

# Recognizing and Responding to Youth Substance Use in Primary Care Settings:

*An Introduction to Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT)*



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Access Mental Health for Youth  
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# Agenda

1. Adolescent Substance Use
2. DCF Substance Use Disorder Project
3. Overview of Screening, Brief Intervention and Referral to Treatment (SBIRT)
4. Screening for Substance Use
5. Motivational Interviewing
6. Brief Intervention Overview
7. Referral to Treatment

# ADOLESCENT SUBSTANCE USE

# Adolescent Substance Use Prevalence

- National Data

**62% used alcohol by 12<sup>th</sup> grade<sup>1</sup>**

**41% used an illicit substance by 12<sup>th</sup> grade<sup>1</sup>**

**More than 42% had a COD in the past year<sup>2</sup>**

**2.8% needing SUD treatment received services<sup>2</sup>**

- Connecticut Data

**7.5% had a SUD in the past year<sup>3</sup>**

**SUD rates are 6<sup>th</sup> highest in the US<sup>3</sup>**

<sup>1</sup> Miech, R. A., Johnston, L. D., Patrick, M. E., O'Malley, P. M., Bachman, J. G., & E., S. J. (2023). *Monitoring the Future national survey results on drug use, 1975-2022: secondary school students. Monitoring the Future Monograph Series.*

<sup>2</sup> Substance Abuse and Mental Health Services Administration (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health.*

<sup>3</sup> Reinert, M, Fritze, D. & Nguyen, T. (October 2022). *"The State of Mental Health in America 2023"* Mental Health America, Alexandria VA.

# National Youth Substance Use Disparities

- LGB youth have higher rates of substance use than heterosexual peers

Rates of **binge drinking** are **16% higher** for **LGB youth**<sup>1</sup>

Rates of **prescription opioid misuse** are **87% higher** for **LGB youth**<sup>1</sup>

- Youth substance use rates are similar across races<sup>2</sup> but disparities exist in treatment access and long-term outcomes

White treatment rates are **55% higher** than **Black youth**<sup>3</sup>

White treatment rates are **26% higher** than **Hispanic youth**<sup>3</sup>

**Black males with a SUD** by age 16 have a **fourfold increase** in **risk for adult incarceration**<sup>4</sup>

<sup>1</sup> Substance Abuse and Mental Health Services Administration (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*.

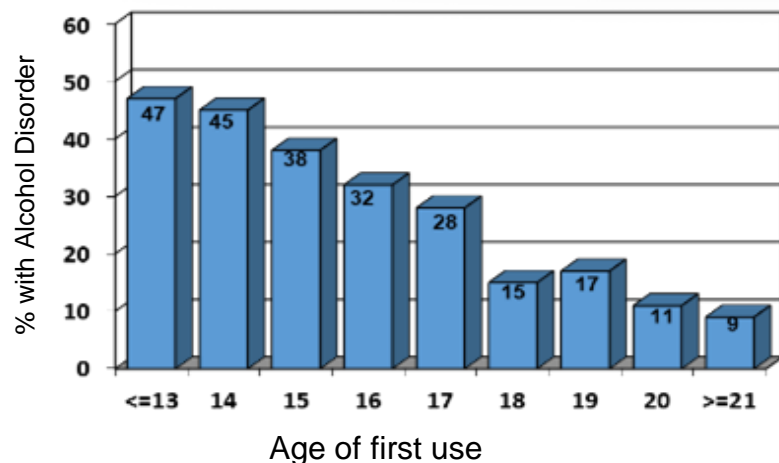
<sup>2</sup> Jones, C. M., Clayton, H. B., Deputy, N. P., Roehler, D. R., Ko, J. Y., Esser, M. B., Brookmeyer, K. A., & Hertz, M. F. (2020). Prescription opioid misuse and use of alcohol and other substances among high school students — Youth Risk Behavior Survey, United States, 2019. *MMWR supplements*, 69(1), 38.

<sup>3</sup> Cummings, J. R., Wen, H., & Druss, B. G. (2011). Racial/ethnic differences in treatment for substance use disorders among U.S. adolescents. *J Am Acad Child Adolesc Psychiatry*, 50(12), 1265-1274.

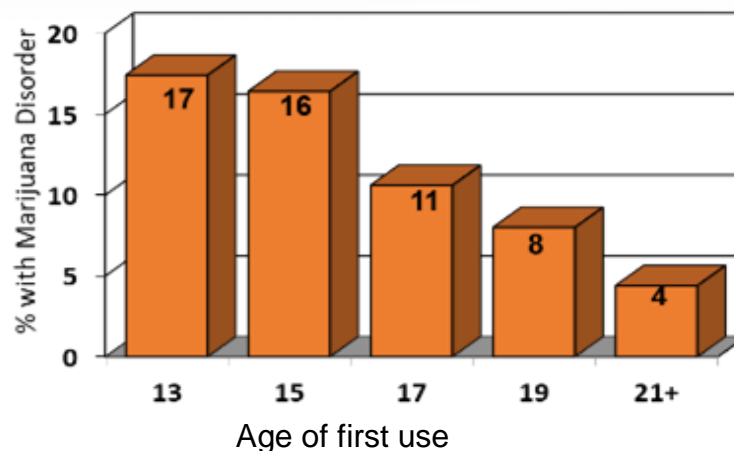
<sup>4</sup> Slade, E. P., Stuart, E. A., Salkever, D. S., Karakus, M., Green, K. M., & Ialongo, N. (2008). Impacts of age of onset of substance use disorders on risk of adult incarceration among disadvantaged urban youth: A propensity score matching approach. *Drug Alcohol Depend*, 95(1-2), 1-13.

