



Northwest (HHS Region 10)

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



Northwest ATTC presents:

Teens R' Us and the SBIRT Model

Ken Winters, PhD

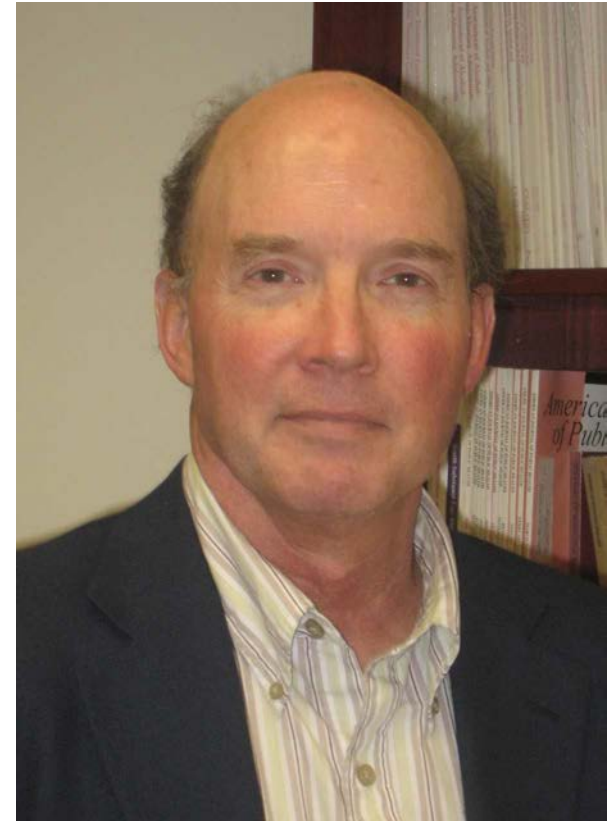
Oregon Research Institute and
University of Minnesota



Today's Presenter

Ken Winters, PhD

- Senior Scientist, Oregon Research Institute
- Adjunct Faculty, University of Minnesota, Department of Psychology
- Primary research interests:
 - Assessment/treatment of adolescent drug abuse
 - Brief interventions and the SBIRT model



Teens R'Us and the SBIRT Model

**Screening, Brief
Intervention and
Referral to Treatment**

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Adjunct Faculty, Dept. of Psychology, U of MN

NWATTC Webinar

Presenter Disclosure

I do have a personal commercial interest with one of the brief intervention programs briefly noted as background material.

Personal Disclosure

I hope to avoid the following reaction from you after my talk:

“Before I came here, I was confused about this subject. Having listened to your lecture, I am still confused -- but on a higher level.”

A concern once voiced by the famous Italian-American lecturer and physicist, Enrico Fermi

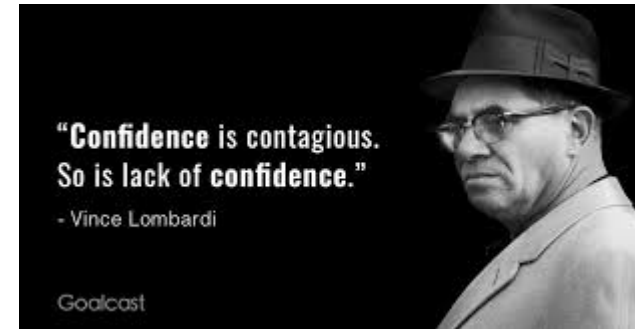
General Views of Any Counselling Program to Address Adolescent Substance Abuse

- At the risk of being over-simplistic, the keys to being a successful counselor with a teenager:
 - Develop a therapeutic alliance with the teenager
 - Be credible; use a credible strategy
 - Help him/her to break the functional value of their substance use

General Views of Any Counselling Program to Address Adolescent Substance Abuse

- At the risk of being over-simplistic, the keys to being a successful counselor with a teenager:
 - Develop a therapeutic alliance with the teenager
 - Be credible; use a credible strategy
 - Help him/her to break the functional value of their substance use
 - **Understand the dynamics of motivation**

Great Motivators



The Courage of Jill Costello
Sports Illustrated, November 29, 2010
By Chris Ballard




Understanding Motivation
also Includes Appreciating
how “Triggers and Cravings”
Influence Behavior

