

# THE BRIEF INTERVENTION WITH ADOLESCENTS: THE POWER OF OUR RELATIONSHIPS IN PRIMARY CARE

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# Disclosures

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

# What is SBIRT?



# What is it Not?



# Case # 1

- Meg 16 year old Female, Basketball Player
- Starting Varsity
- Smokes Marijuana, drinks at parties
- Terrified of getting caught

# Overview

1. SBIRT in Adolescents
2. BI/Motivational Interviewing in Primary Care
3. Cases
4. Opportunities Ahead, What's Next

# Drowning in a Sea of Recommendations

- Over 200 discrete health advice directives
- 4 year old visit would take close to 3 ½ hours

AGE <sup>1</sup>	Prenatal <sup>2</sup>	Newborn <sup>3</sup>	3-5 d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
<b>HISTORY</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MEASUREMENTS</b>																																
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Weight for Length		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Body Mass Index <sup>5</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure <sup>6</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>SENSORY SCREENING</b>																																
Vision <sup>7</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hearing		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>DEVELOPMENTAL/BEHAVIORAL HEALTH</b>																																
Developmental Screening <sup>8</sup>																																
Autism Spectrum Disorder Screening <sup>9</sup>																																
Developmental Surveillance																																
Psychosocial/Behavioral Assessment <sup>10</sup>																																
Tobacco, Alcohol, or Drug Use Assessment <sup>11</sup>																																
Depression Screening <sup>12</sup>																																
Maternal Depression Screening <sup>13</sup>																																
<b>PHYSICAL EXAMINATION<sup>14</sup></b>																																
<b>PROCEDURES<sup>15</sup></b>																																
Newborn Blood		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Newborn Bilirubin <sup>16</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Critical Congenital Heart Defect <sup>17</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Immunization <sup>18</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia <sup>19</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Lead <sup>20</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tuberculosis <sup>21</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Dyslipidemia <sup>22</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sexually Transmitted Infections <sup>23</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
HSV <sup>24</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Cervical Dysplasia <sup>25</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>ORAL HEALTH<sup>26</sup></b>																																
Fluoride Varnish <sup>27</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fluoride Supplementation <sup>28</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>ANTICIPATORY GUIDANCE</b>																																

Developmental Surveillance

Psychosocial/Behavioral Assessment

Tobacco, Alcohol, or Drug Use Assessment

Depression Screening

# Myths

- Screening takes too much time.
- I will annoy patients by screening them.
- There is no available place to send a patient who screens positive.
- The costs associated with screening and treatment will not be compensated and will be prohibitive.
- My patients are not at risk.

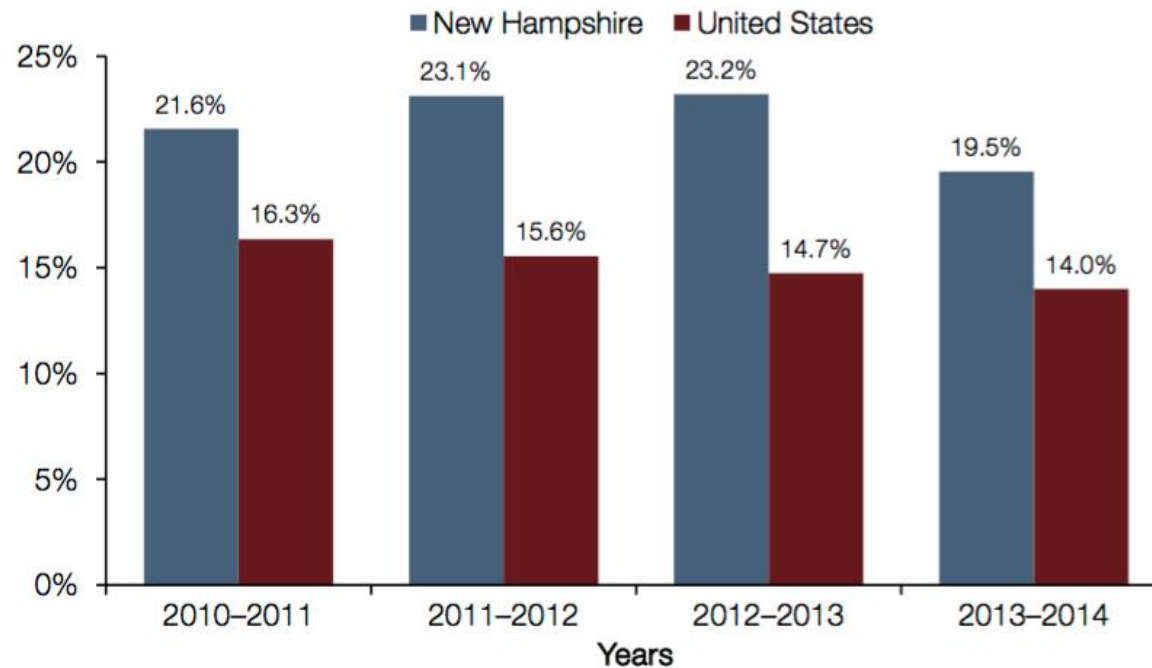
# Realities

- Screening can be accomplished by as little as a single question!
- Numerous studies report patient preference of physician screening and intervention
- Multiple options exist for follow up and treatment for substance use & abuse disorders
- Screening and brief intervention is covered by many insurance plans, including Medicaid

