1

USING SBIRT TO TALK TO ADOLESCENTS ABOUT SUBSTANCE USE WEBINAR SERIES

SUBSTANCE USE SCREENING TOOLS FOR ADOLESCENTS

HOSTED BY:
ADOLESCENT SBIRT PROJECT, NORC at THE UNIVERSITY OF CHICAGO, and THE BIG SBIRT INITIATIVE

NORC at the UNIVERSITY of CHICAGO | ADOLESCENT SBIRT Screening, Brief Intervention & Referral to Treatment | B.I.G. BRIEF INTERVENTION GROUP

1

Webinar Moderator

Tracy McPherson, PhD
Senior Research Scientist
Public Health Department
NORC at the University of Chicago
McPherson-Tracy@norc.org
NORC at the UNIVERSITY of CHICAGO

2

Produced in Partnership…

NORC at the UNIVERSITY of CHICAGO

ADOLESCENT SBIRT Screening, Brief Intervention & Referral to Treatment | B.I.G. BRIEF INTERVENTION GROUP

CONRAD N. Hilton FOUNDATION

www.sbirt.webs.com sbirtteam@norc.org

3

Using SBIRT to Talk to Adolescents about Substance Use Webinar Series

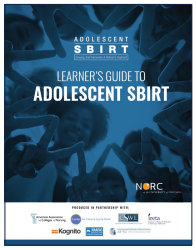
- Substance Use Screening Tools for Adolescents
- Brief Intervention for Adolescents Part I: BNI Using MI Strategies
- Brief Intervention for Adolescents Part II: BNI Using MI and CBT Strategies
- Discussing Options and Referring Adolescents to Treatment

sbirt.webs.com/webinars

4

Learner's Guide to Adolescent SBIRT Curriculum

- The education presented in this webinar complements the *Learner's Guide to Adolescent SBIRT*.
- Order your copy here and get more information here: https://sbirt.webs.com/curriculum

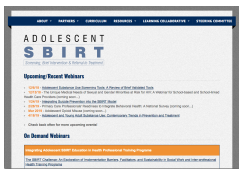


Source:
McPherson, T., Goplerud, E., Cohen, H., Storie, M., Drymon, C., Bauroth, S., Joseph, H., Schlissel, A., King, S., & Noriega, D. (2020). Learner's Guide to Adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT). Bethesda, MD: NORC at the University of Chicago.

5

Access Materials

- PowerPoint Slides
- Materials and Resources
- On Demand Access 24/7
- Certificate of Attendance
- Evaluation Survey



sbirt.webs.com/substance-screening-tools

6

Ask Questions

Ask questions through the "Questions" pane of your GoToWebinar Control Panel on your computer or mobile device.

7

Webinar Presenter #1

Ken C. Winters, Ph.D.
Senior Scientist
Oregon Research Institute (MN location)
&
Adjunct Faculty
Department of Psychology
University of Minnesota
winte001@umn.edu

8

Webinar Presenter #2

Brett Harris, DrPH
Clinical Assistant Professor
School of Public Health
University at Albany
bharris@albany.edu

9

Section 1

What is SBIRT for Youth and Why Use It?

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

10

SBIRT for Youth

- This training will focus on Adolescent and Young Adult substance use and implementing SBIRT for youth.

Age Group	
Adolescent	12-17
Young Adult	18-21
Adult	22 and older

11

What is SBIRT?

- 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.*
- SBIRT:
  - Identifies potentially problematic substance use quickly;
  - Integrated in a wide variety of settings; and
  - Increasingly used in behavioral and medical treatment and prevention/early intervention settings, but new for many practitioners.

12

Overall Aims of SBIRT

- Increase early identification of adolescents at-risk for substance use problems.
- Build awareness and educate adolescents on the risks associated with substance use.
- Motivate those at-risk to reduce unhealthy, risky use, and adopt health promoting behavior.
- Motivate individuals to seek help and increase access to care for those with (or at-risk for) a substance use disorder.
- Link to more intensive treatment services for adolescents at high risk.
- Foster a continuum of care by integrating prevention, intervention, and treatment services.

13

Overview from "35,000 Feet"

Screening, Brief Intervention and Referral to Treatment (SBIRT) is one of the leading ways to help reduce the impact of adolescent substance use.

- **Screening**
  - Assesses degree of risk
- **Brief Intervention**
  - Brief encounters using Motivational Interviewing
- **Referral to Treatment**
  - Warm hand-off and linkage to care

14

Overview of Screening

- The process of assessing adolescent substance use and associated risks:
  - Valid, brief (5 minutes or less) standardized questionnaire about quantity, frequency, and consequences of use.
  - Can be administered in paper-and-pencil, verbally, or by computer.
  - Can be delivered face-to-face or by telephone.
- Many tools available:
  - CRAFFT+N 2.1, AUDIT-C and AUDIT, GAIN-SS, S2BI, DAST-10, APA NIDA-Modified ASSIST Levels 1 and 2, BSTAD, PHQ-2/PHQ-3, PHQ-9A, COWS, C-SSRS and ASQ.

