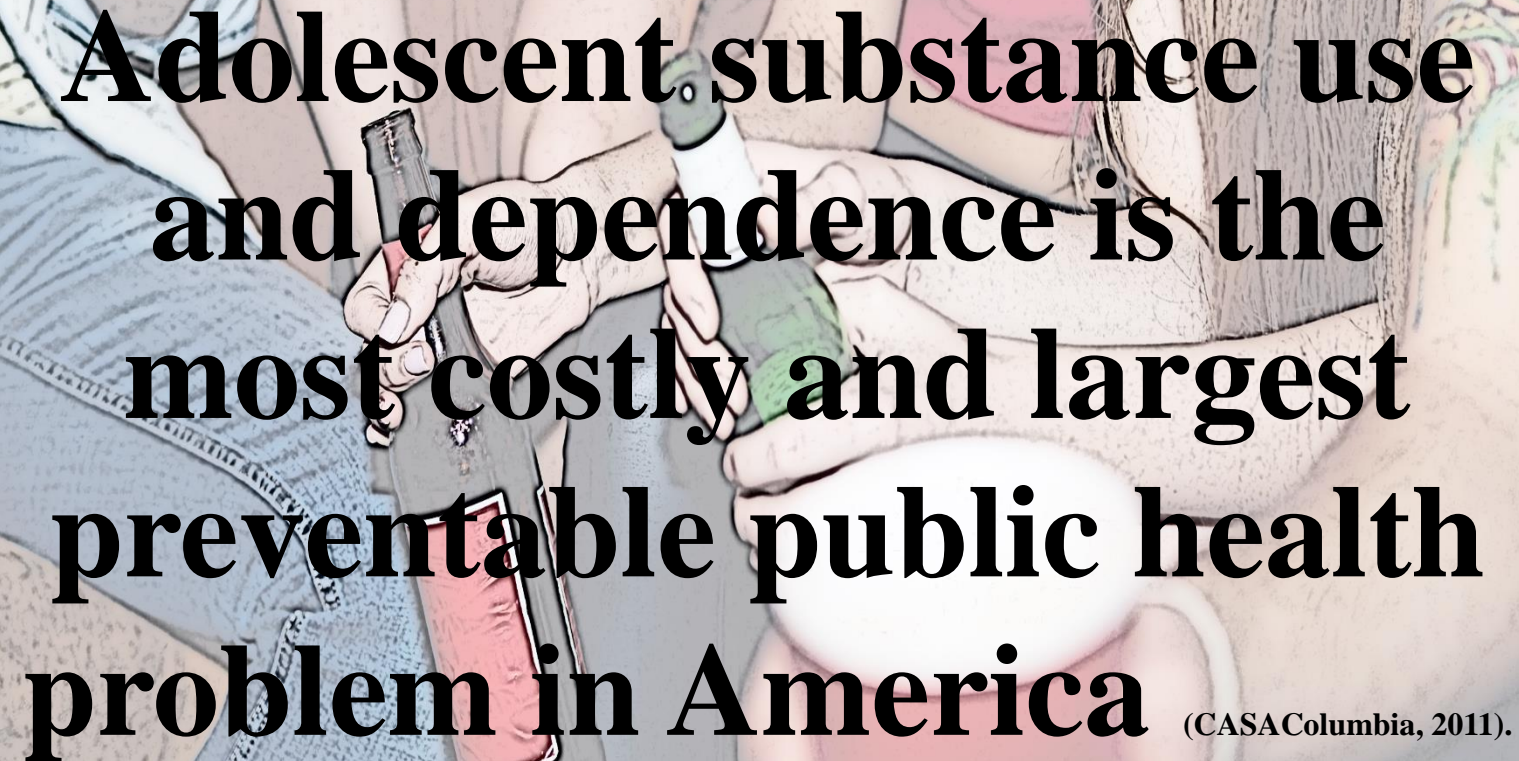


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# **SBIRT WITH ADOLESCENTS**

