colorado</td>
<td>48.81%</td>
<td>40.51%</td>
</tr>
<tr>
<td>Montana</td>
<td>40.51%</td>
<td>33.91%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>10.27%</td>
<td>24.99%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>12.51%</td>
<td>29.11%</td>
</tr>
<tr>
<td>Utah</td>
<td>23.74%</td>
<td>9.20%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>29.33%</td>
<td>11.75%</td>
</tr>
</tbody>
</table>
Prescription Opioid Misuse in the Past Year

Source: Annual Averages 2016 and 2017, NSDUH

- Total U.S.: 7.13%
- Colorado: 8.36%
- Montana: 8.17%
- North Dakota: 6.96%
- South Dakota: 7.80%
- Utah: 7.49%
- Wyoming: 7.41%

12-17 Estimate (blue) vs. 18-25 Estimate (gray)
Cocaine Use in the Past Year

Source: Annual Averages 2016 and 2017, NSDUH

<table>
<thead>
<tr>
<th>State</th>
<th>12-17 Estimate</th>
<th>18-25 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total U.S.</td>
<td>5.88%</td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>8.32%</td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td>5.81%</td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td>4.68%</td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>3.45%</td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td>4.67%</td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td>4.83%</td>
<td></td>
</tr>
</tbody>
</table>

Mountain Plains (HHS Region 8)

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
Methamphetamine Use in the Past Year

Source: Annual Averages 2016 and 2017, NSDUH
Heroin Use in the Past Year

Source: Annual Averages 2016 and 2017, NSDUH

<table>
<thead>
<tr>
<th>State</th>
<th>12-17 18-25 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total U.S.</td>
<td>0.05% 0.04%</td>
</tr>
<tr>
<td>Colorado</td>
<td>0.54% 0.04%</td>
</tr>
<tr>
<td>Montana</td>
<td>0.08% 0.71%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>0.07% 0.86%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>0.06% 0.51%</td>
</tr>
<tr>
<td>Utah</td>
<td>0.58% 0.04%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>0.62% 0.08%</td>
</tr>
</tbody>
</table>

Mountain Plains (HHS Region 8)

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
Youth who start drinking before age 15 years are six times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years.
Drinking and Driving Becoming a Victim of Violence Risk of Abuse and Dependence Violence Against Others Sexually Transmitted Infections (STIs) Unplanned Pregnancy Motor Vehicle Crashes
9 out of 10 people with substance problems started using by age 18
What Constitutes a Drink & Guidelines
A Standard Drink

12 fl oz of regular beer = 8-9 fl oz of malt liquor (shown in a 12-oz glass) = 5 fl oz of table wine = 3-4 fl oz of fortified wine (such as sherry or port; 3.5 oz shown) = 2-3 fl oz of cordial, liqueur, or aperitif (2.5 oz shown) = 1.5 fl oz of brandy or cognac (a single jigger or shot) = 1.5 fl oz shot of 80-proof distilled spirits

- about 5% alcohol
- about 7% alcohol
- about 12% alcohol
- about 17% alcohol
- about 24% alcohol
- about 40% alcohol
- 40% alcohol
NIAAA Guidelines for Adults

**Alcohol:**

<table>
<thead>
<tr>
<th></th>
<th>Drinks per week</th>
<th>Drinks per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Women</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>All age &gt;65</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

**Drugs:**

Any illicit use

- No use for pregnant women!
- No use for ages 18 – legal drinking age!
- No illegal drug use!
- No non-medical prescription drug use!
Guidelines for Youth

- NIAAA states that because **NO amount of alcohol use in adolescence is acceptable**, any drinking is considered “Unhealthy Drinking”
- NIAAA defines moderate and high-risk use based on days of alcohol use in the past year, by age group.
## Estimated Risk Level by Age and Frequency

<table>
<thead>
<tr>
<th>Age</th>
<th>LOWER Risk</th>
<th>MODERATE Risk</th>
<th>HIGHEST Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 and under</td>
<td>1-5</td>
<td>6-11</td>
<td>12+</td>
</tr>
<tr>
<td>12-15</td>
<td>1-5</td>
<td>6-23</td>
<td>24+</td>
</tr>
<tr>
<td>16</td>
<td>1-5</td>
<td>6-11</td>
<td>12+</td>
</tr>
<tr>
<td>17</td>
<td>1-5</td>
<td>6-23</td>
<td>24+</td>
</tr>
<tr>
<td>18</td>
<td>1-11</td>
<td>12-51</td>
<td>52+</td>
</tr>
</tbody>
</table>

