




A NEW ADOLESCENT SBIRT TOOLKIT FOR EDUCATORS

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Webinar Presenter



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Produced in Partnership...



B.I.G. NORC
BRIEF INTERVENTION GROUP
at the UNIVERSITY of CHICAGO

National Screening, Brief Intervention & Referral to Treatment



ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

www.sbirteducation.com

Access Materials

- PowerPoint Slides
- Materials and Resources
- Recording




http://hospitalsbirt.webs.com/adolescent-sbirt-toolkit

Ask Questions

Ask questions through the "Questions" Pane

Will be answered live at the end



Part One

Integrating Adolescent SBIRT into Social Work, Nursing, and Inter-professional Education



Screening, Brief Intervention & Referral to Treatment

Acknowledgements

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Overview

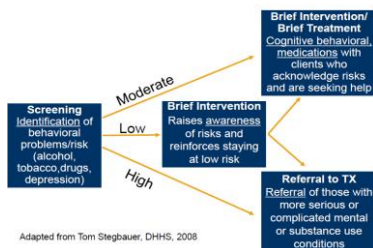
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- What is SBIRT? Why Adolescent SBIRT?
- Overview of Project
- Challenges and Gaps in Education
- Adolescent SBIRT Curriculum
- Instructor's Toolkit
- Interactive Simulation Platform
- Q & A and Wrap-Up

What is SBIRT?

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- ◇ SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at-risk for developing them.



Adapted from Tom Stegbauer, DHHS, 2008

Why Adolescent SBIRT?

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SBIRT Aims To:

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

Addressing substance use as part of addressing the whole health of adolescents.

Importance For Adolescents

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Past-year drinking
(more than one or two sips) is reported by:

1 in 15 12-year-olds
1 in 4 14-year-olds
1 in 2 16-year-olds
2 in 3 18-year-olds

- Alcohol can have lasting effects on brain development
- Age of first use inversely correlated with lifetime incidences of developing substance use disorder
- Associated with other unhealthy behaviors
- Often goes undetected

SBIRT In The Current Workforce

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- Endorsed by leading associations, organizations and government agencies:
 - American Academy of Pediatrics (AAP)
 - American Medical Association (AMA)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Center for Medicare and Medicaid Services (CMS)
 - Centers for Disease Control and Prevention (CDC)
 - National Institute on Alcohol Abuse and Alcoholism (NIAAA)
 - World Health Organization (WHO)
- Slow uptake among health professionals serving adolescents and young adults.
 - Fewer than 50% AAP-affiliated providers systematically screen adolescents.
 - Only 14% of young adults who reported exceeding alcohol consumption guidelines and visiting a doctor were asked about their alcohol use.

SBIRT In The Future Workforce

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- Health professional education efforts have been slow but growing.
 - Support from federal agencies to educate pre-service professionals and the existing workforce is necessary but insufficient. Need mechanisms for bringing education to scale.
 - Social Work, Nursing and other health professionals need to be prepared to work in a range of settings where adolescents/young adults receive health care, and where SBI is being implemented.

Where Adolescent/Young Adult SBIRT Happens

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- Primary care
- Trauma
- Emergency Department
- Hospital Inpatient
- Colleges/Universities
- School-based Health Centers
- Federally Qualified Health Centers
- Community Mental Health Centers
- Counseling
- Community Youth Programs
- Juvenile Justice, Drug Courts
- Employee Assistance Programs
- Peer Assistance Programs
- Health Promotion and Wellness Programs
- Occupational Health and Safety, Disability Management
- Dental Clinics
- HIV Clinics
- Addiction Treatment
- Faith-based Programs

Integrating Adolescent SBIRT into Social Work and Nursing Education Project

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Aims of the Project

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- Engage the leading national associations, experts, practitioners, students, researchers, and accrediting organizations for schools of nursing and social work.
- Develop and sustain adolescent SBIRT learning collaborative of schools of nursing and social work.
 - Fostering partnerships, collaboration, technical support, and sharing lessons learned.
- Develop, implement, and evaluate adolescent SBIRT curricula with Instructor's Toolkit and Kognito interactive virtual patient simulations for nursing and social work students.
- Offer Stipends and TA to support integration activities and sustainable practice over time.

