

CT DCF SBIRT Foundational Training For Adolescents and Adults

MANU SINGH-LOONEY, PHD

mlooney@neweditions.net

301-233-8324



Acknowledgements

Content and several slides were made available by the following organizations



Boston Children's Hospital

dsd ADOLESCENT

SBIRT

Screening, Brief Intervention & Referral to Treatment

by



NORC

at the
University of
Chicago

McPherson, T., Cohen, H., Storie, M., Harris, B.R., Calabrese, G., Drymon, C., Avripas, S., DeBroux, C., Sublett, F. (2023). Adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT) Learner's Guide. Bethesda, MD: NORC at the University of Chicago

Training Overview

1. Importance of Addressing Substance Use with DCF Clients and Adolescents
2. Overview of SBIRT
3. The Adolescent Brain and Substance Use
4. Screening for Substance Use
5. Motivational Interviewing
6. Brief Intervention
7. Referral to Treatment

Overview of SBIRT

MODULE 2

What is SBIRT?

“A comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders (SUDs) as well as those who are at risk of developing these disorders”

Defining the SBIRT Components

Screening: Process of identifying adolescents who are at risk of negative consequences due to their substance use, including risk of a substance use disorder.

Brief Intervention: A conversation that is intended to either prevent, stop, or reduce substance use disorder.

An interpersonal interaction whose primary impact is motivational, working to trigger a decision and commitment to change

Referral to Treatment: Linking the adolescent to substance use disorder treatment and other services, resources, and supports and regularly checking in to facilitate sustained access.

Why SBIRT?

SBIRT is simple, brief, and effective!

- Considerable evidence demonstrates the efficacy and cost-effectiveness of SBIRT for at-risk alcohol use among adults, and its effectiveness for illicit or prescription drug use is mixed but promising.
- A growing body of evidence indicates that SBIRT is also effective as a prevention and early identification approach to reduce youth substance use, underage drinking, marijuana (cannabis) use, and opioid use.
- SBIRT is endorsed by many professional associations and government agencies

Goals of SBIRT

- Early identification
- Build awareness
- Motivate change
- Motivate treatment engagement
- Link to treatment
- Foster a continuum of care

Questions or Comments



The Adolescent Brain and Substance Use

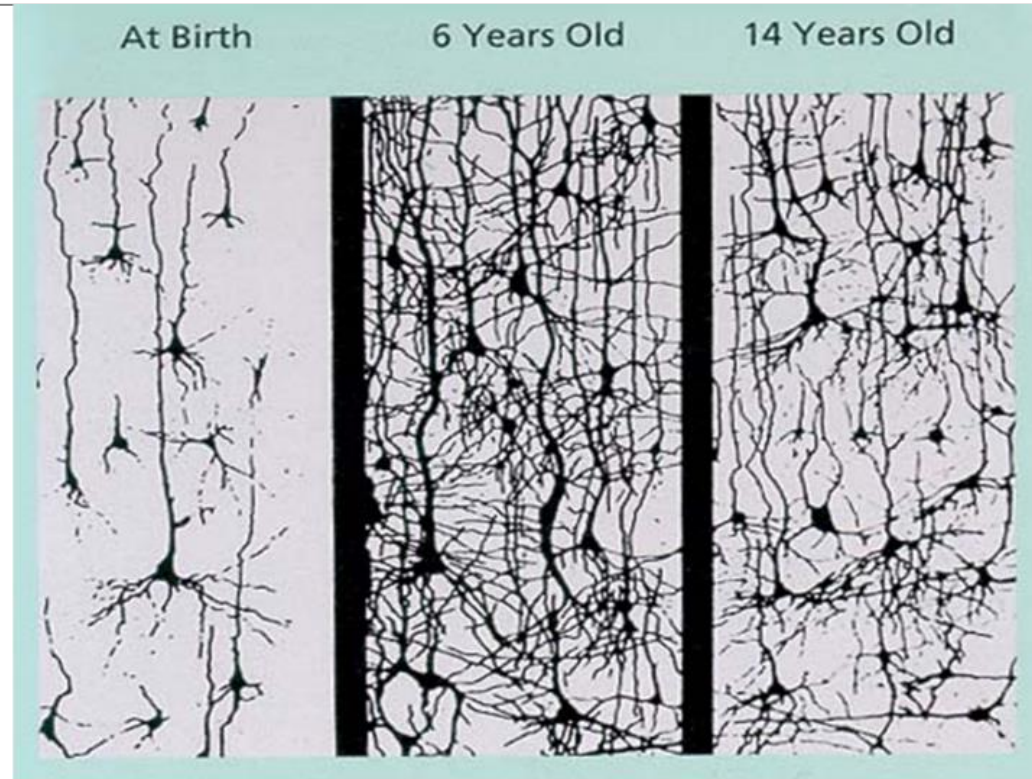
MODULE 3

A solid orange horizontal bar at the bottom of the slide.

Adolescence is a Critical Period

- Brain develops rapidly
- Brain is highly sensitive to being shaped by environmental experiences
- What the brain is exposed to will have life-long effects
- More susceptible to the addictive effects of substance use