Number of days in the past year youth drank alcohol
Adolescent Binge Drinking

Estimated binge drinking levels for youth

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 9-13</td>
<td>Ages 9-18</td>
</tr>
<tr>
<td>3 drinks</td>
<td>3 drinks</td>
</tr>
<tr>
<td>Ages 14-15</td>
<td>Ages 9-18</td>
</tr>
<tr>
<td>4 drinks</td>
<td>3 drinks</td>
</tr>
<tr>
<td>Ages 16-18</td>
<td></td>
</tr>
<tr>
<td>5 drinks</td>
<td></td>
</tr>
</tbody>
</table>
Screening
Overview of Screening

• The screening is Universal – Target populations are all screened as part of your standard process
• Valid, brief (5 minutes or less), standardized questionnaire about quantity, frequency, and consequences of use
• Can be administered verbally, by paper-and-pencil, or by computer
• Can be delivered face-to-face or by telephone

If you do not ask, adolescents will not tell you about use of alcohol or other substances.
Validated Screening Tools for Use With Adolescents

• **NIAAA Alcohol Screening for Youth**
• **CRAFFT:** Car, Relax, Alone, Forget, Family or Friends, Trouble (for adolescents/young adults).
• **S2BI:** Frequency screen for tobacco, alcohol, marijuana, illicit drug use
• **BSTAD:** Screens for tobacco, alcohol, other drugs
• **AUDIT and AUDIT-C:** Alcohol Use Disorder Identification Test
• **POSIT:** Problem Oriented Screening Instrument for Teenagers.
• **GAIN or GAIN-SS:** Global Appraisal of Individual Needs.
Before Starting the Screening

I would like to ask you some personal questions that I ask all my clients. These questions will help me to provide you with the best care possible. Your responses are confidential.
Confidentiality

- **Explain your confidentiality policy**: Make sure your patient understands that unless he or she is danger, your conversation will remain between the two of you. You can discuss your confidentiality policy with parents and children together—both need to be familiar with it.

- In addition, if you are treating a patient without the parent’s knowledge, be aware that confidentiality will be compromised if diagnostic codes are included in explanations of benefits sent to a parent.

- State laws govern minor patient rights to confidentiality of information shared with health care providers about alcohol and drug use.

- It is important to be aware of specific laws in your State, which generally allow health care practitioners to use professional judgment in determining the limits of confidentiality.

- A summary of State minor consent laws, including confidentiality and disclosure provisions, is available from the Center for Adolescent Health and the Law (English et al., 2010; www.cahl.org).
Screening Does Provide

- **Immediate** rule-out of low/no risk users.
- Immediate **identification** of level of risk.
- A **context** for a discussion of substance use.
- Information on the level of **involvement** in substance use.
- Insight into areas where substance use may be **problematic**.
- Identification of patients who are most likely to **benefit** from brief intervention.
- Identification of patients who are most likely in need of **referral** for further assessment/treatment.
Screening Does Not Provide A Diagnosis
Brief Intervention
What is **Brief Intervention**?

- A *time* limited, *individual* teaching moment to raise awareness.
- A *behavior change strategy* focused on helping the adolescent reduce or stop use of alcohol and other substances.
- Can take as little as **1-3 minutes** for those at no or low risk, or range from 15 to 30 minutes or longer for those at moderate or high risk.
- Can be 1 session or extend to several sessions.
- Link the screening results with appropriate early intervention services or referral to treatment.
Steps of Brief Intervention

1. Initiate the Conversation (Raise the Subject)
2. Review Potential Impacts of Substance Abuse
3. Give Results of Standardized Measures (Provide Feedback)
4. Summarize and Review Options (Enhance Motivation & Explore Ambivalence)
5. Set up a Plan to Use Substances Differently (Negotiate Plan)
Models of Brief Intervention

• NIAAA Youth Guide Brief Intervention
• FLO: Feedback, Listen & Understand, Options Explored
• BNI: Brief Negotiated Interview
• 5 A’s: Ask, Advise, Assess, Assist, Arrange
• FRAMES: Feedback, Responsibility, Advice, Menu of options, Empathy, Self efficacy
Go With The FLO!