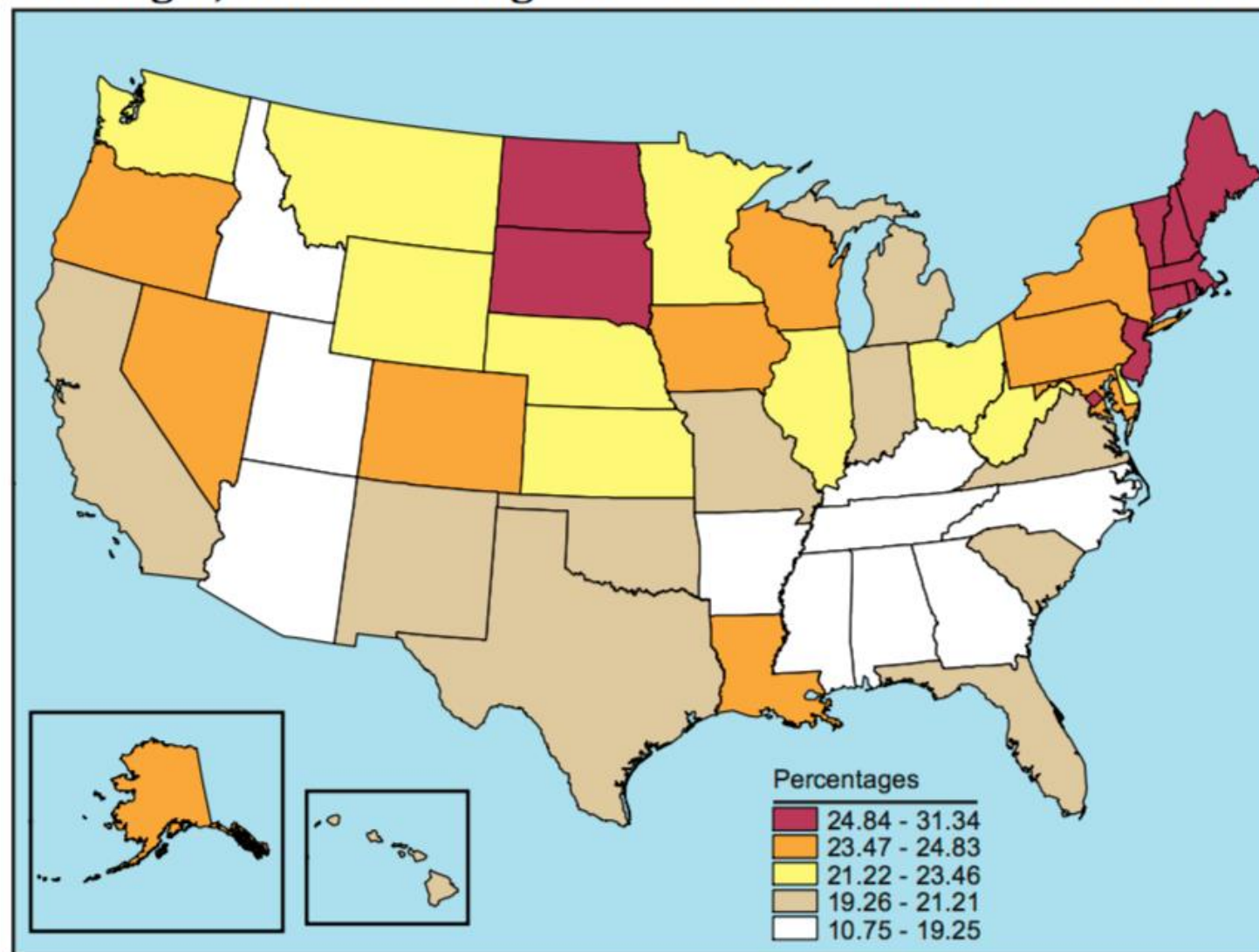


# Past Month Binge Alcohol Use Among Individuals Aged 12–20 in New Hampshire and the United States (2010–2011 to 2013–2014)<sup>1</sup>

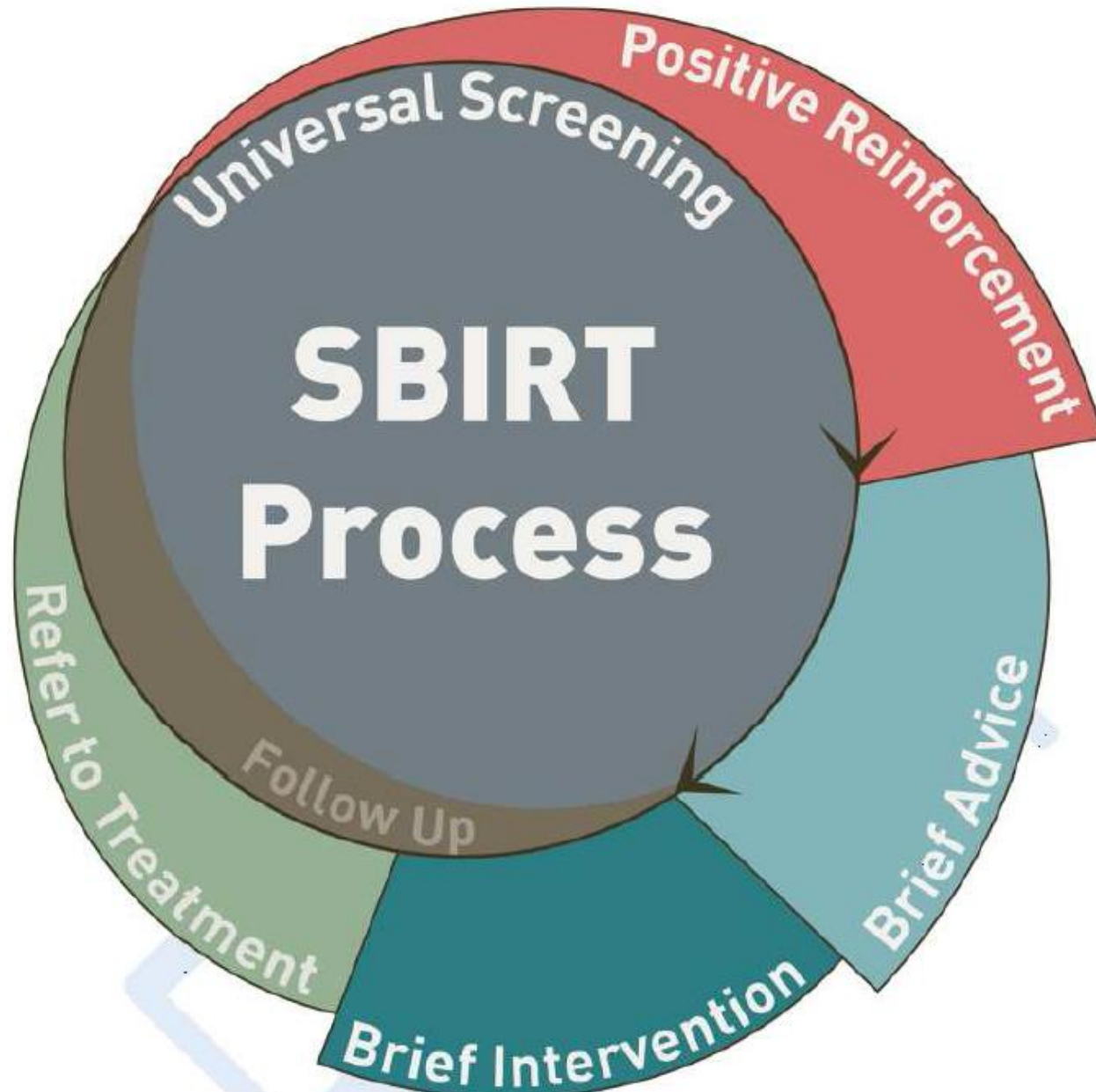
*New Hampshire's percentage of binge alcohol use among individuals aged 12–20 was higher than the national percentage in 2013–2014.*



**Figure 7a** *Alcohol Use in the Past Month among Individuals Aged 12 to 20, by State: Percentages, Annual Averages Based on 2014 and 2015 NSDUHs*



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2014 and 2015.