Development of Synapses in the Brain

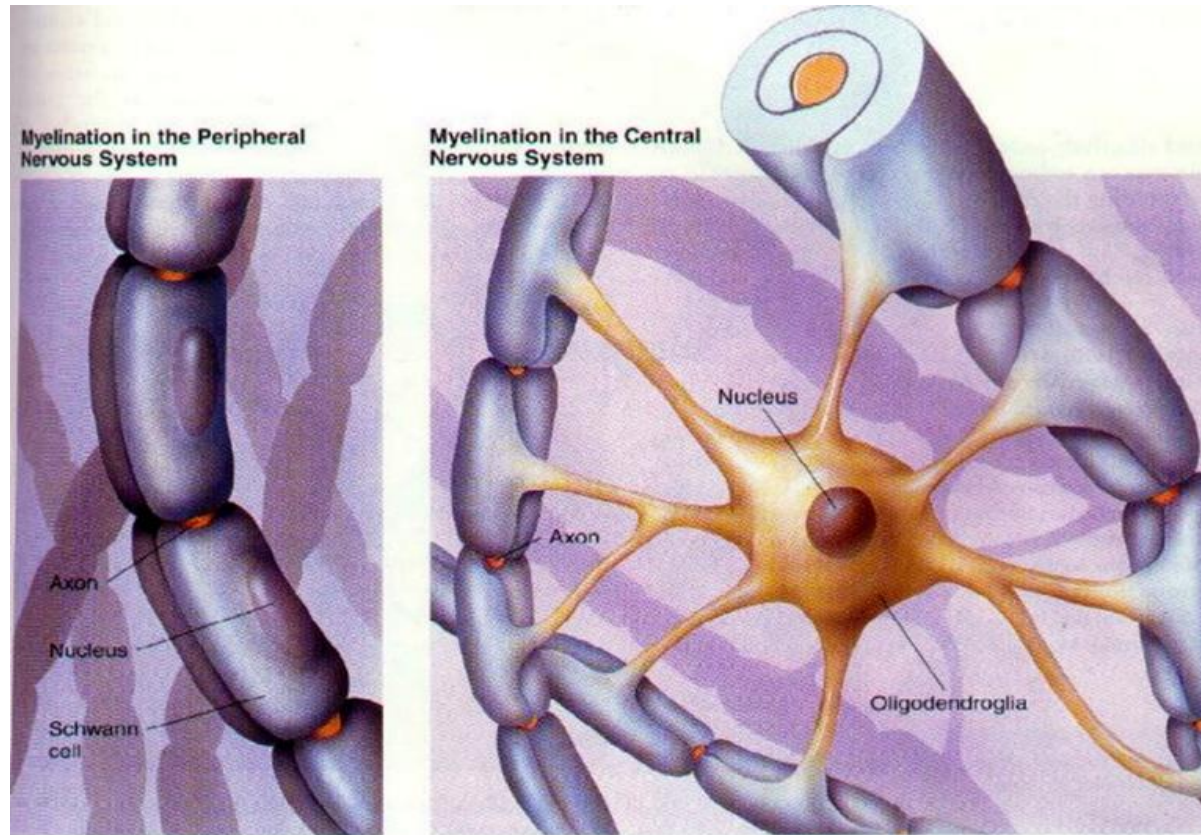


Immature
Brain

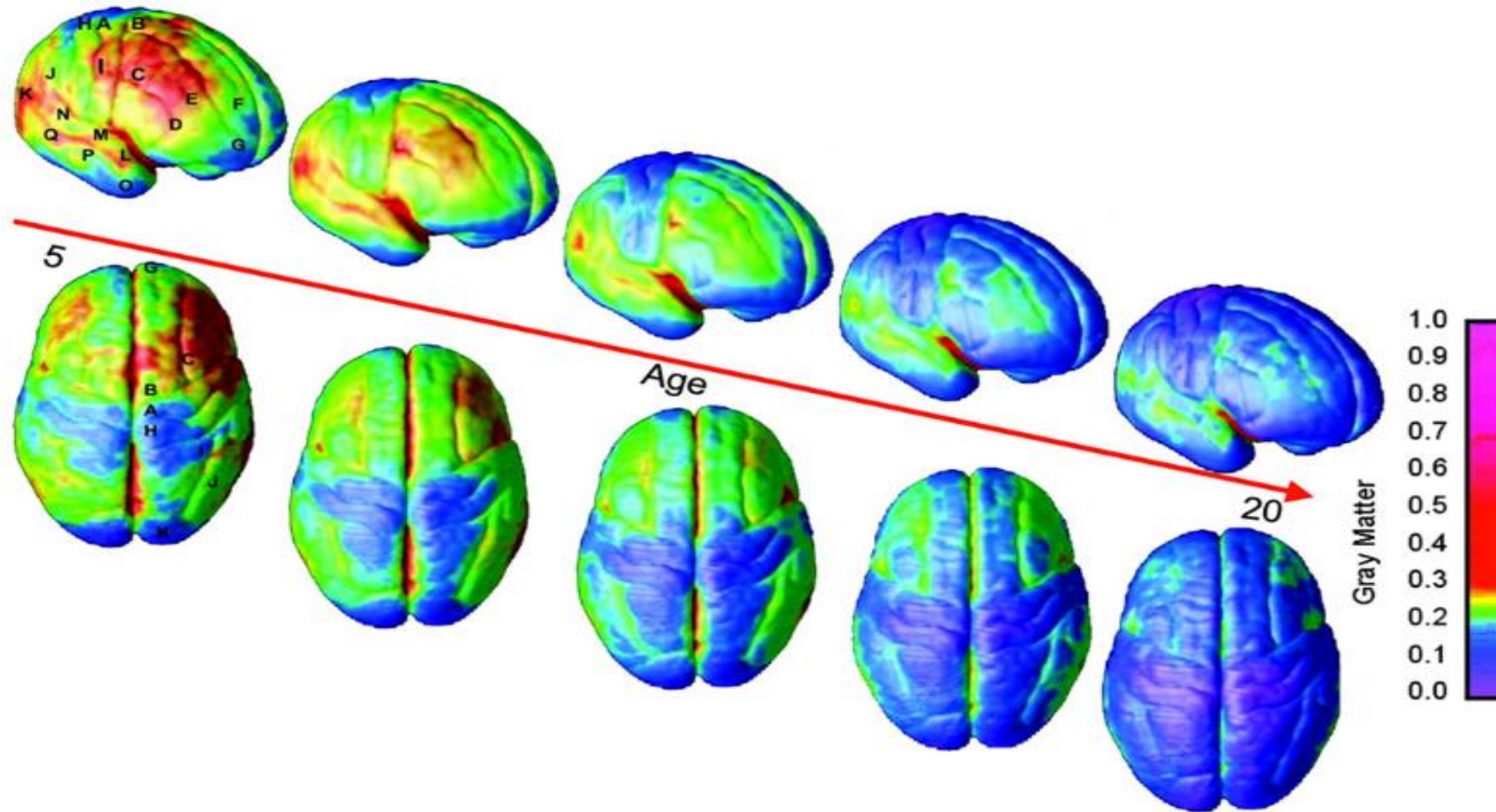
Blossoming

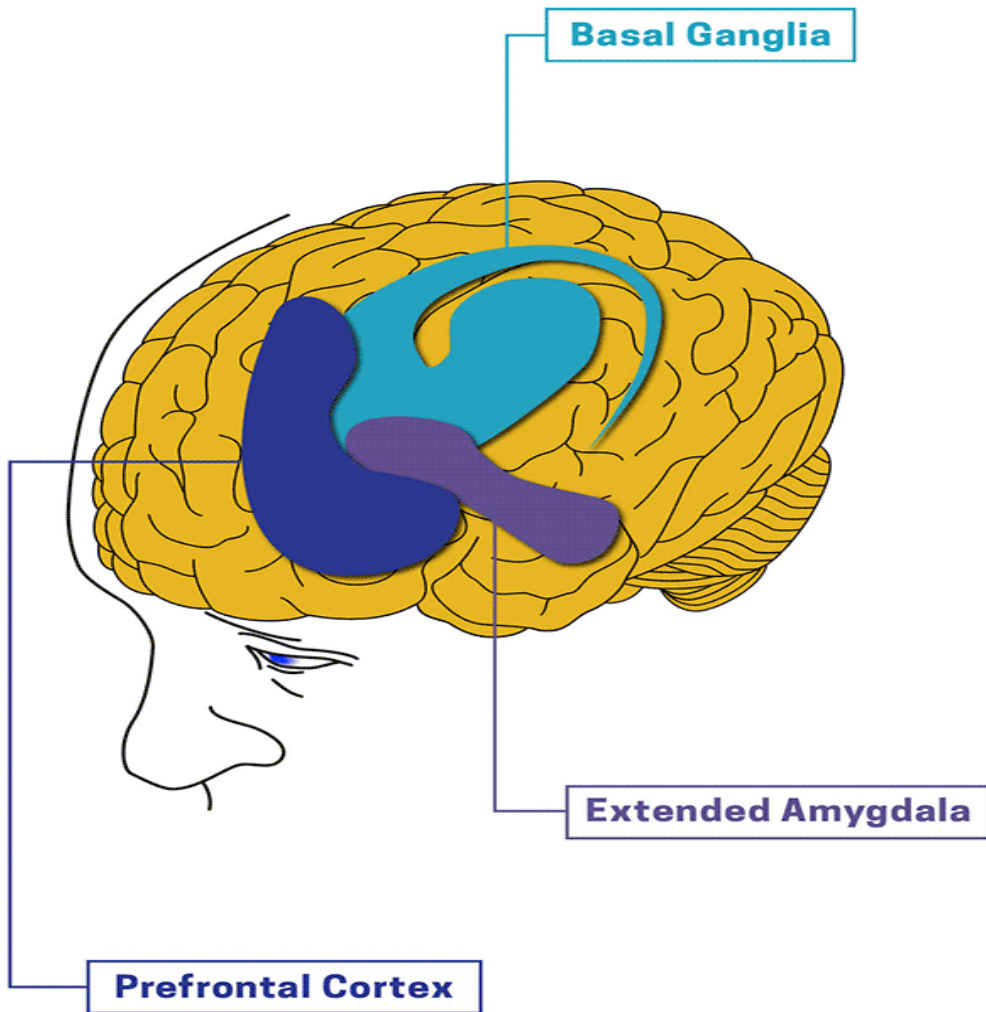
Synaptic
Pruning

Myelination



Brain Maturation





Basal Ganglia

- Active in adolescence
