



National Screening, Brief Intervention & Referral to Treatment

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

# SBIRT 101: for School-Based Health Center (SBHC) Providers

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**envision new mexico**

The Initiative for Child Healthcare Quality



Center on Alcoholism, Substance Abuse, and Addictions



# New Mexico School-Based Health Center Partners

- NM Department of Health (NMDOH) SBHC Program
- The University of New Mexico (UNM) Center on Alcoholism, Substance Abuse and Addiction (CASAA)
- Envision New Mexico, UNM Pediatrics
- Conrad N. Hilton Foundation



# NM SBHC Program

- 52 DOH-funded SBHCs in NM
- Most located in secondary schools (high or middle)
- Integrated care model
  - PCP (typically a Nurse Practitioner)
  - BH (Master's level counselor or therapist)
- Most open several days/week



# NM SBHC Program Services

- Sports physicals/wellness exams
- Care for acute injuries/illness
- Ongoing care for pediatric overweight/obesity or asthma
- Confidential services
  - Sexual & reproductive health
  - Behavioral health

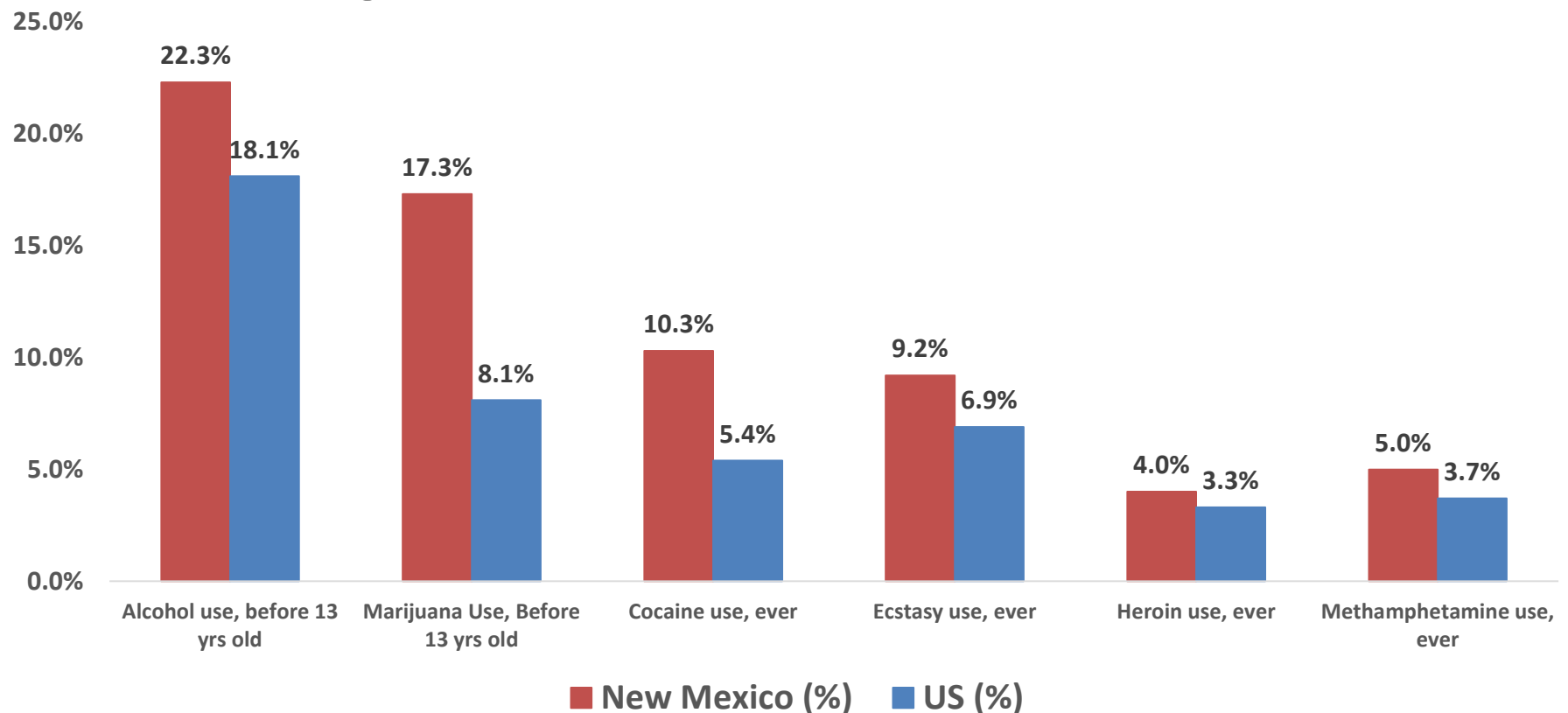


# Background for this Initiative

- New Mexico has a tremendous adolescent drinking and substance abuse problem
- SBHCs are well positioned to be able to address this public health problem
- NM Department of Health SBHC Program is incorporating SBIRT into their Standards and Benchmarks for SBHCs beginning in 2015



