National Screening, Brief Intervention & Referral to Treatment

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Screening, Brief Intervention and Referral to Treatment for Youth

Holly Hagle, PhD,
Director of the National SBIRT ATTC

The National SBIRT ATTC

The National SBIRT ATTC is funded to advance SBIRT as a timely public health model. As the National SBIRT ATTC, we offer an SBIRT Suite of Services:

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Screening, Brief Intervention and Referral to Treatment (SBIRT) for alcohol and other drug use: An Interprofessional Conference

The Peter M. Winter Institute for Simulation, Education and Research (WISER)

June 9-10, 2015

Self-paced Online course – SBIRT for Adolescence

- Always open and you can earn 3 CEUs

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Brain Growth

SBIRT for Adolescents3

0:07 / 14:28

When you're done with the video, please proceed to a short, one question quiz about Brain Growth.

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Goals of the Learning Community

The learning community will focus on the process of SBIRT as it is being implemented for youth audiences.

- Examine the application of SBIRT in various youth settings
- Create a community of providers, administrators and researchers who share a passion for reducing and/or eliminating substance use in youth populations
- Share experiences with implementing SBIRT in youth settings

What will we offer the learning community?

- Bi-monthly online learning community meetings - topically based
- Online web page - resources specific to SBIRT for Youth
- Technical assistance - support for implementation, coaching and trouble shooting by request sbirt@attcnetwork.org

Why should we care about screening and intervening early for youth?

- Adolescence is the last stop before adulthood and addiction has early onset

- Most Promising sites to identify youth needing but not receiving SUD treatment (ages 12-18)
  - 10% stayed overnight in a hospital,
  - 15% were on probation or parole,
  - 17% were seen in a mental health program,
  - 19% were arrested,
  - 43% visited the emergency room, and
  - 96% attended school (SAMHSA, 2012).

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A Review of the Research on SBIRT for Youth

Brett Harris, DrPH

SBIRT for Youth Learning Community

January 27, 2015

SBIRT for Adults: Alcohol

- Fleming et al. (2002) found significant reductions in:
  - 7-day alcohol use
  - Number of binge drinking episodes
  - Frequency of excessive drinking
- Outcomes were maintained over a 48-month period
- Also found that those receiving brief intervention experienced:
  - 20% fewer ED visits
  - 22% fewer nonfatal injuries
  - 37% fewer hospitalizations
  - 46% fewer arrests
  - 50% fewer motor vehicle crashes

SBIRT for Adults: Alcohol

- Other researchers found similar outcomes for alcohol (Brown et al., 2007; Gentilello et al., 2005)
- Kaner et al. (2009) performed a meta-analysis of 22 RCTs enrolling 7,619 participants
  - Those receiving brief intervention had lower alcohol consumption after one year than did participants in control groups
- Cost-benefit analyses have found cost savings associated with SBIRT (Fleming et al., 2002; Gentilello et al., 2005; Solberg et al., 2008; Kunz et al., 2004)

United States Preventive Services Taskforce Recommendation

Population	Recommendation	Grade
Adults aged 18 and older	The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse	B

A grade of B means that the United States Preventive services Task Force (USPSTF) recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

What about for drugs?

- Findings are mixed
  - Recent studies found that brief intervention does not decrease unhealthy drug use in primary care patients identified by screening (Saitz et al., 2014; Roy-Byrne et al., 2014)
  - Brief interventions found to reduce drug use by 67.7% at 6 month follow-up (Madras et al., 2009)

The US Preventive Services Task Force gives screening and counseling for drug use an “I” rating meaning the evidence is insufficient to assess the balance of benefits and harms

USPSTF Recommendations: Adolescents

Population	Recommendation	Grade
Adolescents (under 18 years of age)	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions in primary care settings to reduce alcohol misuse in adolescents.	I

- Screening for drug use also received a grade “I”
- Problem: Lack of rigorous studies…insufficient evidence