- Part of the “reward circuit”
- Shapes behavior by pleasurable reinforcement

Prefrontal Cortex

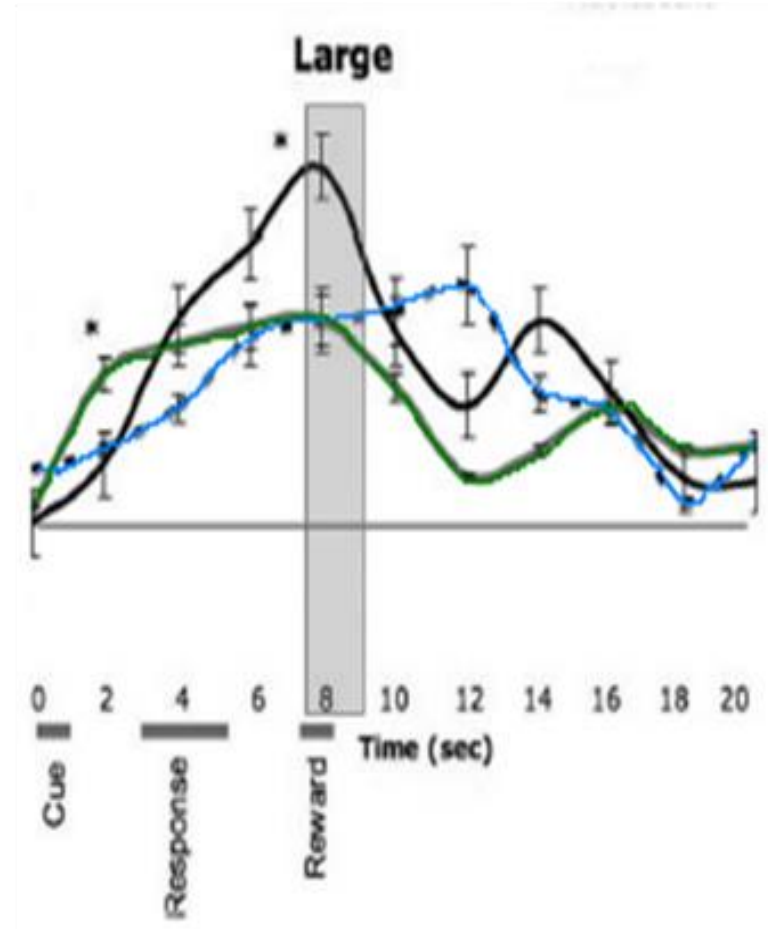
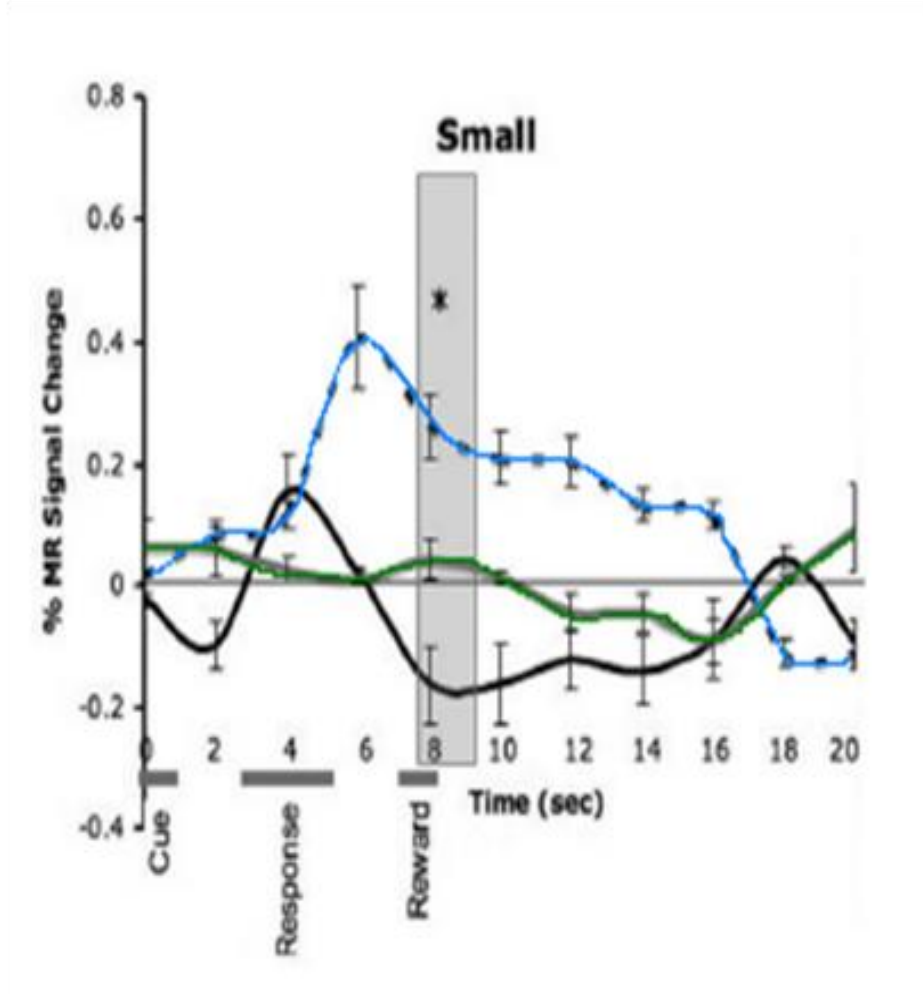
- Not fully mature in adolescences
- Powers the ability to think, plan, solve problems, exert self-control