# Substance Use and Associated Risk

## Alcohol



## Marijuana



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



Hingson RW, Heeren T, Winter MR. Age at drinking onset and alcohol dependence. *Arch Pediatr Adolesc Med.* 2006;160:739-746



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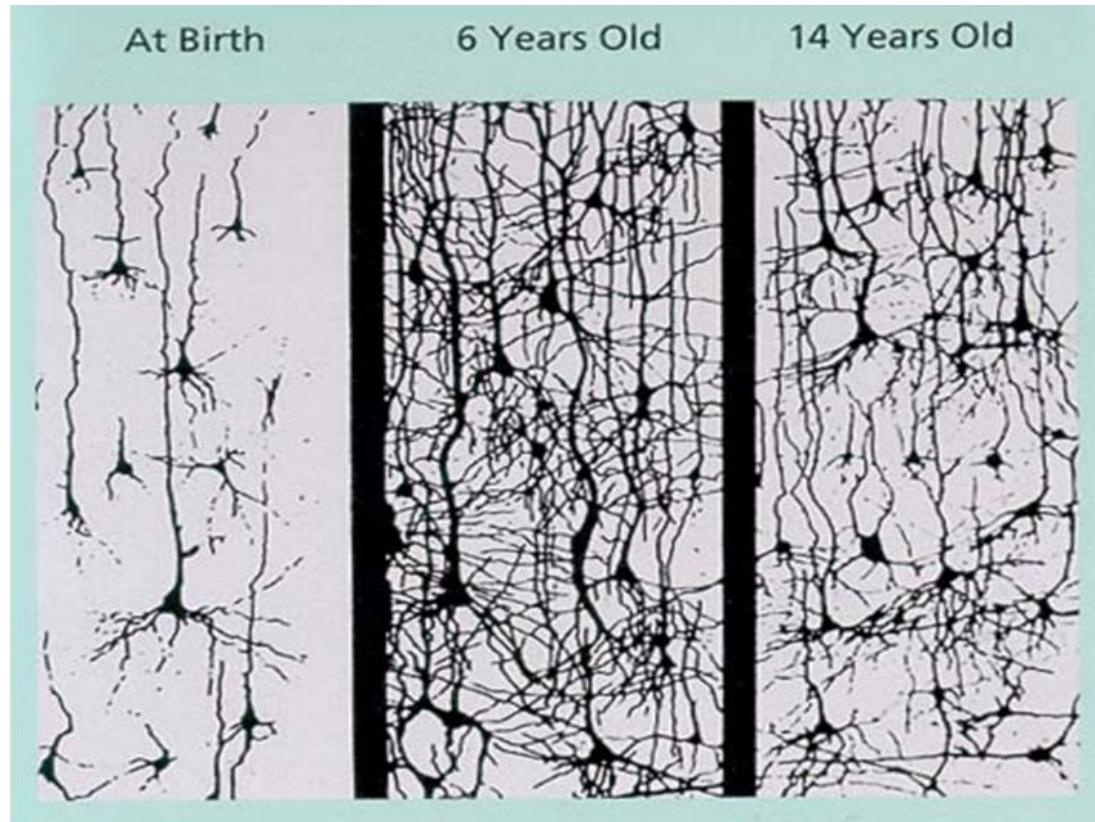


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# Adolescence is a Critical Period