Feedback

• Ask Permission: “Is it ok if we talk about your answers?”
• Give Information: “We know that drinking or drug use at your age puts you at risk for [insert].”
• What are your thoughts on that?”

Listen

• Answer questions and Assist with decision making

Options

• “What are some options/steps that will work for you?”
• “What do you think you can do to stay healthy and safe?”
Ambivalence

All change contains an element of ambivalence. We “want to change and don’t want to change”

Patients’ ambivalence about change is the “meat” of the brief intervention.
Ask Yourself

Who has the best idea in the room?

The Client

“People are better persuaded by the reasons they themselves discovered than those that come into the minds of other”

Blaise Pascal
Validated Screening Tools for Use With Adolescents
NIAAA's Alcohol Screening and Brief Intervention for Youth - Guide

1. Ask the **TWO** age-specific screening questions
2. Assess Risk
3. Advise & Assist (Brief Intervention and Referral to Treatment)
4. At follow-up - continue support
NIAAA's Two-Question Screening

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 on how many days have you had beer, wine or any drink containing alcohol?
## Scoring

<table>
<thead>
<tr>
<th>YOUTH's ANSWER</th>
<th>CLINICIAN’S ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NO</strong> drinking by youth or their friends</td>
<td>Praise for choice of not drinking and of having nondrinking friends. Reinforce healthy choices, <strong>Rescreen next year, at the latest.</strong></td>
</tr>
<tr>
<td><strong>NO</strong> drinking by youth, but <strong>YES</strong> to friends drinking</td>
<td>Praise choice of not drinking and probe more about friends drinking. Explore how they plan to stay alcohol free. Advise against riding in a car with a friend who has been drinking. <strong>Rescreen at the next visit.</strong></td>
</tr>
<tr>
<td><strong>YES</strong> to drinking by youth</td>
<td><strong>Move on to evaluate level of risk.</strong></td>
</tr>
</tbody>
</table>
Evaluating Risk for Youth that DO Drink

On how many DAYS in the past year did your patient drink?

- 1–5 days
- 6–11 days
- 12–23 days
- 24–51 days
- 52+ days

Age

- ≤11
  - Highest risk
  - Tx: Brief motivational interviewing + possible referral

- 12–15
  - Moderate risk
  - Tx: Brief advice or motivational interviewing

- 16
  - Lower risk

- 17
  - Tx: Brief advice

- 18

Estimated risk levels by age and frequency in the past year

Mountain Plains (HHS Region 8)

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
Evaluating Risk for Youth that **DO** Drink

<table>
<thead>
<tr>
<th>Age</th>
<th>LOWER Risk</th>
<th>MODERATE Risk</th>
<th>HIGHEST Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 and under</td>
<td>1-5</td>
<td>6-11</td>
<td>12+</td>
</tr>
<tr>
<td>12-15</td>
<td>1-5</td>
<td>6-11</td>
<td>12+</td>
</tr>
<tr>
<td>16</td>
<td>1-5</td>
<td>6-23</td>
<td>24+</td>
</tr>
<tr>
<td>17</td>
<td>1-5</td>
<td>12-51</td>
<td>52+</td>
</tr>
<tr>
<td>18</td>
<td>1-11</td>
<td>12-51</td>
<td>52+</td>
</tr>
</tbody>
</table>

Number of days in the *past year* youth drank alcohol.
NIAAA Brief Intervention

**Lower Risk**
- Provide brief advice: “I recommend that you stop drinking, and now is the best time. Your brain is still developing, and alcohol can affect that. Alcohol can also keep you from making good decisions and make you do things you’ll regret later. I would hate to see alcohol interfere with your future.”
- Notice the good: Reinforce any strengths and healthy decisions.
- Explore and troubleshoot the potential influence of friends who drink or binge drink.

**Moderate Risk**
- Does the patient have alcohol-related problems?
  - If no, provide beefed-up brief advice: Start with the brief advice for Lower Risk patients (at left) and add your concern about the frequency of drinking.
  - If yes, conduct brief motivational interviewing to elicit a decision and commitment to change, whether or not you plan to refer (see page 29).
- Ask if parents know: See suggestions for Highest Risk patients (at right).
- Arrange for followup, ideally within a month.