Adolescent Pilot Studies

- Project CHAT (D'Amico et al., 2008)
  - **Setting:** Community-based health care clinic in Los Angeles County, CA
  - **Population:** 12-18 year old at-risk adolescents (86% were Hispanic/Latino)
  - **Intervention:** 15-20 minute motivational interview with a 1 month 5-10 minute booster telephone call
    - Assessing motivation to change, enhancing motivation to change, making a plan
  - **Findings:** At 3 month follow-up, Project CHAT teens reported
    - Less marijuana use
    - Lower perceived prevalence of marijuana use
    - Fewer friends who used marijuana
    - Lower intentions to use marijuana in the next 6 months
  - **Limitation:** small sample size (n=42)

Adolescent Pilot Studies

- Motivational Interviewing Pilot Study (Knight et al., 2005)
  - **Setting:** Adolescent/Young Adult Medical Practice and the Adolescent Substance Abuse Program at Children's Hospital in Boston, MA
  - **Population:** 14-18 year old patients
  - **Intervention:** 2 sessions with clinician 2 weeks apart
    - Assessment and feedback on CRAFFT, identification of risks and problems, discussion of pros and cons of change, completion of structured change plan worksheet, summary and follow-up plan
  - **Findings:** At 3 month follow-up, participants showed
    - Less drug use (most notably among hard drug users)
    - Reduction in driving while intoxicated or riding with an intoxicated driver
  - **Limitation:** small sample size (n=22), difficulty with recruitment and attrition

Adolescent Pilot Studies

- SBIRT in a Continuation High School (Grenard et al., 2007)
  - **Setting:** 2 continuation high schools in Los Angeles, CA
  - **Population:** Students in 3 morning classes (mean age 16)
  - **Intervention:** 25 minute brief intervention
    - Establish rapport, agree upon behavior to discuss, provide normative drug-use feedback, discuss pros and cons of current use, affirm capacity to change, summarize session
  - **Findings:** Youth are willing to discuss personal drug use and are satisfied with the brief intervention. At 3 month follow-up, students reported
    - Greater readiness to change drug use
  - **Limitation:** small sample size (n=18)

Students enrolled in continuation high schools cannot attend regular high schools for reasons such as conduct problems and drug use.

Adolescent Pilot Studies

- SBI for Marijuana Use in a Pediatric Emergency Department (Bernstein et al., 2009)
  - **Setting:** Pediatric ED of an inner-city, academic hospital
  - **Population:** 14-21 year olds presenting at the ED who did not report risky alcohol use (n=210)
  - **Intervention:** 20-30 minute brief intervention delivered by peer educators
    - Raise subject; establishing context; offering brief feedback, information and norms, specific to age and gender, and exploring pros and cons of use; eliciting ‘change talk’ and using the *CRAFFT* questions and a *Readiness to Change* ruler to reinforce movement toward behavior change, generating a menu of options; calling up assets/instilling hope; discussing the challenges of change; prescription for change
    - Booster call 10 days post-enrollment
  - **Findings:** At 3 and 12 month follow-up, youth in the intervention group were more likely to report
    - Abstinence
    - Efforts to cut back or quit using marijuana
    - Fewer days high
  - **Limitation:** small pilot study without enough power to show differences in risk behaviors and consequences; did not attempt to quantify use

SAMHSA SBIRT Evaluation

- **Setting:** 13 school-based health centers (SBHCs) in New Mexico
- **Population:** 14-17 year old students (n=629)
- **Intervention:** brief intervention
  - Weighing costs and benefits and increasing motivation for change
- **Findings:** At six month follow-up, students reported significant reductions in drug use and drinking to intoxication
  - Did not differ by intensity of intervention
- **Limitation:** evaluation, no control group

(Gwin Mitchell et al., 2012)