- 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**

Source: Dekaban, A.S. and Sadowsky, D. Annals of Neurology, 4:345-356, 1978



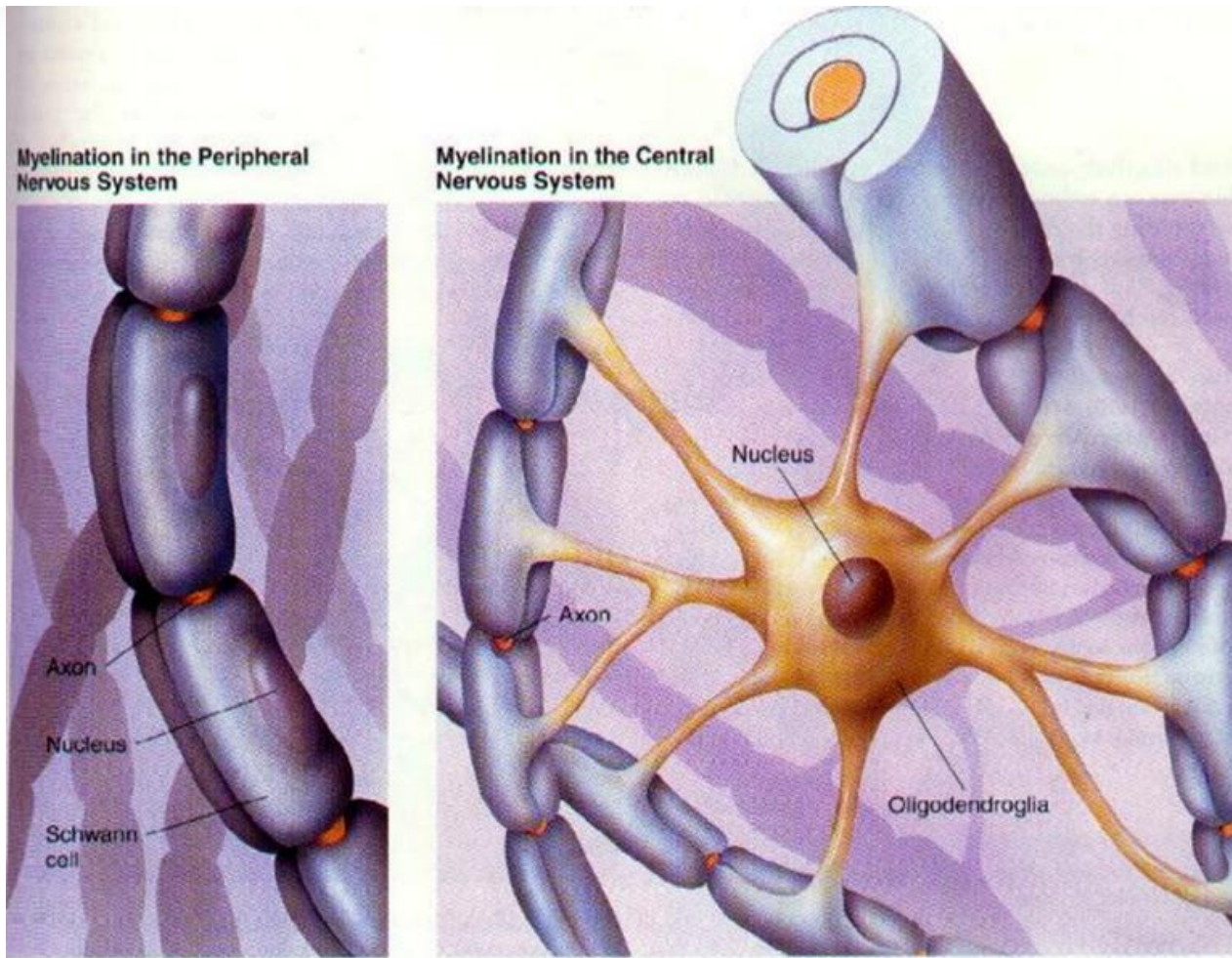
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# Myelination



Source: Allyn, Bacon, 2001.

<http://www.studyblue.com/notes/n/nervous-synapses--signaling-chpt-4849/deck/6399759>

