

# SBIRT for Adolescents

Win Turner PhD & Jody Kamon PhD  
Vermont SBIRT Program

Many slides have been adopted from Sharon Levy MD, 2015

# Disclosures

- We have no relevant financial relationships to disclose or conflicts of interest to resolve
- We will discuss no unapproved or off-label pharmaceuticals

# Assumptions

- You feel there is a good rationale for SBIRT with adolescents
- You are familiar with what SBIRT is
- You understand there is a range of screening tools available including CRAFFT
  - You have seen CRAFFT before and have basic understanding of how it is used

# What we will cover today

- Brief intervention Strategies (in context of frequency questions and CRAFFT screening)
- The Importance of Motivational Spirit, Technique, Tools & Strategies

# MI Spirit

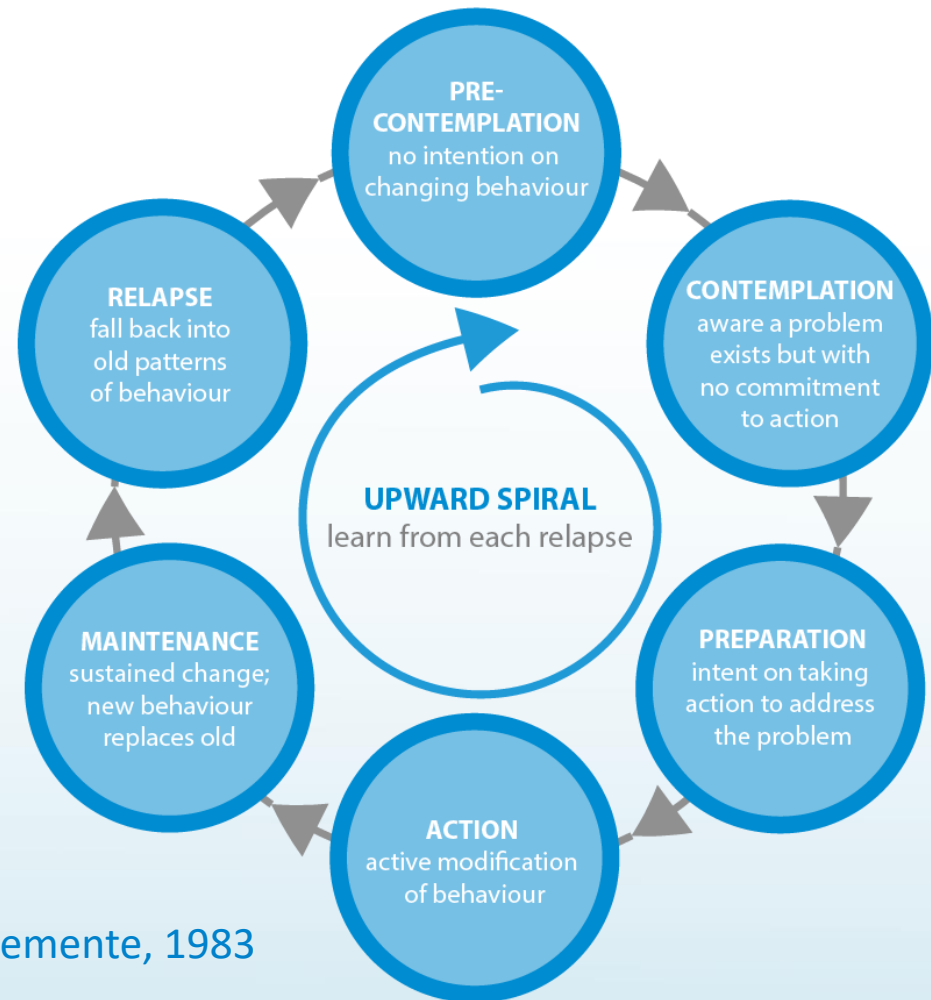
The feeling of the  
MI spirit is often  
expressed as  
genuine curiosity