15

Overview of Brief Intervention

A behavior change strategy focused on helping the adolescent reduce or stop use of substances.

- You may provide feedback on risks of substance use, information on how their use compares to others, offer simple advice, explore the pros and cons of use, and ask if they are willing to make a change.
- 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.
- Substance use may not be the adolescent's primary presenting problem; may be a factor that complicates the problems that the adolescent came to resolve.
- Can help many, but certainly not all, adolescents to make changes.
- Some will not be ready to change or may need specialized treatment.

16

Overview of Referral to Treatment & Follow-Up

Linking the adolescent to specialized substance use treatment and staying with the adolescent to support sustained success.

- Many health professionals offer brief, solutions-focused services.
- When substance use problems are more serious or complicated, more intensive, substance use disorder treatment may be a good option.
- **Referral to treatment** means connecting the adolescent to a physician and/or other licensed mental health professionals for comprehensive assessment, medical and behavioral health treatment, or specialty treatment program.
- **Follow-up** means care management as well as supporting the adolescent during treatment and post-treatment follow-up contacts. Follow-up in the form of brief contact is appropriate for all adolescents.

17

Why SBIRT?

- Intervening with adolescents who have started to use substances has significant health benefits.
  - Adolescent use is associated with current health risks.
  - Early onset of substance use elevates the risk of a future substance use disorder.
- Many youth seen in youth-serving agencies and programs use/misuse substances; opportunistic settings to conduct SBIRT.
- SBIRT is relatively easy to learn by a wide-range of youth-serving professionals with diverse training and experience.

18

Why SBIRT?

- Evidence-based practice
  - Simple, brief, effective, and cost-effective
- Medical professional associations and government agencies endorse SBIRT
  - National Institutes of Health (NIH)
  - World Health Organization (WHO)
  - U.S. Surgeon General and U.S. Preventive Services Task Force (USPSTF)
  - American Academy of Pediatrics (AAP), American Public Health Association, Society for Adolescent Health and Medicine, Emergency Nurses Association (ENA), and others
- Mandated through statutes
  - Patient Protection and Affordable Care Act - deemed "essential services" required of all health plans starting in 2014.
  - Early Periodic Screening, Diagnosis, and Treatment (EPSDT) - all states are required to provide Medicaid-eligible children with screening and assessment of physical and mental health, including substance use.

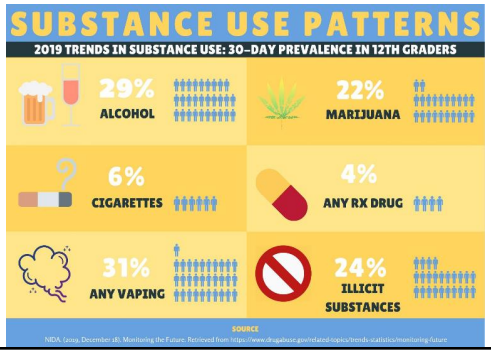
19

Substance Use and Associated Risk

- SBIRT aims to expand services for youth engaged in risky behavior or early stage substance use involvement.
- More than half of the U.S. population over age 12 drinks alcohol and, for some, alcohol use may lead to problems:
  - School
  - Social
  - Relationship
  - Legal
  - Cognitive
  - Health

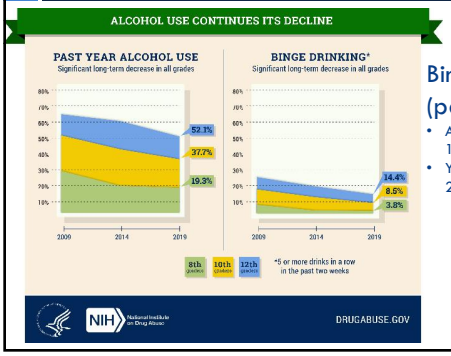
20

Substance Use Patterns



21

Alcohol Use is Common

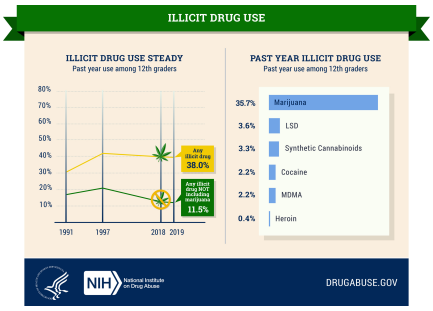


Binge Drinking (past 30 days)