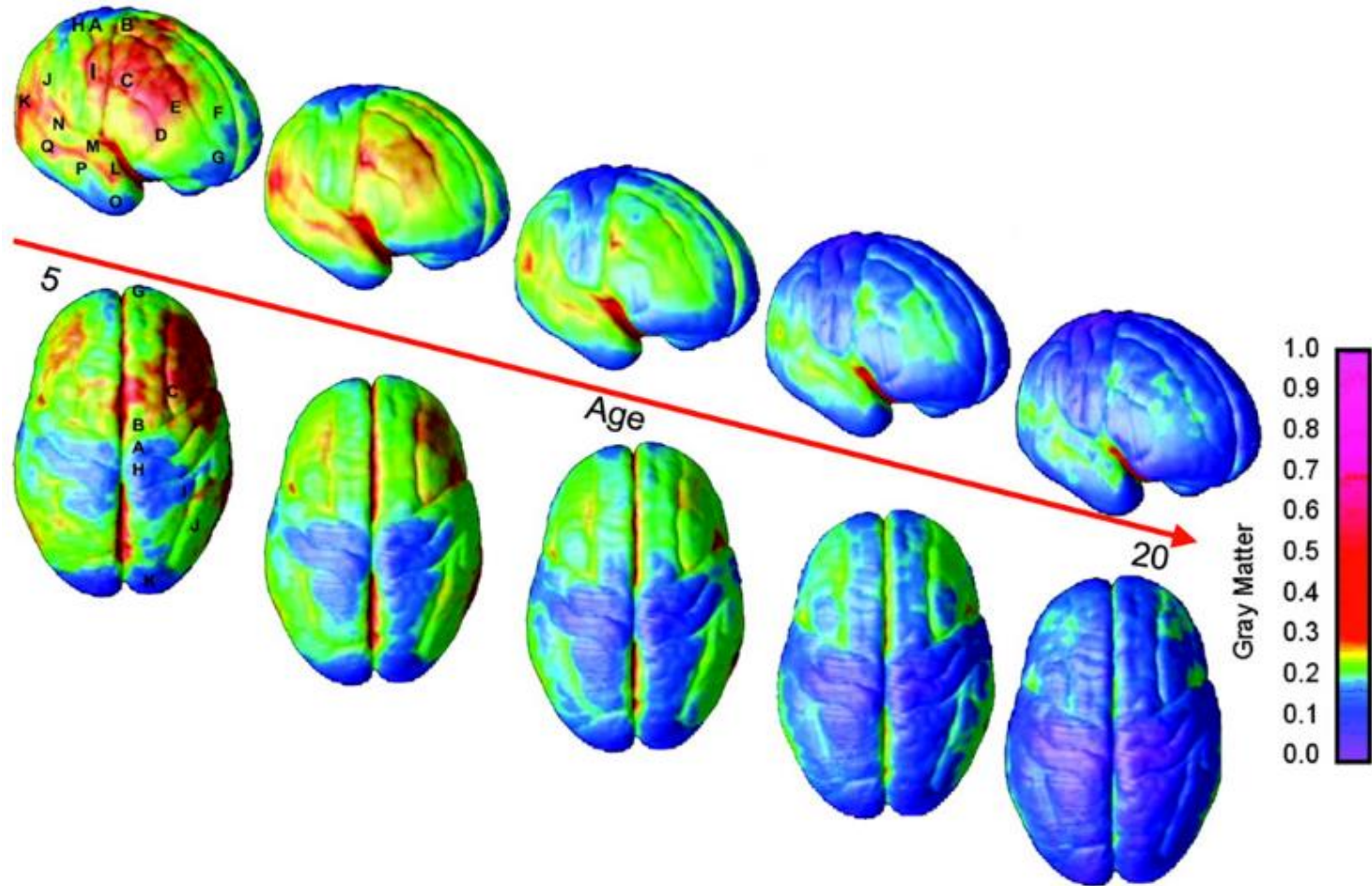


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# Brain Maturation



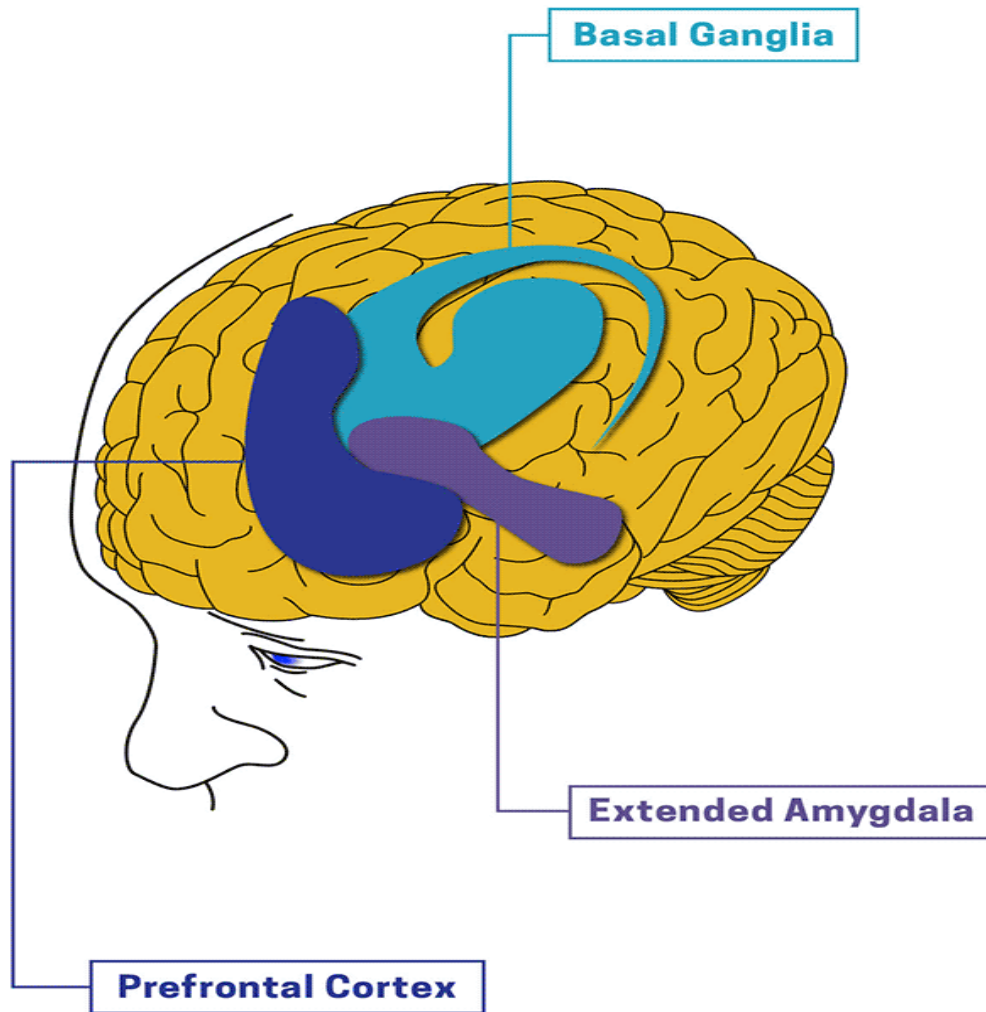
Source: Gogtay et al. PNAS.  
2004;101(21):8174-8179