# Objectives

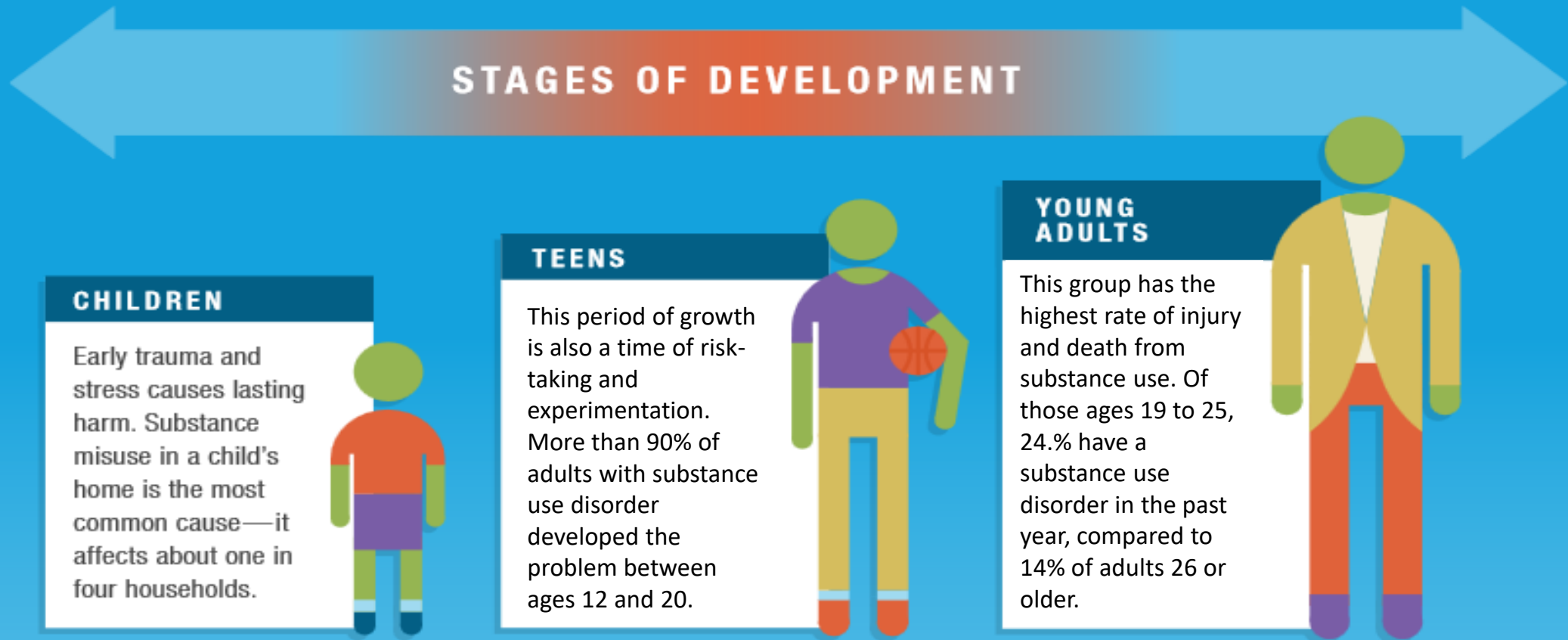
- Why it is relevant/important for youth
- Integrating substance use screening with suicide risk screening
- Implementation considerations
- Brief review of CRAFFT with role play to emphasize key elements of implementing with fidelity

An illustration showing a person's hands. One hand holds a green glass bottle, and the other holds a smartphone with a red case. The background is a textured, painterly style with muted colors.

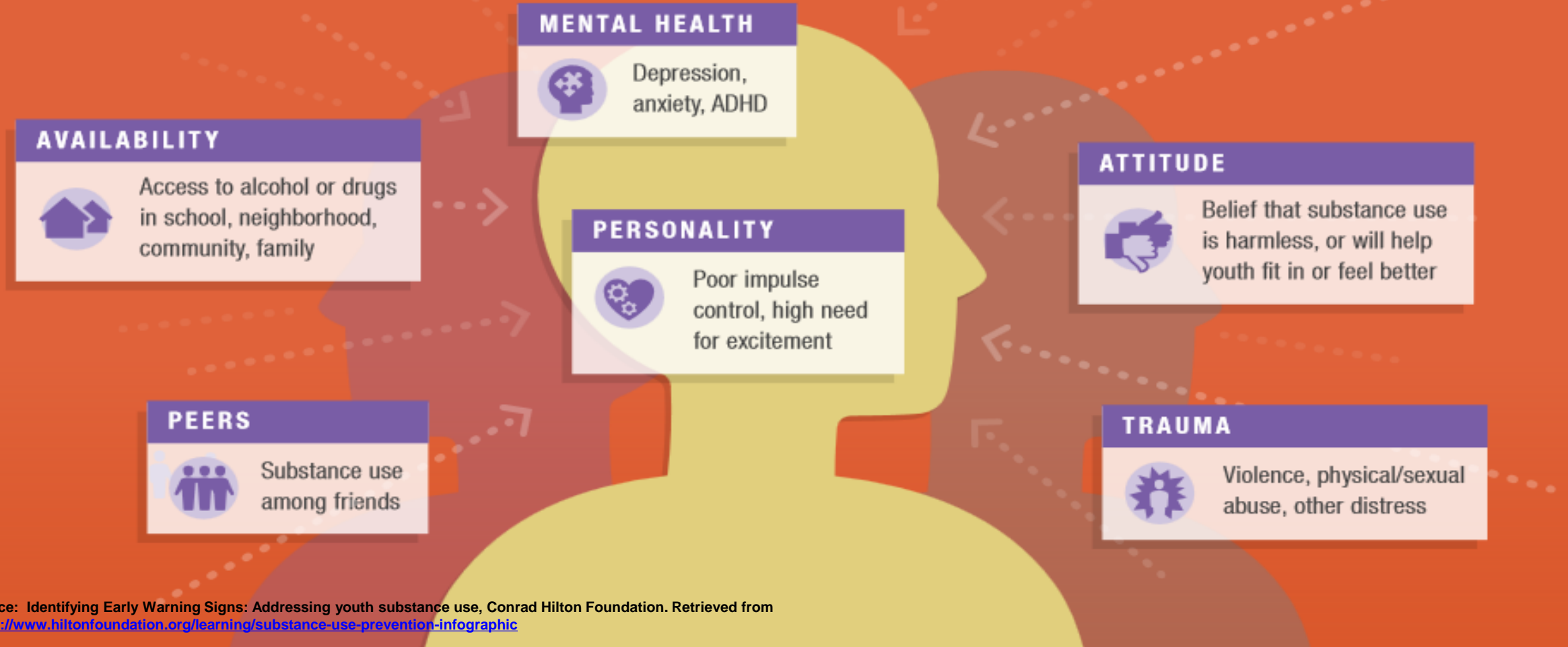
**Adolescent substance use  
and dependence is the  
most costly and largest  
preventable public health  
problem in America** (CASAColumbia, 2011).