**Highest Risk**
- Conduct brief motivational interviewing to elicit a decision and commitment to change, whether or not you plan to refer (see page 29).
- Ask if parents know: If so, ask patient permission to share recommendations with them. If not, take into account the patient’s age, the degree of acute risk posed, and other circumstances, and consider breaking confidentiality to engage parent(s) in follow-through.
- Consider referral for further evaluation or treatment based on your estimate of severity (see page 23).
- Arrange for followup within a month.
The CRAFFT

• It is a mnemonic acronym where each first letter represents a key word in the six screening questions:
  • C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
  • R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
  • A- Do you ever use alcohol/drugs while you are by yourself, ALONE?
  • F - Do you ever FORGET things you did while using alcohol or drugs?
  • F - Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
  • T - Have you gotten into TROUBLE while you were using alcohol or drugs?
CRAFFT Opening Questions (Part A)

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put “0” if none.
   - # of days

2. Use any **marijuana** (pot, weed, hash, or in foods) or “**synthetic marijuana**” (like “K2” or “Spice”)? Put “0” if none.
   - # of days

3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or “huff”)? Put “0” if none.
   - # of days

4. Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
   - No
   - Yes

If a “0” in **ALL** of the boxes in Q1-3, **ANSWER QUESTION 4**, Then STOP. If a “1” or higher in **ANY** of Q1-3, **ANSWER QUESTIONS 4-9**
CRAFFT (Part B)

4. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?  
   - No  
   - Yes

5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?  
   - No  
   - Yes

6. Do you ever use alcohol or drugs while you are by yourself, or ALONE?  
   - No  
   - Yes

7. Do you ever FORGET things you did while using alcohol or drugs?  
   - No  
   - Yes

8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?  
   - No  
   - Yes

9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?  
   - No  
   - Yes
# Scoring the CRAFFT

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>CRAFFT Score</th>
<th>Action (Brief Intervention)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>No use in past 12 months and CRAFFT score of 0</td>
<td>Provide information about risks of substance use and substance use-related riding/driving; offer praise and encouragement</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>No use in past 12 months and “Yes” to CAR question only OR Use in past 12 months and CRAFFT score &lt; 2</td>
<td>Provide information about risks of substance use and substance use-related riding/driving; brief advice; possible follow-up visit</td>
</tr>
<tr>
<td>HIGH</td>
<td>Use in past 12 months and CRAFFT score ≥ 2</td>
<td>Provide information about risks of substance use and substance use-related riding/driving; brief advice; follow-up visit; possible referral to counseling/treatment (further assessment)</td>
</tr>
</tbody>
</table>
**Brief Intervention**

<table>
<thead>
<tr>
<th>Raise the Subject</th>
<th>“If it’s okay with you, let’s take a minute to talk about the screening form you’ve filled out today.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide Feedback</td>
<td>“As your social worker, I can tell you that tobacco use, drinking, or drug use at this level can be harmful to your physical health, oral health, or be associated with other problems you are experiencing.”</td>
</tr>
</tbody>
</table>
| Enhance Motivation| “On a scale of 0-10, how ready are you to cut back?”  
  - If >0: “Why that number and not a ___ (lower one)?”  
  - If 0: “Have you ever done anything while drinking (using drugs) that you later regretted?” |
| Negotiate Plan    | “What steps can you take to cut back your use?”  
  “How would your tobacco use, drinking, or drug use have to impact your life in order for you to start thinking about cutting back?” |
Prevention Triangle
(Drinkers Pyramid)

Dependent: 5% (High Risk)
Harmful: 8% (Moderate Risk)
Risky: 9% (Moderate Risk)
Abstain: 78% (Low Risk)

No Intervention or further screening.

Brief Intervention

Brief Intervention and referral for assessment/treatment

No Intervention or further screening. Positive Feedback

Mountain Plains (HHS Region 8)
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
Adolescent Brief Interview
Let’s Give It a Try!

Role-play Exercise: Partner with someone to practice conducting screening. For this situation, one person will act as the practitioner using the CRAFFT, and one person will act as the adolescent who is seeking help for some bothersome behaviors. Use a blank CRAFFT to complete the role-play.