SBIRT Variations: Schools

- **Setting:** Twin Cities metro area public school system
- **Population:** 13-17 year old students identified by school officials as possible drug users on a chemical health assessment. Most met DSM-IV criteria for alcohol or cannabis use disorder (n=315)
- **Intervention:** Teen Intervene brief intervention with motivational interviewing
  - Active conditions consisted of 2 60-minute brief interventions separated by 7-10 days. One condition was adolescent only (BI-A) and the other involved the parent (BI-AP). The first two sessions were identical but the BI-AP condition included a third 60 minute session with the parent
- **Findings:** At six month follow-up, BI-A and BI-AP group showed more reductions in alcohol/drug behaviors than control group
  - 90-day alcohol and cannabis abstinence and absence of alcohol and cannabis abuse/dependence symptoms
  - BI-AP showed significantly better outcomes compared to BI-A group on all but alcohol abstinence
- **Limitation:** More intense intervention than SBIRT; involves parents; subjects have substance use disorders

(Winters et al., 2012)

SBIRT Variations: Juvenile Justice

- **Setting:** State juvenile correctional facility in Northeast, immediately after adjudication
- **Population:** 14-19 year olds sentenced to the facility for 4-12 months (n=105)
- **Intervention:** motivational interviewing (MI) focusing on empathy, developing discrepancy, self-efficacy, and personal choice
  - Control was relaxation training
- **Findings:** At three month follow-up, MI group had lower rates of drinking and driving, being a passenger in a car with someone who had been drinking (similar patterns found for marijuana but were not significant)
- **Limitation:** Study was on MI, not SBIRT; outcomes were related to driving

(Stein et al., 2008)

cSBA International Trial (Harris et al., 2012)

- **Setting:** 9 medical offices in New England and 10 medical offices in Prague, Czech Republic
- **Population:** 12-18 year old patients (n=2,096 in New England; n=589 in Prague)
- **Intervention:** computerized screening and brief advice (cSBA)
  - cSBA group completed a computerized screen and viewed results, scientific information, and true-life stories of the harms of substance use
  - Providers received talking points to prompt 2-3 minutes of brief advice
- **Findings:**
  - Less alcohol use in New England (16% vs. 23% at 3 months; 29% vs. 38% 12 months)
  - Less cannabis use in Prague (6% vs. 10% at 3 months; 17% vs. 29% at 12 months)
  - Significant effect on initiation: 44% fewer cSBA adolescents reported starting drinking during the 12 month period. Similar findings for marijuana initiation in Prague
  - cSBA adolescents rated provider advice as “excellent” or “very good,” are truthful about their use, don’t feel judged, are “very satisfied with their visit, and are “very likely” to follow through with provider advice

Clinical Recommendations

- *The American Academy of Pediatrics and the American Medical Association recommend that pediatricians and other health care providers who work with children and adolescents conduct routine substance use screening and brief interventions using motivational interviewing techniques and that they be familiar with a network of treatment providers should an outside referral be necessary.*

(American Academy of Pediatrics, 2011)