Temptations Influence Motivation

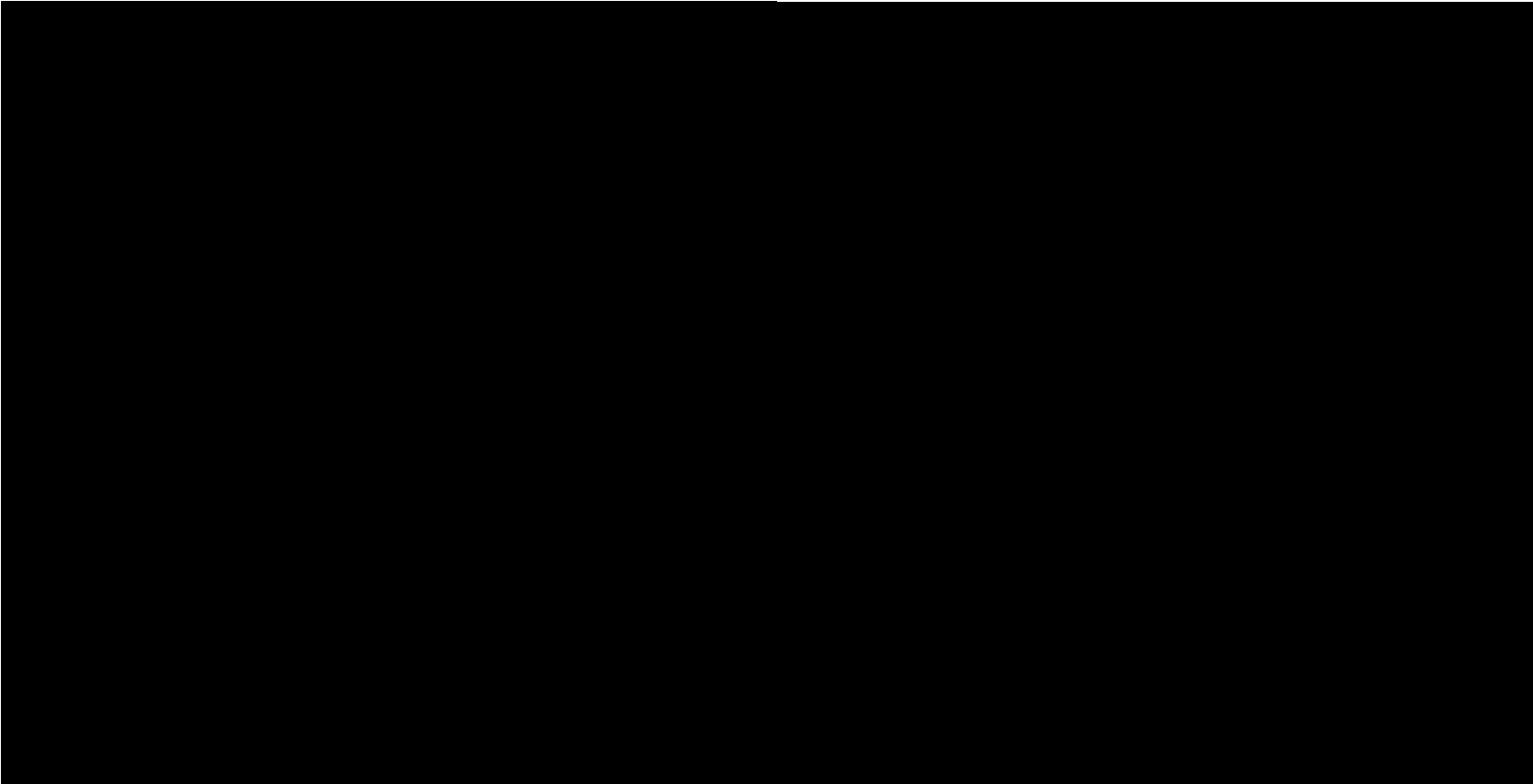


Resisting the marshmallow and the success of self-control

PBS NewsHour 

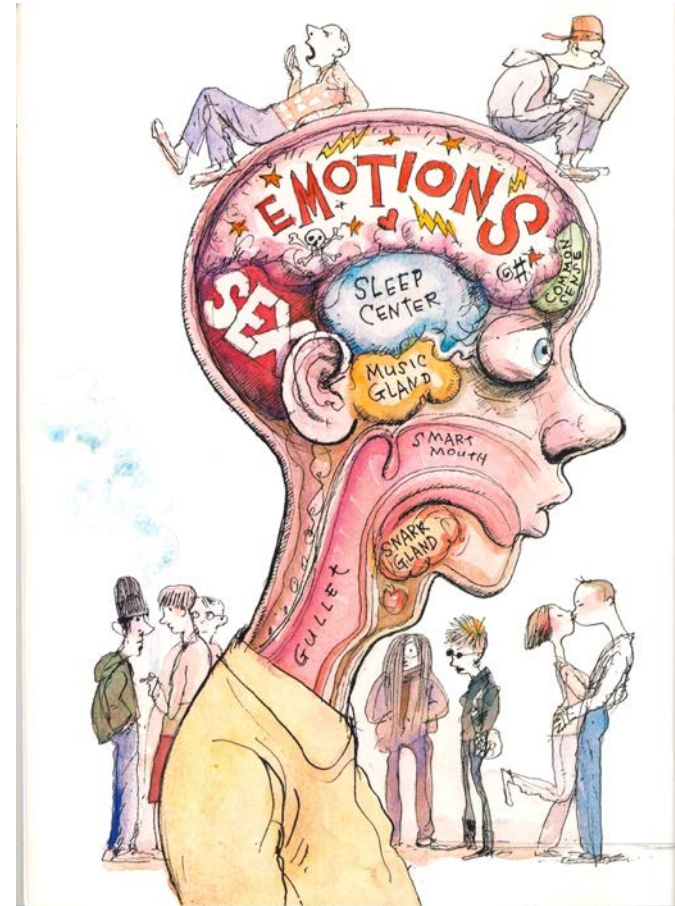
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SBIRT

- **S**creening
- **B**rief **I**ntervention
- **R**eferral to **T**reatment
(Services)



Free Resources on SBIRT

1. Treatment Improvement Protocol (TIP) Series

www.samhsa.gov/csats

TIP #31: Screening and Assessing Adolescents for Substance Use Disorders

TIP #32: Treatment of Adolescents with Substance Use Disorders

2. Principles of Adolescent Substance Use

Disorder Treatment: A Research-Based Guide

www.drugabuse.gov

3. Paving the Way to Change

www.tresearch.org

4. Boston's Children Hospital

<http://www.childrenshospital.org/ceasar/for-clinicians/resources>

\$\$ Resources on SBIRT

1. ***Clinical Manual of Adolescent Substance Abuse Treatment (2011)***

www.psych.org

2. ***Adolescent Substance Abuse: Research and Clinical Advances (2006)***

www.cambridge.org

3. ***Motivational Interviewing with Adolescents and Young Adults (2011)***

www.guilford.com

4. **SBI with Adolescents (2018)**

<https://kognito.com/products/sbi-with-adolescents>

Overview of SBIRT



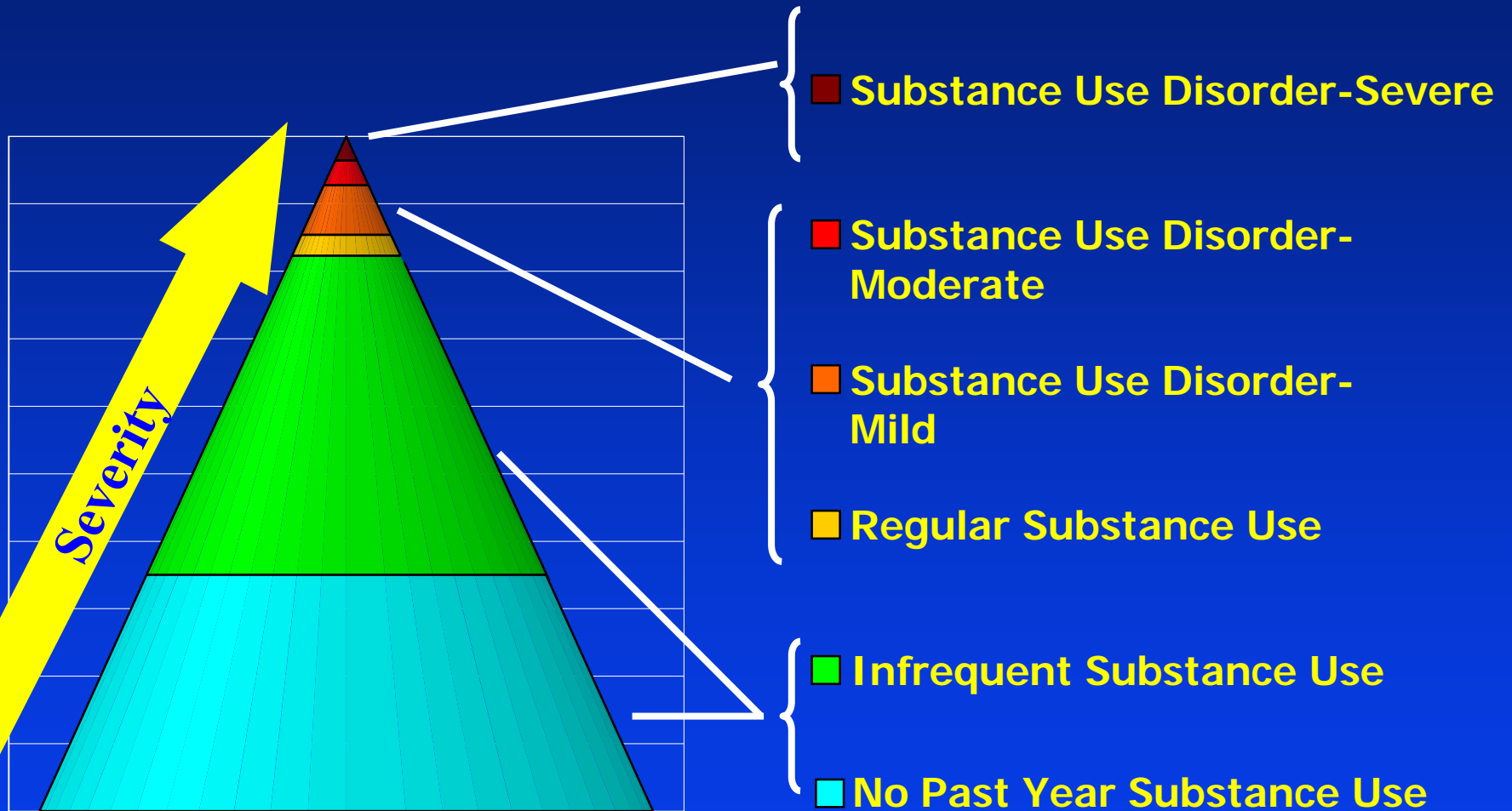
Overview of SBIRT – Why?