*Source: Facing Addiction in America:
The Surgeon General's Report on
Alcohol, Drugs, and Health*

■ Children ages 7-11

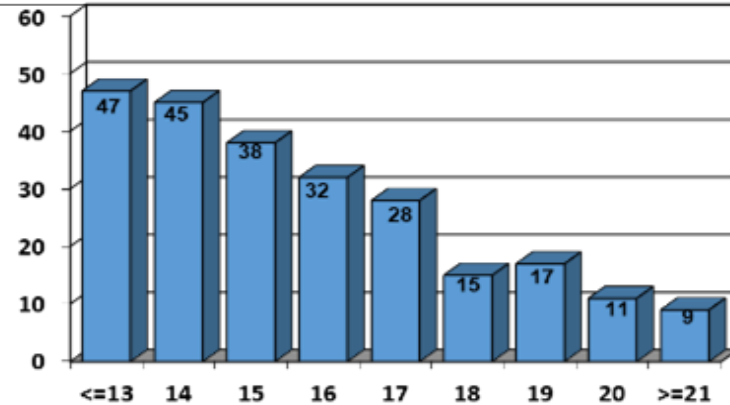
■ Teens ages 13-17

■ Adults ages 23-29



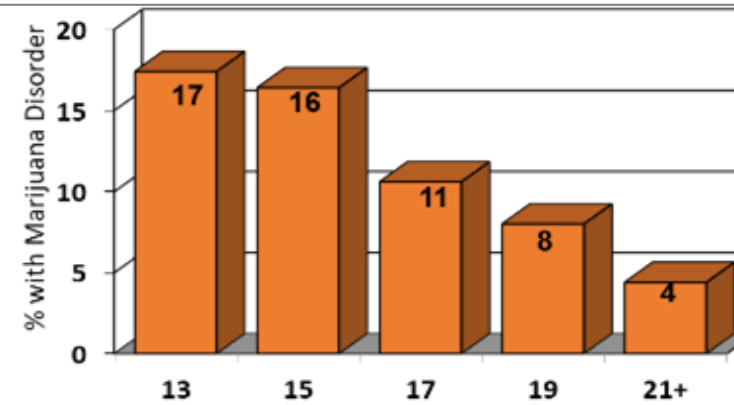
Substance Use and Associated Risk

Alcohol



Age of first use

Marijuana



Age of first use

9 in 10 people who meet the criteria for a substance use disorder began using substances before age 18.



Questions or Comments



Screening For Substance Use

MODULE 4



Screening

- Universal screening is key!
- Used to determine the severity and risk level
- Screening results allows provider to determine next steps for the youth

Screening vs. Assessment

Screening Tool

- Identify immediate, current health needs
- Determine need for further evaluation & treatment/support
- Short in length and quick to administer & score

Assessment Measure

- Comprehensive
- Multiple domains of functioning
- Individualized to meet needs & identify strengths
- Enables providers to identify health concerns or diagnoses and identify strengths and barriers that may impact treatment engagement

What Screening Tool Should I Use?

Tool	Target Population	Method of Administration
Substance Use		
CRAFT+N 2.1 HONC	Adolescents and Young Adults	Paper and electronic; Interview and self
AUDIT-C and AUDIT	Adolescents, Young Adults, and Adults	Paper and electronic; Interview and self
GAIN-SS	Adolescents, Young Adults, and Adults	Paper and electronic; Interview and self
S2BI	Adolescents	Paper and electronic; Interview and self
DAST-10	Young Adults and Adults	Paper and electronic; Interview and self
BSTAD	Adolescents	Paper or electronic; Interview and self
NIDA Quick Screen	Young Adults and Adults	Paper and electronic; Interview and self
APA's NIDA-Modified ASSIST Level 2: Substance Use Screen — Child 11-17	Adolescents	Paper and electronic; Interview and self

Tool	Target Population	Method of Administration
Substance Use		
APA's NIDA-Modified ASSIST Level 2 — Substance Use — Adult	Young Adults and Adults	Paper and electronic; Interview and self
CUDIT-R	Adolescents and Young Adults	Paper or electronic; Interview and self
COWS	Young Adults and Adults	Paper or electronic; interview
Anxiety		
Severity Measure for Generalized Anxiety Disorder (GAD) – Child Age 11-17	Adolescents	Paper and electronic; interview and self
Depression		
PHQ-2A/PHQ-3A/PHQ-9A	Adolescents and Young Adults	Paper and electronic; interview and self
PHQ-2/PHQ-3/PHQ-9	Young Adults and Adults	Paper and electronic; interview and self
Suicide		
ASQ	Adolescents and Young Adults	Paper and electronic; interview and self
C-SSRS	Adolescents, Young Adults, and Adults	Paper and electronic; interview and self

Motivational Interviewing

MODULE 5

The Spirit of MI

Partnership

- “We are going to work together”

Acceptance

- “I value you and am delighted to talk with you”

Evocation

- “I am going to create a space for you to share yourself and your story with me”

Empowerment

- “I want to understand and respect you and your experience”

Motivational Interviewing Makes Sense as a Strategy to Employ with Adults and Adolescents

1. It is **non-confrontational**
2. It **promotes insight, self-understanding, and self-confidence** by harnessing best practice cognitive and behavioral strategies.
3. It **helps empower the adolescent to own their decisions** which can be beneficial for many other challenging choices and decisions that they may face through the use of MI strategies.

Motivational Interviewing Overview

- Two key goals of MI that are directly addressed during a brief intervention are to:
 - Help resolve ambivalence
 - Encouraging “Change Talk”
- Ambivalence is having positive and negative considerations that have about equal weight and shift back and forth, keeping an individual from making a decision.
- “Change talk” – statements said by an adolescent that favor changing unhealthy behaviors and describe the reasons for and advantages of changing.

Stages of Change



Precontemplation

Definition: Not yet considering change or is unwilling or unable to change.

Primary Task: Cultivate ambivalence by raising awareness of and recognition of potential risks and negatives associated with substance use.

Contemplation

Definition: Sees the possibility of change but is ambivalent and uncertain.

Primary Task: Resolving ambivalence and helping to choose change, supporting confidence in the ability to change

Preparation

Definition: Committed to changing. Still considering what to do.

Primary Task: Increase commitment to change and help identify appropriate change strategies

Action

Definition: Taking steps toward change but hasn't stabilized

Primary Task: Help implement change strategies & learn to eliminate potential relapses

Maintenance

Definition: Has achieved the goals and is working to maintain change

Primary Task: Develop new skills for maintaining recovery, support sustaining changes, resolve problems as they arise

Key Motivational Interviewing Techniques

1. Open questions
2. Affirmations
3. Reflective listening
4. Summary reflections

Basic interaction techniques and skills that are used “early and often” in the motivational interviewing approach

Open-ended Questions

Closed Ended Questions

Questions that are phrased in a way to elicit a very brief or “yes” or “no” response.

Examples:

- “Did someone tell you to call me?”
- “Do you think you have a problem with marijuana?”
- “Are you in school?”