Adolescent: You are a 15-year-old who is a freshman in high school and who just got caught coming home intoxicated after being at a party with your soccer team. Your grades have slipped lately and you’ve been grounded a lot for breaking curfew.
Referral to Treatment
Referral to Treatment

- Follow appropriate confidentiality (42, CFR-Part 2) and HIPAA regulations when sharing information
- Describe Referral for Further Assessment
- Establish a relationship with your community behavioral health / treatment provider(s)
- Maintain an updated list of providers and support services
- Facilitate warm hand-off
What if a person does not want a referral?

• At follow-up visit:
  • Inquire about use
  • Review goals and progress
  • Reinforce and motivate
  • Review tips for progress
SBIRT Implementation
Why Don’t We Ask the Questions?

• Difficult topic/stigma
• Lack of time
• Inexperience or lack of confidence with screening
• No resources available
• Worry about hurting relationships
• Not convinced that anything will help

BUT we must learn to ask!
SBIRT Implementation Process

• Initiate the Planning Process
• Assess Organizational Readiness for Change
• Identify the Settings for SBIRT Services
• Select a Staffing Model
• Develop Staff Training and Supervision Plan
• Develop a Screening Procedure
• Develop BI and RT Procedures
• Identify Referral to Treatment Resources
Key Questions to Consider

- How do you plan to implement SBIRT?
- What SBIRT tools will be delivered?
- Who will be doing the screening?
- What are the unique characteristics (and challenges) of the program?
- Other ideas?
- How can we help?
Summary

- What does SBIRT stand for and what does each component mean?
- Why is SBIRT relevant and important for use with adolescents and young adults?
- How is alcohol measured?
- How can SBIRT prevent longer term problems?
- How do you plan to implement SBIRT in your setting?
GPRA - Post-Event and 30-Day Evaluations

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services.

We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, and assist us in planning future meetings and programs.
Tools to Use
# NIAAA Pocket Guide

**For All Patients**

1. **Ask the Two Screening Questions**
   - **Questions:**
     - Do you have any friends who drink beer, wine, or any drink containing alcohol in the past year?
     - Do you drink at least two to three drinks in one sitting?
   - **Response:**
     - **No:** Proceed.
     - **Yes:** Do you drink at least two to three drinks in one sitting?

2. **Guide Patient**
   - **Steps:**
     1. Praise choice of not drinking.
     2. Consider prohibiting a little using a natural tone.
     3. When your friends were drinking, did they drink first?
     4. Tell everyone about both that 5% of patients addressed drinking going on at the time of the patient.

3. **Assess Risk**
   - **Risk Levels:**
     - **Lowest Risk:**
       - No changes or advice needed.
       - Encourage healthy eating, physical activity, and alcohol-free weekends.
     - **Moderate Risk:**
       - Provide brief advice to stop drinking.
       - Refer to treatment, counseling, and other resources.
     - **Highest Risk:**
       - Provide more intensive treatment, counseling, and other resources.

4. **Advise and Assist**
   - **Steps:**
     1. Provide brief advice to stop drinking.
     2. Refer to treatment, counseling, and other resources.

5. **Follow-up, Continue Support**
   - **Steps:**
     1. Conduct follow-up visits.
     2. Encourage healthy eating, physical activity, and alcohol-free weekends.

---

**For Patients Who Do Not Drink**

- Step 1: Ask the Two Screening Questions
- Step 2: Guide Patient
- Step 3: Assess Risk
- Step 4: Advise and Assist

**For Patients Who Do Drink**

- Step 1: Ask the Two Screening Questions
- Step 2: Guide Patient
- Step 3: Assess Risk
- Step 4: Advise and Assist

---

**Factor in friends:**

- **For elementary and middle school students:**
- **For high school students:**
- **For all patients:**

**Moderate to High Risk:**

**Lowest Risk:**

**Moderate Risk:**

**Highest Risk:**

---

**Notes:**

- Patients may not return for an alcohol-specific follow-up, but they may report other reasons. In such cases, ask about alcohol use and any associated problems. For rare patients, go to the patient's goal and assess whether he or she is ready to meet and sustain to.