# Substance Use Rates among NM and US High School Students - 2013



Source: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance, United States-2-13. MMWR Surveill Summ 2014 Jun 13;63 Suppl 4:1-168



# Substance Abuse among SBHC Users

- Among High School SBHC users in NM\*:
  - 60% have used alcohol
  - 30% have used marijuana or other drugs
  - 30% have been in car with impaired driver

\*2011-2012 NMDOH SBHC data, unpublished



# What is SBIRT?

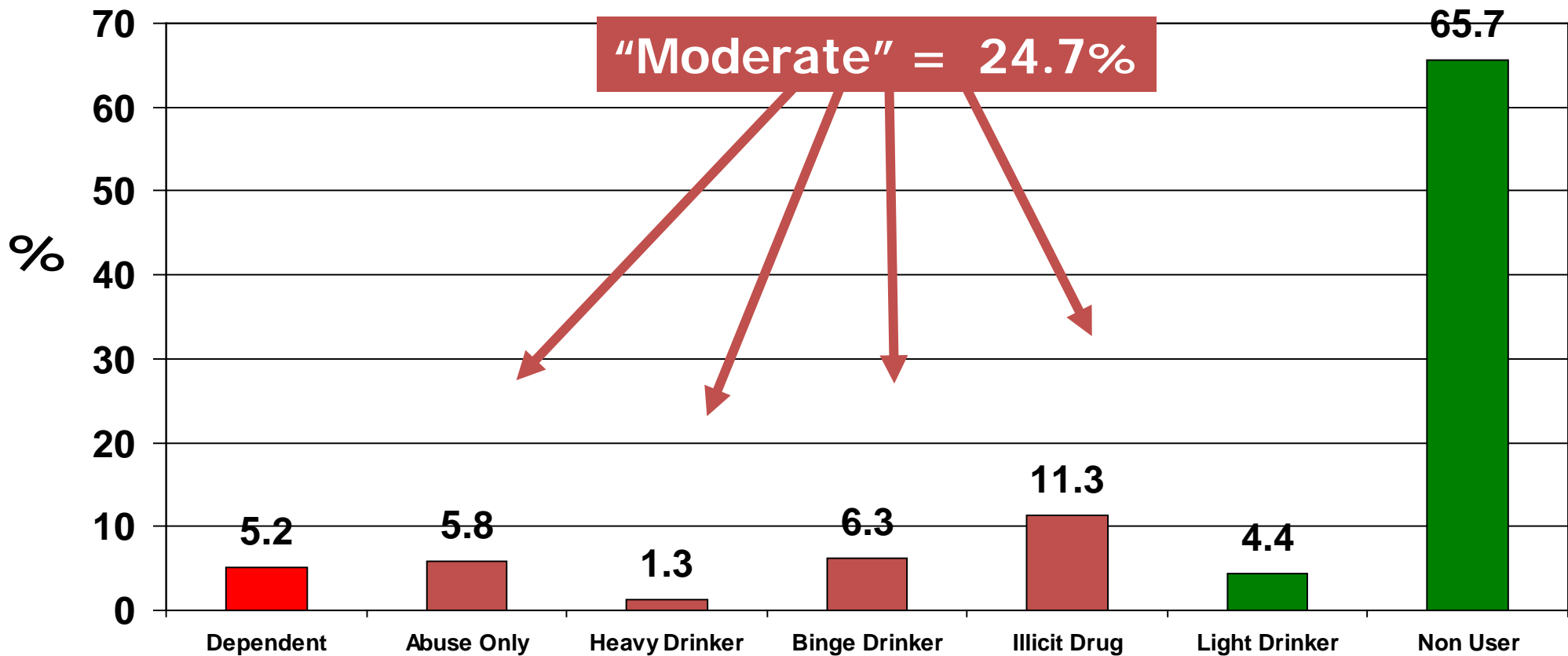
- SBIRT is a prevention and intervention strategy designed to address substance use problems at various risk levels
- Identification of substance use problems using a public health approach including universal screening and immediate brief intervention in non-treatment settings
- Targets moderate, risky users but also provides...
  - encouragement to abstainers and low-risk users
  - Referrals to specialty treatment for those with symptoms of a substance use disorder