Image source: <http://asapcincinnati.com/blog/reality-adolescent-substance-use/>

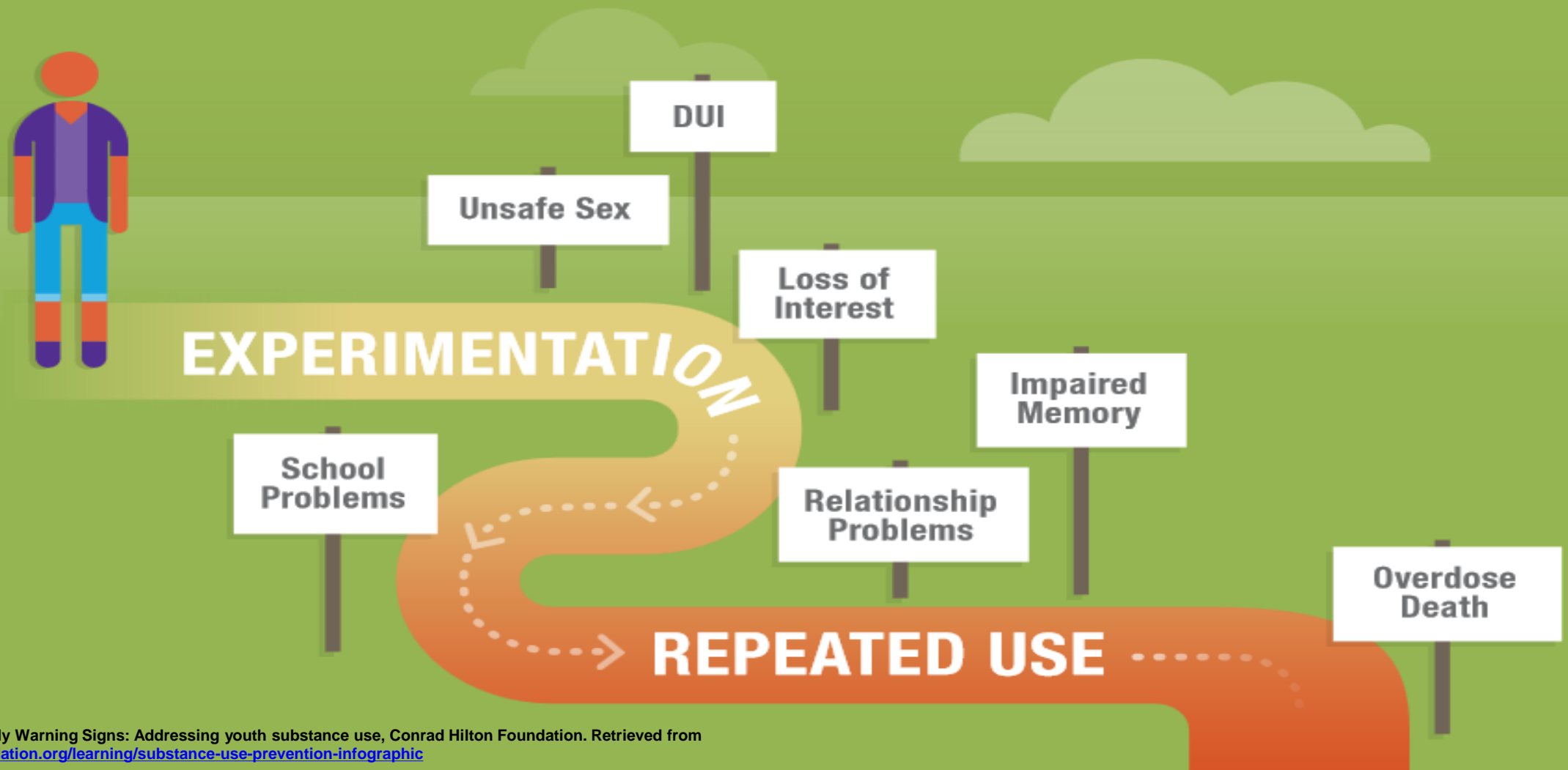
# Young people who use alcohol or other drugs before age 15 are five times more likely to develop a substance use disorder.