---

**References:**

- **References:**
- **References:**
- **References:**

---

**Contact Information:**

- **Contact Information:**
- **Contact Information:**
- **Contact Information:**

---

**Support Resources:**

- **Support Resources:**
- **Support Resources:**
- **Support Resources:**

---

**Sample Questions:**

- **Sample Questions:**
- **Sample Questions:**
- **Sample Questions:**
# Youth SBIRT Card

## Scoring the CRAFFT Screening Tool for Adolescents

<table>
<thead>
<tr>
<th>ANSWERS</th>
<th>RISK</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>“No” to 3 opening questions</td>
<td>Low Risk</td>
<td>Positive reinforcement</td>
</tr>
<tr>
<td>“Yes” to Car question</td>
<td>Driving/Riding Risk</td>
<td>Discuss safety plan (contract for life)</td>
</tr>
<tr>
<td>CRAFFT score = 0</td>
<td>Moderate Risk</td>
<td>Brief advice</td>
</tr>
<tr>
<td>CRAFFT score = 1</td>
<td>Moderate Risk</td>
<td>Brief Intervention</td>
</tr>
<tr>
<td>CRAFFT score ≥ 2</td>
<td>High Risk</td>
<td>Referral for further assessment</td>
</tr>
</tbody>
</table>

*validated for ages 14-21

---

Mountain Plains (HHS Region 8)  
PTTC Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration  
Contact Info: 801-213-1475  
pttcnetwork.org/mountainplains
# Steps Brief Intervention

## Steps of the Brief Intervention

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Raise the subject</strong></td>
<td>“Is it okay with you if we go over the questions you filled out today?” If yes: “I’d like to hear more about your use.”</td>
</tr>
<tr>
<td><strong>Provide feedback</strong></td>
<td>“As your provider, I recommend not to use alcohol, tobacco, or drugs at all. Substance use can harm brain development in adolescents, as well as increase the risk of health problems, oral disease, car accidents, injuries, failing in school and other problems.”</td>
</tr>
<tr>
<td><strong>Enhance motivation</strong></td>
<td>“On a scale of 0-10, how ready are you to stop drinking/using?... Why that number and not a ____ (lower number)?”</td>
</tr>
<tr>
<td><strong>Negotiate plan</strong></td>
<td>“What would make it easier to stop using drugs, tobacco, or alcohol?” Or “How could your use impact your life so that you would start thinking about not smoking, drinking, or using?”</td>
</tr>
</tbody>
</table>
Readiness Ruler

• On a scale of 1-10 how ready are you to make a change in your drinking, drug use, substance use?

• What would it take to move to a higher number?
Adult SBIRT Card

NIAAA GUIDELINES

LOW-RISK DRINKING LIMITS

<table>
<thead>
<tr>
<th></th>
<th>Drinks/Week</th>
<th>Drinks/Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Women</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>All age &gt;65</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

- No use for pregnant women
- No use for ages 18 - legal drinking age
- No illegal drug use
- No non-medical prescription drug use

CATEGORIES OF USE

- I: Abstain: 78% (Low Risk)
- II: Risky: 9% (Moderate Risk)
- III: Harmful: 8% (Moderate Risk)
- IV: Dependent: 5% (High Risk)

Contact Info:
801-213-1475
pttcnetwork.org/mountainplains

Mountain Plains (HHS Region 8)
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
Steps Brief Intervention

<table>
<thead>
<tr>
<th>I Low Risk/Abstain</th>
<th>II Risky</th>
<th>III Harmful</th>
<th>IV Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk AUDIT: 0-7, DAST: 0</td>
<td>Moderate Risk AUDIT: 8-19, DAST: 1-5</td>
<td>High Risk AUDIT: 20+</td>
<td>DAST: 6, ASSIST: 27+</td>
</tr>
<tr>
<td>ASSIST: 0-3, 0-10 (alcohol)</td>
<td>ASSIST: 4-26</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STEPS OF THE BRIEF INTERVENTION**

**Raise the subject**

“If it’s okay with you, let’s take a minute to talk about the screening form you’ve filled out today.”

**Provide feedback**

“As your provider, I can tell you that tobacco use, drinking, or drug use at this level can be harmful to your physical health, oral health, or be associated with other problems you are experiencing.”