# Estimates of Mutually Exclusive Drug Abusing Adolescent Groups in US, Ages 12-18 year-old

(based on data from SAMHSA, 2005)

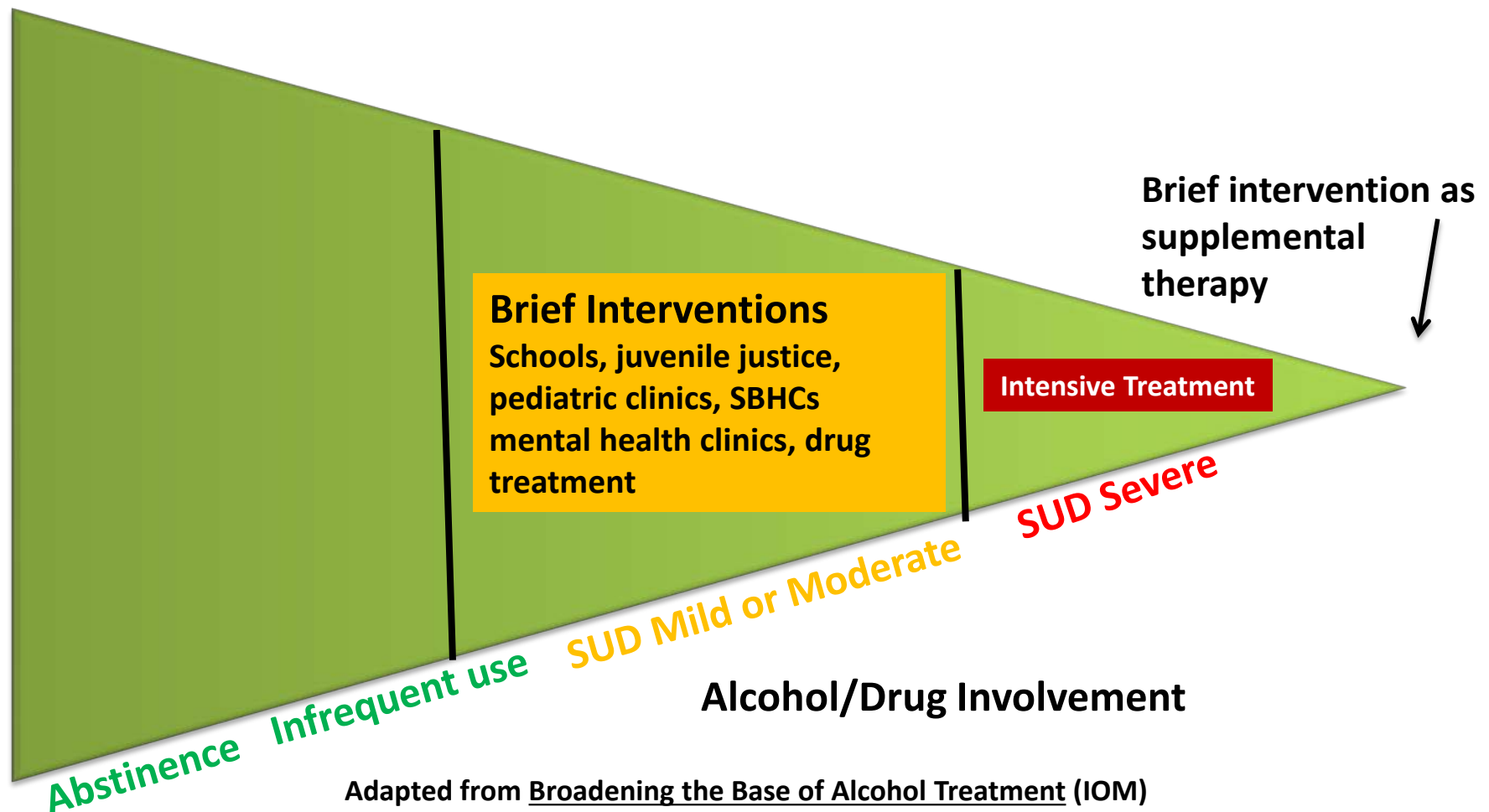


Heavy, Binge, and Light Drinkers: prior 30 days

Dependence, Abuse only, Illicit Drug Use and No Drug Use: prior year



# Brief Interventions with Adolescents in SBHCs



Adapted from Broadening the Base of Alcohol Treatment (IOM)