- Adolescents age 12-17: 1.2 million (1 in 21)
- Young Adults age 18-24: 11.9 million

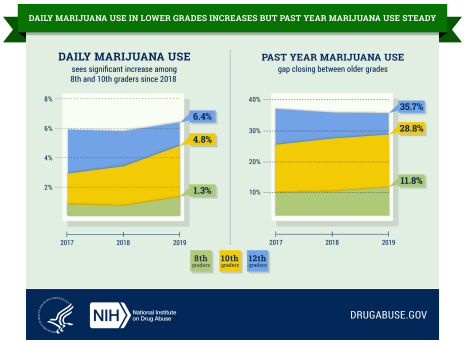
22

Any Illicit Drug Use Steady – Marijuana Use Most Prevalent



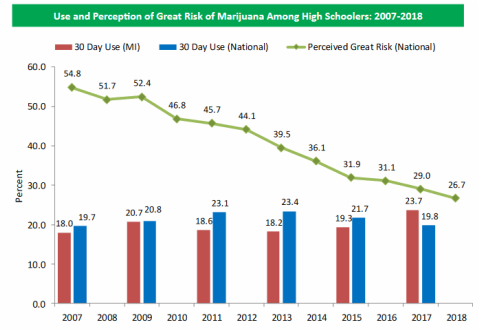
23

Increase in Daily Marijuana Use



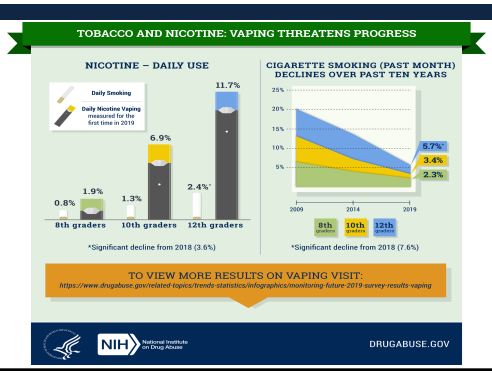
24

Perception of Harm Associated with Marijuana Use on the Decline



25

Cigarette Smoking Declines – Vaping Nicotine Increases



26

Substance Use and Risk to Health

- Substance use can have lasting effects on the developing adolescent brain.
  - Impaired memory, attention and quick importation processing, and executive functions.
  - Decrease in cognitive functioning, particularly learning and sequencing.
- Age of first use is inversely correlated with lifetime incidences of developing a substance use disorder.
- Substance use during the adolescent years is associated with other unhealthy behaviors.
  - High school students more likely to report poor school performance and other health risk behaviors.
  - Strongly associated with leading causes of death among U.S. teens.
  - Associated with increased risk for STDs, unwanted pregnancy, depression, and suicide.
  - Adolescents more likely to engage in over 20 other harmful behaviors including driving under the influence, texting while driving, having intercourse before age 13, carrying weapons, taking part in physical fights and attempting suicide.

27

Substance Use and Risk to Health

- Youth who engage in substance use at a young age are at higher risk of lifelong negative personal, social, and health consequences.

28

Substance Use is Often Undetected

- A survey of health professionals indicated that only 33-43% of pediatricians and 14-27% of family practitioners routinely asked adolescent patients about alcohol use.
  - 11-14-year-olds asked even less often.
- National Survey of Drug Use and Health (NSDUH) estimates (2018)
  - Youth age 12-17: 946,000 needed treatment but only 159,000 received it.
  - Young adults age 18-25: 5.2 million needed treatment but only 547,000 received it.
  - Overall rate of unmet need for intervention for adolescents and young adults 12-25 years of age = 88.5%

29

Section 2

Screening Tools for Adolescents

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

30

Common Screening Tools

Screening Tool	Target Population	Method of Administration	Cost
CRAFFT	Adolescents under the age of 21	Paper & electronic; interview & self	Publicly available
CRAFFT 2.0	Adolescents ages 12 to 18	Paper & electronic; interview & self	Publicly available
CRAFFT 2.1	Adolescents	Paper & electronic; interview & self	Publicly available
CRAFFT+N 2.1	Adolescents	Paper & electronic; interview & self	Publicly available
AUDIT-C and AUDIT	Adolescents, Young Adults and Adults	Paper & electronic; interview	Publicly available
GAIN-SS	Adolescents and Adults	Paper & electronic; interview	Licensing costs $100 per agency and covers five years of unlimited use of paper assessments only. See http://gaincc.org/instruments/
S2Bi	Adolescents	Paper & electronic; interview	Publicly available
DAST-10	Adolescents, Young Adults and Adults	Paper & electronic; interview	Publicly available
APA NIDA Modified ASSIST Levels 1-2	Adolescents, Young Adult and Adults	Paper & electronic	Publicly available
BSTAD	Adolescents ages 12 to 17	Electronic; interview & self	Publicly available
PHQ-2/PHQ-3	Adolescents ages 12 & up	Paper; interview & self	Publicly available
PHQ-9A	Adolescents ages 12 & up	Paper; interview & self	Publicly available
C-SSRS	Adolescents and adults	Interview	Publicly available
ASQ	Adolescents	Interview	Publicly available