# Many factors influence whether a young person tries alcohol or other drugs.

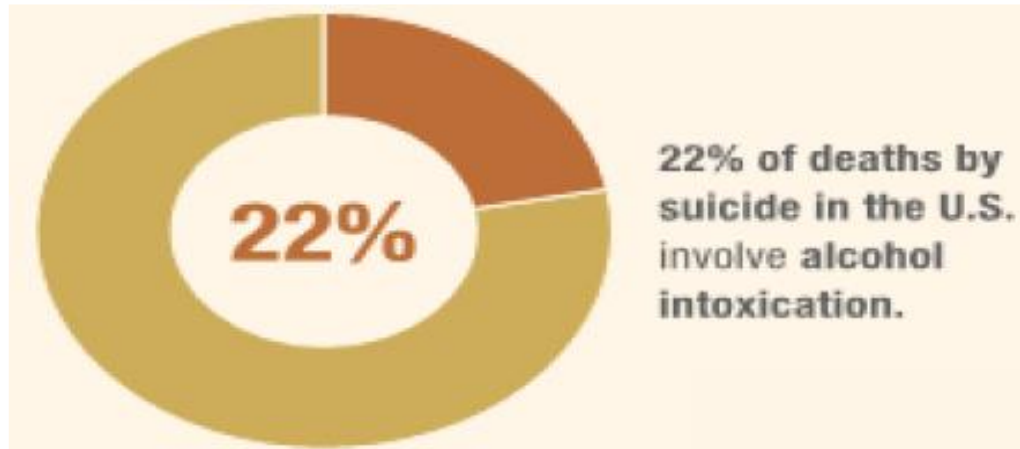


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# Substance Misuse and Suicide

- **Substance use is the 2<sup>nd</sup> most frequent risk factor for suicide**
  - Alcohol misuse or dependence increases risk tenfold



- Alcohol intoxication in 30-40% of attempts



# Connection between Substance Use and Suicide

- Disinhibition during intoxication
- Increasing depressed mood
- Alcohol increases proximal risk
  - Increases psychological distress
  - Increases aggressiveness
  - Propels ideation into action through suicide-specific alcohol expectancies
  - Constricts cognition, impairing the generation and implementation of alternative coping strategies



# Screening and early intervention: A practical, proven approach

Adolescent substance use must  
be identified and addressed early.



# What is SBIRT?

- SBIRT stands for:
  - **S**creening
    - Assess degree of risk
  - **B**rief **I**ntervention
    - Brief clinical encounters using motivational interviewing
  - **R**eferral to **T**reatment
    - Warm hand-off and linkage to care