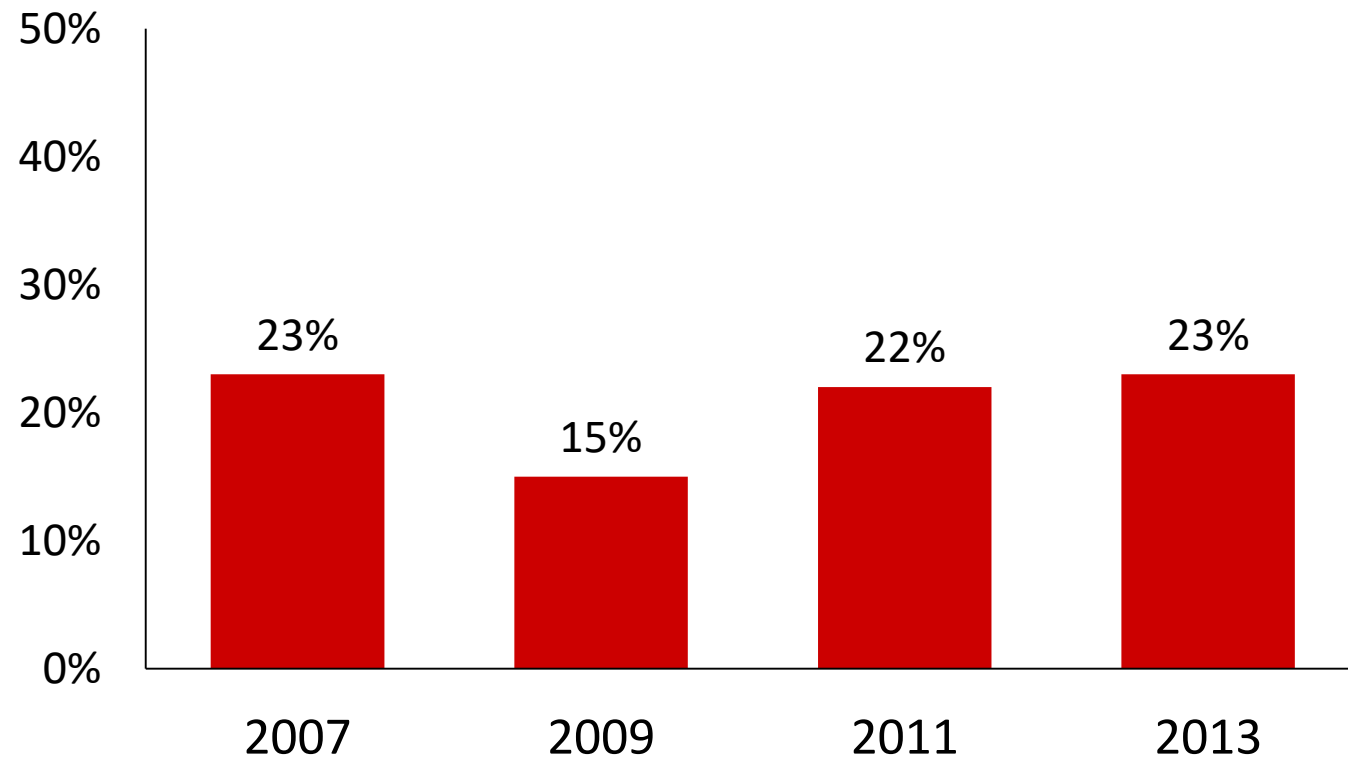


# Multidisciplinary Implementation Team

- Secretaries, flow staff, nurses, providers, administrators, EMR liaison
- Embedded Behavioral Health Clinician
- Parents: Representative on team
- Adolescents: Qualitative interviews
- Substance Misuse Continuum of Care Coordinator

# YRBS: 9-12 Graders

Past 30 days: 5+ drinks of alcohol in 2 hours

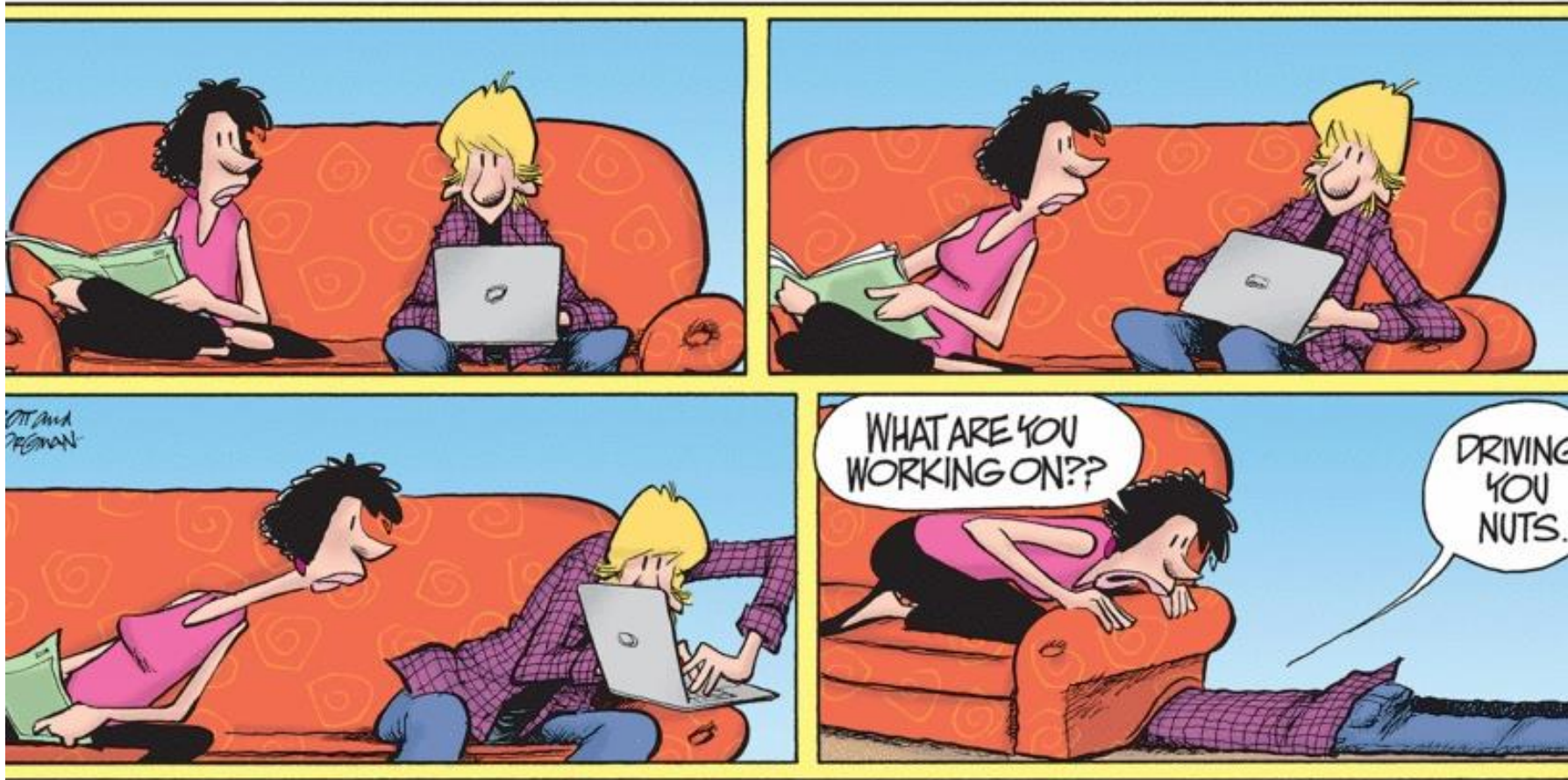


# DartScreen: Substance Use Screen PLUS

- Diet/Activity
- School/Connections
- Sports/Concussion
- Frequency, CRAFFT, Readiness to Change
- Depression
- Anxiety
- Sexual Activity/Orientation



VOC: Understanding the need to communicate to parents about patient privacy was important