Project Website

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- Project Details
- Library of Resources
- Meeting Materials for Learning Collaborative and Steering Committee calls
- Adolescent SBIRT Curriculum

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Web Analytics

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Approx. Total 7,500 Site Views

Approx. 1,500 This Past Month

Traffic spread across the U.S. and Internationally



Learning Collaborative and Steering Committee

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- Learning Collaborative
 - 70+ schools
 - 150+ educators, field placement supervisors, preceptors, practitioners
 - Monthly calls
- Steering Committee
 - 30+ SMEs, nursing and social work educators and practitioners, professional associations, BH orgs, researchers, and others
 - Bi-monthly calls
- MailChimp Newsletters and Announcements

Common Barriers In Educational Settings

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- Lack of time to add “something else” to the curriculum.
- Not required to teach substance use education, not an accreditation standard.
- Lack of awareness, skills, and knowledge about substance use prevention/early intervention and SBI.
- Don't know where to start, what to include, what educational resources and teaching materials are available.
- Not sure where the education fits – Separate course vs. woven throughout multiple courses, addiction specific vs. more general course, elective vs. required course?
- Lack of engaging, visual learning opportunities to supplement lecture/didactic content.

Challenges And Gaps In Health Professions Education

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- Substance use education geared towards care of the person with a substance use disorder.
 - Not prevention or early intervention of risky, unhealthy, excessive (non-dependent) use.
- Mainly taught in the psychiatric/mental health courses.
- Limited time and exposure of substance use in curriculum.
 - Even more so with adolescent substance use.
- Competing demands and lack of resources, expertise, and materials.

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Part Two

Adolescent SBIRT Curriculum

Overview

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- Offers skills-based education on Adolescent SBIRT
- Comprised of:
 - Instructor's Toolkit
 - *Learner's Guide to Adolescent SBIRT*
 - Companion slide decks and supplemental resources
 - Web-based SBI with *Adolescents* simulation program
- Provide tools to:
 - Screen adolescents for alcohol and other drug use using validated tools;
 - Deliver effective brief interventions using motivational interviewing skills;
 - Link adolescents to medical, behavioral or specialty treatment services as needed;
 - Work with other health professionals in ongoing care coordination;
 - Provide follow-up and recovery supports to adolescents.

Development

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- Engaged subject matter experts, partners and Steering Committee Members
- Engaged Learning Collaborative schools during monthly meetings and through individual “walk-through” calls
- Kognito conducted Online SBIRT Review Group
- Playtesting events at AACN and CSWE conferences

Housed On Website

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Adolescent SBIRT Curriculum

This curriculum offers skills-based education on Adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT). The curriculum is comprised of an instructor's Toolkit containing the Learner's Guide to Adolescent SBIRT with companion slide decks and supplemental resources, and the web-based SBI with Adolescents simulation program. The guide and simulation program bring together the tools that educators, field instructors, preceptors, students, and practitioners need to screen adolescents for alcohol and other drug use using validated tools, deliver effective brief interventions using motivational interviewing skills, link adolescents to medical, behavioral or specialty treatment services as needed, work with other health professionals in ongoing case coordination, and provide follow-up and recovery supports to adolescents.

Simulation Program

Available Now!





Download [Product Information Sheet](#)
Contact curriculum@sbirt.com to license this simulation.

<https://sbirt.webs.com/curriculum>


Housed On Website

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Instructor's Toolkit



Request a Copy: Adolescent SBIRT Learner's Guide for Instructors



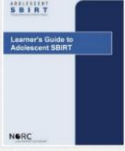
Request a Copy: PowerPoint Slide Deck

Download: Suggested Readings for Module 1

- Babler TF, McRea EO, Kasselbaum PA, Grimaldi PL, Arnesen K, Bray J. Screening, brief intervention, and referral to treatment (SBIRT): Toward a public health approach to the management of substance abuse. *Substance Abuse*. 2007;28(3):17-26.
- U.S. Preventive Services Task Force. Final Recommendation Statement: Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care. *Washington, DC: U.S. Preventive Services Task Force*; 2013.
- American Academy of Pediatrics Committee on Substance Abuse. Levy SJ, Kokotakis PK. Substance use screening, brief intervention, and referral to treatment for pediatricians. *Pediatrics*. 2011;128(5):e1318-e1340.
- Substance Abuse and Mental Health Services Administration. *White Paper on Screening, Brief Intervention, and Referral to Treatment in Behavioral Healthcare*. Rockville, MD: Substance Abuse and Mental Health Services Administration; April 2011.