## Core Components of SBIRT

- **Screening**: Universal screening and quick assessment of use and severity of alcohol, illicit drugs, and prescription drug abuse
- **Brief Intervention**: A brief motivational and awareness-raising intervention given to risky or problematic substance users
- **Brief Treatment**: Additional sessions of brief intervention emphasizing motivation to change and client empowerment provided to moderate to high risk users
- **Referral to Treatment**: Referrals to specialty care for patients with substance use disorders



# Current Practice in NM SBHCs: Screening with Student Health Questionnaire (SHQ)

- Health screen used in NM Department of Health (NMDOH) SBHCs
- Global health screen adapted from AAP\* Bright Futures recommendations
- Includes CRAFFT, a validated tool to screen for adolescent substance abuse



\*American Academy of Pediatrics *Pediatrics* 2011;128;e1330



# Current Practice in NM SBHCs: Screening with Student Health Questionnaire (SHQ)

- SHQ administered to all SBHC users once per school year
  - CRAFFT is universally used to screen for adolescent substance abuse among SBHC users in NM
  - However...CRAFFT not well utilized





## Wide Variations in Provider Practice

- CRAFFT has not been well used as a screen in NM SBHCs
  - Per 2012 SBHC provider survey, only 1 in 10 providers aware of CRAFFT in the SHQ
  - Most providers do not know how to use CRAFFT
  - Many providers unaware of how to conduct brief assessment and treatment following a positive substance abuse screen

2012 NMDOH SBHC data, unpublished



## Wide Variations in Provider Practice

2013 SBHC provider focus groups confirmed

- Variations in how providers assessing
  - Providers indicated a need for a tool to help
- No developed standard of care in place at SBHCs
- Few referral sources that providers are aware of

2012-2013 NMDOH SBHC data, unpublished



# Plan is to implement the Full SBIRT Model into NM DOH SBHCs

- **Screen** with SHQ (CRAFFT)
  - Positive CRAFFTs will have initial brief assessment
    - newly created tool CHISPA (Cocaine, Heroin, Synthetic pot, Pot, Alcohol)
    - Standardize and inform the initial assessment
- **Brief Intervention**
- **Referral to Treatment** as indicated
- More developed referral sources





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# Review of SBIRT Pieces To Be Implemented



# CRAFFT Screening Tool

- A validated screening tool for use with adolescent patients
- Because it screens for both alcohol and other drug problems simultaneously, it is especially handy for providers
- CRAFFT consists of 6 question
- A positive CRAFFT means the student should be assessed for alcohol/drug abuse or dependence
- Endorsed by the American Academy of Pediatrics  
*Pediatrics* 2011;128;e1330