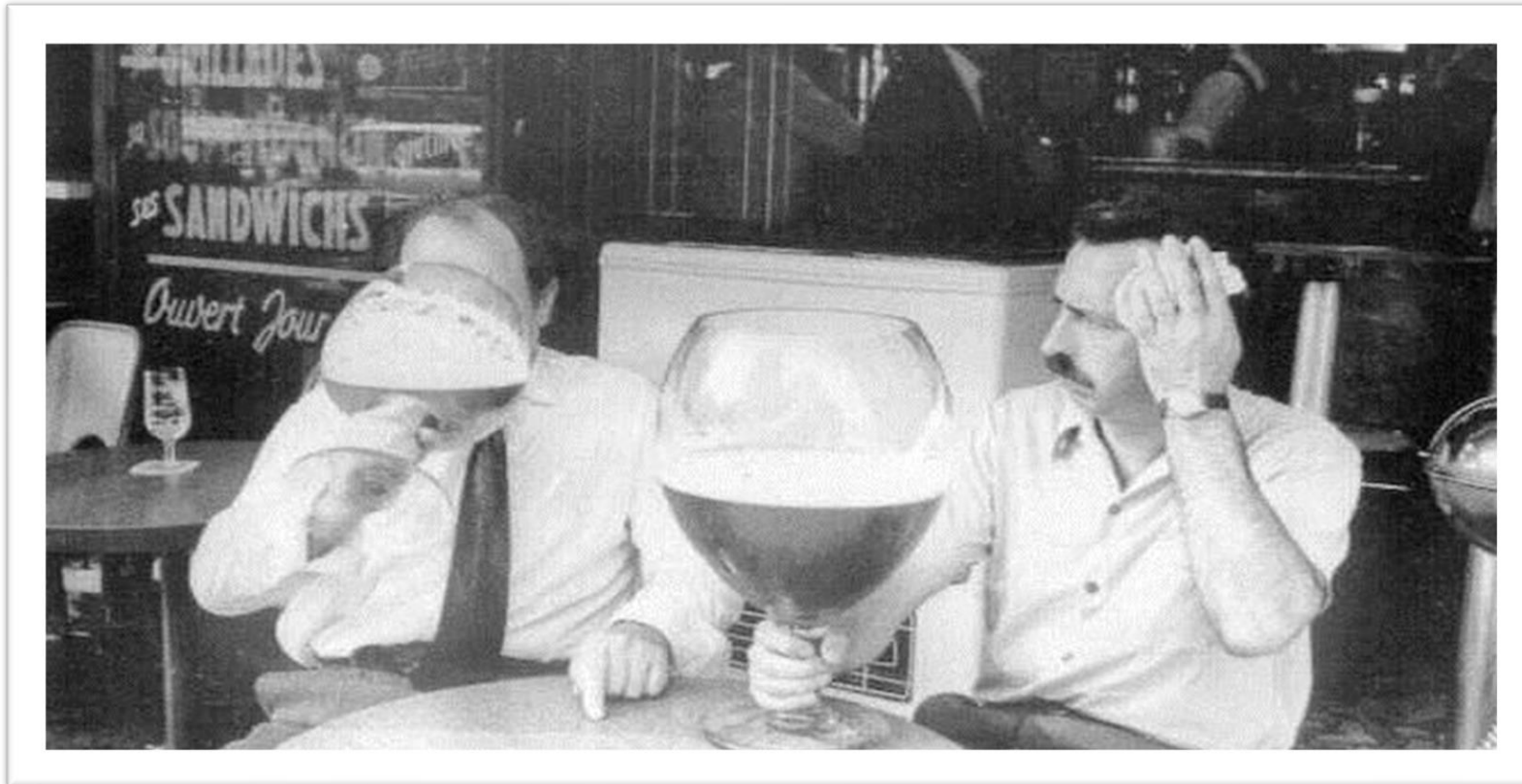
SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, *as well as those who are at risk of developing them.*



# **S**BIRT

## Screening

# When Screening, It's Useful to Clarify What One Drink is!



# What is a 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 (gin, rum, tequila, vodka, whiskey, etc.)







Source: <https://www.rethinkingdrinking.niaaa.nih.gov/how-much-is-too-much/what-counts-as-a-drink/whats-a-standard-drink.aspx>

# How many drinks = binge drinking?

## Binge drinking

a short period of excessive consumption

Estimated binge drinking levels for youth			
Boys		Girls	
Ages <b>9-13</b>	 3 drinks	Ages <b>9-17</b>  3 drinks	
Ages <b>14-15</b>	 4 drinks		
Ages <b>16+</b>	 5 drinks		

# Adolescent Screening Tools (NORC, 2021)

Screening Tool	Target Population	Method of Administration	Cost
CRAFFT 2.1	Under 21	Paper & electronic; interview & self	Free
S2BI	Adolescents	Paper or electronic; interview	Free
AUDIT-C & AUDIT	Adolescents, Young Adults & Adults	Paper & electronic; interview	Free
DAST-10	Adolescents, Young Adults & Adults	Paper or electronic; interview	Free
APA NIDA Modified ASSIST Levels 1-2	Adolescents, Young Adults & Adults	Paper or electronic	Free



# CRAFFT 2.1

## Screening Tool

### The CRAFFT Questionnaire (version 2.1)

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

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** (weed, oil, or hash, by smoking, vaping, or in food) or "**synthetic marijuana**" (like "K2," "Spice") or "vaping" **THC oil**? 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, huff, or vape )? Put "0" if none.

# of days

#### READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in **ALL** of the boxes above, **ANSWER QUESTION 4, THEN STOP.**
- If you put "1" or higher in **ANY** of the boxes above, **ANSWER QUESTIONS 4-9.**

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| 4. Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you ever <b>FORGET</b> things you did while using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?  | <input type="checkbox"/> | <input type="checkbox"/> |

# The CRAFFT

- The CRAFFT tool is the most popular substance use screening tool for adolescents 12-26 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse.
- Designed to ask age-appropriate questions about risky alcohol, drug, and nicotine use and screens adolescents for lifetime alcohol and drug use disorders simultaneously.

# Using the CRAFFT 2.1

- All versions of the CRAFFT may be administered via interview or self-administered either electronically or in paper form.
- All versions contain two parts: Part A and Part B
  - **Part A:** determines if the adolescent has used any alcohol, marijuana, or drugs in the past 12 months.
  - **Part B:** asks about the adolescent's experiences with alcohol and drugs.
- Part A has been lightly modified over the years, while Part B has remained exactly the same.