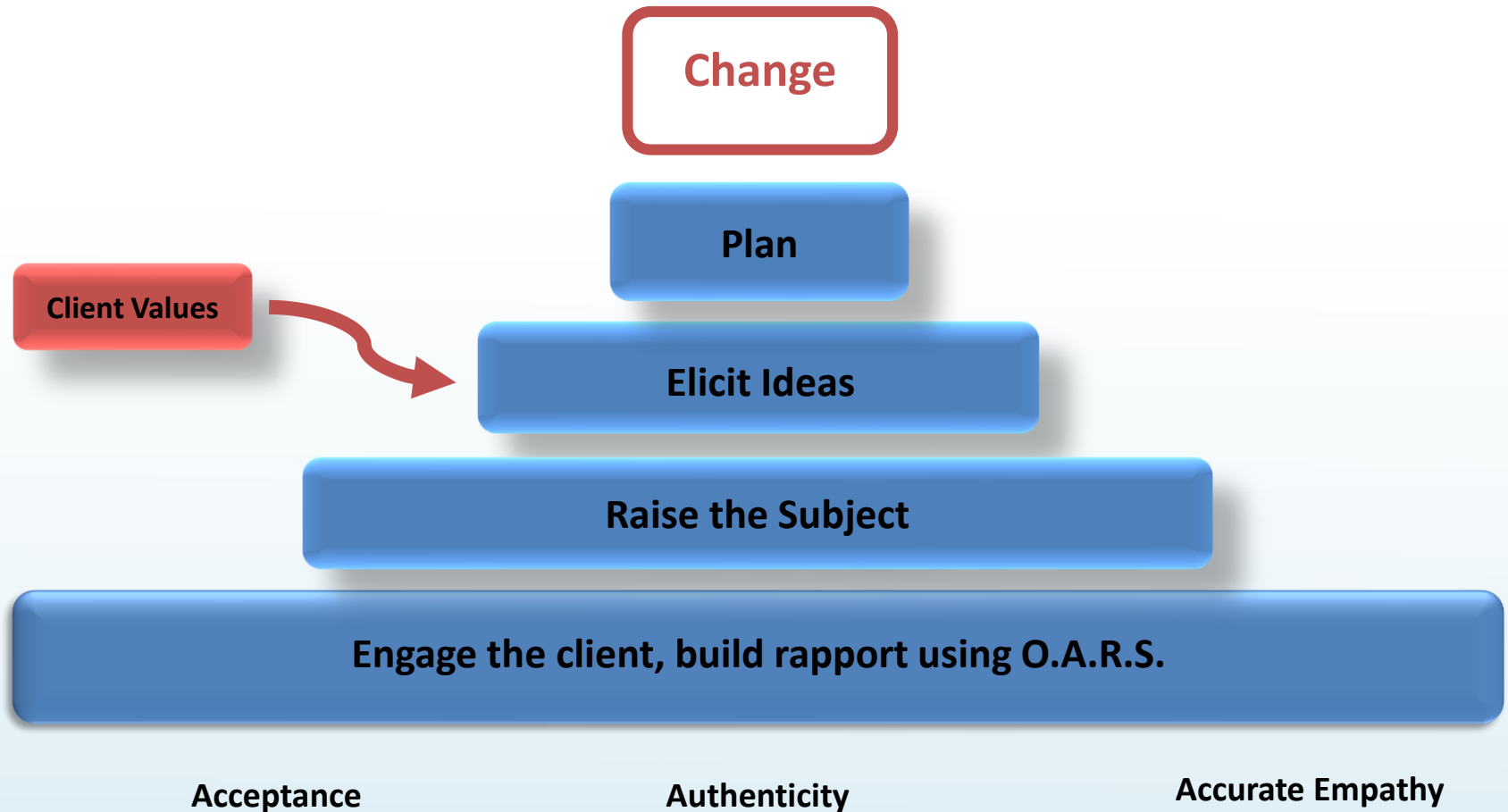
# The Process of MI

- 1) **Engage:** build rapport, use OARS
- 2) **Focus/raise the subject:** what behavior?
- 3) **Elicit ideas:** uncover the client's own reasons for change (change talk) and **build motivation** using OARS
- 4) **Plan:** create an achievable realistic plan (collaboration) that utilizes support

# Stages of Change



Prochaska & DiClemente, 1983





## Skills in MI: OARS

- Open-ended questions
- Affirm
- Reflect
- Summarize



# Eliciting Ideas & Building Motivation

## MI has collected a number of “tools”:

- Normalizing (“changing can be hard”)
- Decisional balance (pros/cons)
- Readiness Ruler
- Looking ahead/looking back

# Pros & Cons

## Behaviors usually exist to serve a purpose

- Benefits of the status quo (pros)
  - Try to get at underlying reasons for the behavior
  - Connect with emotions and values
- Downside of continuing the behavior (cons)
  - Once clients have discussed the benefits, it may be easier to consider the negatives

# Looking Ahead/Looking Back

## Looking ahead/back (client expresses change desire)

- Ask client's to **look ahead** assuming the change is in progress – What will be different for them?
- Ask client's to **look back** prior to needing the change – What was different for them back then?

# Imagining Extremes

- **Imagining extreme outcomes (client is in sustain talk)**
  - What will happen if this gets worse?
  - What would happen if you continued like this for the next several years? What risks would you encounter?