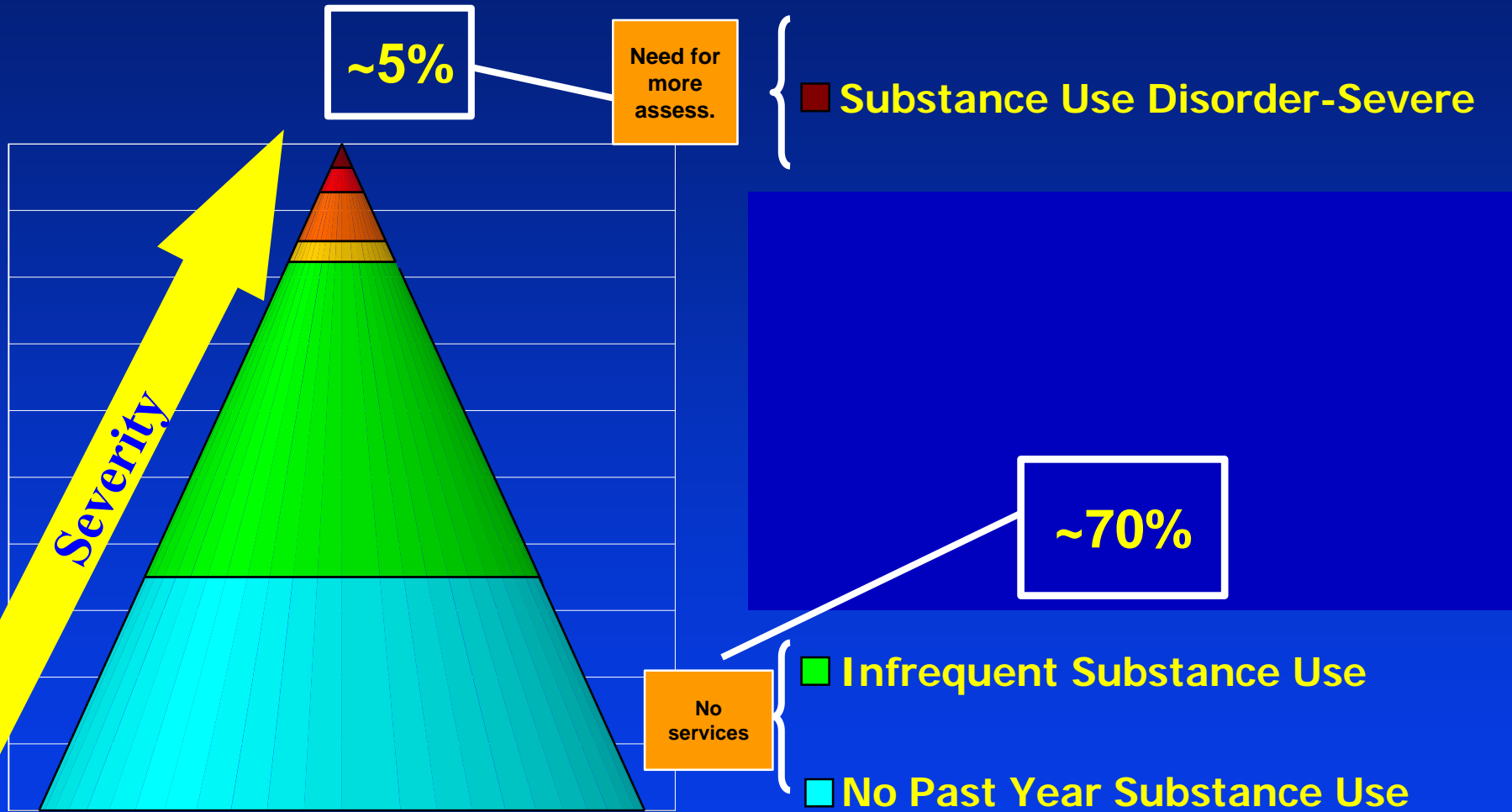
- 1. SBIRTs have many teen-friendly features.**
 - **Brief, minimal commitment**
 - **MI- and CBT-focused (client-centered; practical solutions; negotiated goals)**
 - **Wide-range of youth serving professionals in diverse, opportunistic settings can deliver with fidelity**
 - **Fills need for indicated prevention approach**