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

## 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

# DCF SUBSTANCE USE DISORDER PROJECT

# DCF Substance Use Disorder Project

- Improve early substance use care and identification with youth in Outpatient Psychiatric Clinics for Children
- **Funding:** DCF via SUD 1115(a) Demonstration Waiver
- **Timeline:** 1/1/23 thru 6/30/25, possible extension thru 6/30/27
- **Evidence-based training and consultation**
  - Care Coordination Wraparound Model & A-SBIRT
- **Participating agencies (as of January, 2024)**
  - Child and Family Agency of Southeastern Connecticut (CFA), Clifford Beers Community Care Center, Community Health Resources (CHR), Community Mental Health Affiliates (CMHA), The Child and Family Guidance Center, United Community and Family Services (UCFS), and Wellmore Behavioral Health

# OVERVIEW OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)



# Overview of SBIRT

- A-SBIRT is a comprehensive, evidence-based, public health approach adapted for adolescents ages 12-17
- **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 (e.g. NIH, AMA, AAP, WHO, etc.)

# 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.



# SCREENING FOR SUBSTANCE USE

# Are providers able to identify adolescent substance use?

	Any use	Problem use
Providers with usual training	Yes	No
Providers trained in substance use screening	Yes	Yes

*Wilson CR, Sherritt L, Gates E, Knight JR. Are clinical impressions of adolescent substance use accurate? Pediatrics, 2004;114:536-540*



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# The Screening to Brief Intervention (S2BI)

In the past year, how many times have you used	
<ul style="list-style-type: none"><li>• Tobacco?</li><li>• Alcohol?</li><li>• Marijuana?</li></ul> <p><b>STOP if all "Never." Otherwise, CONTINUE.</b></p> <ul style="list-style-type: none"><li>• Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?</li><li>• Illegal drugs (such as cocaine or Ecstasy)?</li><li>• Inhalants (such as nitrous oxide)?</li><li>• Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?</li></ul>	<ul style="list-style-type: none"><li><input type="radio"/> Never</li><li><input type="radio"/> Once or twice</li><li><input type="radio"/> Monthly</li><li><input type="radio"/> Weekly</li></ul>

Levy, S., Weiss, R., Sherritt, L., Ziemnik, R., Spalding, A., Van Hook, S., & Shrier, L. A. (2014). An electronic screen for triaging adolescent substance use by risk levels. *JAMA Pediatrics*. 168(9), 822-828.

# DSM-5 Criteria for Substance Use Disorders

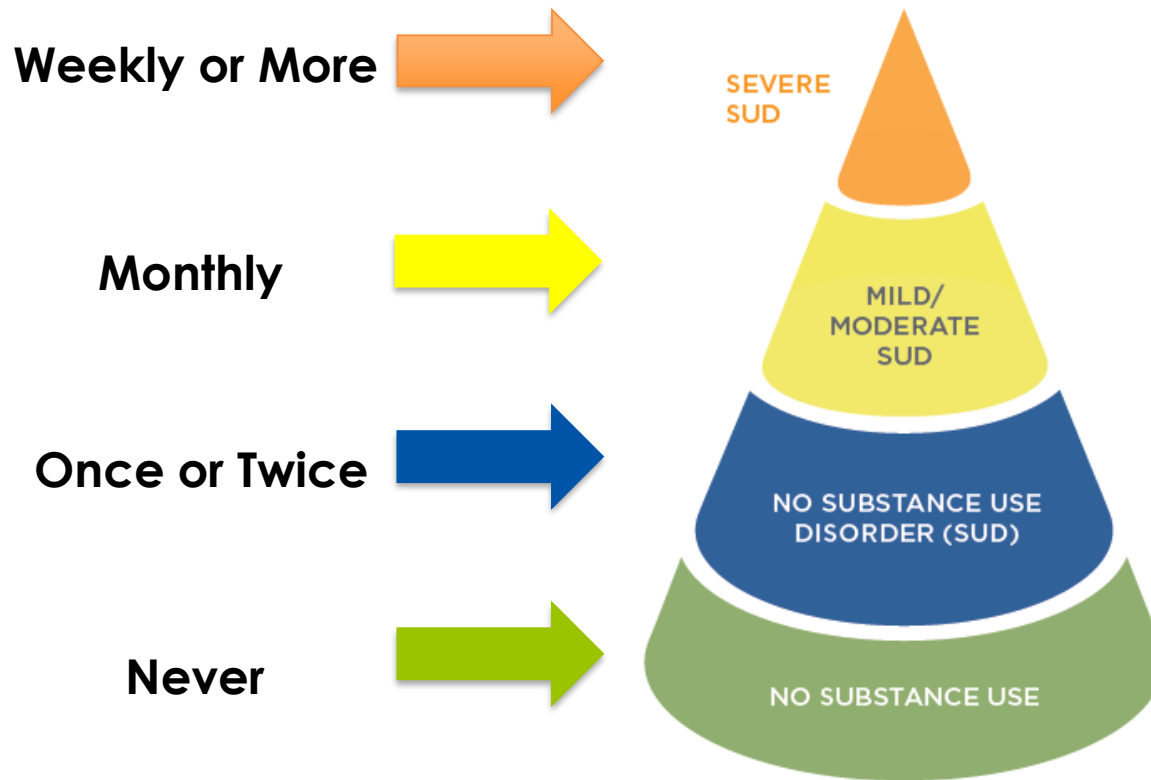
1	Use in larger amounts or for longer periods of time than intended	<p>Severity is designated according to the number of symptoms endorsed:</p> <ul style="list-style-type: none"> <li>• 0 - 1: No diagnosis</li> <li>• 2 - 3: mild SUD</li> <li>• 4 - 5 : moderate SUD</li> <li>• 6 or more: Severe SUD</li> </ul>
2	Unsuccessful efforts to cut down or quit.	
3	Excessive time spent taking the drug	
4	Failure to fulfill major obligations	
5	Continued use despite problems	
6	Important activities given up	
7	Recurrent use in physically hazardous situations	
8	Continued use despite problems	
9	Tolerance	
10	Withdrawal	
11	Craving	