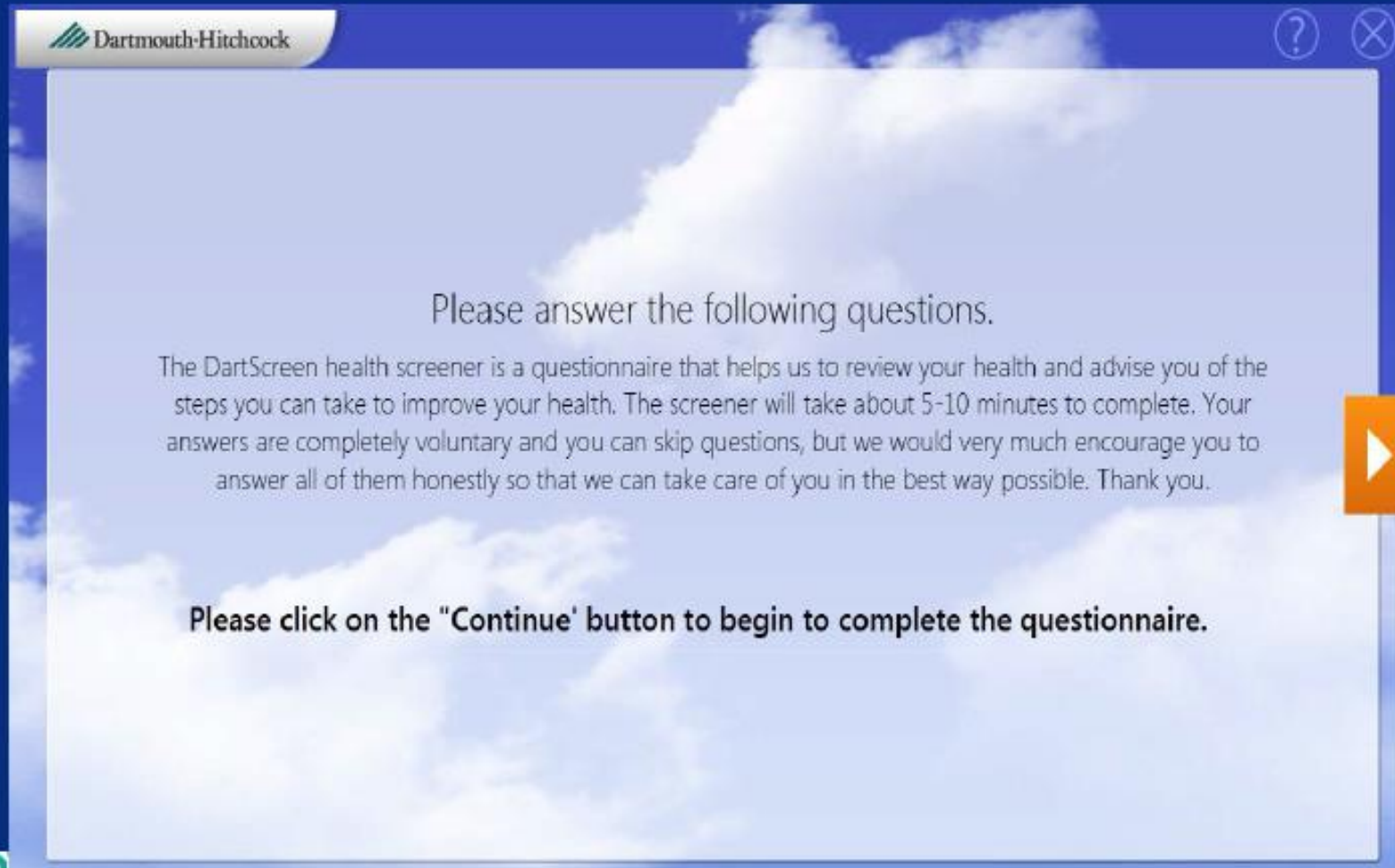


# Adolescent Confidentiality

- Creates therapeutic relationship
- Makes conversations possible
- Acknowledges Reality of Self-Management
- Can Reinforce Relationship with Parents, not Undermine it!



# Tablets are assigned to tween/teen and handed over...



Please answer the following questions.

Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

Yes No

Do you ever use alcohol/drugs to RELAX, feel better about yourself or fit in?

Yes No

Do you ever use alcohol/drug while you are by yourself, or ALONE?

Yes No

Please answer the following questions.

Do you ever FORGET things you did while you were using alcohol or drugs?

Yes No

Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

Yes No

Have you gotten into TROUBLE while you were using alcohol or drugs?

Yes No

<b>Alcohol score (range: -1 - 4)</b>	<b>3 (Alcohol Risk)</b>
Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	Yes
Do you ever use alcohol/drugs to RELAX, feel better about yourself or fit in?	No
Do you ever use alcohol/drug while you are by yourself, or ALONE?	No
Do you ever FORGET things you did while you were using alcohol or drugs?	No
Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	No
Have you gotten into TROUBLE while you were using alcohol or drugs?	Yes
<b>CRAFFT Score (range: 0 - 6)</b>	<b>2 (Potential of a significant problem required)</b>
Are you interested in changing your drug use?	No
How important is it to you to change your drug use?	3
How confident are you that you can change your drug use?	10
Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?	Not at all
Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?	Not at all
Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?	Not at all
Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?	Not at all
<b>Dartscreener - Anxiety Score (range: -1 - 6)</b>	<b>0 (No Anxiety Risk)</b>
Are you dating someone or going steady?	No
Are you thinking about having sex ("going all the way" or "doing it")?	No
Have any of your friends ever had sex?	Yes
Have you ever felt pressured by anyone to do something sexual or had sex when you did not want to?	No
Do you think you may be gay, lesbian or bisexual?	No
Have you ever had oral sex or sexual intercourse?	Yes
<b>Dartscreener - Social Life Score (range: -1 - 6)</b>	<b>2 (Social Life Risk)</b>
Do you ever get into fights or arguments with anyone?	No

## Case # 2

- Simon 16 year old with average grades, plays in jazz band
- Negative CRAFFT, rest of screens also negative
- History of alcohol misuse in Aunt, Grandfather
- What do you say?

# Brief Intervention

## Substance Misuse in Adolescents

- Using the Spirit, Processes and Core Skills of Motivational Interviewing to Build on Strengths and Promote Resilience

# Power of Relationships in Primary Care

- How does the brief intervention provide a framework for being in caring and connected relationships with adolescent patients over time?
- How does the brief intervention support resilience and healthy development in adolescent patients?

# What Is A Brief Intervention?

- Use screener as a starting point
- Identify strengths
- Assess patient concerns, risk and protective factors, and readiness to change
- Provide brief education with concern and compassion, avoid preaching or judgment

# What Is A Brief Intervention?

- Summarize adolescent's priorities and motivation and seek confirmation of shared understanding
- Together with the patient make a plan for going forward
- Follow-up, monitor progress, reflect, continue motivational interviewing as a frame for supporting self efficacy and change over time



## Case # 3

- Tyler is a 14 year old boy, here for WCC
- CRAFFT = 2, for Car and Relax
- Desire for Change is 3
- Tyler smokes marijuana about 5 days a week, often with his older brother.

# 5 Principles of Motivational Interviewing

- EE Express Empathy
- AA Avoid Argumentation
- RR Roll with Resistance
- SS Support Self Efficacy
- DD Develop Discrepancy