31

Risky Adolescent Substance Use

The American Academy of Pediatrics has identified four general patterns of substance use based off the CRAFFT screening tool that is described in further detail later:

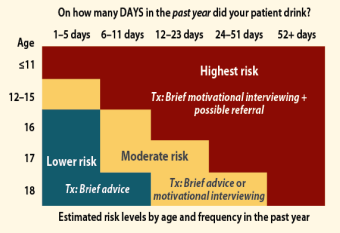
- **Low Risk (Abstinence):** Adolescents who report no use of tobacco, alcohol, or other substances and report that they have not ridden in a car with a driver who has been using any substances.
- **Driving Risk:** Adolescents who report driving after substance use or riding with a driver who has been using substances.
- **Moderate Risk:** Adolescents who have begun using substances (CRAFFT score 1).
- **High Risk:** Adolescents who use substances (CRAFFT score ≥2).

32

Risky Adolescent Alcohol Use

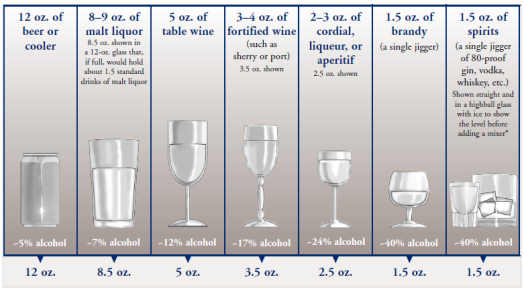
Another way to assess the level of adolescent risk was created by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Both the number of drinking days in the past year and the age of the individual are taken into consideration to determine risk.



33

What Is A Drink?



34

Asking about Substance Use

- Regardless of the tool used, asking about substance use may be especially difficult with adolescents who may not want to admit or discuss their use.
- Successful screening can be enhanced by the memorization of the tools and practice of the conversation skills required to put the adolescent at ease.
- Introducing the conversation about substance use and screening is a good skill to practice in order to naturally transition into administering a screening tool.

35

Screening Administration

- Screening can be written or oral and can be self-administered or given by a staff member or practitioner.
- Self-administered screening by the adolescent may save time and be most efficient since it can be part of the check-in process.
  - Can complete self-administered screening in the waiting room or the exam/meeting room prior to the visit with the practitioner as long as it is possible to create a sense of privacy.
  - It is important to inform the parent/caregiver (if present) that the adolescent should complete the form on their own.
  - The practitioner would then review and verify self-administered responses during the visit.

36

Screening Administration (cont.)

- Adolescents may feel more comfortable and provide more accurate responses using self-administered brief screening due to the sensitive nature of the topic.
- **Electronic screening may be ideal** because of the sense of privacy it confers, the widespread use of digital communication, and the tendency of adolescents to self-disclose quite freely via digital communication.
- When an adolescent is responding to screening questions in a language other than English, self-administered screening may also be more feasible and efficient.
- When there is concern about reading comprehension or literacy, staff or practitioners must be more involved to assist the adolescent and may need to administer the screening verbally.

37

ICD-10 Codes

- There are different **International Classification of Diseases (ICD-10)** procedure codes that can be used when billing for screening.
- There is both a general screening code and also specific codes for alcohol, drug and tobacco screening and counseling.

Code	Definition
Z13.9	Encounter for screening, unspecified
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.42	Counseling for family member of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z71.52	Counseling for family member of drug abuser
Z71.6	Tobacco abuse counseling

38

Starting the Conversation

How you discuss substance use with the adolescent is important. You could introduce the topic by saying one of the following:

"In order to help you get the correct services, I would like to ask you some questions about your health that I ask all of my clients/patients. These questions will help me to get to know you and provide you with the services you need. Is that ok?"

"As a way to help me get to know you, I would like to ask you some questions that I ask all of my clients/patients. Is that ok?"

39

Starting the Conversation (cont.)

If the adolescent questions asking about substance use, you could respond:

"I ask everyone about their use of alcohol, tobacco, marijuana, opioids, and other substances. It helps me better understand your concerns and the things that may come up in any work we do together. The information you tell me is confidential. I will not disclose your answers to your parent."

After the adolescent consents, you may say:

"Now I am going to ask you some questions about your use of various substances during this past year."