Open Ended Questions

Questions that are phrased in a way that encourage the adolescent to explore and share feelings, experiences, & perspectives.

Examples:

- “What brings you to the clinic today?”
- “How would you describe prescription opioids are affecting your life?”

Affirming Adolescents

Affirming: Recognizing the adolescent's strengths and accomplishments, goals and values, complementing or making statements of appreciation and understanding

- **Simple:** recognizes a specific positive action, statement, effort, or intention
- **Complex:** infers an enduring positive attribute

Supports....

Self-efficacy: A belief that one is capable of performing behaviors necessary to attain specific goals.

Seek to Affirm the Following:

- Goals
- Values
- Intentions
- Efforts
- Strengths

Examples of Affirming Statements

Focus on strengths

“I have noticed that you are really good at identifying strategies which help you reduce stress.”
(simple)

Encourage the individual's persistence in spite of past problems

“You did a great job cutting back on your vaping.” (simple)

OR

“You did a great job dealing with pressure from your friends to vape when you made a commitment to cut back. You mentioned how hard it was for you in the past and yet you stuck to your convictions.” (complex)

Acknowledge the positives

“It seems to me that school is going better for you. You're getting to school on time and are no longer getting into trouble for being late. That must feel really good.” (simple)

Compliment willingness to talk about difficult issues

“Thank you for taking the time to talk with me about your substance use. I can see that you are open-minded and courageous in your willingness to share your experiences and feelings.”
(complex)

Reflective Listening

This is also known as parallel talk or paraphrasing, occurs when the practitioner carefully listens to an adolescent's thoughts, perceptions, and feelings then restates them for the purpose of clarification and further exploration.

Simple reflection

Repeating what you are hearing the youth say back to them in a neutral form

- Adolescent: "I don't plan to quit smoking weed anytime soon"
- Provider: "You don't think that stopping all together would work for you right now."

Reflective Listening

Amplified reflection

Reflect the teen's statement in an exaggerated form to move them toward positive change rather than resistance.

- Adolescent: "I don't know why my mom is worried about this. I don't drink any more than most people my age."
- Provider: "So your mom is worried needlessly."

Double-sided reflection

Acknowledging contrary statements made by the youth.

- Adolescent: "I know you want me to give up smoking weed completely but I'm not going to do that."
- Provider: "You can see that there are some real problems because of your smoking, but you're not"

Summarizing

Linking together statements or themes and presenting a condensed version.

Summarizing helps the adolescent to change because it:

- Demonstrates you are actively listening
- Reinforces themes and strengths
- Highlights thoughts and feelings that support change.
- Draws from the exact words spoken by the adolescent
- Offers opportunity to expand on previously expressed thoughts
- Supports bridging from one topic to another.
- Allows the adolescent to correct misperceptions



Lets Try out the MI Technique of
Affirmations

Example Scenario: Peter

Peter is a high-school senior who excels at playing the trumpet. He recently got his driver's license and first job. He hopes to save money to attend music camp next summer. He recently started attending parties on the weekends where he consumes alcohol and has overslept two weekends in a row for his Saturday morning shift at a fast-food restaurant.

■ Strengths:

- Dedication to excelling as a musician
- Met the requirements for a driver's license which is a major step towards future independence
- Committed to earning money to support his future goals

■ Affirmation:

“You are very determined to reach your goals as a musician and avoid any setbacks that could get in the way.”

Practice Scenario: Mara

Mara ended up needing emergency contraception and STI testing after an unplanned sexual encounter that happened at a party where she consumed a large quantity of alcohol and Percocet. She is a community college student who is working almost full-time to put herself through school and hopes to be an elementary school teacher.

What are some strengths?

What affirming statement could you make?

Practice Scenario: Raul

Raul is a high school student from an immigrant family who helps care for his younger siblings after school when both of his parents are working long evening shifts. He loves to play soccer and coaches his siblings and the neighborhood kids on soccer skills. He hopes to be the first person in his family to attend college. He has asthma and reports that he sometimes smokes or vapes marijuana because it helps him with the stress.

What are some strengths?

What affirming statement could you make?

Questions or Comments



The Brief Intervention

MODULE 6

Participant Name: Cookie Dough
Age: 17
Gender: Female
Grade: 11 - currently enrolled and attending

Referral Reason

Cookie was referred for an A-SBIRT by her school Social Worker. Cookie's school Social Worker has become concerned because Cookie has been late to school lately and has been absent more than usual. She also was observed to possibly be intoxicated at the end of a recent school event, but she left the school grounds before any of the event/school staff could talk with her. After a meeting with Cookie's mother, both the social worker and her mom agreed she should be screened for mental health and substance use problems to get a better handle on what's going on and to make a plan to get Cookie the support she needs.

Background for Demonstration

Cookie Dough recently lost her grandmother who passed away within the last 6 months. Cookie Dough and her mom lived with grandma, and grandma was a significant caretaker and source of support to her and her mother. Since grandma's passing Cookie is worried about if they can stay where they are living. Cookie Dough's father was abusive to her mom and has not been part of the family for several years. Cookie Dough's mother has Multiple Sclerosis and is often unwell. Her mom has trouble keeping a job, and the family relies on social programs to help with rent, food and household bills.

Since her grandmother's passing, Cookie says she is sad, and has had trouble sleeping. It takes her a long time to fall asleep and then she is waking up a lot during the night. Cookie also says that she's feeling very nervous and distracted. She reports starting to use alcohol a little, and using marijuana regularly because it helps her to relax. She has used marijuana and alcohol in the past month, mostly alone, since her friends don't approve of it and are upset she is using them. Now her mother is upset too because of the meeting with the school about her attendance and grades and is in support of this referral.