Actual Practice

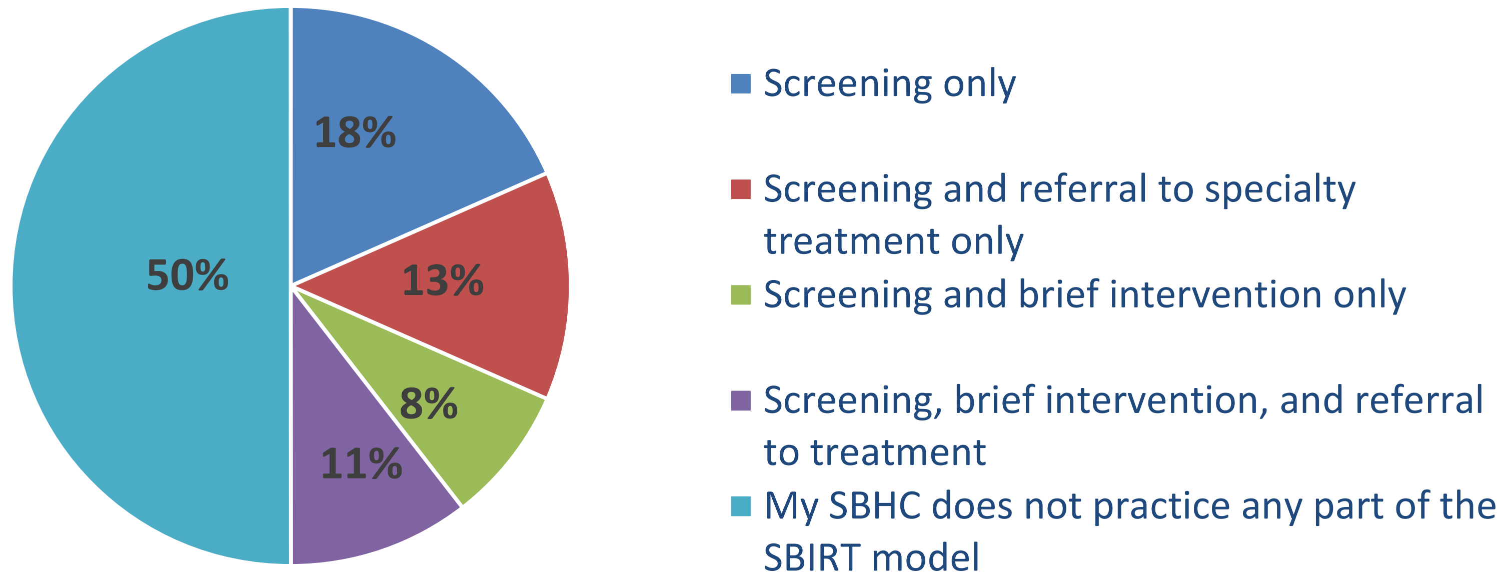
- Fewer than 50% of pediatricians screen for substance use (Gordon et al., 2011; Sterling et al., 2012)
- Little use of standardized screening tools – leads to failure to identify risky users
  - Of the 86 adolescents exhibiting abuse or dependence, providers classified…
    - 24.4% with no use, 50% with minimal use, 15.1% with problem use, 10.5% with abuse, and 0% with dependence (Wilson et al., 2004)

	Adolescent Diagnostic Interview	Clinical Impressions
Problem use	100+	18
Substance abuse	50	10
Substance dependence	36	0

- Inconsistent (non-universal) screening
- Not using more effective counseling strategies (Millstein & Marcell, 2003)

Actual Practice

- SBIRT practice by clinicians in NYS school-based health centers



- Variation in practice: screening using a standardized tool, assessing readiness to change, and referring students with substance use problems to specialty treatment practiced less regularly than other SBIRT model components (Harris et al., In press)

Possible Reasons for Lack of SBIRT Practice

- Time constraints
- Lack of training
- Not knowing what to do with a positive screen
- Perception that adolescents will not tell the truth about their use
- Perception that it is not their role to address substance use
- Low self-efficacy
- Low perceived effectiveness at helping students reduce substance use
- Perceived lack of efficacy of screening and intervention for reducing substance use

(Sterling et al., 2012; Millstein & Marcell, 2003; Clark & Moss, 2010; Harris et al., 2014; Hassan et al., 2009)

Next Steps

- Learn from each other
- Develop methods for effective dissemination of SBIRT to providers to increase awareness and promote the adoption of SBIRT and its implementation with fidelity
  - Target efforts based on audience
- Share our lessons learned
  - Conduct research and evaluation
  - Deliver presentations at conferences and on webinars
  - Publish to share with a wider audience

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Our Partners

NORC at the University of Chicago

Conrad N. Hilton Foundation Grant

Integrating Adolescent SBIRT Throughout Social Work and Nursing School Education

Tracy McPherson, PhD

Project Director

Integrating Adolescent SBIRT Throughout Social Work and Nursing School Education

- **Overall Aim:** To collaborate with schools of social work and nursing and leading professional associations to develop and test an interactive patient/client simulation training program, and to infuse adolescent SBIRT education into existing social work and nursing curriculum.
- **Collaborators:** CSWE, CCSW, AACN, Kognito Interactive, and many others.
- **Learning Collaborative** for Schools of Social Work and Nursing launched January 2015.
- **Visit our Website:** http://sbirt.webs.com
- **For More Info:** Danielle Noriega at Noriega-Danielle@norc.org