40

Confidentiality

- Research has shown that adolescents who are aware of confidentiality are more willing to seek health care compared to their peers who may not have the same awareness.
- State laws govern minor patient rights to confidentiality of information shared with health care providers about substance use, but states vary as to whether or not a minor can confidentially receive substance use treatment services.
- You should explain the full confidentiality policy regarding the disclosure of sensitive issues directly to the adolescent at the very beginning of the screening or assessment.
- If the adolescent is willing, it can be helpful to explain the confidentiality policy to both the adolescent and the parent or guardian at the same time.

41

Conveying Confidentiality

One example of how you might convey an assurance of confidentiality is by saying:

"Everything you tell me will be confidential unless I hear that you're harming yourself or someone else, or you tell me you've been a victim of abuse. I will keep our conversation about your substance use between us unless you agree to include your parents. Do you have any questions for me about confidentiality and its limits?"

42

The CRAFFT+N 2.1

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

43

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.

44

The CRAFFT

- Original CRAFFT released in 2002 by Center for Adolescent Substance Abuse Research (CeASAR).
  - Version 2.0 (2016)
  - Version 2.1 (2018)
  - Version +N 2.1 (2018)
- The CRAFFT developers are strongly encouraging practitioners and organizations to move from the original version to version 2.0 or higher due to improved psychometrics in how the tools gather information about a fuller range of substances so it leads to more accurate screening of adolescents.

45

Using the CRAFFT+N 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 (and now tobacco and nicotine) 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.

46

Using the CRAFFT+N 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.	
Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs, or smokeless tobacco)?	

47

Using the CRAFFT+N 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.

48

Using the CRAFFT+N 2.1

Part B 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?

49

Updates to the CRAFFT

- **New in the CRAFFT 2.0:** Part A is more clearly formatted and rephrased to offer more clarity and examples of contemporary products and methods of administration, and now incorporates opening questions inquiring about the frequency of past-12-month use of alcohol or other substances, in place of the previous opening questions that asked "yes" or "no" questions about prior use.
- **New in the CRAFFT 2.1:** Only difference is the second question in Part A adds vaping as a method of administration for marijuana, reintroduces smoking as a method of administration from the original CRAFFT, and includes oil as a type of marijuana product.
- **New in the CRAFFT+N 2.1:** Adds new question about frequency of tobacco or nicotine use in the past 12 months.

50

Scoring the CRAFFT+N 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.
  - Score of 2 or more can indicate that a more significant problem may exist and a brief intervention is indicated.
  - The 2+ cut-off score is not a hard and fast rule.

51

Let's Give It a Try!

A 16-year-old high school junior was arrested for vandalism of school property when they were caught spray painting graffiti after school.

Because this was their first offense, they were instructed to participate in a school-based diversion program for one year.

During their first session in the program, they met with a practitioner who conducted a risk assessment to identify any behavioral health issues and to connect them to appropriate services.

In order to identify risky substance use along a broader continuum, the school-based diversion program integrated the CRAFFT+N 2.1 screening questions into their risk assessment, replacing the assessment's standard substance use questions.

52

S2BI

ADOLESCENT
SBIRT
Screening, Brief Intervention & Referral to Treatment

53

S2BI

- Created by Boston's Children's Hospital and introduced in 2014, **Screening to Brief Intervention (S2BI)** is a brief, validated electronic and paper screening tool for youth aged 12-17 years. The S2BI can be self-administered or conducted as an interview.
- This relatively new tool begins with a single question to assess the frequency of substance use in the past year. The substances screened in S2BI are categorized into eight categories including alcohol, marijuana, cocaine, and prescription drugs.
- It is based off of the *Diagnostic and Statistical Manual of Mental Disorders (DSM 5)* diagnoses for Substance Use Disorders.

54

Using the S2BI

- The interview version of the S2BI is introduced using:

> *"The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question."*

55

Using the S2BI

In the past year, how many times have you used:

- Tobacco? _____
- Alcohol? _____
- Marijuana? _____

STOP if all "Never." Otherwise, CONTINUE.

- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)? _____
- Illegal Drugs (such as cocaine or Ecstasy)? _____
- Inhalants (such as nitrous oxide)? _____
- Herbs or synthetic drugs (such as salvia, "K2", or bath salts)? _____

☐ Never
☐ Once or twice
☐ Monthly
☐ Weekly

56

Using the S2BI

- Ask the first three initial questions about tobacco, alcohol, and marijuana.
- Use the answers to these questions to determine if the remaining questions should be administered:
  - **Never to all** – Do not ask remaining questions; Provide positive reinforcement.
  - **Once or twice** – Ask the remaining questions then provide brief advice.
  - **Monthly and Weekly** – Ask the remaining questions then provide brief motivational intervention and/or provide referral to treatment.