Download: Suggested Readings for Module 2

- Winters KC, Kammerer Y. Screening and assessing adolescent substance use disorders in clinic populations. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2008;47(7):740-744.
- Winters KC. Assessment of alcohol and other drug use behaviors among adolescents. In: Allen, JP, Columbus, M, Festig, J, eds. *Assessing Alcohol Problems: A Guide for Clinicians and Researchers 2nd edition*. Bethesda, MD: NIAAA; 2003:101-123.



Order a hardcopy of the Learner's Guide for Instructors now!

ORDER TODAY

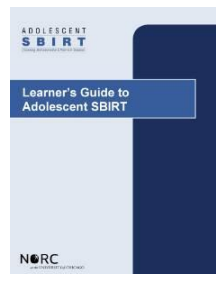
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Part Three

Adolescent SBIRT Learner's Guide

Learner's Guide Overview

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- Comprehensive introduction to SBIRT for adolescents and young adults by examining each component of SBIRT as it relates to individuals ages 12-21 years as well as introducing motivational interviewing skills.
- Case studies and a variety of practice exercises compliment the information to facilitate learner participation.
- Aims to prepare students to conduct adolescent SBIRT in the field.
- Available in electronic and hardcopy versions.

<https://sbirt.webs.com/curriculum>

Learner's Guide Modules

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- Each module includes:
 - Comprehensive lessons
 - Suggested readings
 - Sample conversations and dialogue
 - Role play activities
- Independent modules allow instructors to adapt to fit their programs.

Module	Topic
Module 1	What is SBIRT for Youth and Why Use it?
Module 2	Screening
Module 3	Brief Intervention
Module 4	Referral to Treatment and Follow-up
Module 5	Motivational Interviewing Strategies

Example Module

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Module 2: Screening

Learning Objectives	Suggested Readings
<ol style="list-style-type: none"> 1. Learn how to administer, score and interpret the CRAFFT, AUDIT and AUDIT-C, GAIN-SS and SBI. 2. Practice conducting screening. 	<ul style="list-style-type: none"> • Winters KC, Kammerer Y. Screening and assessing adolescent substance use disorders in clinical populations. <i>Journal of the American Academy of Child & Adolescent Psychiatry</i>. 2008; 47(7):740-744. • Winters KC. Assessment of alcohol and other drug use behaviors among adolescents. In: Allen, JP, Columbus, M, Festig, J, eds. <i>Assessing Alcohol Problems: A Guide for Clinicians and Researchers 2nd edition</i>. Bethesda, MD: NIAAA; 2003:101-123 • CRAFFT. Massachusetts Department of Public Health Bureau of Substance Abuse Services. <i>Provider Guide: Adolescent Screening, Brief Intervention, and Referral to Treatment Using the CRAFFT Screening Tool</i>. Boston, MA: Massachusetts Department of Public Health; 2009. • AUDIT: Babler TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. <i>The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care</i>. Geneva: World Health Organization; 2001. • SBI: Levy S, Shrier L. <i>Adolescent SBIRT Toolkit for Providers</i>. Boston, MA: Boston Children's Hospital; 2014.

Module 2 Lesson Preview

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Screening Tools

Several good screening questionnaires are available for asking adolescents about alcohol and other substance use. In this module, we highlight a few validated tools that are most common for SBIRT.¹⁹ The screenings covered in this module include:

Screening Tool	Target Population	Method of Administration	Cost
CRAFFT	Adolescents under the age of 21	Paper and electronic interface	Publicly available
AUDIT-C and AUDIT	Adolescents, Young Adults and Adults	Paper and electronic interface	Publicly available
GAIN 55	Adolescents and Adults	Paper and electronic interface	Licensing costs \$100 per agency and covers four years of unlimited use of paper assessments. See http://www.gainc.org/products-services/agency
SBIRT	Adolescents	Paper and electronic interface	Publicly available

This module will introduce the above tools along with example role plays and sample dialogue that can be used to introduce how to effectively screen.

Risky Adolescent Alcohol Use

There are different schools of thought about how to conceptualize and define risk. Regardless of which school you adhere to, it is important to understand how risk may play into an adolescent's use. The screening tools presented in this module are designed to help practitioners assess risk. Below we present different conceptualizations of risk offered by the American Academy of Pediatrics and the National Institute on Alcohol Abuse and Alcoholism.