# CRAFFT

- CRAFFT elements about alcohol or drugs

**C** - ridden in a **CAR** driven by someone who was “high”?

**R** - use to **RELAX**?

**A** - use while **ALONE**?

**F** - ever **FORGET** things you did while using?

**F** - family or **FRIENDS** ever tell you to cut down on use?

**T** - ever gotten into **TROUBLE** while using?

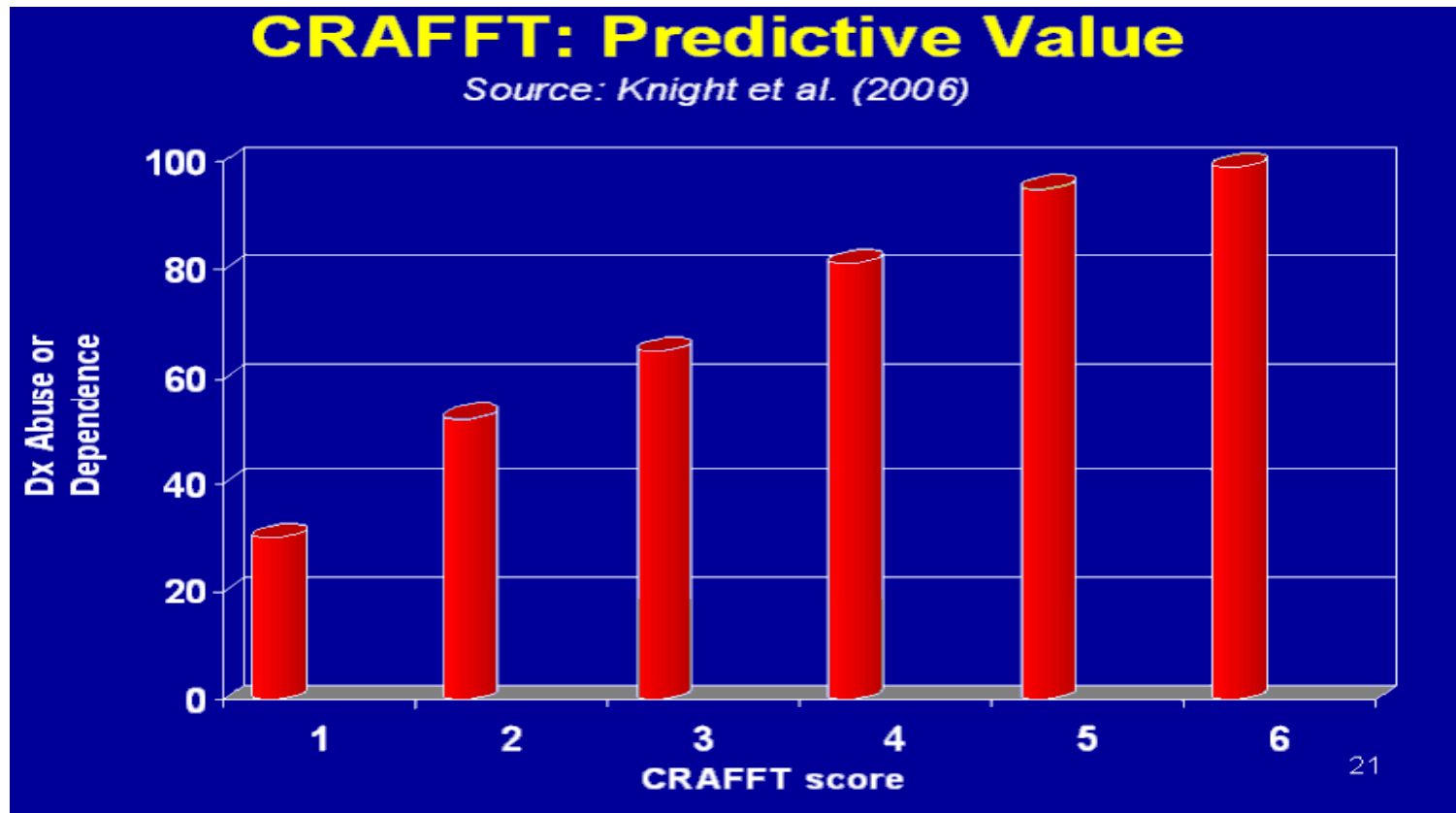


# CRAFFT Scoring

- Every “Yes” response is counted
- CRAFFT Scores of 0 or 1: Negative Screen
  - Provide positive feedback, brief advice and encouragement
- CRAFFT Scores 2-6: Positive Screen
  - Assess for acute danger/signs of addiction
  - Provide brief intervention; consider referral to treatment (RT)
- CRAFFT Scores 5-6: “Very High Risk”
  - Assess for acute danger/signs of addiction
  - Provide brief intervention; consider referral to treatment (RT)



# CRAFFT Predictive Value





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# QUESTION



# After a + CRAFFT Score, Assessment for Acute Danger/Signs of Addiction

- What substances are being used
  - In NM, high rates of early alcohol and marijuana
  - High rates of cocaine, meth, ecstasy, opiates
- Frequency of substance use
- Signs of danger or addiction
  - Black outs, binging, emergency visits, combining alcohol with downers, IV drug use, etc.
- Past efforts to quit or cut back



## After a + CRAFFT Score, Assessing for Acute Danger/Signs of Addiction

- CHISPA brief assessment tool helps standardize this assessment
  - Designed to follow automatically after + CRAFFT score
  - Electronic tool helps to standardize information gathering
  - Assists provider in clinical decision making
  - Provides specificity that CRAFFT does not have