57

Scoring the S2BI

Frequency of using tobacco, alcohol, or marijuana	Risk Level	Brief intervention
Never	No use	Positive Reinforcement
Once or Twice	No Substance Use Disorder	Brief Advice
Monthly	Mild/Moderate Substance Use Disorder	Further assessment, brief motivational intervention
Weekly or more	Severe Substance Use Disorder	Further assessment, brief motivational intervention, referral to treatment

58

APA NIDA-Modified ASSIST: Level 1and Level 2

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

59

APA NIDA-Modified ASSIST: Level 1and Level 2

- In 2015, the American Psychiatric Association (APA) revised a set of screening tools known as "emerging measures" for use in research and clinical evaluation.
- The measures include self-administered screening tools for adults, adolescents (ages 11-17) and another set for parents/guardians of children (ages 6-17).

60

APA NIDA-Modified ASSIST: Level 1and Level 2

- **Level 1:** Pre-screen/General screen asks how much certain influences are impacting the adolescent (e.g., feelings of sadness or depression, worrying, alcohol and substance use). It was adapted from the WHO's Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and can be used with adolescents and young adults to assess use of alcohol, tobacco, drugs, and prescription medications for **non-medical reasons.**
- **Level 2:** Substance Use Screen, adapted from the NIDA-Modified ASSIST, asks specifically about alcohol and substance use in **last 2 weeks.**

61

Scoring the APA NIDA-Modified ASSIST: Level 1 and Level 2

- **Level 1:** A rating of mild (i.e., 2) or greater on any item within a domain that is scored on the 5-point scale may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment for that domain is needed.
- **Level 2:** The rating of multiple items at scores greater than 0 indicates greater severity and complexity of substance use. Scores on the individual items should be interpreted independently because each item asks about the use of a distinct substance.

62

BSTAD

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

63

BSTAD

- The **Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD)** is a simple, reliable, brief screening tool to quickly identify risky tobacco, drug, and alcohol use by adolescents ages 12 to 17.
- Introduced in 2014, this tool is an expansion of the very popular and widely disseminated instrument created by National Institute on Alcohol Abuse and Alcoholism (NIAAA) to screen for risky alcohol use.

64

Using the BSTAD

- The BSTAD is essentially a two-tiered screening tool that first asks questions about past-year personal and friends' use of common substances used by adolescents, followed by more detailed questions about frequency of personal use during the past 30, 90, and 365 days.
- Screens for alcohol, tobacco, marijuana, cocaine or crack, heroin, amphetamines or methamphetamines, hallucinogens, inhalants, prescription pain relievers, prescription sedatives, prescription stimulants, and over-the-counter medications.

65

Using the BSTAD

- The BSTAD is currently available in an electronic version only, allowing for self-administration or in-person interview.
  - This is a heavily modified version that asks about personal use of alcohol, tobacco, and drugs during the past year only.
  - Its available for self-administration or interview.
  - The results are automatically generated to reveal the adolescent's risk level, as well as suggested brief interventions and resources.
- https://www.drugabuse.gov/ast/bstad/

66

Using the BSTAD

- The first set of questions screen for any alcohol, tobacco, or drug use in general in the past year by the adolescent or their friends via six questions.
- If the adolescent answers "yes" to any of the three initial questions about personal use, three additional questions (per substance) are asked relating to 30-day, 90-day, and past-year personal use of all alcohol, tobacco, and drugs acknowledged in earlier questions.
  - For most adolescents, the 3 questions about their personal use are asked first followed by the 3 questions about their friends' use.
  - Note: In an attempt to disarm adolescents age 14 and younger, it is instructed to first ask the questions about their friends' use and then ask the questions about their personal use.

67

Scoring and Interpreting the BSTAD

- For each substance, responses can be categorized into levels of risk based on the number of days of use reported, with a positive screen being 2 or more days of reported use of any substance.
- For positive screens, it is recommended that a brief intervention is conducted.

Numbers of Days of Use in the Past Year Per Substance	Risk Level
0 days	No Reported Use
1 day	Lower Risk
2+ days (alcohol or drugs) and/or 6+ days (tobacco)	Higher Risk

68

Let's Give It a Try!

The practitioner and a 16-year-old adolescent meet in person in an office-based setting for a scheduled appointment arranged by the adolescent's parents after discovering in their closet a nicotine vape pen and several flavored cartridges.

The parents want help in responding to the situation. The practitioner administers the BSTAD verbally during a session that is already in progress.

69

Other Risk Factors

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

70

Other Risk Factors - Depression

- In addition to substances, the United States Preventive Services Task Force (USPSTF) recommends screening adolescents ages 12-18 for depression in clinical practices that are equipped to perform (or provide a referral for) diagnosis, psychotherapy, and follow-up.
- It is logical to inquire about depression and substance use with adolescents at the same time, given that these occurrences are often comorbid.
  - Depressed adolescents are sometimes using substances to feel better.
  - Adolescents that are using substances are sometimes looking for ways to cope with uncomfortable feelings.