The American Academy of Pediatrics (AAP) has identified four general patterns of substance use risk based on using the CRAFFT screening tool that is described in further detail later in this module.¹⁹

- **Low Risk (Abstinence):** Adolescents who report no use of tobacco, alcohol or other drugs and report that they have not ridden in a car with a driver who has been using alcohol or other drugs.

Module 2 Role Play Example

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

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

Module 2 Sample Interaction Preview

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The practitioner and the young adult meet in person. The practitioner administers the AUDIT verbally. You will see the scoring of the screener calculated and noted in parentheses throughout the conversation.

Practitioner: Hello, Steve. I'm Carolyn. It's nice to meet you.

Young Adult: Hi, nice to meet you too.

Practitioner: How are you doing today?

Young Adult: Um, not that great. Or else I wouldn't be here, I guess.

Practitioner: It sounds like things have been better for you. (Reflection) You showed up here today though, and I can provide you with some support if you'd like. This could be a great step toward changing things for the better. (Affirmation)

Young Adult: Yeah, I guess so.

Practitioner: OK, well, I'd like to start out by asking you some questions about your use of alcohol during this past year. I ask all of my client's questions about alcohol and other substances in order to achieve the best outcomes for them. Because alcohol use can affect many areas of a client's life, it is important for me to know how much you usually drink and whether you have experienced any problems with your drinking. This should only take a few minutes. Would it be alright if I continue?

Young Adult: Well, I don't really think I have a problem with alcohol, but yeah, OK, that's fine.

Practitioner: How often do you have a drink containing alcohol?

Young Adult: Well, I don't drink when I'm in school. I only drink on the weekends. Usually Friday and Saturday. Sometimes Sunday too. (2 to 3 times a week = 3 points)

Practitioner: So, about two to three times a week. (Reflection) And how many drinks containing alcohol do you have on a typical day when you are drinking?

Young Adult: I don't drink too much. I only have a few beers, maybe four. And then a couple of shots on top of that, so probably a total of six drinks. (5 or 6 drinks = 2 points and 5 total)

Practitioner: Alright, it sounds like having 6 drinks is your usual routine. (Reflection) My next question is: How often do you have 5 or more drinks on one occasion? Based on what you're telling me, it sounds like that is weekly for you. (Reflection) Does that sound right?

Appendix

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- Screening Tools
- Standard Drink Chart
- DSM Criteria
- Goal Setting Exercise
- Change Plan Worksheet
- Mutual Support Groups
- Brief Intervention Observation Sheet
- Brief Intervention Case Studies
- Sample Release Forms
- Sample Client Update Report
- Decisional Balance Worksheet
- Pocket Card

Comprehensive Slide Deck

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- Visual aid to accompany materials and modules taught in the Learner's Guide
- Comprehensive to allow instructor's to adapt to individual programs.
- Available in PowerPoint format.

Example Module 2 Slides

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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 days and the age of the individual are taken into consideration to determine risk.

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

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

Age <11 Highest risk

12-15 Tx: Brief motivational interviewing + possible referral

16 Moderate risk

17 Lower risk Tx: Brief advice

18 Tx: Brief advice or motivational interviewing

Estimated risk levels by age and frequency in the past year

Example Module 2 Slides

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Let's Give It a Try!

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

Adolescent: You are a 14-year-old who is a sophomore in high school and who just got caught coming home intoxicated after being at a party with your soccer team. Your grades have slipped lately and you've been grounded a lot for breaking curfew.

Example Module 2 Slides

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Conveying Confidentiality Example 1

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 alcohol use between us unless you agree to include your parents. Do you have any questions for me about confidentiality and its limits?"

How To Order

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- ❑ Electronic versions of Learner's Guide and slide deck available free of charge.
- ❑ Hardcopy available for \$30 plus shipping.
- ❑ Order forms for both version available online:

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Part Four

SBI with Adolescents Simulation Program

www.kognito.com

Kognito creates digital experiences that prepare people for the conversations that matter most

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Why Virtual Humans?