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.

# S2BI

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED

1. Tobacco?
2. Alcohol?
3. Marijuana?



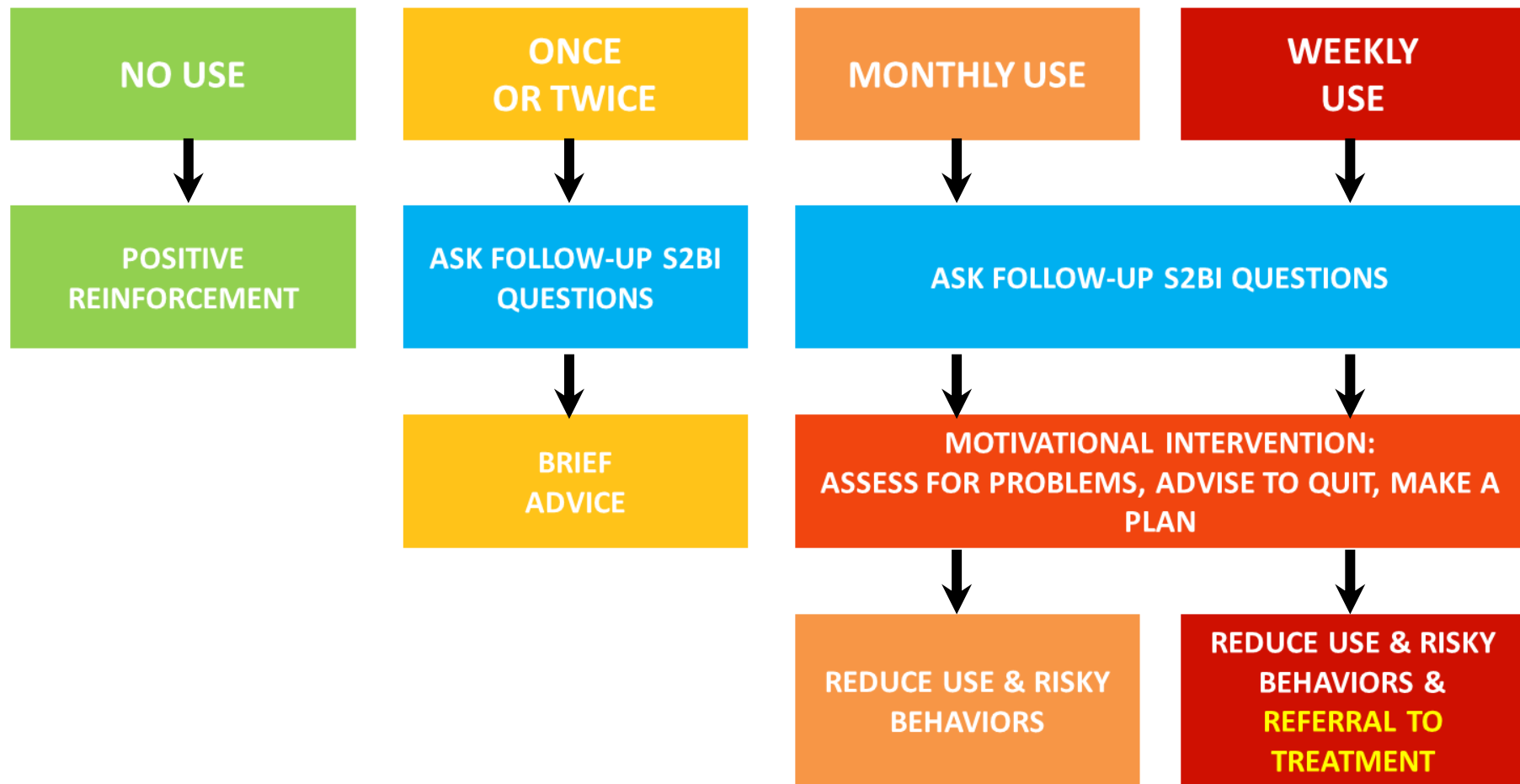
# Benefits of Using the S2BI

- Monthly Use or More
  - Accurately identifies any substance use disorder 90% of the time
- Weekly Use or More
  - Accurately identifies a severe substance use disorder 100% of the time

# How many times in the past year have you used:

(1) Tobacco? Alcohol? Marijuana?

(2) Prescription drugs? Inhalants? Illegal drugs?