71

PHQ-9A and PHQ-2/PHQ-3

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

72

PHQ-9

- The **Patient Health Questionnaire-9 (PHQ-9)** is a commonly used, brief, reliable, and validated screening tool for depression.
  - Specifically, it is the depression module of the larger Patient Health Questionnaire (PHQ), which is actually the self-administered version of the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ) created by Pfizer Inc.
- Although first developed in 1999 for adults, research on the PHQ-9 has since demonstrated its applicability to adolescents.

73

PHQ-9A and PHQ-2/PHQ-3

- The PHQ-9A is a lightly modified version of the PHQ-9 for adolescents ages 12 to 18.
  - It contains 9 questions and takes 2-3 minutes to complete.
  - It is available in paper format as a clinical interview or self-administered tool.
- The first two questions of the PHQ-9 are commonly referred to as the PHQ-2 and can be used as a pre-screening tool to determine if the remaining questions of the PHQ-9 are necessary. The PHQ-3 includes the last question of the PHQ-9 to inquire about suicide risk.
  - Therefore, the same practice applies to the PHQ-9A, where the PHQ-2/PHQ-3 can be used to determine if the full PHQ-9A should be administered.

74

Using the PHQ-2/PHQ-3 and PHQ-9A

To administer the PHQ-2/PHQ-3, ask these questions to the adolescent:

How often have you been bothered by each of the following symptoms during the past two weeks?	
1) Feeling down, depressed, irritable, or hopeless?	Not at all, Several days, More than half the days, Nearly every day
2) Little interest or pleasure in doing things?	Not at all, Several days, More than half the days, Nearly every day
For the PHQ-3, add the following question: Thoughts that you would be better off dead, or of hurting yourself in some way?	Not at all, Several days, More than half the days, Nearly every day

75

Using the PHQ-2/PHQ-3 and PHQ-9A

- If the adolescent screens positive for depression with the PHQ-2, the additional 7 questions of the PHQ-9A are warranted.
- When using the PHQ-3: If the adolescent endorses suicide risk, administer Columbia Suicide Severity Rating Scale (C-SSRS) or Ask Suicide-Screening Questions (ASQ).
- When using the PHQ-2/PHQ-3: To administer the full PHQ-9A, ask the remaining 7 items (questions 3-9).

76

Using the PHQ-2/PHQ-3 and PHQ-9A

How often have you been bothered by each of the following symptoms during the past two weeks?	
3) Trouble falling asleep, staying asleep, or sleeping too much?	Not at all, Several days, More than half the days, Nearly every day
4) Poor appetite, weight loss, or overeating?	Not at all, Several days, More than half the days, Nearly every day
5) Feeling tired, or having little energy?	Not at all, Several days, More than half the days, Nearly every day
6) Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	Not at all, Several days, More than half the days, Nearly every day
7) Trouble concentrating on things like school work, reading, or watching TV?	Not at all, Several days, More than half the days, Nearly every day
8) Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?	Not at all, Several days, More than half the days, Nearly every day
9) Thoughts that you would be better off dead, or of hurting yourself in some way?	Not at all, Several days, More than half the days, Nearly every day

77

Scoring and Interpreting the PHQ-2

- The PHQ-2 consists of two questions, each with the same five answer choices:
  - "Not at all" = 0
  - "Several days" = 1
  - "More than half the days" = 2
  - "Nearly every day" = 3
- If the adolescent scores a 2 or 3 to either question, this is a positive screen and the practitioner should ask the remaining questions of the PHQ-9A to further assess for depression.
- If the adolescent answers "0" or "1" to both questions, this is a negative screen and no further depression assessment is necessary.

78

Scoring and Interpreting the PHQ-9A

- The PHQ-9A's scoring structure is exactly as the PHQ-2/PHQ-3:
  - "Not at all" = 0
  - "Several days" = 1
  - "More than half the days" = 2
  - "Nearly every day" = 3
- Scored by adding the total amount of points for all nine questions.
- If the score is 10 or greater, this is positive for depression and further diagnostic evaluation for Major Depressive Disorder according to the *DSM 5* is warranted.

79

Scoring and Interpreting the PHQ-9A

Score	Depression Severity
20–27	Severe major depression
15–19	Moderately severe major depression
10–14	Moderate major depression
5–9	Indeterminate or mild depression (Adolescents with this score could have had major depression that is now improved, chronic mild depression [dysthymia], or transient mild depression. The PHQ-9A cannot distinguish among these. Use clinical judgment to determine appropriate next steps.)
4-0	No depression

80

C-SSRS

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

81

Other Risk Factors - Suicide

- Suicide is the **second leading cause of death** among youth and young adults ages 10-34.
- Substance use is the **second most common risk factor for suicide**, with alcohol and drug use increasing risk 10 and 14-fold, respectively.
- It is **critical to screen for suicide risk** in addition to alcohol and other drug misuse.