Estimated Prevalence Rates of Drug Involvement in an Adolescent Population

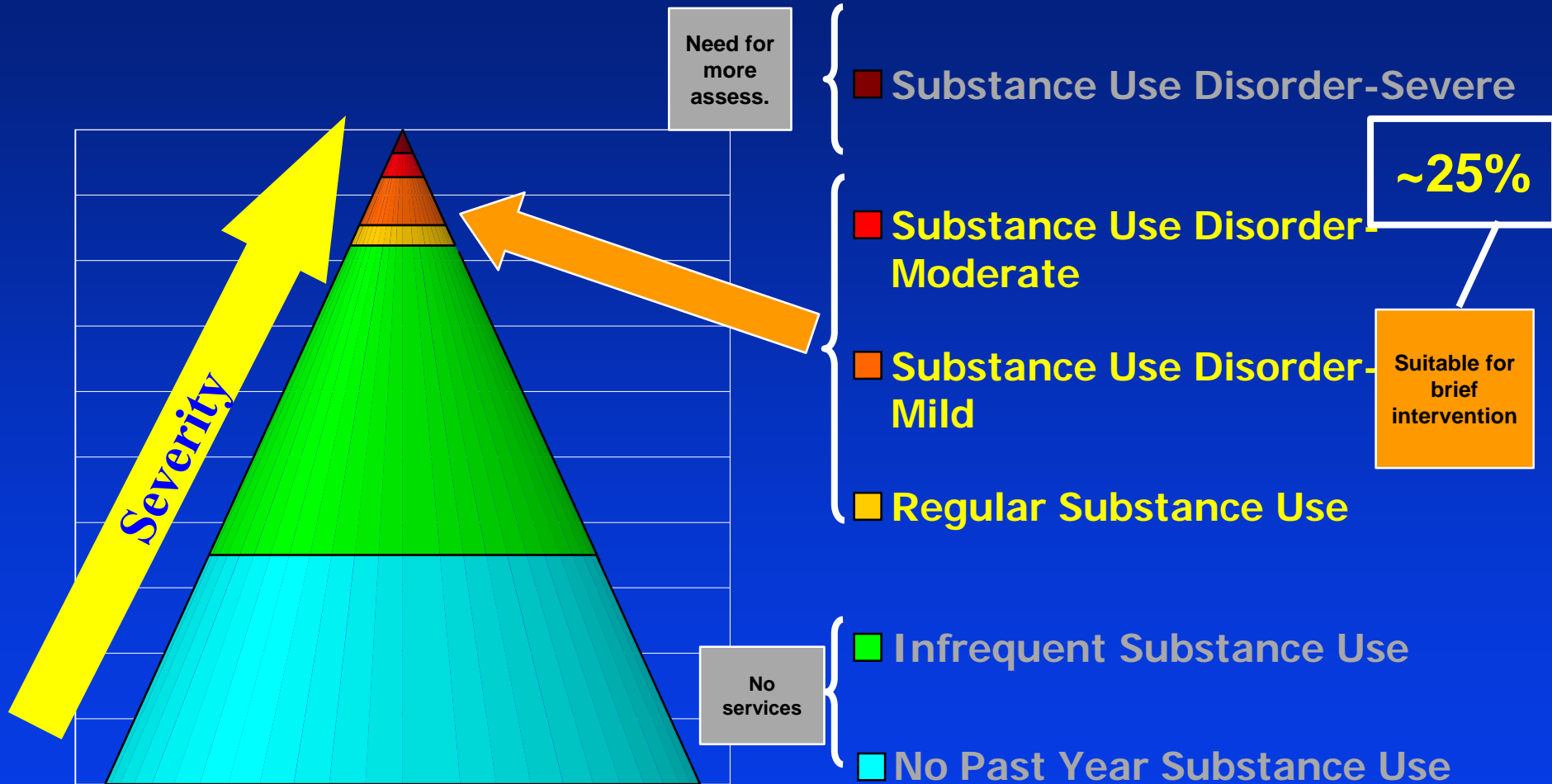
(source: adapted from Tammy Chung, Ph.D.)



SBIRT Model – Not the Sweet Spot



SBIRT Model – Sweet Spot



SBIRT Works

- 2. Emerging use of SBIRT model with youth is associated with promising, albeit limited, efficacy data.**
 - several reviews have been published; recommend Tanner-Smith & Lipsey, 2014**
- 3. “RT” part of the model virtually ignored in the empirical literature.**
- 4. Model endorsed by many professional organizations**
- 5. Recognized by many reimbursement systems as evidence-based; CPT codes exist (Current Procedural Terminology)**

Details of each element:
**Screening, Brief
Intervention and
Referral to
Treatment**

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**Screening, Brief
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What Do We Know?

Screening, Brief Intervention, Referral to Treatment

Screening

Depth of information: Probable

Decision: Either more assessment or BI



What Do We Know?

Screening, Brief Intervention, Referral to Treatment

Screening

Depth of information: Probable

Decision: Either more assessment or BI

Assessment

Depth of information: Definitive

Decision: Treatment or not; if yes, type

What Is Available?

Screening, Brief Intervention, Referral to Treatment

- **Many screening tools available with favorable psychometric properties.**

- **CRAFFT/CRAFFT-II**

- **S2BI**

- **DAST-Adolescent**

- **GAIN-SS**

- **HEADSS**

- **PESQ**

- **SASSI-Adolescent**

CRAFFT Questions

(Knight et al., 2002)

- C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?”
- R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A** Do you ever use alcohol/drugs while you are by yourself, **ALONE**?
- F** Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- F** Do you ever **FORGET** things you did while using alcohol or drugs?
- T** Have you gotten into **TROUBLE** while you were using alcohol or drugs?

2+ endorsements = red flag

Suggested Responses Based on CRAFFT Score

0 – 1: No services

2 – 5: BI

6: Several options

Brief Psychosocial Interview: HEADSS

H Home/environment

E Education/employment

A Activities

D Drugs

S Sexuality

S Suicide/depression



What Strategies and Techniques Can Maximize the Quality of a Teenager's Self-Report?

Strategies for Enhancing Self-Report

- **Build rapport.**
- **Establishing confidentiality (with limits).**
- **Reinforce personal benefits and relevance of the assessment.**
- **Use standardized tests that measure invalid reporting.**
- **Adjust process based on learning & reading ability.**
- **Repeat testing.**
- **Collect urinalysis (?)**

Details of each element:

**Screening, Brief
Intervention and
Referral to
Treatment**

What is Available?

Screening, **Brief Intervention**, Referral to Treatment

- **A few evidence-based programs available..**
 - **BASIS (binge drinking for college setting)**
 - **Brief Strategic Family Therapy**
 - **MET/CBT 5**
 - **Brief Negotiated Interview**
 - **Teen Intervene**



MET/CBT-5

(see www.metcbtplus.com/training)

- **Combines two counselling approaches:**
 1. **MET (an adaptation of motivational interviewing that includes normative assessment feedback to clients that is presented and discussed in a non-confrontational manner)**
 2. **CBT (an active, directive, time-limited, and structured problem-solving approach).**

Brief Negotiated Interview

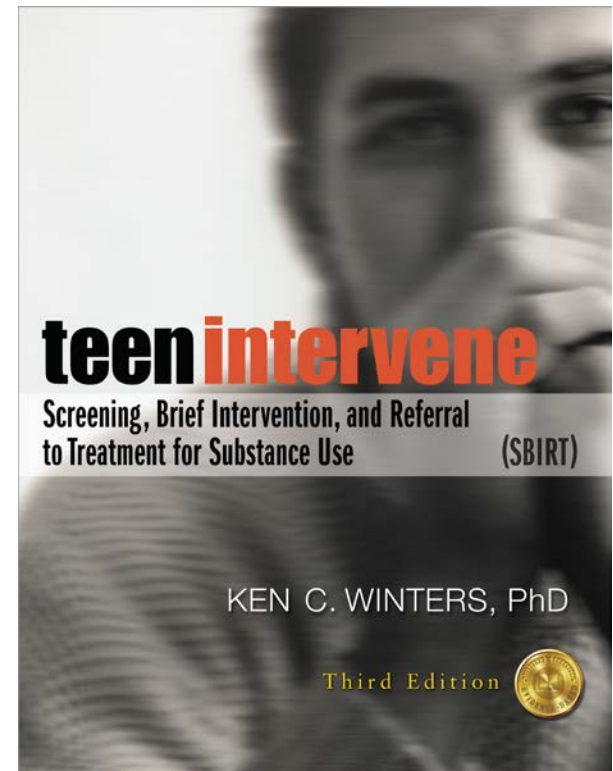
(<https://www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-brief-intervention/>)