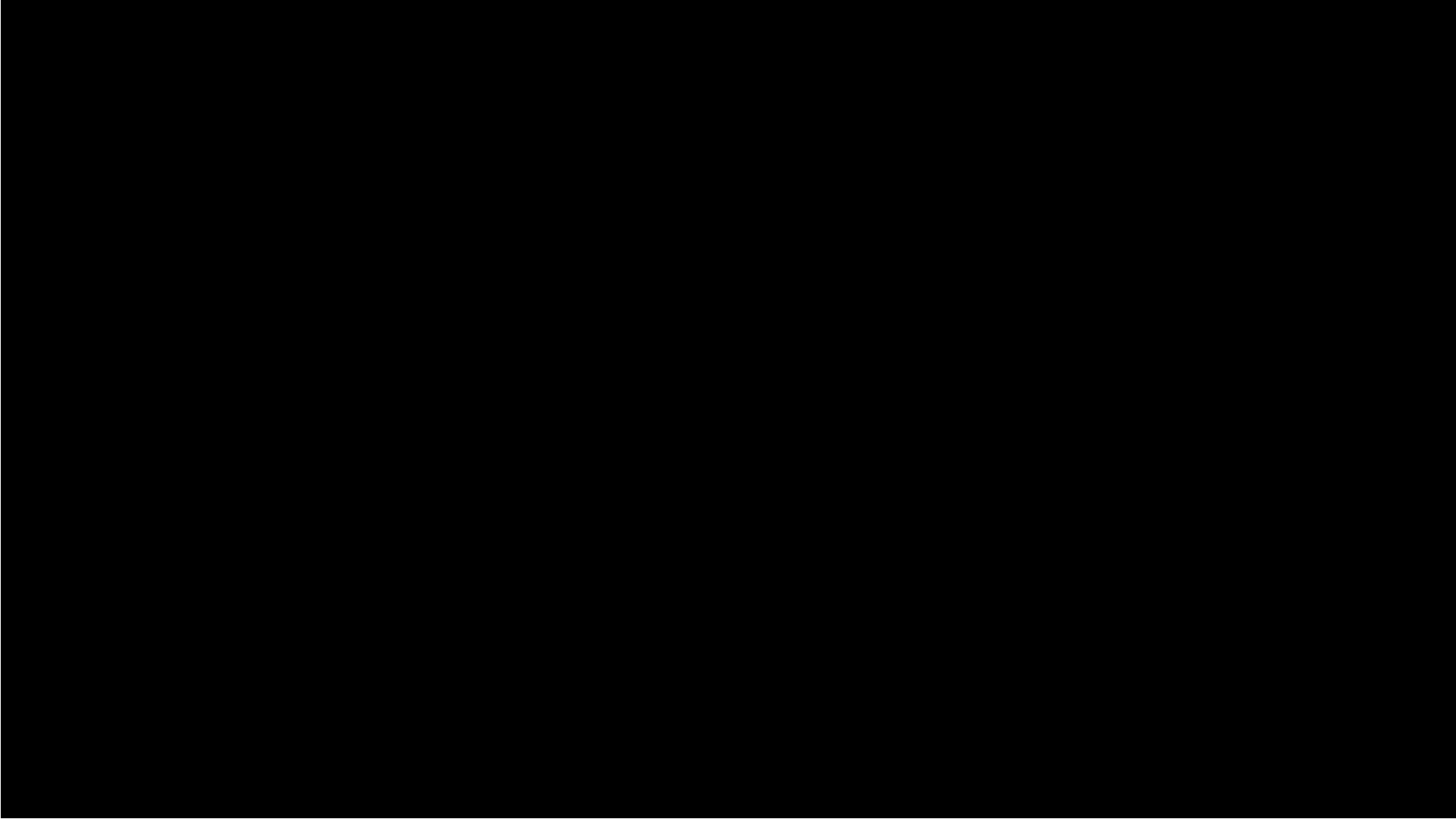
# What MI Is Not

- It is NOT non-directive
- It is NOT a technique
- It is NOT a solution to all clinical problems
- It is NOT a comprehensive theory of change
- It is NOT a form of psychotherapy
- It is NOT necessary to be an expert at MI to use the spirit, processes and core skills of MI in communication with patients

**AMBIVALENCE IS  
SIMULTANEOUSLY WANTING AND  
NOT WANTING SOMETHING, OR  
WANTING BOTH OF TWO  
INCOMPATIBLE THINGS.**

# Directive Approach to Communication

- 1) I'll ask you close-ended questions
- 2) I'll tell you what's wrong with you
- 3) I'll tell you what you need to do
- 4) I'll assume that you're going to do it



- <https://youtu.be/-4EDhdAHrOg>

# Communication Via Motivational Interviewing...

- EVOKES what is already present and does NOT prescribe what is absent
- Respectfully identifies the common problem of ambivalence to change
- Recognizes that the most powerful motivations for changing our behaviors don't come from others, but come from ourselves
- Is evidence based
- Is grounded in health-behavior theory

# Four Processes of MI

This tends to be the flow of MI, however, these processes can flow into each other, overlap, or reoccur.

- 1)Engaging
- 2)Focusing
- 3)Evoking
- 4)Planning



## Case # 4

- Melanie is 16 years old, here for WCC. She is interested in discussing birth control options, specifically nexplanon
- CRAFFT = 3, for Relax, Car, and Trouble
- Desire for Change = 1

# Core Skills of Motivational Interviewing

- **OARS**

- **Open-Ended Questions**

- “Describe what you enjoy about drinking.”
- “Why is drinking with your friends important to you now?”
- Tell me about your smoking.”

## **Affirmation**

- You handled that challenge with courage.”
- “You really worked hard this week.”
- “I am proud of you for meeting your goal!”

# Core Skills of Motivational Interviewing (con't)

- **Reflective (Listening) Statements**

- *I almost died last month; I can't believe I get another chance.*
- "You're lucky to be alive."
- *I've hurt my parents and now they won't let me use the car.*
- "You really want your parents to trust you again."
- *I feel so edgy and nervous since I stopped smoking.*
- "Your anxiety is uncomfortable and really concerns you."

- **Summary**

- So here's what you've told me so far. You were concerned about your parents reaction, and possible impact on your college admission after you were arrested for soliciting someone of age to purchase alcohol for you. However, your blood alcohol level was zero at that time and that showed that you're in control of your drinking. Yet you've said that you feel best at school when you've had a shot or two in the morning. What else have you noticed?

# Assessing Readiness to Change

## Developing Discrepancy: Change Talk vs. Sustain Talk

**D**esire

**A**bility

**R**easons

**N**eed

**C**ommittment

# Case # 5

- Laura is a 17 year old female
- She is a 3<sup>rd</sup> year student at a prestigious boarding school and anxious about getting into a top college
- Her CRAFFT is 4 for RELAX, ALONE, FORGET and FRIENDS
- Motivation for change is a 6
- She likes to drink because it helps her relax
- She occasionally smokes pot but she doesn't like it because she feels more anxious and has difficulty staying focused when she smokes

## Case # 6

- Tim is a 13 year old adolescent male
- He lives with his single-parent mother, with an active alcohol use disorder
- Before his older brother left home last year he introduced Tim to pot
- His CRAFFT is a 3 for CAR, RELAX and ALONE
- Motivation for change is a 2
- He smokes 3-4 times/week, usually alone
- He scoffs at the idea of drinking alcohol because he thinks his mother is a wreck-he says he dislikes her

## Case # 8

- Substance Use Screen Negative
- Except For Ridden in Car Question

# Case # 7

- Jim is a 21 year old college student
- He is interested in food sustainability and passionate about making craft beers
- He drinks with his many friends on the weekends and describes himself as the life of the party
- His CRAFFT is a 3 for FORGET, FRIENDS and TROUBLE
- His motivation for change is a 9
- He wonders if he can drink and still achieve the dream of owning his own craft beer company some day