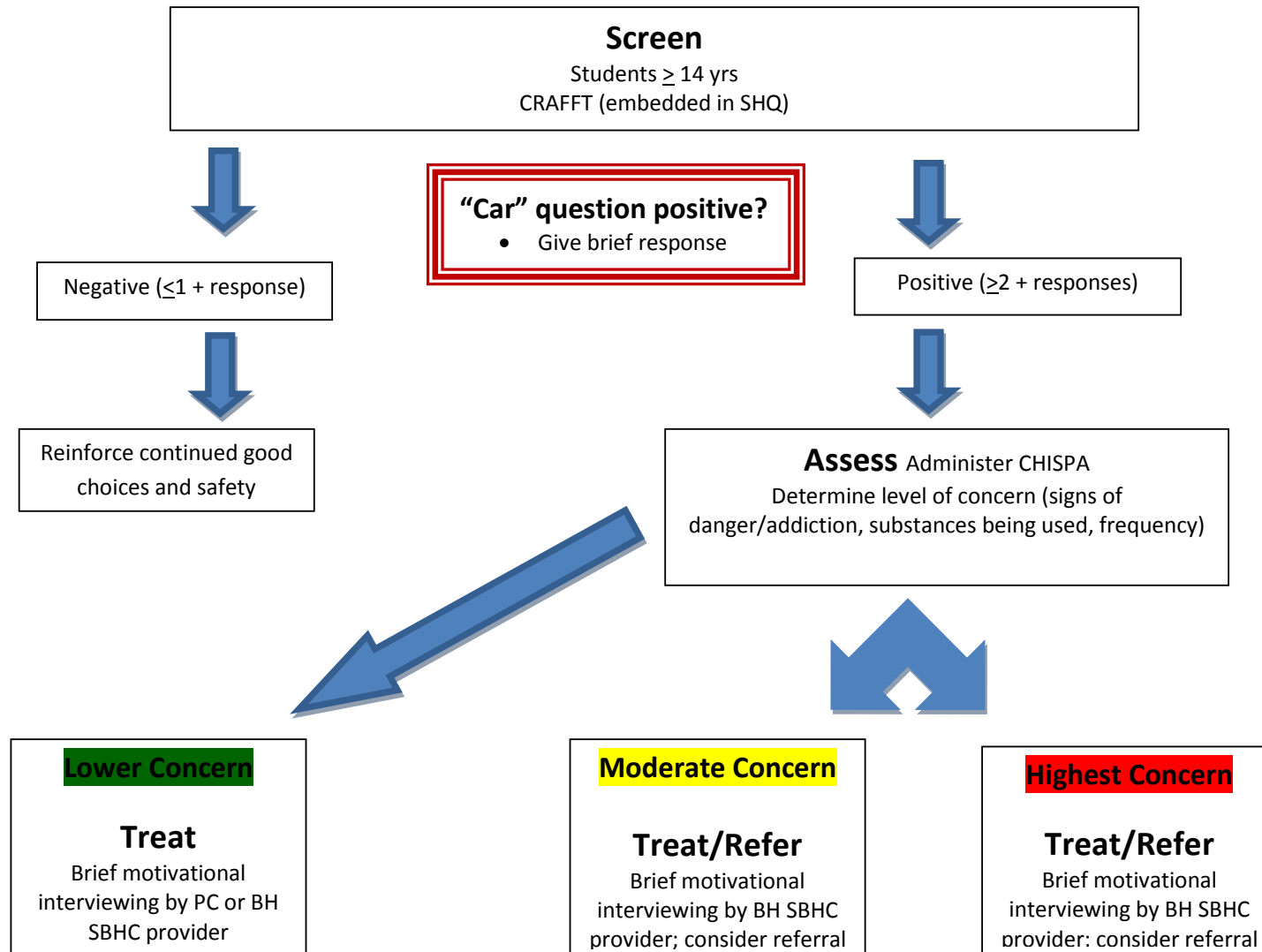


# Benefits of Using the CHISPA Brief Assessment Tool

- Specificity beyond the CRAFFT at initial contact
  - Uses 3 month time frame versus broader time frame of CRAFFT
    - What substances?
    - What frequency of use?
    - What specific signs of danger or addiction?
- Appropriate for informing clinician initial assessment with higher risk NM SBHC population
- May be useful at SBHC follow up visits
- Help make judicious use of limited behavioral health resources in our state



# NM SBHC SBIRT Algorithm





# Brief Intervention for Adolescents

- Brief Negotiated Interview
- Type of Motivational Interview (MI)
- Introduction here, MI training to follow



# OARS – Principal Skills

**Open-ended questions**

**Affirmations**

**Reflective Listening**

**Summaries**

These are the basic interaction skills used “early and often” in the motivational interviewing approach



# Open-ended Questions

- Invite youth to “tell their story” in their words

“What can you tell me about...?””