- **A single session and organized around these four structured steps suggested**
 - ***Step 1:* Raise the subject (of substance use risk among adolescents in general)**
 - ***Step 2:* Personalized feedback (of substance use and health/social harms)**
 - ***Step 3:* Enhance motivation (using decisional balance, readiness ruler)**
 - ***Step 4:* Negotiate a plan for change (supporting stages of change and self-efficacy).**

Teen Intervene

<http://www.hazeldenbettyford.org/addiction/intervention/teen-intervene>

- **2 Teen Sessions, 1 Parent Session**
- **Program organized around the SBIRT model**
 - **S: Screening (CRAFFT)**
 - **BI:**
 - **Teen Session 1**
 - **Teen Session 2**
 - **Parent/Guardian Session 3**
 - **RT: Referral to Treatment**
- **Extra: Teen Tobacco Use Session**



Common Elements of Brief Interventions

- **Decisional balance**
- Motivational interviewing
- Cognitive-behavioral therapy (CBT)
- Negotiated Goals



Decisional Balance Exercise

Pros

“What do you like about drug use?”

What are the good things about using/drinking?

What else?” (*Ask again until nothing else.*)

Cons

“What don’t you like as much about using/drinking?”

What are the not-so-good things about using/drinking?

What else?” (*Ask again until nothing else.*)

Common Elements of Brief Interventions

- Decisional balance
- **Motivational interviewing**
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Stages of Change and Therapist's Tasks

Precontemplation

- Raise doubt, increase client's perception of risks/consequences

Contemplation

- Tip the balance, evoke reasons to change, strengthen self-efficacy

Preparation/Action

- Help client take steps toward change

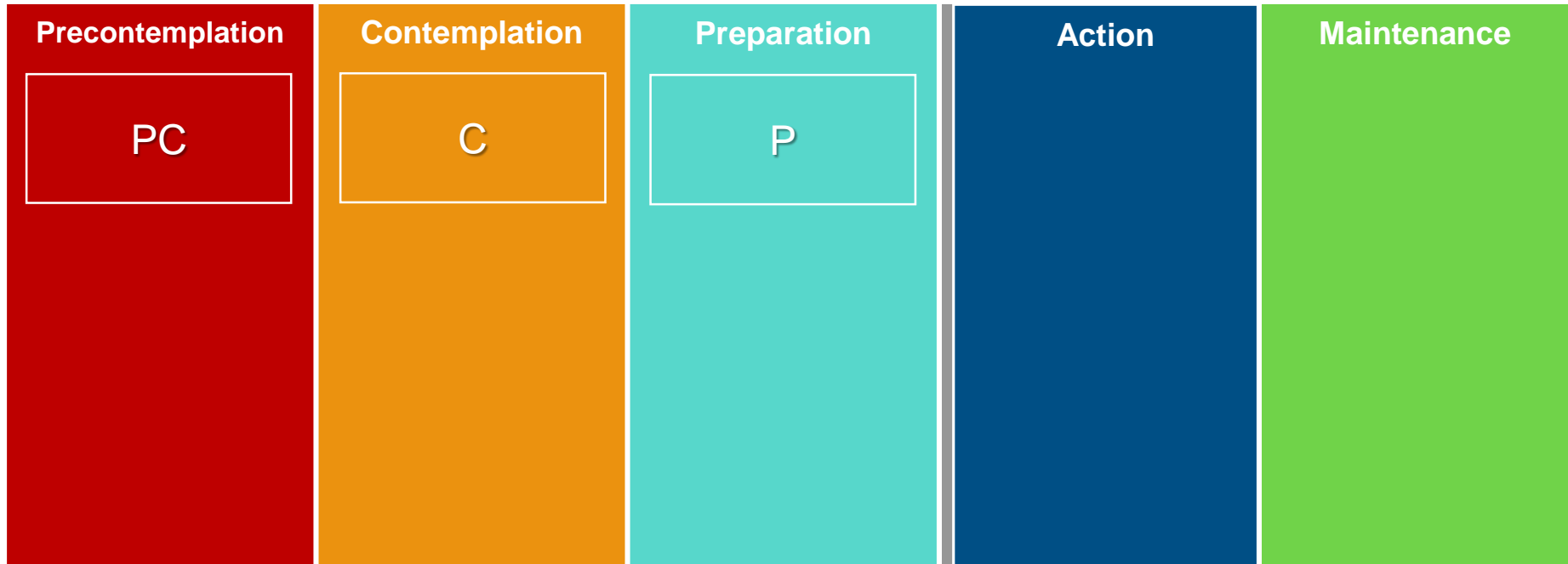
Maintenance

- Help client take steps toward relapse prevention

Relapse

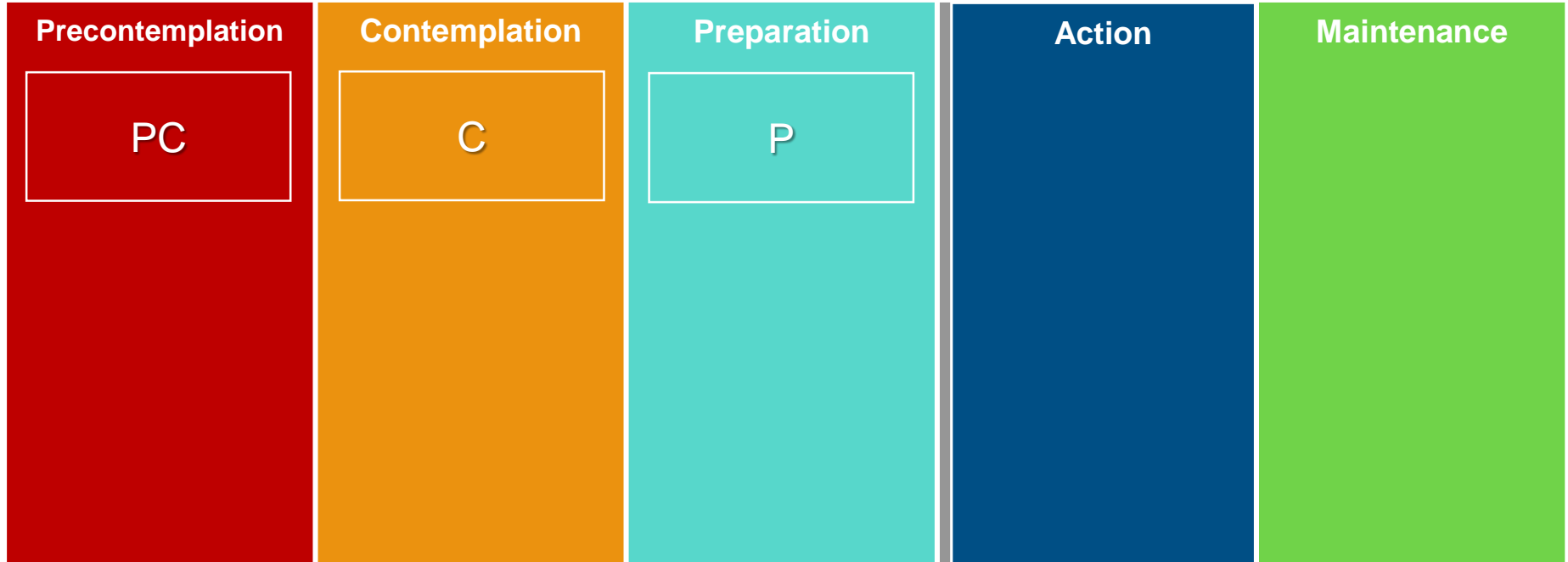
- Help client renew processes of contemplation and action, diffuse discouragement due to relapse

Stage Progression



Moving forward at least one stage as much as doubles the chance that an individual will move to action in the next six months.