What substances are suspected the client has misused in the last twelve months?					
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Heroin	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Benzodiazepine	<input type="checkbox"/> PCP
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Opioids	<input type="checkbox"/> Other Anti-depressants	<input type="checkbox"/> Other Hallucinogens	
<input type="checkbox"/> Nicotine/Tobacco/E-Cigs	<input type="checkbox"/> Other Stimulants	<input type="checkbox"/> Other Prescription Drugs	<input type="checkbox"/> Inhalants	<input type="checkbox"/> Other:	
Substance Use Indicators: (please check all that apply)					
Physical			Behavioral		
<input type="checkbox"/> Skin lesions <input type="checkbox"/> Bloodshot or watery eyes <input type="checkbox"/> Tremors or jitters <input type="checkbox"/> Small blood spots or bruises on skin <input type="checkbox"/> Sudden weight loss or weight gain <input type="checkbox"/> Runny or irritated nose, irritating cough, sore throat <input type="checkbox"/> Changes in appetite or sleep patterns <input type="checkbox"/> Speech pattern changes, slurred speech, faster speech, slower speech <input type="checkbox"/> Constant scratching of skin, "picking" at skin and hair on arms, etc. <input checked="" type="checkbox"/> Poor coordination, tripping, spilling, bumping into things and other people <input type="checkbox"/> Other: She may have been under the influence at school event.			<input checked="" type="checkbox"/> Drop in attendance and performance at work or school <input type="checkbox"/> Unexplained financial problems; borrowing or stealing <input type="checkbox"/> Engaging in secretive or suspicious behaviors <input type="checkbox"/> Forgetfulness, amnesia <input type="checkbox"/> Sudden change in friends, favorite hangouts, and hobbies <input checked="" type="checkbox"/> Frequently getting into trouble (fights, accidents, illegal activities) <input checked="" type="checkbox"/> Other: Cookie has been missing days of school and teachers report that the quality of her work/classroom participation has declined. She is getting into minor trouble with friends as well.		
Environmental			Psychological		
<input type="checkbox"/> Distinct and pungent odor <input type="checkbox"/> Possession of illicit drugs or excessive alcohol <input type="checkbox"/> Possession of hypodermic needles, balloons, aluminum foil, wrappers, mirrors or flat metal, short straws, glass pipes, smoking pipes, capsules, vials, butane torch or folded paper envelopes <input type="checkbox"/> Other:			<input type="checkbox"/> Unexplained change in personality or attitude <input type="checkbox"/> Sudden mood swings, irritability, or angry outbursts <input type="checkbox"/> Periods of unusual hyperactivity, agitation, or giddiness <input checked="" type="checkbox"/> Lack of motivation; appears lethargic or "spaced out" <input type="checkbox"/> Appears fearful, anxious or paranoid <input type="checkbox"/> Mental health diagnosis/treatment history <input type="checkbox"/> Other: Cookie's schoolwork is declining, participating less in classroom.		
Is the client experiencing problems with: <input type="checkbox"/> Family <input type="checkbox"/> Relationships <input checked="" type="checkbox"/> Education <input type="checkbox"/> Work <input type="checkbox"/> Health <input type="checkbox"/> Legal <input type="checkbox"/> Interests <input checked="" type="checkbox"/> Other <i>Grandmother passed recently</i>					
Does the referral source suspect these problems are related to substance use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Does the client continue to use substances despite these problems? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Identified Positive Supports for Client: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Faith-Based <input checked="" type="checkbox"/> Educational <input type="checkbox"/> Basic Needs <input type="checkbox"/> Transportation <input type="checkbox"/> Legal <input type="checkbox"/> Other					

Reason for SBIRT Referral (describe problems client is experiencing):

Cookie has been late to school or missed school more often than usual. At the end of a recent school event Cookie appeared under the influence, but as she was leaving, the school could not verify. Teachers report she is a unusually withdrawn and inattentive in class. Recently her grandmother, with whom she lived, passed away and her mom is ill with Multiple Sclerosis. The family has fallen on hard times financially. Cookie's mother and this Social Worker agreed a screen for mental health and substance use problems would help to understand what's going on.

GAIN Short Screener (GAIN-SS)

Version [GVER]: GAIN-SS Behavioral Health (GAIN-SS BH) ver. 3.0.1

What is your name? a. Cookie b. c. Dough
 (First name) (M.I.) (Last name)

What is today's date? (MM/DD/YYYY) | 0 | 4 | / | 0 | 7 | / 20 | 2 | 2 |

The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.

Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
4	3	2	1	0

- IDScr 1. When was the last time that you had significant problems with...
- a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? **4** 3 2 1 0 Feeling sad, grandmother died, lived with her
 - b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day? **4** 3 2 1 0 sleeping restlessly
 - c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen? **4** 3 2 1 0 Nervous - Mother has MS,
 - d. becoming very distressed and upset when something reminded you of the past? **4** 3 2 1 0 worried she will die
 - e. thinking about ending your life or committing suicide? **4** 3 2 1 0
 - f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts? **4** 3 2 1 0
- IDScr 2. When was the last time that you did the following things two or more times?
- a. Lied or conned to get things you wanted or to avoid having to do something **4** 3 2 1 0
 - b. Had a hard time paying attention at school, work, or home **4** 3 2 1 0
 - c. Had a hard time listening to instructions at school, work, or home **4** 3 2 1 0
 - d. Had a hard time waiting for your turn **4** 3 2 1 0
 - e. Were a bully or threatened other people **4** 3 2 1 0
 - f. Started physical fights with other people **4** 3 2 1 0
 - g. Tried to win back your gambling losses by going back another day **4** 3 2 1 0
- IDScr 3. When was the last time that...
- a. you used alcohol or other drugs weekly or more often? **4** 3 2 1 0
 - b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)? **4** 3 2 1 0 keeps using but problems with mom & friends who don't like it
 - c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people? **4** 3 2 1 0
 - d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events? **4** 3 2 1 0 d- She says no, but said others would say yes
 - e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? **4** 3 2 1 0

5. Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with? (Please describe) **Yes** **No**
 1 **0**

v1. Very sad about grandmother's passing. No one listens to me.

6. What is your gender? (If other, please describe below) **1 - Male** **2 - Female** **99 - Other**

v1.

7. How old are you today? 1 6 Age

7a. How many minutes did it take you to complete this survey? 0 0 5 Minutes

Staff Use Only					
8. Site ID:	<u> </u> Site name v. <u> </u>				
9. Staff ID:	<u> </u> Staff name v. <u> </u>				
10. Client ID:	<u> </u> Comment v. <u> </u>				
11. Mode:	1 - Administered by staff		2 - Administered by other		3 - Self-administered
13. Referral:	MH <u> x </u> SA <u> x </u> Other <u> </u>		14. Referral codes: <u> </u>		
15. Referral comments: v1. Referred to SSTRY, evaluation scheduled for 4/15/22 @ 3p. Also referred to Best Counseling Services for grief counseling.					
Scoring					
Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a - 1f				
EDScr	2a - 2g				
SDScr	3a - 3e				
TDSScr	1a - 4e				

The Brief Negotiated Interview

1. Engagement
2. Pros and Cons
3. Feedback
4. Assess Readiness
5. Negotiate Action Plan
6. Summarize and Thank You

BRIEF NEGOTIATED INTERVIEW (BNI) ALGORITHM

1) BUILD RAPPORT	Tell me about a typical day in your life. Where does your current [X] use fit in?
2) PROS & CONS Summarize	Help me understand, through your eyes, the good things about using [X]. What are some of the not-so-good things about using [X]? So, on the one hand [PROS], and on the other hand [CONS].
3) INFORMATION & FEEDBACK Elicit Provide Elicit	I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you? We know that drinking... <ul style="list-style-type: none"> • 4 or more (F) / 5 or more (M) drinks in 2 hrs • or more than 7 (F) / 14 (M) drinks in a week • having a BAC of ____ ...and/or use of illicit drugs such as ____ ...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information]. What are your thoughts on that?
4) READINESS RULER Reinforce positives Ask about lower #	This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use? You marked ____. That's great. That means you are ____ % ready to make a change. Why did you choose that number and not a lower one like a 1 or a 2?
5) ACTION PLAN Identify strengths & supports Write down steps Offer appropriate resources Thank patient	What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about using [X]? What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now? Those are great ideas! Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder? Will you summarize the steps you'll take to change your [X] use? I have some additional resources that people sometimes find helpful; would you like to hear about them? <ul style="list-style-type: none"> • Primary Care, Outpatient counseling, Mental Health • Suboxone, Methadone clinic, Needle Exchange, AA/NA, Smoking cessation • Shelter, Insurance, Community Programs • Handouts and information Thank you for talking with me today.