82

C-SSRS

Columbia Suicide Severity Rating Scale

- Commonly referred to as the C-SSRS or the Columbia screen.
- 6-item scale; Assesses risk among adolescents with depression: full range of ideation and behavior including intensity, frequency, and changes over time.
- Various versions are available that assess for lifetime and recent behavior as well as initial visit versus "since last visit."
- Available in over 100 languages.
- Validated and evidence-based for use with people of all ages in any setting.

83

Scoring the C-SSRS

All items on the C-SSRS are "Yes/No" questions.

- First 2 questions assess general ideation:
  - 1st question: passive ideation, or the wish to be dead.
  - 2nd question: active ideation, or having any thoughts of killing oneself.
- A "yes" response to having any thoughts of killing oneself triggers the remainder of the questions.
  - These assess for the presence of a plan, intent upon acting on thoughts, having both a plan and intent on carrying out the plan, and actual suicidal behavior (both lifetime and recent).

84

Scoring the C-SSRS (cont.)

	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If **YES** to 2, answer questions 3, 4, 5 and 6 If **NO** to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk
Always Ask Question 6	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	High Risk

For use with both adolescents and adults

This version copied from a pocket card designed for adolescents

Method

Intent

Plan + Intent

Lifetime vs. recent

Source: Columbia Lighthouse Project
http://cssrs.columbia.edu/

85

Scoring the C-SSRS (cont.)

Risk Level	Response items	Meaning	Action
Low	Yes to Q1 or Q1 and Q2 only	Ideation with no plan or intent	Behavioral health referral
Medium	Yes to Q3	Ideation and plan but no intent	Behavioral health consult w/ a psychiatric nurse or social worker; consider safety precautions
High	Yes to Q4, Q5, or Q6 (recent)	Ideation w/ either intent only (Q4), intent and plan (Q5), or recent suicidal behavior (Q6, past 3 months)	Behavioral health consult and patient safety precautions

86

Other Screening Tools

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

87

Other Screening Tools and a Resource

Other tools

- **NIAAA Youth Screening Guide** – This simple, quick, empirically derived tool is used to identify risk for alcohol-related problems in adolescents ages 9-18 years: www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/YouthGuide.aspx
- **NIDA Quick Screen** – This is a free, online screening tool for health professionals to assess risk of use of alcohol, tobacco, prescription drugs, or illegal drugs: www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen
- **Opioid Risk Tool (ORT)** – This is a short questionnaire designed to assess for opioid abuse among individuals prescribed opioids for treatment of chronic pain. The tool has been validated with men and women, but not in non-pain populations: www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf
- **Clinical Opiate Withdrawal Scale (COWS)** – This is a free scale to determine level of physical dependence on opioids by rating the severity of common signs and symptoms of opioid withdrawal: https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

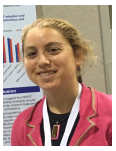
Resource

- A summary of adolescent screening tools are included in the **NIAAA published resource, *Assessing Alcohol Problems: A Guide for Clinicians and Researchers.*** See Chapter 5 for adolescent measures: http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/index.pdf

88

Thank You!

Ken C. Winters, Ph.D.
Senior Scientist, Oregon Research Institute (MN location)
&
Adjunct Faculty, Dept. of Psychology, U of Minnesota
winte001@umn.edu

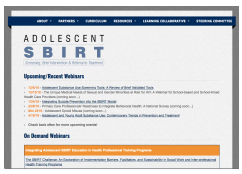


Brett Harris, DrPH
Clinical Assistant Professor
University at Albany School of Public Health
bharris@albany.edu

89

In Our Last Few Moments…

- PowerPoint Slides
- Materials and Resources
- On Demand Access 24/7
- Certificate of Attendance
- Evaluation Survey



sbirt.webs.com/substance-screening-tools

90

SBIRT Technical Assistance

Do you have questions about SBIRT implementation, evaluation, or training?

Schedule a free telephonic Technical Assistance session with Tracy McPherson, SBIRT Training, Technical Assistance, and Evaluation Lead.

Email Dr. McPherson at mcpherson-tracy@norc.org

91

Thank You for Attending!

NORC at the UNIVERSITY of CHICAGO

ADOLESCENT SBIRT Screening, Brief Intervention & Referral to Treatment

B.I.G. BRIEF INTERVENTION GROUP

CONRAD N. Hilton FOUNDATION

www.sbirt.webs.com

sbirtteam@norc.org

92