Stage Progression for Teenagers?



Many teenagers may not move much from Precontemplation.

Keys to MI's Effectiveness

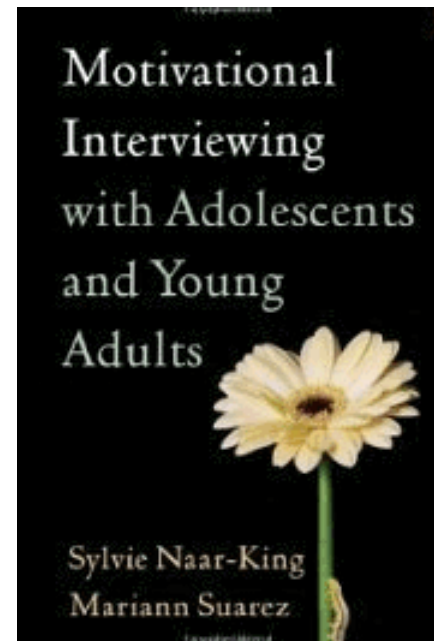
1. Client centered approach

De-emphasis on labels

Emphasis on personal choice

Therapist focuses on eliciting the client's own concerns

Client central in setting goals



Examples of Motivational Statements

- **“I can see why you see many benefits of using.”**
- **“I am not going to tell you what to do. It’s up to you. “**
- **“Describe a time you were with your friends and you did not use or used less than you had planned to.”**
- **“Okay, it looks like we do not agree on this topic. Let’s move on.”**

Motivational
Interviewing
with Adolescents
and Young
Adults



Sylvie Naar-King
Mariann Suarez

Keys to MI's Effectiveness

2. Elicit change talk

“How would you like for things to be different?”

“How would you like your life to be 1 year from now?”

“What encourages you that you can change if you want to?”

“When else in your life have you made a significant change like this? How did you do it?”

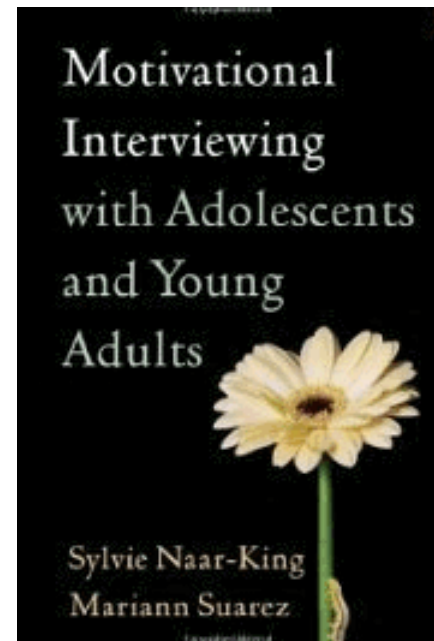
“What has increased your confidence that you can stop gambling?”

“What personal strengths do you have that will help you succeed?”

“Who could offer you helpful support in making this change?”

“What methods do you know about that you would you be willing to try to change your gambling?”

“What are some disadvantages if your gambling stayed the same?”



Common Elements of Brief Interventions

- Decisional balance
- Motivational interviewing
- **Cognitive-behavioral therapy (CBT)**
- Negotiated Goals



Characteristics of CBT

- **Overall goal is to change patterns of thinking or behavior that are behind people's difficulties, and so change the way they feel**
- **Focus on immediate, relevant and specific problems**
- **Solutions are realistic, concrete, and action-oriented**

Common Elements of Brief Interventions

- Decisional balance
- Motivational interviewing
- Cognitive-behavioral therapy (CBT)
- **Negotiating Goals**

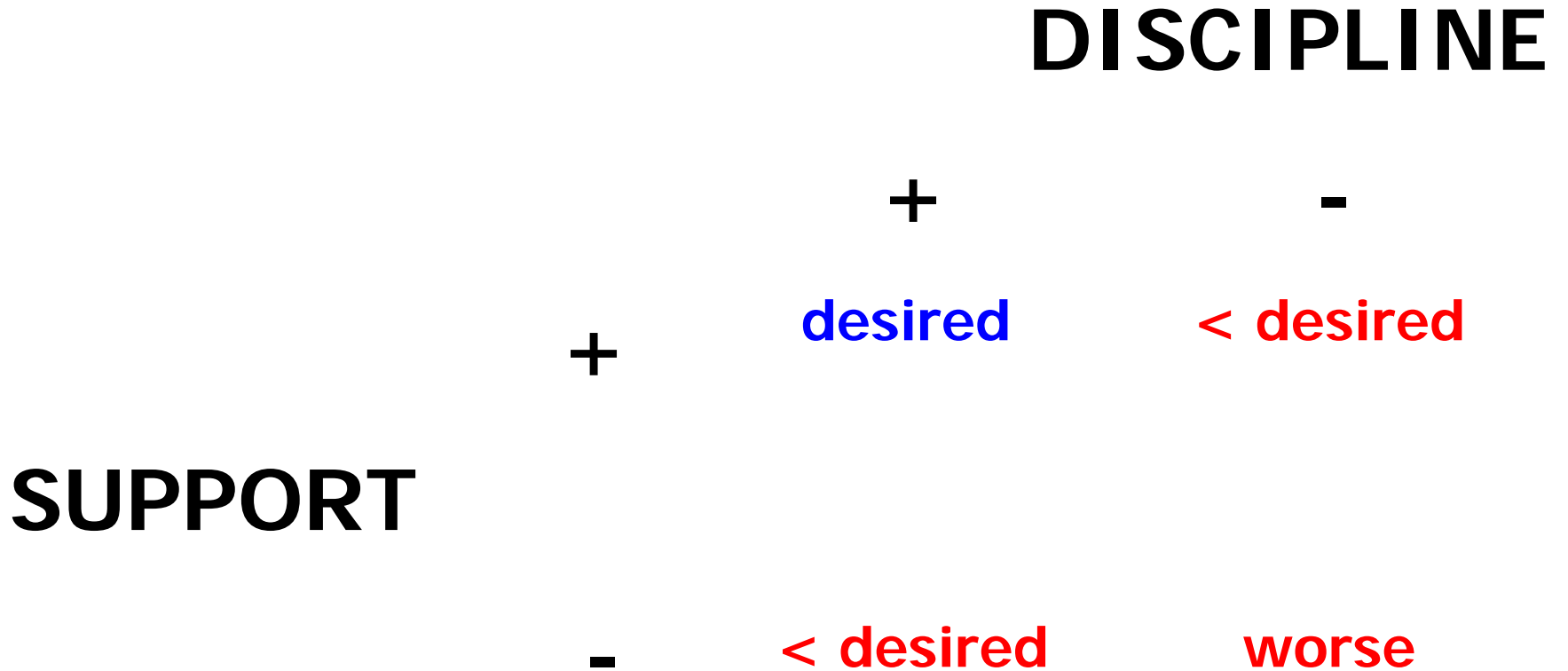


Negotiating Goals

- **Drug Use-Related Goals**
 - Abstinance
 - Harm/risk reduction
 - Self-monitoring
- **Address triggers of drug use**
- **Address co-occurring problems that may underlie drug use**
- **Increase personal assets**