30 years of research + 10 years of commercial experience

Virtual human technology, neuroscience
Social cognition & adult learning theory

Instructional Benefits

- Safe to self-disclose, experiment
- Increase in engagement, openness
- Decrease in transference reactions
- Reduced social evaluative threat

Additional Benefits


- Personalization of experience
- Reduced cost of ownership and updates
- "Choose your Avatar" option

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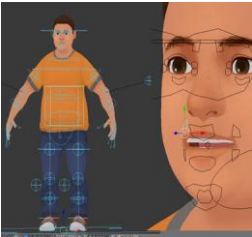
The Kognito Methodology

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Science Driven and Research Proven
Neuroscience / Social Cognition / Adult Learning Theory



Virtual Humans with Real-Life Behaviors
Individual personalities / Memory / Emotionally Responsive




SBI with ADOLESCENTS






Project: Create and implement an adolescent SBI simulation for nursing & social work

Learning Goals:

1. Screen adolescents using validated tools
2. Apply brief intervention model and MI
3. Make collaborative action plans
4. Provide treatment referrals and coordinate care


Experience: Users choose a role (nurse/social workers) and speak with three adolescents; last conversation is designed as a skills assessment




Practice Conversations

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Josh

- Setting: Hospital ED
- Condition: ankle ligament injury
- Remarks: jumped off roof into hot tub; was at party
- Screening results: High-risk/weekly use alcohol




Emily

- Setting: School nurse/social worker office
- Condition: decreased attention
- Remarks: referred by teacher; distracted in class
- Screening results: High-risk/weekly use marijuana

Assessment Conversation

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Kayla

- Setting: Primary care
- Condition: Annual well visit
- Remarks: None
- Screening results: Moderate risk/weekly use alcohol

Assessment features

- Total score
- BI adherence score
- MI adherence score
- No undo button
- No meter
- No inner thoughts

Feedback & Analytics

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Assessment Challenge: Kayla

Overall Performance

Your Score: **64** points (Fair)

Out of 100

Motivational Style: 3 | Engagement Level: 2

Kayla was engaged in this brief intervention. You could have chosen a more patient-centered, motivational style. By doing this, you could help increase Kayla's readiness to cut back.

Feedback & Analytics

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Assessment Challenge: Kayla

Performance By Topic

- 10** Build Rapport (10/17)
 - Ask about life: ✓
 - Ask permission to raise subject: ✓
 - Discuss drinking/drug use: ✓
 - You chose not to ask permission to raise the subject. This would help you build rapport.
- 18** Elicit Pros and Cons (18/21)
 - Elicit pros: ✓
 - Elicit cons: ✓
 - Summarize: ✓
 - You did a great job with this step! There were a few options you could...
- 11** Provide Feedback (11/17)
 - Ask permission to share information: ✓
 - Provide relevant info: ✓
 - Elicit response: ✗
 - You chose not to elicit Kayla's response to the feedback you provided. This would establish a collaborative approach while providing feedback.
- 10** Assess Readiness (10/17)
 - Make recommendation for abstinence: ✓
 - Ask about readiness: ✗
 - Ask why not less? or what would have to change?: ✓
 - You insisted that Kayla try quitting alcohol. "I think quitting would be a good idea. Could you try it out?" This made Kayla defensive, as it does not respect her autonomy to make decisions.

51 **Part Five**

Q&A
Wrap-up

Ask Questions

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Ask questions through the "Questions" Pane

Will be answered live at the end

How To Get Involved

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- Order a copy of the Learner's Guide and slide deck via <http://sbirt.webs.com/curriculum>
- Join the Learning Collaborative by emailing sbirtteam@norc.org
- Check out our website for resources and project updates - sbirt.webs.com

Check Out Other SBIRT Initiatives

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Hospital SBIRT
BIG Initiative
sbirteducation.com

2016 SBIRT Webinar Series

- January 27th – Mini-Guide to SBIRT: An Overview of SBIRT and Resources – NOW ON DEMAND
- February 17th – Integrating Adolescent SBIRT in Nursing and Social Work Education
- March 9th – Reducing Teen Substance Misuse: What Really Works
- March 16th – Gambling Screening: How to Make it Fun!
- April 27th – Integrating Motivational Interviewing Techniques for Brief Intervention into the Curriculum
- May 4th – Part IV: Using Case Studies for Integrating SBIRT into Curriculum
- May 23rd – Preventing Prescription Drug Abuse and Doctor Shopping: Prescribing Guidelines and Intervention Skills for Nurses and Healthcare Professionals
- June 22nd – Intimate Partner Violence SBIRT: The WINGS Intervention Model!

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Thank You For Attending!

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