# Readiness Ruler

## A fast and effective method of assessing motivation

- *“On a scale of 1 – 10, how ready do you feel to make a change now”*
- *“I don’t know, maybe a 4”*
- *“Why did you choose that and not something lower like a 1 or 2?”*



1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready

# The Brief Negotiated Interview (BNI)

- The BNI is a formalized way of having a conversation based on MI
- A BNI can take between 5 – 45 minutes

## Reflective Discussions

- **Screening feedback** = sets the stage & review score as well as suggested risk range ( low, mod, high) for students their age
- **Listen & understand** = explore pros & cons
- **Reflections** most important
- **Summarize** importance of use & health concerns
- **Assess readiness to change** & options
- **Discuss plan** to follow-up



# The Brief Negotiated Interview (BNI)

## Steps of the BNI:

- 1) Raise the subject (of the behavior)
- 2) Pros & Cons
  - *Build motivation through reflection*
  - *Summarize the client's ideas*
- 3) Provide information
- 4) Readiness Ruler
- 5) Negotiate a Plan
  - *Identify strengths and supports*
  - *Be specific and achievable*

## MOTIVATIONAL INTERVENTION

- Ask questions to identify common problems, make pro/con list, ask CRAFFT questions
- Use problems as a pivot point in the conversation
- Assist with planning; target highest risk behaviors
- Give clear medical advice to stop, while acknowledging agency
- Ask permission to include parents in the discussion
- Invite back for follow up
- Assess for need: Make referral to treatment



Use MI to elaborate on your client's reasons for change

## How to Talk About Alcohol & Drug Use

*You cannot wake somebody who is pretending to sleep –*  
Proverb

- Conflict is counterproductive
- Understand student's reason for using
- Their personal experience of use is primary
- Their immediate concerns (friends, sleep, money, memory) are more important than long-term health
- *Elicit “ambivalence” for use – If none see if you can help elicit any potential toward lowering risk*

# How to Talk About Cannabis

*If you must share data, pose it as a question:*

- “Some students say they experience the most negatives from using multiple times daily – what do you think about that?”
- “You’re smart and doing well in school and you have a lot going for you. I wonder what you’d be willing to change to keep that edge?”
- “Some students tell me their sluggish the day after they smoke. How do you avoid getting high the night before you have a big day or something important to do?”
- “We know that it can be very hard to control cannabis use when people use it more than occasionally. I wonder how you’re able to do that?”

# The Tao of Weed

How I learned to talk about weed, without talking about weed...

- Help student to become future-oriented
- *“MI Seeks to promote reflection on drug use and its personal consequences in the context of their values and goals”* – McCambridge & Strang, 2004

# Health Based Talking Points

- Your brain is working overtime to develop (similar to 0 – 2 yrs.) this period is critical to form healthy neural connections
- Drugs & alcohol affect the growth of your brain and can damage it for life
- Alcohol can hurt your liver
- Smoking weed & drinking impairs driving ability and can cause accidents
- Drugs and Alcohol puts teens at higher risk of sexual assault, STDs, and unwanted pregnancies.
- *Frequent use is most alarming*

# Co Occurring Mental Health

- Be aware and connect for the youth how their substance use affects not only their health but their mood and any possible medication interactions
- Side effects of drug use can appear to be similar to symptoms of MH disorders
- Youth often use substances to cope with MH symptoms but in long run, substances can exacerbate MH symptoms
- Stopping substance use can result in an increase in experience of MH symptoms before they decrease
- Youth strongly believe some substances are the only things that get them through (e.g. cannabis for ADHD or anxiety)
- Ongoing substance use can make it difficult to treatment MH disorder with pharmacotherapy



# Demonstration

- Sara is 16-year old presenting for her annual physical. She screens positive for weekly marijuana use.
- When completing the CRAFFT, Sara indicated she uses it to RELAX and that she also uses ALONE.





- Alex is 15-year-old boy who presents for a school physical.
- He reports “weekly” marijuana use.
- He started smoking 6 months ago and now smokes every day.



C

Car

R

Relax

A

Alone

F

Forget

F

Friends

T

Trouble

Alex is forgotten things that have happened when he was high and it is affecting his school performance

Alex has gotten in trouble with his mother for his grades and lack of motivation

## Monthly: Brief Motivational Intervention

- **Ask questions to identify common problems**
- Use problems as a pivot point in the conversation
- Give clear medical advice to stop, while acknowledging agency
- Make a behavior change plan
- Ask permission to include parents in the discussion
- Invite back for follow up

# Screening results and change plan

Substance	None 1-2x	Monthly	Weekly +
Alcohol	X		
Marijuana			X
Tobacco			
Other			

**Plan: My doctor/clinician recommends that I stop, but for now I will:**

- Meet with counselor
- Find after-school activities

**Follow Up: In one month**

# Debrief and Next Steps

- What is your goal to begin using MI and specifically the BNI within your daily practice?

# Thoughts, Questions, Complaints?

- Thank you!