Not a Common Element of Brief Interventions:
Parent Sessions



Details of each element:

**Screening, Brief
Intervention and**

**Referral to
Treatment**

What Do We Know?









Screening, Brief Intervention, Referral to Treatment

- **Referral to Treatment**
 - **Least studied in the SBIRT model.**
 - **Basic protocols can be rationally designed.**
 - **But will services be available?
Barriers to seeking more services?
(e.g., distance; cost).**

What is Available?

Screening, Brief Intervention, Referral to Treatment

- **Strategies and models suggested in the literature.**

 Favorable Outcome		Support Recovery
 Minimal/No Change		Conduct booster or refer more services
 Problem Worsens		Refer more services
 Multi-Screen Red Flags		Refer more assessment

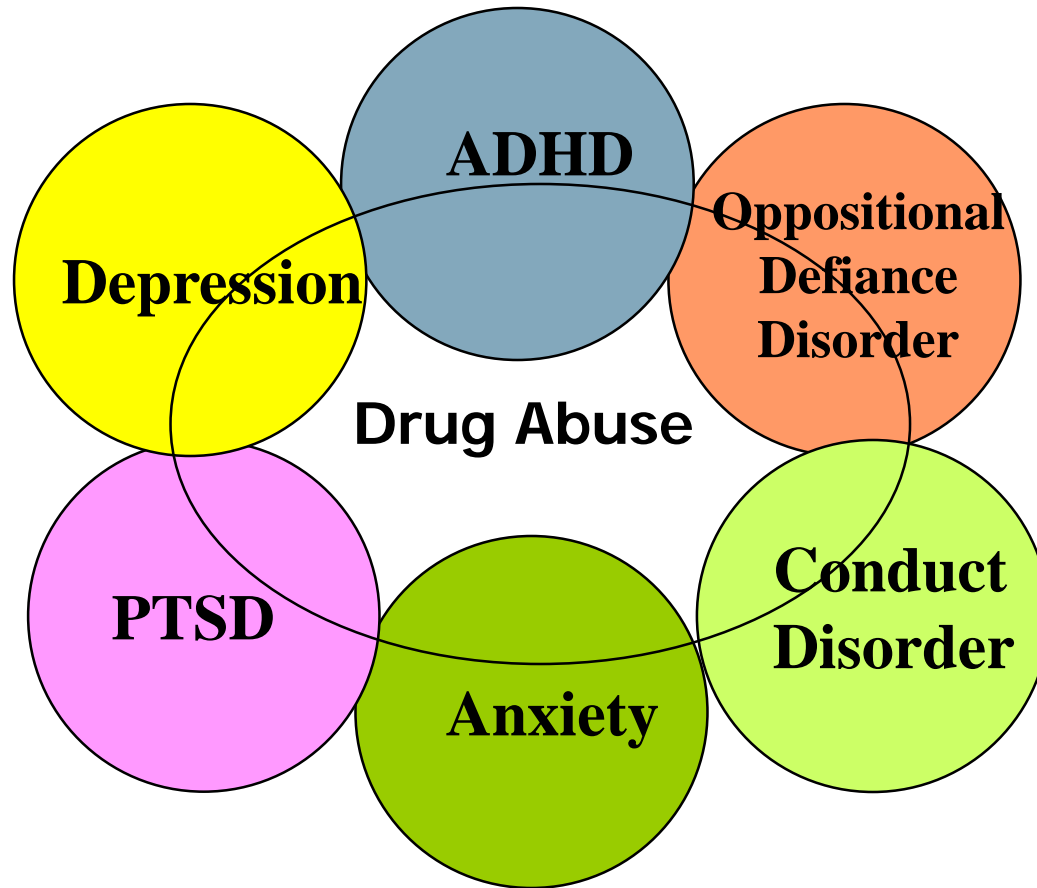
Want to Be a Part of an SBIRT Research Project?



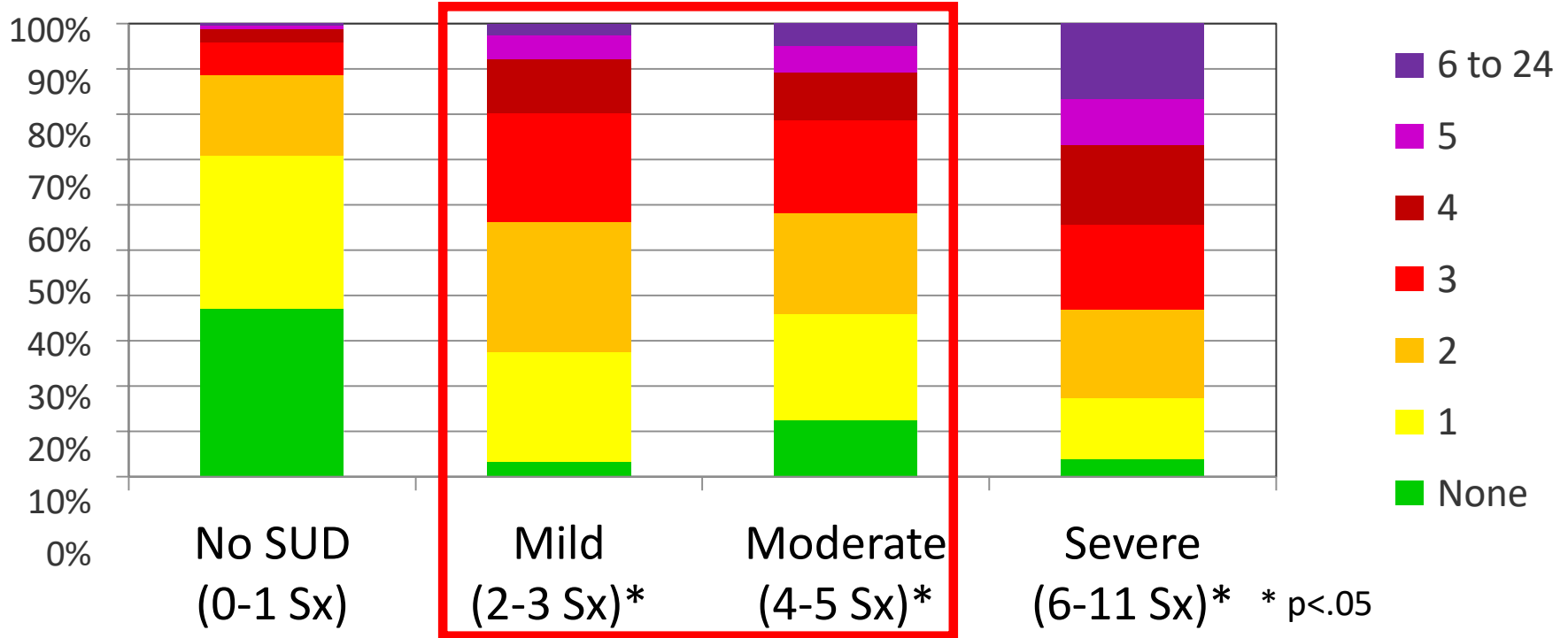
- **Funded by a grant with the Conrad N. Hilton Foundation.**
- **Project Amp is a four-session brief intervention designed to reduce and prevent substance use for adolescents who are at risk, delivered by young adult peers in recovery.**
- **Study officials are seeking school-sites to participate in a Phase 2 research project.**
- **Contact: <https://center4si.com/project-amp/>**