“Help me understand....”

“What do you think will happen if you...?”

“What have you tried before?”

“What do you think about...?”



# Affirmation

- Recognize strengths of clients/patients and acknowledge behaviors that lead in direction of positive change.

“ I appreciate that....”

“That’s a good suggestion...”

“You handled yourself well in that situation..”



# Reflective Listening

- A primary skill in outreach and engagement with clients/patients
- Learn to think reflectively

“It sounds like...”

“So you feel...”

“I think I hear you saying that.....”



# Summaries

- Ensure clear communication and can be stepping stones to changes.

“Let me see if I understand you so far....”

“Here is what I heard. Tell me if I missed anything...”

“On the one hand.... On the other hand...””





# Brief Intervention Adolescents

## 1. Engagement

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

***What is a typical day like for you?  
What's the most important thing in your life right now?***

***Would you mind taking a few minutes to talk about your [X] use?  
Where does your [X] use fit in?***



# Brief Intervention Adolescents

## 2. Pros & Cons

- Explore Pros and Cons
- Use reflective listening
- Reinforce positives

*What else?*

***So on the one hand you said <PROS>, and on the other hand <CONS>.***

**What are your thoughts?**



### 3. Feedback

➤ Ask permission

*I have some information on low-risk guidelines for drinking, would you mind if I shared them with you?*

➤ Provide information

*We know that drinking 3 or more drinks in 2hrs ...(binge drinking)*

*•...drinking 'X' alcoholic drinks and/or use of illicit drugs can put you at risk for illness and injury. It can also cause health problems like [insert medical information].*

➤ Elicit response

**What are your thoughts on that?**



## 4. Readiness to Change

➤ Readiness ruler

➤ Reinforce positives

➤ Envisioning Change

*This Readiness Ruler is like the Pain Scale we use in the hospital.*

*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?*

*You marked \_\_\_\_\_. That's great. That means you're \_\_\_\_\_% ready to make a change.*

*Why did you choose that number and not a lower one like a '1 or 2?'*

1 2 3 4 5 6 7 8 9 10



## 5. Negotiate an Action Plan

➤ Write down action plan

➤ Envision a future

➤ Explore Challenges

➤ Draw on past successes

➤ Identify Benefits of Change

***What are some options/steps that will work for you?***

***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 will take to change your [X] use?***

***I've written down your plan, a prescription for change, to keep with you as a reminder.***



➤ **Create action plan**

***What do you think you can do to stay healthy and safe?***

***What will help you to reduce the things you don't like about using [X, Y,Z]?***

➤ **Identify strengths & supports**

***Tell me about a time when you overcame challenges in the past.***

***What kinds of resources did you call upon then?***

***Which of those are available to you now?***



## 6. Summarize

- Reinforce resilience & resources
- Provide handouts
- Give action plan

Thank the student

Set up Follow-up if needed

Give Referrals if Appropriate:

- Outpatient Counseling
- NA/AA
- Primary Care
- Mental Health
- Handouts/Information

*“Let me summarize what we’ve been discussing and you let me know if there’s anything else you want to add or change.....”*