**Enhance motivation**

“On a scale of 0-10, how ready are you to cut back?”
- If >0: “Why that number and not a ___ (lower one)?”
- If 0: “Have you ever done anything while drinking (using drugs) that you later regretted?”

**Negotiate plan**

“What steps can you take to cut back your use?”
- “How would your tobacco use, drinking, or drug use have to impact your life in order for you to start thinking about cutting back?”
Adult SBIRT

SBIRT Jumpstart

Dr. Maridee Shogren and Dr. Christine Harsell

Wednesday, July 24, 2019
8:30-10:00 am (C-2)
10:30-12:00 pm (D-2)
Available Resources
Resources

• Mountain Plains – PTTC
  • https://pttcnetwork.org/mountainplains

• SAMHSA Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  • https://www.samhsa.gov/sbirt
  • https://www.integration.samhsa.gov/clinical-practice/SBIRT

• Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide
Resources

• SAMHSA Behavioral Health Treatment Services Locator
  • https://findtreatment.samhsa.gov/

• American Academy of Pediatrics
  • https://www.aap.org/en-us/Pages/Default.aspx

• TAP 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  • https://store.samhsa.gov/product/tap-33-systems-level-implementation-screening-brief-intervention-referral-treatment-sbirt
Resources

- North Dakota Division of Behavioral Health SBIRT
  - [https://www.behavioralhealth.nd.gov/prevention/sbirt](https://www.behavioralhealth.nd.gov/prevention/sbirt)

- Institute for Research, Education & Training in Addictions
  - [https://ireta.org/resources/](https://ireta.org/resources/)

- NORC at the University of Chicago
  - [https://sbirt.webs.com/adolescent-screening](https://sbirt.webs.com/adolescent-screening)
HealtheKnowledge

The Technology Transfer Centers
ONLINE LEARNING PORTAL

Join other behavioral health care professionals in high-quality, on-demand or instructor-led courses developed by industry experts!

The TTCs are committed to keeping our educational offerings affordable. Each self-paced course is available for FREE. Participants will earn a certificate of completion after successfully finishing the course. In addition, courses offer the ability to earn continuing education units (type and availability vary by course) at a rate of only $5 per contact hour.

Visit HealtheKnowledge.org to view a list of current course offerings and enroll today!

HealtheKnowledge.org
References

The Center for Adolescent Substance Use Research, 2018 “Making new discoveries in substance use prevention, identification, and treatment for children and adolescents” SAMHSA-HRSA Center for Integrated Health Solutions (Slide 7)

Walker et al., 1996 “Prevention Triangle” (Slide 12)

References

University of Maryland, School of Social Work “Why Should Social Works Know SBIRT” https://www.ssw.umaryland.edu/sbirt/why-should-social-works-know-sbirt/ (Slide 16)

Alcohol Abuse Tracking Committee (AATC) June 17, 2016 Report, http://www.cdc.gov/vitalsigns/BingeDrinking/index.html (Slides 18, 29, 30)


Adolescence: heightened reward sensitivity and drive for exploration/novelty (Source: Riggs 2015) (Slide 20)

National Survey of Drug Use and Health (NSDUH); Annual Averages Based on 2016 and 2017 NSDUHs (Slides 21-28)
References

Centers for Disease Control and Prevention, [http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm](http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm) (Slide 30)


National Institute of Alcohol Abuse and Alcoholism, [www.niaaa.nih.gov](http://www.niaaa.nih.gov) (Slides 33,35)

References

Project ED Health, D’Onofrio, Pantalon, et al., (NIAAA RO1 AA12417-03),
file://C:/Users/u0991675/Box/MP_PTTTC_Region%208/SBIRT/Brief_Negotiated_Interview.pdf (Slide 47)

The Center for Adolescent Substance Use Research, 2018 “Making new discoveries in substance use prevention, identification, and treatment for children and adolescents”, (Slides 60,61,62,63)

TAP 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT),
Acknowledgements

Maridee Shogren DNP, CNM
Christine Harsell DNP, ANP-BC
THANK YOU
Contact Us!

Shannon Christensen
Shannon.christensen@utah.edu
801.213.1475

Rori Douros
Rori.douros@utah.edu
801.558.4769

Mountainplains_pttc@utah.edu