# Using the CRAFFT 2.1

## Part A Questions

During the past 12 months, on how many days did you:	# of days
Drink more than a few sips of beer, wine or any drink containing alcohol? Put “0” if none.	
Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or “synthetic marijuana” (like “K2,” “Spice”)? Put “0” if none.	
Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put “0” if none.	

# Using the CRAFFT 2.1

- If the adolescent reports any days of use on any of the opening frequency questions, all six CRAFFT questions (referred to as Part B) should be asked.
- If the adolescent answers “0” to all of the opening frequency questions, only the "CAR" question of the CRAFFT should be asked.

# Using the CRAFFT 2.1

## Part B Questions

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

# Scoring the CRAFFT 2.1

- The questions in Part A are not scored but instead indicate which questions of Part B to ask.
- Each “yes” answer for any question in Part B scores 1 point each and a “no” answer scores 0 points.
- Tally the points accrued in Part B to obtain a final score.
  - Score of 0-1 can indicate that there are no problems (no to low risk)
  - Score of 2 or more can indicate that a more significant problem may exist and a brief intervention is indicated (moderate risk)
  - The 2+ cut-off score is not a hard and fast rule (high risk)



# Determining Risk Level & Next Step

Risk Level	CRAFFT Score	Clinical Action
<b>LOW</b>	No use in past 12 months and CRAFFT score of 0	Provide information about risks of substance use and substance use-related riding/driving; offer praise and encouragement
<b>MEDIUM</b>	No use in past 12 months and "Yes" to CAR question only OR Use in past 12 months and CRAFFT score < 2	Provide information about risks of substance use and substance use-related riding/driving; brief advice; possible follow-up visit
<b>HIGH</b>	Use in past 12 months and CRAFFT score $\geq 2$	Provide information about risks of substance use and substance use-related riding/driving; brief advice; follow-up visit; possible referral to counseling/treatment

**S****B****I****R****T**

**Brief Intervention**

# Brief Intervention: The Next Step

- Short conversation or counseling session (5-15 minutes), rooted in motivational interviewing
- Often focuses on barriers and benefits to changing behavior
- Assesses readiness to change behavior

# Brief Negotiated Interview

- The Brief Negotiated Interview (BNI) model provides a framework for conducting brief intervention with youth.
- The BNI was originally developed to be used in emergency departments. Its use has expanded into a wide range of medical and behavioral health settings.
- We present a version of BNI developed by the BNI-ART Institute at the Boston University School of Public Health.
- The BNI-ART Institute website ([www.bu.edu/bniart](http://www.bu.edu/bniart)) offers supplemental resources in the public domain.

# BNI Algorithm

## BNI-ART INSTITUTE YOUTH & ADOLESCENT BRIEF INTERVENTION

BNI STEPS	DIALOGUE/PROCEDURES
Introduction/Ask Permission  <b>1. Engagement</b>	"Before we start, I'd like to know a little more about you. Would you mind telling me a little bit about yourself?"  "What is a typical day like for you?" "How does alcohol/drugs fit in?"  "What are the most important things in your life right now?"
<b>2. Pros &amp; Cons</b> <ul style="list-style-type: none"> <li>Explore pros and cons</li> <li>Use reflective listening</li> <li>Reinforce positives</li> <li>Summarize</li> </ul>	"I'd like to understand more about your use of (X). What do you enjoy about (X)? What else?"  "What do you enjoy less about (X) or regret about your use?" <i>If NO con's: Explore problems mentioned during the RAPS4:</i> <i>"You mentioned that... Can you tell me more about that situation?"</i>  "So, on one hand you say you enjoy (X) because... And on the other hand you say..."
<b>3. Feedback</b> <ul style="list-style-type: none"> <li>Ask permission</li> <li>Provide information</li> <li>Elicit response</li> </ul>	"I have some information about the guidelines for low-risk drinking, would you mind if I shared them with you?"  "We know that for adults drinking more than or equal to 4F/5M drinks in one sitting or more than 7F/14M in a week, and/or use of illicit drugs can put you at risk for illness or injury, especially in combination with other drugs or medication. <i>[Insert medical information.]</i> It can also lead to problems with the law or with relationships in your life."  "What are your thoughts on that?"
<b>4. Readiness Ruler</b> <ul style="list-style-type: none"> <li>Readiness scale</li> <li>Reinforce positives</li> <li>Envisioning change</li> </ul>	"To help me better understand how you feel about making a change in your use of (X). <i>[show readiness ruler]</i> ... On a scale from 1-10, how <u>ready</u> are you to change <u>any</u> aspect related to your use of (X)?"  "That's great! It mean's your ____% ready to make a change."  "Why did you choose that number and not a lower one like a 1 or a 2?" "It sounds like you have reasons to change."
<b>5. Negotiate Action Plan</b> <ul style="list-style-type: none"> <li>Write down Action Plan</li> <li>Envisioning the future</li> <li>Exploring challenges</li> <li>Drawing on past successes</li> <li>Benefits of change</li> </ul>	"What are you willing to do for now to be healthy and safe? ...What else?"  "What do you want your life to look like down the road?" <i>[Probe for goals.]</i> "How does this change fit with where you see yourself in the future?"  "What are some challenges to reaching your goal?"  "What have you planned/done in the past that you felt proud of? Who/what has helped you succeed? How can you use that (person/method) again to help you with the challenges of changing now?"  "If you make these changes, how would things be better?"
<b>6. Summarize &amp; Thank</b> <ul style="list-style-type: none"> <li>Reinforce resilience &amp; resources</li> <li>Provide handouts</li> <li>Give Action Plan</li> <li>Thank the patient</li> </ul>	"Let me summarize what we've been discussing, and you let me know if there's anything you want to add or change..." <i>[Review Action Plan.]</i>  <i>[Present list of resources]:</i> "Which of these services, if any, are you interested in?" "Here's the action plan that we discussed, along with your goals. This is really an agreement between you and yourself." "Thanks so much for sharing with me today!"