# MOTIVATIONAL INTERVIEWING



# The Spirit of MI

## Partnership (Collaboration)

- “We are going to work together”

## Acceptance

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

## Compassion

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

## Empowerment (Evocation)

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

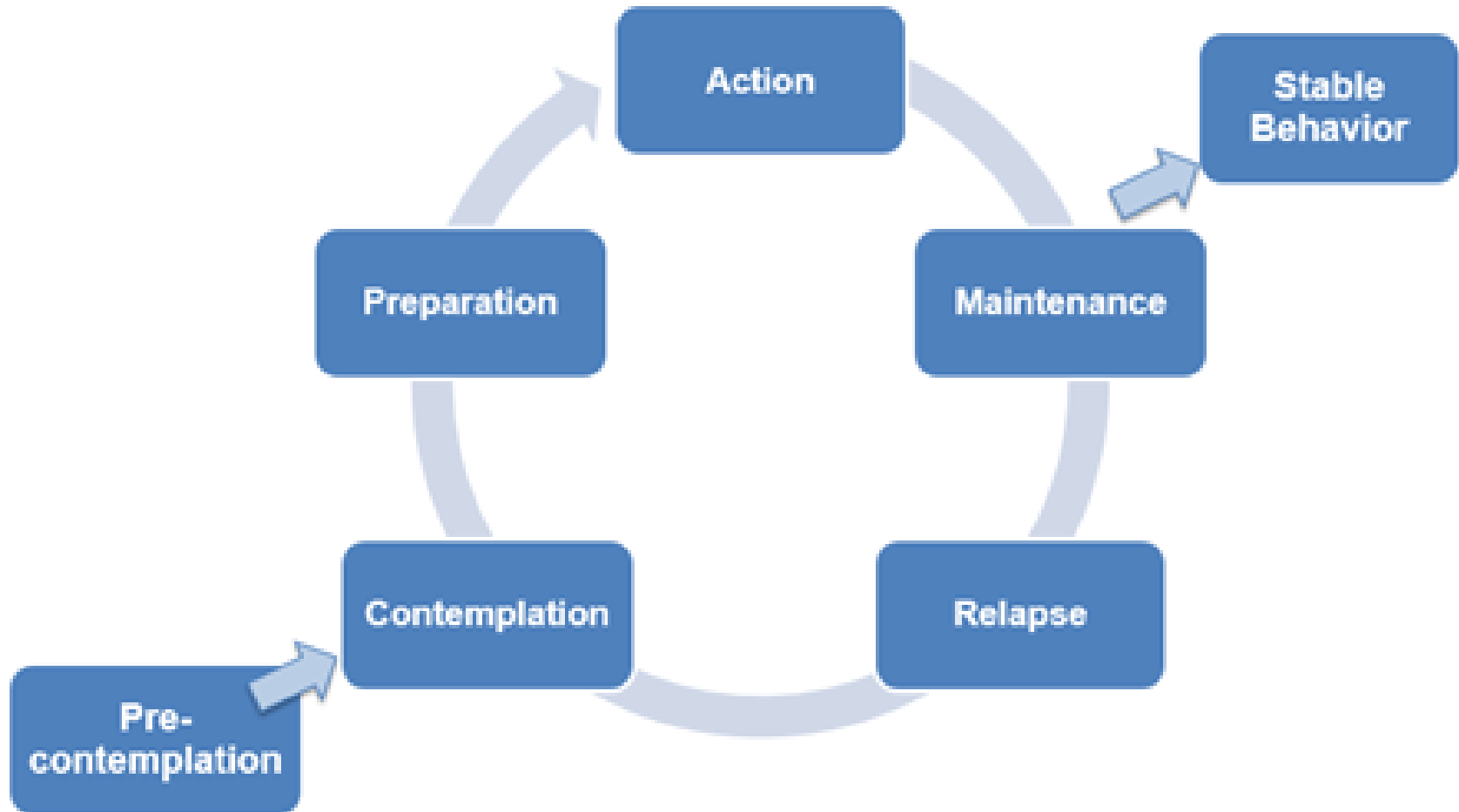
Miller, W. R., & Rollnick, S. (2023). *Motivational Interviewing: Helping People Change* (4th ed.). New York, New York: The Guildford Press.

Miller W.R., Rollnick S. Ten things that motivational interviewing is not. *Behav Cogn Psychoter*, 2009; 37:129-40.

# Motivational Interviewing Makes Sense as a Strategy to Employ with 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.

# Stages of Change



# Stages of Change

**Pre-contemplation:** Not yet considering change or is unwilling or unable to change

**Contemplation:** Sees the possibility of change but is ambivalent and uncertain

**Preparation:** Committed to changing. Still considering what to do

**Action:** Taking steps toward change but hasn't stabilized

**Maintenance:** Has achieved the goals and is working to maintain change

**Relapse:** Going back to old patterns of behavior

# Key Motivational Interviewing Techniques

1. **Open questions:** Asking questions that encourage exploration and sharing feelings, experiences, and perspectives
2. **Affirmations:** Recognizing strengths and complementing or making statements of appreciation and understanding
3. **Reflective listening:** Listening to thoughts, perceptions, and feelings then restating them for clarification and exploration
  - Simple: Repeating what you are hearing the youth say back to them in a neutral form
  - Amplified: Reflect the youth's statement in an exaggerated form to move them toward positive change
  - Double-sided: Acknowledging youth's contrary statements
4. **Summary reflections:** Linking together statements or themes and presenting a condensed version.