*Review the action plan.*



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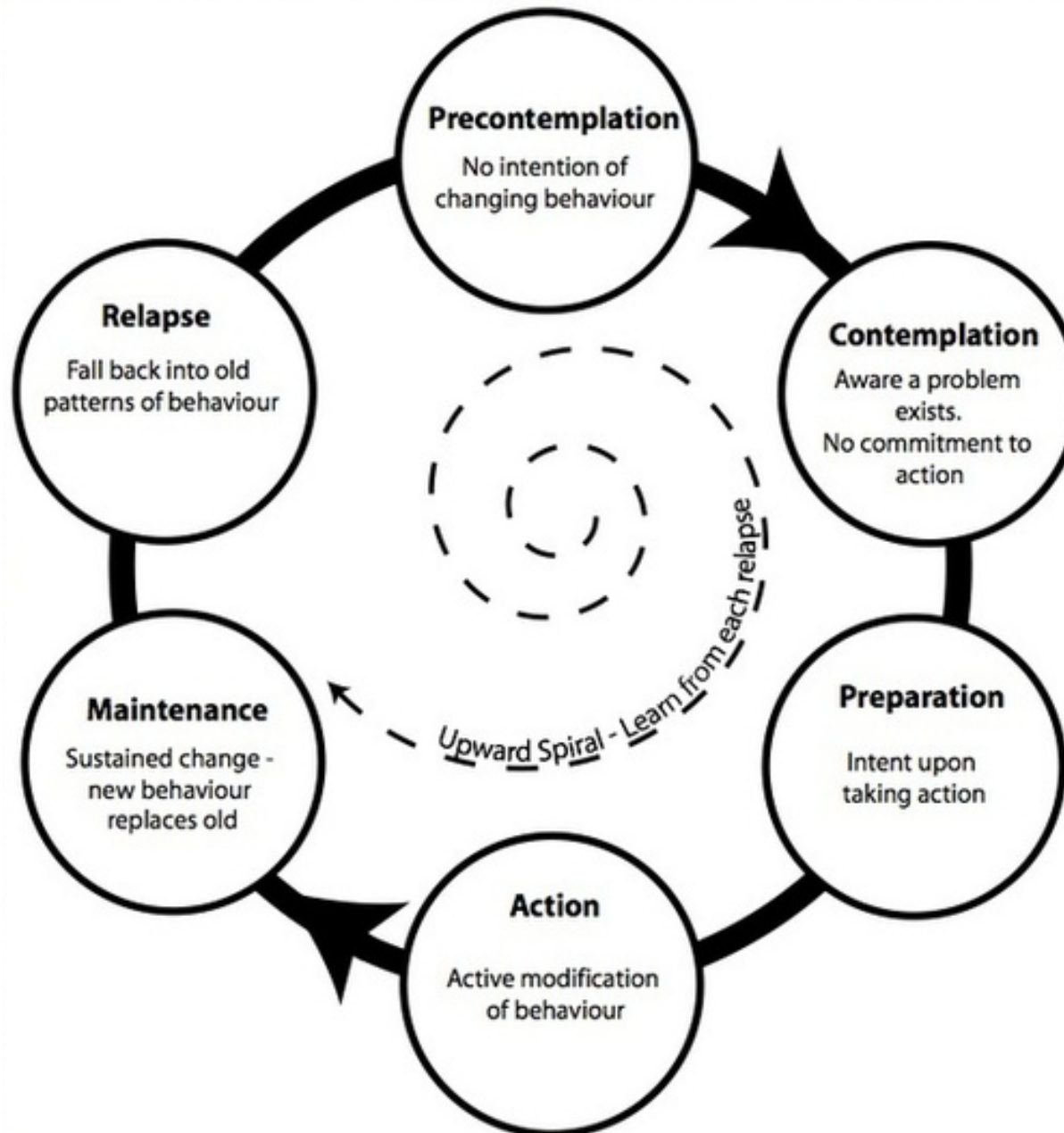
# QUESTION





# Provider's Role in Enhancing Motivation

1. Gauge your student's Stage of Change;  
Respond Accordingly
2. Non-confrontational Interviewing
3. Use Motivational Interviewing





## Providing Multiple Sessions of BI

- Adolescents who agree to make a behavioral change should be given a follow-up appointment to discuss the results of their efforts and be praised for any progress they make, no matter how small.
- Multiple sessions with students can help the provider to facilitate and monitor behavior change



# Referral to Treatment

- Small % of youth will need referral to alcohol or drug treatment
  - Most likely will need to get a parent involved
- Goal: SBHCs should have at least one current referral agreement with an accessible certified treatment provider and understand
  - available programs and services
  - the referral procedure



# SBIRT for NMDOH SBHCs

- Simple, useable format and tools to deliver SBIRT
- Accompanying resources for SBHC providers (reference handbook, materials) and for students
- SBHC providers supported by:
  - tools,
  - trainings,
  - technical assistance (TA)
  - QA/QI
  - referral sources or consults as needed





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# Questions



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