# Adolescent SBIRT Pocket Card

How many times in the past year have you used tobacco, alcohol or marijuana?

Never, Once or twice, Monthly, Weekly or more

## Potential consequences of alcohol and drug use:



Brain



Injury



Legal Issues



Driving



School



Money



Violence



Pregnancy



Sexually Transmitted Infections

Alcohol use is related to the most common causes of injury and death among adolescents.

## How much is one drink?

Any Drink Containing About 14 Grams Of Alcohol\*

\*NIAAA ([www.RethinkingDrinking.NIAAA.NIH.gov](http://www.RethinkingDrinking.NIAAA.NIH.gov))



12 fl oz beer

5 fl oz table wine

1.5 fl oz liquor  
(vodka, tequila, etc.)

## Risk Levels

- Never/No use = No risk.
- Once or twice in past year = Low risk.
- Monthly use = Moderate risk.
- Weekly or more = High risk.

## What is binge drinking?

	YEARS	DRINKS IN A SITTING
FEMALES	9-17	3
MALES	9-13	3
	14-15	4
	16-17	5

Adolescent SBIRT

HOW IMPORTANT IS IT TO YOU? | HOW READY ARE YOU? | HOW CONFIDENT ARE YOU?

NOT AT ALL

0

1

2

3

4

5

6

7

8

9

10

EXTREMELY

# Adolescent SBIRT Pocket Card

01

## RAISE THE SUBJECT

**Build rapport:** Explore how things are going. **Ask permission:** "Would it be ok to discuss your answers to the alcohol and drug questions?"

02

## PROVIDE FEEDBACK

- **Review reported responses. Reinforce positive choices:** "It's great that you've chosen not to use alcohol or drugs at this stage of your life. What made you make that decision?"
- **Provide feedback:** "Alcohol/marijuana use can be especially harmful at this stage of your life when your brain is still developing..."
- **Recommend abstinence:** "Because I care about your well-being, the best choice is to completely avoid alcohol and drugs at this time in your life."
- **Elicit response:** "What do you think about this information?"

03

## ENHANCE MOTIVATION

- **Explore pros and cons:** "What do you like about drinking/using marijuana?" "What are some of the not so good things about drinking/using marijuana?" Summarize both sides.
- **Explore readiness to change:** "On a scale where 0 is not at all ready and 10 is very ready, how ready are you to stop drinking/using marijuana?" **Respond:** "What made you choose x and not a lower number?"
- **Reasons to change:** "What are some of the best reasons you can think of to avoid alcohol/marijuana?"

04

## NEGOTIATE AND ADVISE

- **Reinforce autonomy:** "What you choose to do is up to you." **Elicit input from adolescent:** "What next steps would you like to take?"
- **Negotiate a goal.**
- **Harm reduction:** Contract for Life (if 'yes' to car question). **Ask:** "What steps could you take to reduce harms from alcohol or drug use?"
- **Assist with developing a plan.** Address co-occurring mental health and other issues.
- **Arrange follow-up:** depends on level of risk.
- **Thank them.**

*This guide can be used for other risky behaviors, such as tobacco or illicit drug use. 9/2018*

OPTIONS FOR MORE HELP

Referral • [www.colorado.gov/ladders](http://www.colorado.gov/ladders)



**ONE  
DEGREE**  
Shift the Influence

Original content developed with funding  
from SAMHSA and Colorado Office of  
Behavioral Health.

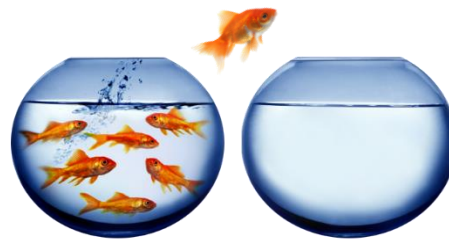
SBIRT in Colorado | 303.369.0039 ext. 245 | [www.SBIRTColorado.org](http://www.SBIRTColorado.org)



# Spirit of MI

## A way of being with clients that is...

- Collaborative (*not confrontation*)
  - Developing a partnership in which the client's expertise, perspectives, and input are central to the consultation.
- Evocative (*not education*)
  - Motivation for change resides within the client. Ask key open-ended questions.
- Respectful of autonomy (*not authority*)
  - Client is in charge of his/her choices and thus is responsible for the outcomes.