Step 1: Engagement

Ask permission

Would you mind taking a few minutes to talk about your [X] use?

Before we go further, I'd like to learn a little more about you.

Day in the life

What is a typical day like for you?

Substance Use

Where does your [X] use fit in?

Explore Values

What are the most important things in your life right now?

C	Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using drugs or alcohol?
R	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
A	Do you ever use alcohol or drugs while you are by yourself, ALONE?
F	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
F	Do you ever FORGET things you did while using alcohol or drugs?
T	Have you ever gotten into TROUBLE while using, or because of using alcohol or drugs?

Standard Drink Measurements

1 drink = 12oz beer
5oz wine
1.5oz liquor



Liquor (80 proof = 40% alc/vol)

*Increase # drinks if liquor is 100 proof (50% alc/vol).



Shot

1.5oz = 1



Nip

2oz = 1.6



Pint

16oz = 11

Fifth

26oz = 17

Liter/Quart

32oz = 21



Mixed Drink

Rum & cola = 1

Margarita = 1.5

Martini = 2

LI Ice Tea = 4-5



Handle

1/2 gallon

3-5L = 24-40



Beer (5% alc)

12oz = 1

16oz = 1.5

22oz = 2



Alcopop/ Wine Cooler

(5% alc)

12oz = 1



Malt Beverage/Liquor

16oz (6-8% alc) = 2-3

16oz (12% alc) = 4

24oz (12% alc) = 5

40oz (6-9% alc) = 5-7

Wine (12% alc/vol)

*Increase # drinks if >12% alc/vol.



Glass

5oz = 1



Bottle

26oz = 6



Magnum

~ 2 reg. wine bottles

1.5L = 12



Jug/Cask

3-5L = 24-40

Step 2: Pros and Cons

Explore Pros and Cons

Pros

- “good things”
- “things it does for you”
- “things you like about it”

Cons

- “not so good things”
- “things you don’t like as much”
- “the downsides, or drawbacks

I’d like to understand more about your use of [X]. What do you enjoy about it?

What do you enjoy less (or regret) about your use of [X]?

If NO con’s: Explore problems mentioned during the CRAFFT or other information you have.
“You mentioned that... Can you tell me more about that situation?”

Use Reflective Listening

It sounds like you.....

Summary

So, on the one hand you said [PROS], and on the other hand [CONS].

Step 3: Feedback & Information

Ask permission

I have some information on [X] use—
would you mind if I shared it with you?

Provide information

We know that drinking...

...Or using [X] *[insert drug information here]*

...can put you at risk for social and legal problems, as well as illness and injury.

It can also cause health problems like...
[insert relevant health issues here].

Elicit response

What are your thoughts on that?

Alcohol



Get the Facts

- Alcohol use can have lasting **effects on the developing brain**. Adolescent who drink can experience impaired memory and attention, slower reflexes, and reduced cognitive functioning.
- **Most youth don't drink**. Almost 82% of 12- to 20-year-olds haven't had a drink in the last month.
- Alcohol and other substance use during adolescence **increases the risk of negative personal, social, physical, and mental health outcomes** such as problems at school, relationship issues, physical and mental health concerns, sexually transmitted diseases, pregnancy, injury and car accidents, and legal problems. While intoxicated, teens are more likely to engage in unsafe behavior such as drinking and driving, unprotected sex, and aggressive or violent actions.

Sources:

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-03-03-001.pdf

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-03-10-007.pdf

Marijuana



Get the Facts

- **Marijuana affects your brain**. Tetrahydrocannabinol (THC), the chemical responsible for most of marijuana's psychological effects, affects brain cells throughout the brain, including cells in circuits related to learning and memory, coordination, and addiction.
- **Marijuana affects your self-control**. Marijuana can seriously affect your sense of time and your coordination, impacting things like driving.
- **Most teens aren't smoking marijuana**. In fact, only 6.5% of youth ages 12 to 17 said that they had smoked marijuana in the past month.
- Marijuana affects your **coordination and reaction time**, raising your risk of injury or death from car crashes and other accidents. Co-use of alcohol or other drugs heightens crash risks.

Source:

<https://store.samhsa.gov/sites/default/files/d7/pep19-05.pdf>

E-Cigarettes



Get the Facts

- **E-cigarettes can contain harmful substances that are bad for your health**. The aerosol emitted can contain heavy metals such as lead, volatile organic compounds, and cancer-causing agents. The compounds can also lead to lung diseases such as bronchitis, heart disease, and pneumonia.
- **Over 86% of youth don't vape**—and among the minority who do vape, most are not regular users.
- E-cigarette use **harms the developing brain**. E-cigarettes typically deliver nicotine, a harmful drug to the youth brain and body. Teens are particularly vulnerable to the effects of nicotine since the brain is still developing.
- The nicotine in e-cigarettes and other tobacco products can also prime young brains for **addiction** to other drugs, such as cocaine and methamphetamine.

Sources:

<https://store.samhsa.gov/product/Tips-for-Teens-The-Truth-About-E-Cigarettes/PEP19-12>

<https://doi.org/10.1093/ntr/ntaa010>

Step 4: Assess Readiness

Ruler	On a scale from 1-10, with one being not ready at all and 10 being completely ready, how ready are you to change your [X] use?
Reinforce positives	You marked _____. That's great. That means you're _____% ready to make a change.
Envisioning Change	Why did you choose that number and not a lower number, like a 1 or 2? Its sounds like you have reasons to change

1 2 3 4 5 6 7 8 9 10

Step 5: Negotiate Action Plan

<p>Create down action plan</p> <ul style="list-style-type: none">• Ask client for ideas first	<p>What are some options/steps that will work for you?</p> <p>What are you willing to do for now to be healthy and safe?</p> <p>What will help you to reduce the things you don't like about using [X]?</p>
<p>Envision the future</p> <ul style="list-style-type: none">• Probe for goals	<p>What do you want your life to look like down the road?</p> <p>How does this change fit in with where you see yourself in the future?</p>
<p>Explore challenges</p>	<p>What are some challenges to reaching your goal?</p>

Step 5: Negotiate Action Plan (cont.)

Draw on Past Successes

- Identify strengths & supports

What have you planned/done in the past that you felt proud of?

Who has helped you succeed?

How can you use that (person/method) again to help you with the challenges of changing now?

Explore benefits of change

If you make these changes, how would things be better?

Step 6: Summarize and Thank

Reinforce resilience and resources	Those are great ideas!include some details
Ask permission	Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder?
Write down action plan	Let's summarize what we've been discussing, and you let me know if there's anything you want to add or change (review Action Plan)

Step 6: Summarize and Thank (cont.)