## Case # 8

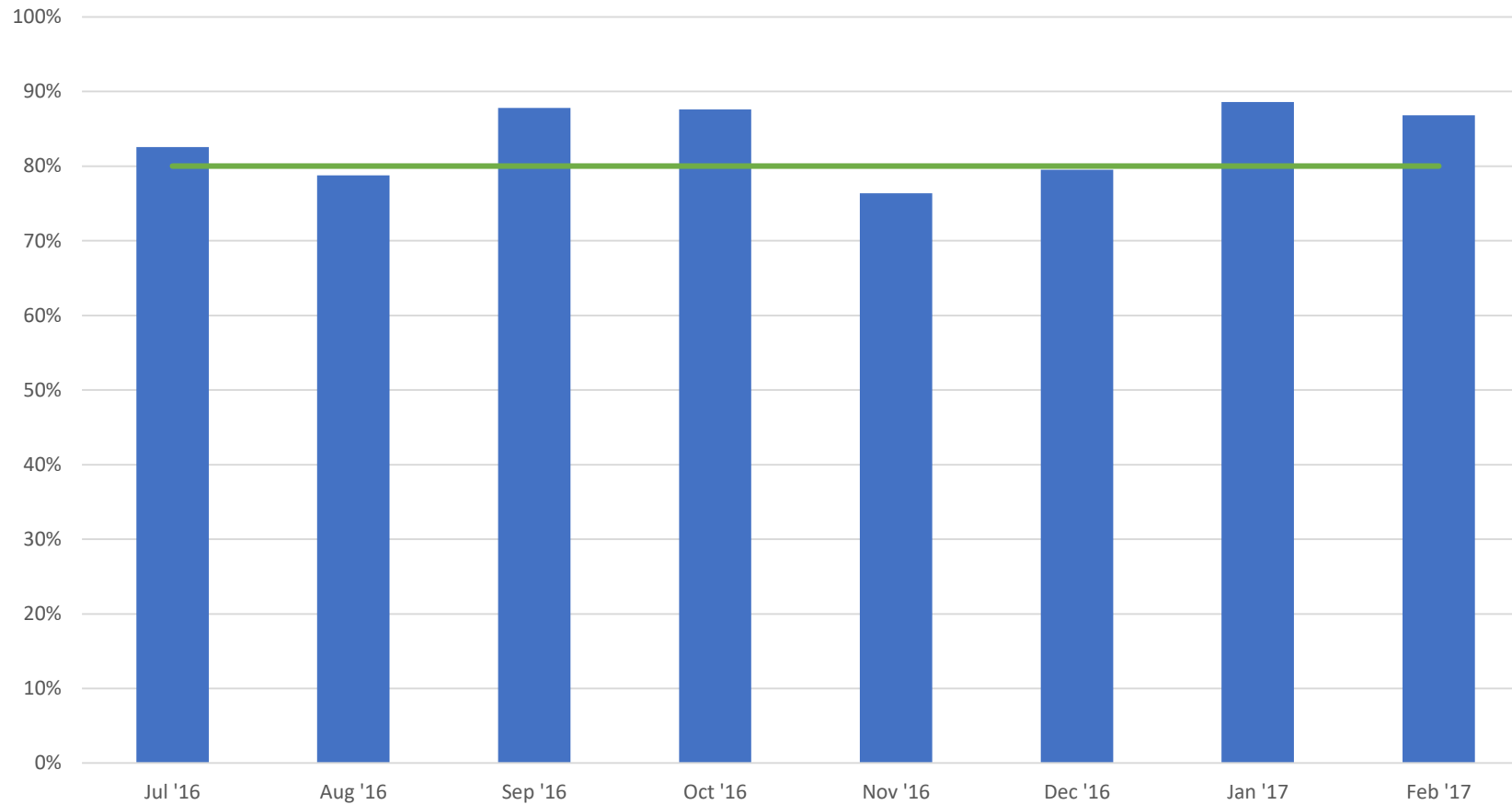
- Brady, 17 year old junior in high school
- Reports increase in anxiety about applying to college. Worries about grades which are A's and B's
- Disappointed with athletic performance following an injury. Sitting on the bench and thinking about quitting
- Recently quit smoking tobacco due to health concerns
- Heavy daily marijuana use
- Recent spike in anxiety, including panic, with focus on physical symptoms in his throat even though testing and imaging results were negative

## Case # 2 (Remember Simon?)

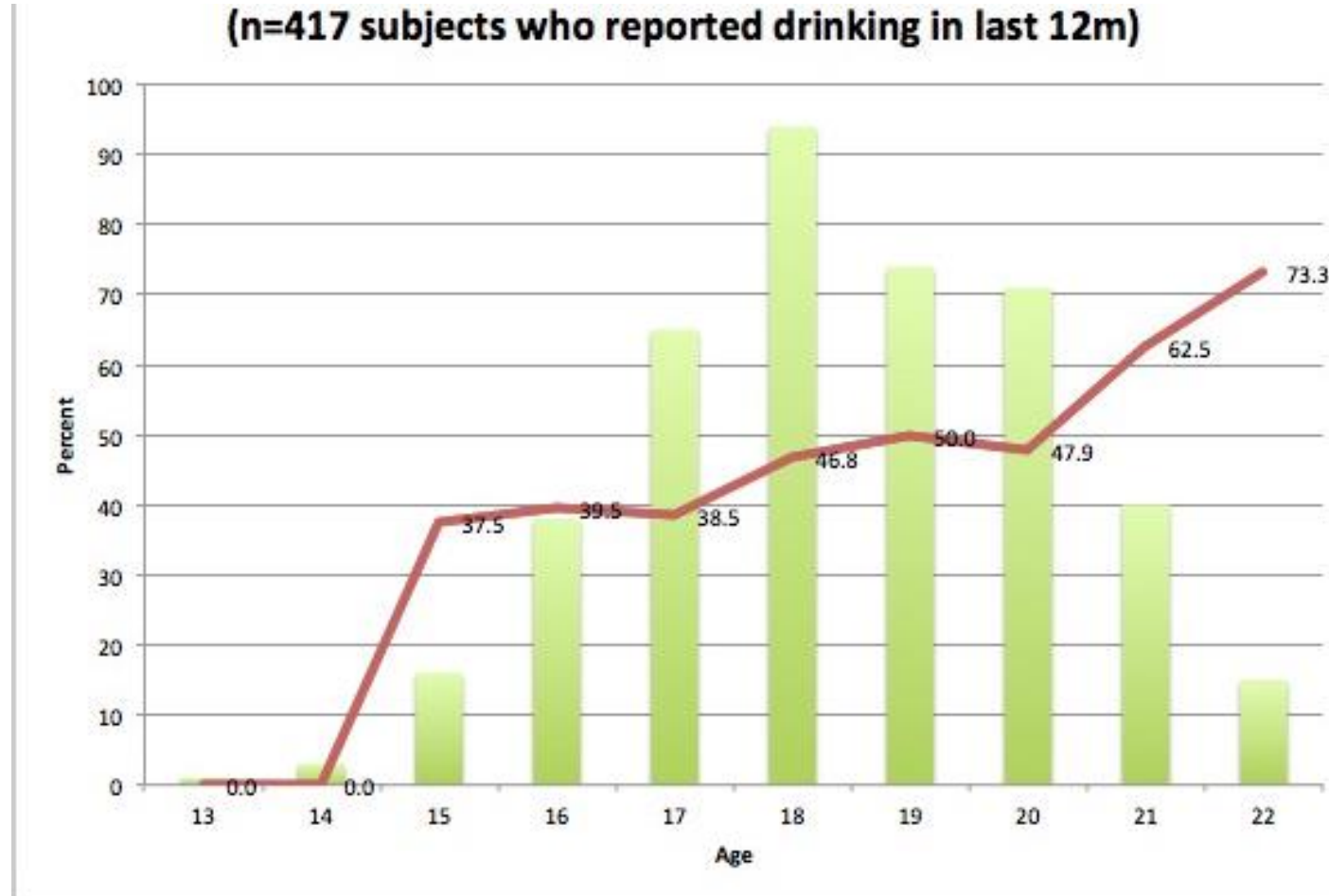
- Negative CRAFFT
- 6 Months later, you get a phone call...