# BRIEF INTERVENTION OVERVIEW

# 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"> <li>• 4 or more (F) / 5 or more (M) drinks in 2 hrs</li> <li>• or more than 7 (F) / 14 (M) drinks in a week</li> <li>• having a BAC of ____</li> </ul> ...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"> <li>• Primary Care, Outpatient counseling, Mental Health</li> <li>• Suboxone, Methadone clinic, Needle Exchange, AA/NA, Smoking cessation</li> <li>• Shelter, Insurance, Community Programs</li> <li>• Handouts and information</li> </ul> Thank you for talking with me today.



# Step 1: Engagement

<b>Ask permission</b>	<p>Would you mind taking a few minutes to talk about your [X] use?</p> <p>Before we go further, I'd like to learn a little more about you.</p>
<b>Day in the life</b>	<p>What is a typical day like for you?</p>
<b>Substance Use</b>	<p>Where does your [X] use fit in?</p>
<b>Explore Values</b>	<p>What are the most important things in your life right now?</p>

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

# 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...

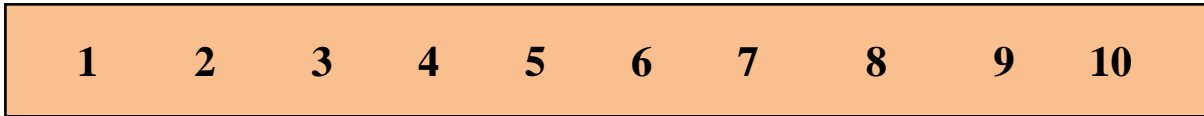
*[insert relevant health issues here].*

Elicit response

What are your thoughts on that?

# 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



# Step 5: Negotiate Action Plan

<p><b>Create down action plan</b></p> <ul style="list-style-type: none"><li>• Ask client for ideas first</li></ul>	<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><b>Envision the future</b></p> <ul style="list-style-type: none"><li>• Probe for goals</li></ul>	<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><b>Explore challenges</b></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?

Slide courtesy of Boston University: BNI-ART Institute

# Step 6: Summarize and Thank

Reinforce resilience and resources	Those are great ideas! ....include some details
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)
Provide handouts	Give referrals if appropriate: <ul style="list-style-type: none"><li>• Suggest other services that might be useful</li><li>• Make an "active referral"</li></ul>
Give action plan & Thank client	This is an agreement between you and yourself. Thank you for sharing with me today.



# Videos demonstrating BNI steps with an adolescent

SBIRT Institute:

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



Full Video: SBIRT for alcohol / drugs  
with adolescents

# Managing Acute Risk

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

# REFERRAL TO TREATMENT

# The Many Factors to Consider

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

# Determine Anticipated Level of Care

- Youth and Caregiver Accessibility (e.g. transportation)
- 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

# Determine Anticipated Level of Care

- Community-Based Supports
  - Weekly or more, typically no cost
- Outpatient/Early Intervention
  - Weekly or more for intensive-in-home, short or long-term, typically billed through insurance
- Intensive Outpatient/Partial Hospitalization Programs
  - 16-19 (IOP) or 20+ (PHP) hours per week, short-term, typically billed through insurance at a higher rate
- Residential/Inpatient/Withdrawal Management
  - Full-time, short-term, typically billed through insurance at highest rates
- Medication Assisted Treatment
  - Frequency and billing through insurance varies, typically done in conjunction with other treatments

# Resources

## **A-SBIRT by NORC at the University of Chicago:**

<https://www.sbirteeducation.com/adolescents>

Access to learner's guide, webinars, and resources (including fact sheets to provide information to youth during step 3 of the BNI) for child-serving professionals to learn to conduct SBIRT with adolescents and young adults.

## **National Institute on Drug Abuse (NIDA) Resources:**

<https://nida.nih.gov/research-topics/parents-educators>

The latest science-based information about drug use, health, and the developing brain. Designed for young people and those who influence them—parents, guardians, teachers, and other educators—these resources inspire learning and encourage critical thinking so teens can make informed decisions about drug use and their health.

## **DCF-Funded Substance Use Programs in Connecticut:**

<https://portal.ct.gov/dcf/substance-use/home>

Resources when specialized substance use treatment is needed.

SSTRY programs can help if unsure of what level of care is appropriate:

[https://portal.ct.gov/-/media/DCF/Substance\\_Abuse/2023/SSTRY-AIM-Fact-Sheet\\_rev2022.pdf](https://portal.ct.gov/-/media/DCF/Substance_Abuse/2023/SSTRY-AIM-Fact-Sheet_rev2022.pdf)

# Questions



# Stay in touch!

For questions, contact Christine Hauser at [chauser@chdi.org](mailto:chauser@chdi.org).

To read CHDI's Issue Brief 87- *Improving Early Substance Use Care for Youth: The Essential Role of Outpatient Behavioral health Clinics*, please click [here](#).

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