<p>Provide handouts</p>	<p>Give referrals if appropriate:</p> <ul style="list-style-type: none">• Suggest other services that might be useful• Make an “active referral”
<p>Give action plan & Thank client</p>	<p>This is an agreement between you and yourself. Thank you for sharing with me today.</p>



A Good Time to Practice “Change
Talk”

Finding 'Change Talk' and/or Redirect the Conversation

"My girlfriend is always nagging me about my alcohol use. I wish she would just get over it because it's really none of her business."

Sample responses:

- Ask: *"Someone seems concerned about you. I wonder what that concern is about."*
- It sounds like they care about their relationship and wants to avoid tension and problems. Offer an affirmation.
- Ask: *"What tells you that your alcohol use is getting in the way of things that matter to you?"*
(e.g. money, their relationship, their health).

Finding 'Change Talk' and/or Redirect the Conversation

“My parents smoked a lot of weed when they were in college and they are both successful.”

What are some response options to elicit “change talk”?

Special Consideration

Identifying and Managing Acute Risks

Acute Safety Concerns and Red Flags of Addiction

Acute Safety Concerns

- Emergency Department visits
- IV drug use
- Mixing sedatives
- Large volume of alcohol
- Driving after use

Red flags of Addiction

- Younger than 14 years
- Daily/near daily use
- Alcohol related blackouts
- Poly-substance use

Managing Acute Risk

- Screen for suicidal or homicidal ideation
- Ensure an expedited “urgent” evaluation
- Contract for safety
- For adolescents specifically:
 - Involve caregivers or other adults, break confidentiality if needed
 - Have caregivers monitor, review indications for an emergent evaluation

Questions or Comments



Referral to Treatment

MODULE 7



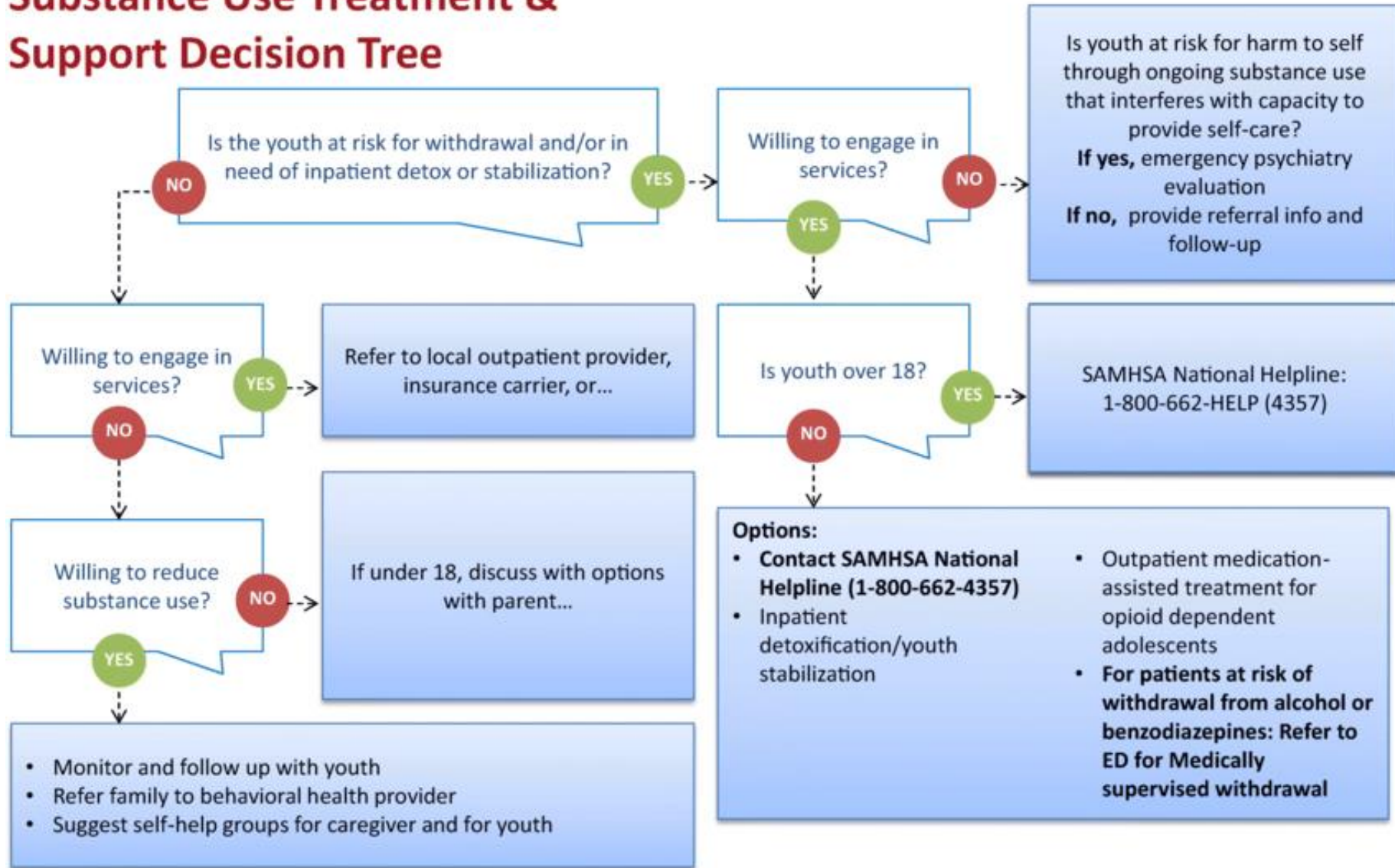
The Many Factors to Consider

- Motivate youth to enter into treatment
- Get permission to include caregiver
- Engage caregiver and discuss the need for recommended referral
- Determine level of care
- Find community resources that are available
- Factor in youth's insurance

Determine Level of Care

- Youth and Caregiver Preference
- Co-occurring Mental Disorders
- Program Availability
- Insurance Coverage
- Aim for least restrictive setting
- ALWAYS try to refer to youth programs or specialists with experience in working with youth.

Substance Use Treatment & Support Decision Tree



Determine Level of Care

- Community-based supports
 - free, weekly or more
- Outpatient
 - weekly or more for intensive-in-home, short or long-term, typically billed through insurance
- Intensive outpatient/Partial Hospitalization Programs
 - 1-3 days weekly, short-term, typically billed through insurance at a higher rate
- Residential/Inpatient
 - full-time, short-term, typically billed through insurance at highest rates

Referral to Treatment Best Practices

Find community resource

- Youth's insurance
- Bed availability
- Convince insurance company

Warm Hand Off

- Assist caregivers
- Provide a letter explaining the rationale for level of care

Provide support while awaiting placement

Questions or Comments



Let's Watch it in Action!



Videos demonstrating BNI steps with an adolescent

Source: SBIRT Institute :

<https://www.youtube.com/@SBIRTInstitute/videos>

Video Example Discussion

- What did you see that went well in this brief intervention?
- Is there anything you might do differently with your clients based on seeing “BIRT” in action?
- Are there questions you have about the “BIRT” steps or incorporating motivational interviewing techniques into a BI?

Thank you!!