# Substance Abuse Screening Rates

WCC ages 13 and older

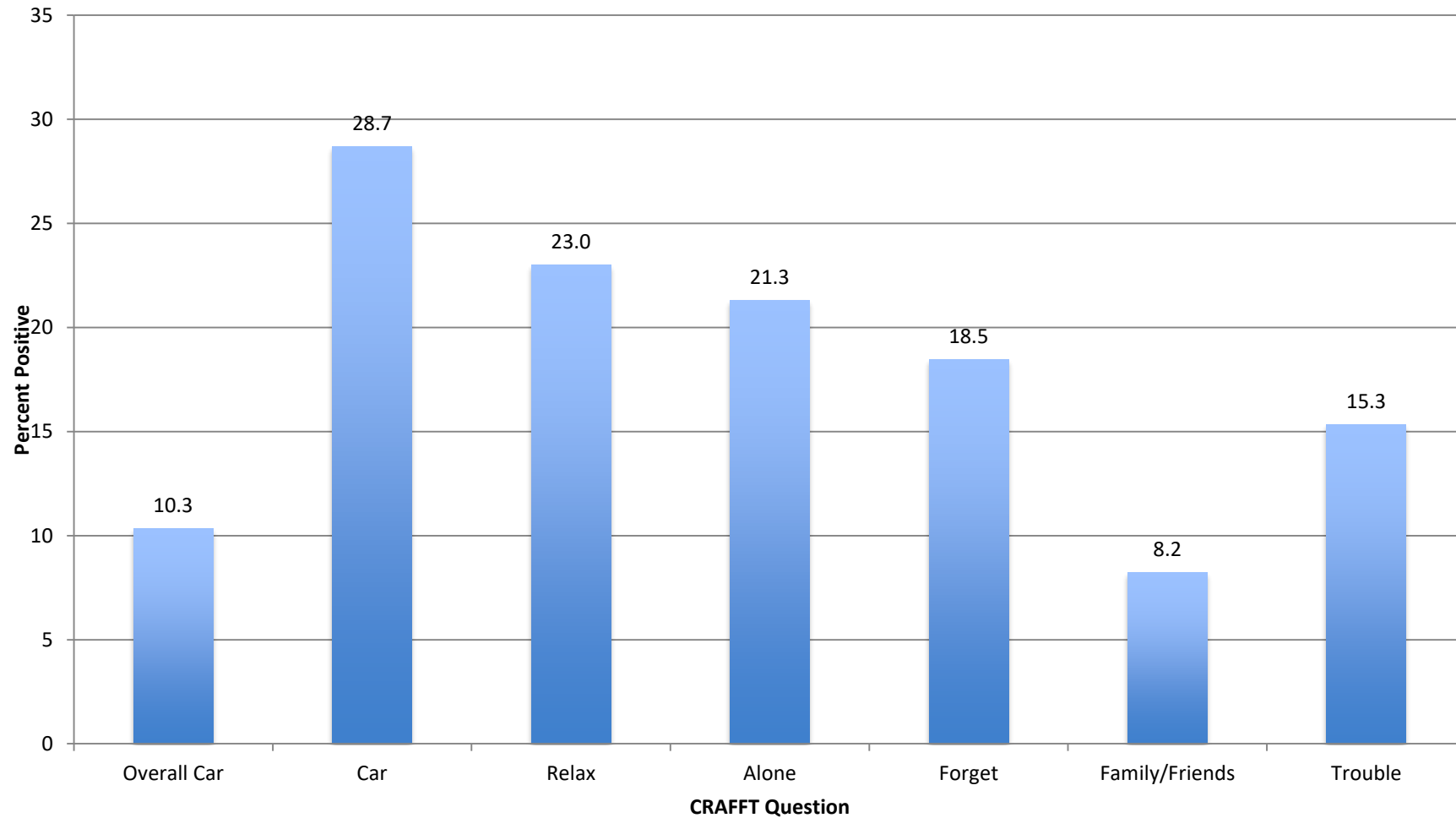


# Binge Drinking by Age

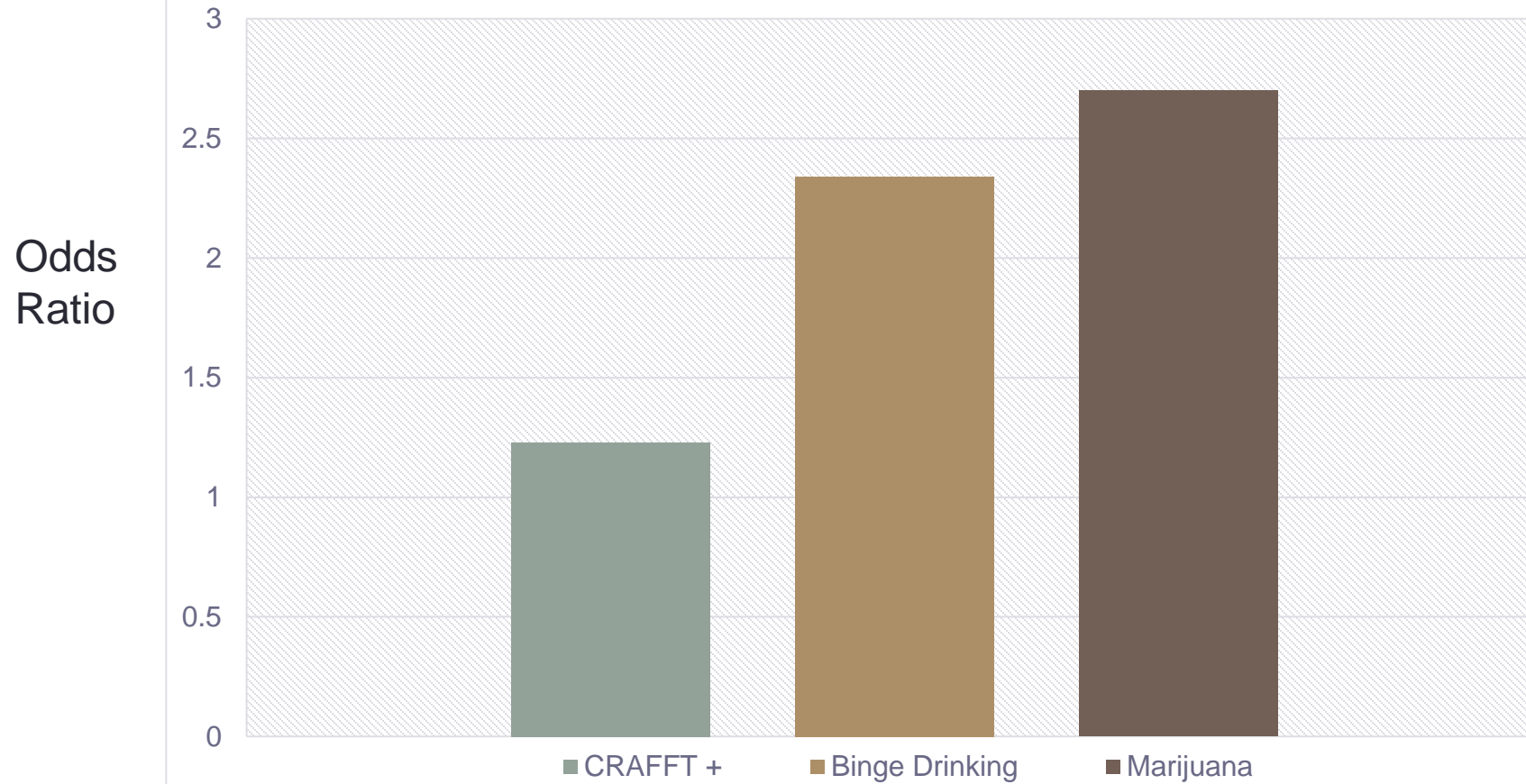


# Positive Responses by CRAFFT Question

N = 352



## Adolescent Substance Use and Sexual Activity



## Best Practice Alert for Positive CRAFFT Screen:

**BestPractice Advisories**

**Action Taken in response to Positive CRAFFT. Please note: BI = Brief Intervention. (BPA 986)**

Acknowledge reason:

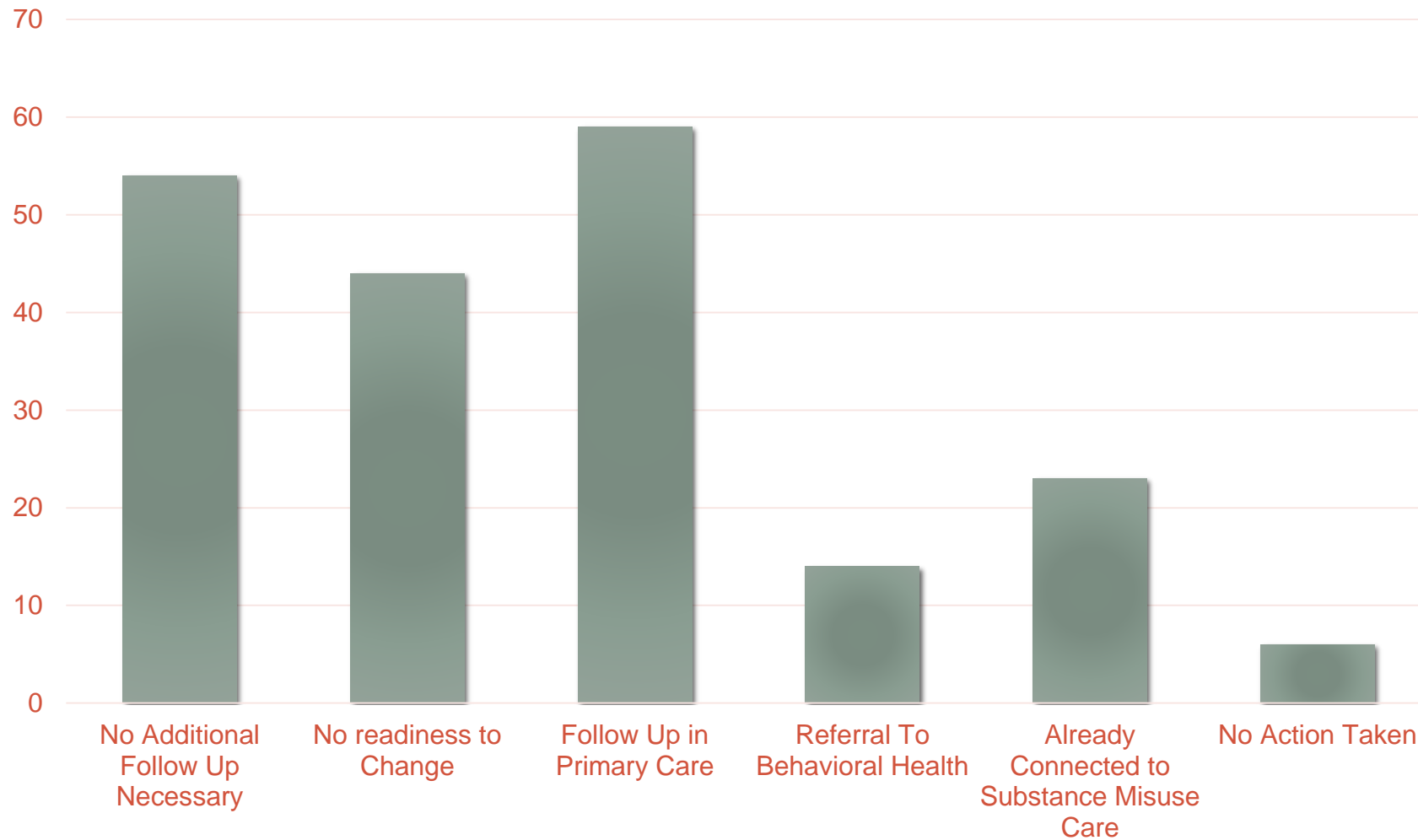
BI done, no follow-up. BI done, no readiness. BI done, follow up in primary care.  
BI done, referral to BH clinician. BI done, already in substance care. Not addressed today.

Refresh Last refreshed on 6/2/2015 at 7:53 AM Accept

Restore Close F9 Previous F7 Next F8

You will get the above alert at the close of your encounter with a patient who has a positive CRAFFT screen. You must choose one in order to close the encounter. Here is a more detailed description of the above options.

# What Happens to a Positive Screen?





# What is the “RT” for Adolescents?

- What happens next after the BI?
- What are the different trajectories?

# Referral to Treatment

- Seek counselors/therapists with training/experience in treating adolescents
- Co-occurring disorders should be treated simultaneously (depression, anxiety, ADHD)
- Involve parents with treatment
  - Special issues with substance-using parents
  - Best chance for good outcomes with family involvement

# Implementation Keys

- The Four 'T's
  - Time
  - Team
  - Tools
  - Training
- Bridging Silos
  - Behavioral Health Embedded In Primary Care
- Reimbursement/Codes Sustainability

# What Works for Different Trajectories?

- Counseling
- Parent support/coaching
- Peer Support
- Embedded Behavioral Health in Primary Care
- IOP for Adolescents
- Apps – Feedback, Behavior change
- Apps – connection to care, peers, resources
- School Engagement

# A Few SBIRT Lessons

- **Systematic Approach Leads to Culture Change**
- Most Kids with Substance Use can Be Followed in the Medical Home
- Primary Care Relationships are Powerful
- Brief Intervention Done is a Win

# www.SBIRTNH.org

[Technical Assistance](#)[Playbook](#)[Provider Resources](#)[Parent Resources](#)

**SCREEN &  
INTERVENE**  
NH Youth SBIRT Initiative

An initiative of the  
New Hampshire  
Charitable Foundation

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# THANK YOU!

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- 
- *Reaching Teens*, Editors, Kenneth Ginsberg, Sara Kinsman, The American Academy of Pediatrics, Elk Grove Village, IL, 2014
- 
- *Brief Intervention for Adolescent Alcohol and Drug Abuse Manual*, Ken Winters, Ph. D. et al., Center for Adolescent Substance Abuse Research, University of MN, 2006
- 
- *Motivational Interviewing*, Power-point and presentation (2/2014) by Lisa Stockwell, M.Ed., Owner of *It's Your Journey, LLC*



# Case Discussion

- 18 year old female
- Stress in family system related to father's long term AUD
- Has engaged in counseling with BHC on three different occasions during high school
- Recent spike in anxiety associated with impending move to college
- Patient experiences intermittent panic and wonders if she has an ulcer
- Seen by PCP and treated for gastric reflux
- Had not previously endorsed use of substances, however, currently endorses one episode of binge drinking and "forgetting."
- In general excited about leaving for college in just a few weeks but worries about leaving mother and brother behind to deal with impacts of father's AUD

# CHAMP Learning Session Morning Breakouts

## **Williams Family Room – 403**

**Substance Use Screening in Practice**

**Presenters: Michelle Shepard, MD and Stan Weinberger, MD**

## **Jost Foundation Room – 422**

**Provider Wellness: How to Focus on Self-Care While Caring for Others**

**Presenter: Anya Koutras, MD**

## **Sugar Maple Ballroom – 401**

**Brief Negotiated Interview: An Intervention for Positive Screens**

**Presenters: Win Turner, PhD and Jody Kamon, PhD**