- Compassionate
  - Empathy for the experience of others and desire to alleviate the suffering of others.

# Brief Intervention Video Example:



Slide Image <http://www.firstaidforfree.com/wp-content/uploads/2015/07/Video.jpg>

<https://www.youtube.com/watch?v=GvaOXREccHI>



# SBI**RT**

Referral to  
Treatment

# When to refer adolescents to substance use treatment?

- **A small percentage of adolescents will require treatment beyond a brief intervention (or a few brief interventions).**
- Younger → Shorter histories of substance use → adverse consequences of use less likely → Less incentive to change or begin treatment
- Adolescents have a harder time recognizing their behavior patterns than adults and are less likely to seek treatment on their own compared to adults.
  - They must agree to participating in treatment for it to be successful.
- Motivational Interviewing strategies are key to encouraging acceptance of a referral to treatment.

# When to Refer to Treatment (cont.)

Indications that referral to treatment may be warranted:

- A high positive screening score (e.g., score 2 or higher)
- A pattern of weekly or more frequent substance use
- Escalating substance use despite repeat brief interventions, or efforts to quit or cut-back
- Substance use that is contributing to significant physical health problems
- Substance use that co-occurs with a psychiatric or behavioral health diagnosis, or history of multiple adverse childhood experiences (trauma).
- Substance use that is contributing to declining grades and/or engagement in school
- Substance use in the presence of a very unstable family or social situation

# Benefits of Early Referral to Treatment

- NIDA indicates that adolescents can benefit from substance use interventions even when they are not revealing a severe substance use disorder.
- Substance use is associated with increased risk of:
  - motor vehicle accidents other injuries
  - unwanted pregnancy and contraction of sexually transmitted diseases (STDs) as a result of sexual risk taking
  - chronic disease
  - poor school performance
  - depression
  - suicide
  - future dependence

# Follow-Up and Support

- **If there is no RT**, discuss with the adolescent that you would like to follow-up to see how they are progressing, even if the goals did not include cutting down on use or abstaining.
- **If there is a RT**, discuss what to expect from the additional treatment. Adolescents and young adults generally do not know what to expect from a more specialized counseling or treatment experience than what he or she received in the BI.
- If appropriate, you can also follow –up with adolescents who are getting additional services.
- If follow-up is presented as the standard of care and it is what you do with all -adolescents and young adults, very few will refuse.



# Common Mistakes to Avoid

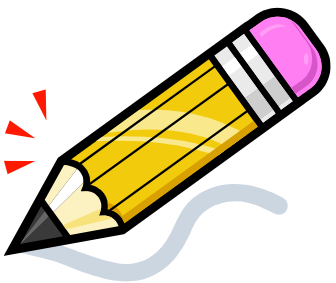


- Rushing into “action” and making a treatment referral when the client isn’t interested or ready
- Referring to a program that is full or does not take the patient’s insurance
- Not knowing your referral base
- Not considering pharmacotherapy in support of treatment and recovery
- Seeing the client as “resistant” or “self-sabotaging” instead of having a chronic disease

# Treatment Referral Resources

- SAMHSA's Behavioral Health Treatment Services Locator: 1-800-662-HELP or search: <https://findtreatment.gov/>
- SAMHSA's Buprenorphine Practitioner Locator: <https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator>
- SAMHSA's Opioid Treatment Program Directory: <https://dpt2.samhsa.gov/treatment/>
- The American Society of Addiction Medicine's (ASAM) Physician Locator: <https://www.asam.org/Quality-Science/resource-links/patient-resources>
- American Academy of Addiction Psychiatry's Patient Referral Program: <https://www.aaap.org/education/resources/patients/find-a-specialist>
- American Academy of Child and Adolescent Psychiatry's Child and Adolescent Psychiatrist Finder: [https://www.aacap.org/AACAP/Families\\_and\\_Youth/Resources/CAP\\_Finder.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Resources/CAP_Finder.aspx)

# Let's Give It a Try!



**Role-play Exercise Instructions (Adolescent):** For this situation, one person will act as the practitioner who has administered the CRAFFT 2.1 and determined based on the score that the adolescent is at risk of experiencing substance-related problems. One person will act as an adolescent who is seeking help for some bothersome problems. The audience will tally up the CRAFFT 2.1. Then we will discuss results.

**Tip:** Practitioners should consider using the BNI Adolescent Algorithm, screening tools, and Adolescent SBIRT pocket cards to help facilitate the brief motivational intervention conversation.

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