Sidebar Topic

A Major Limitation of SBIRT



SUD Severity is Related to Co-Occurring Problems (Community Sample)



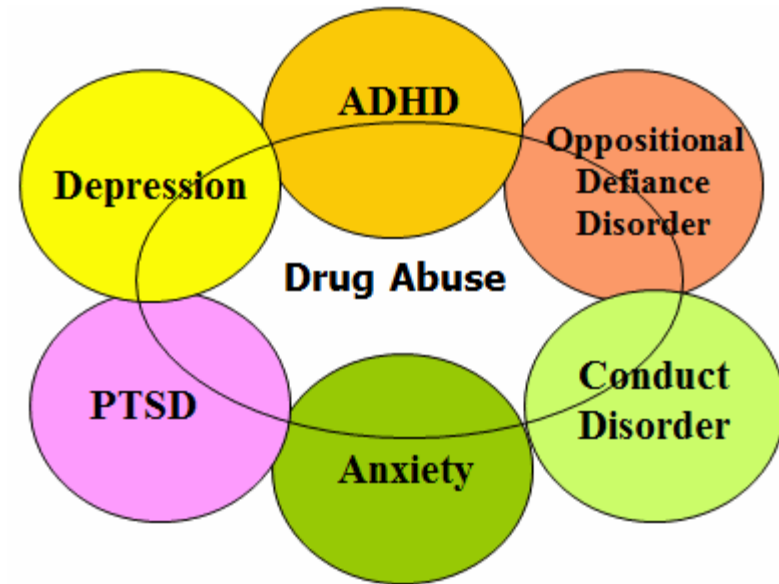
- The number of 24 problems (SUD diagnosis, MH diagnosis, Health Problems, School, Work, and Legal) go up with SUD severity
- Adolescents with Severe SUD are significantly more likely than those with No SUD to have 3 or more problems (63% vs. 11%, OR=8.6)

Source: Dennis, Clark & Huang, 2014

SBIRT of the Future

Enhanced SBIRT (*E-SBIRT*)

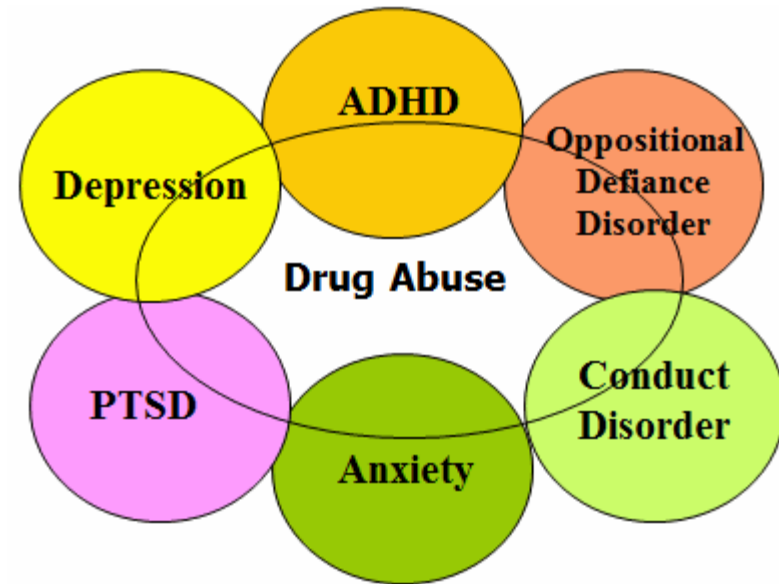
- **S = Multi-problem screening (e.g., screen for 5-10 of “common” co-occurring problems)**
- **BI = Personalized BI to address salient problems**
- **RT = prioritize clinical needs**



SBIRT of the Future

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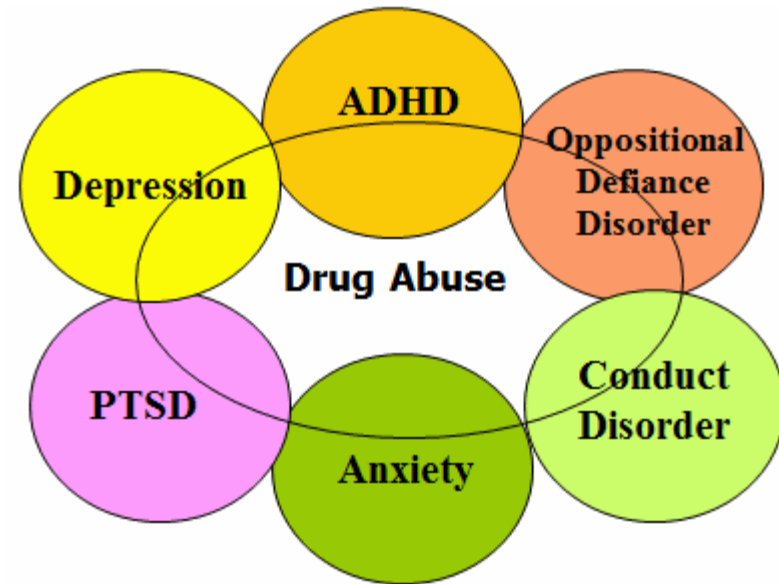
What Is Available for Screening Multi-Problems?

- **POSIT, DUSI, and MAYSI are in the research literature**
 - **Screening time about 10-15 min.**
 - **Some are in the public domain**

SBIRT of the Future

Enhanced SBIRT (*E-SBIRT*)

- S = Multi-problem screening (e.g., 5-10 of the adolescent's biggest problems)
- **BI = Personalized BI (e.g., drug abuse and at least one salient problem)**
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E-Brief Intervention Protocol

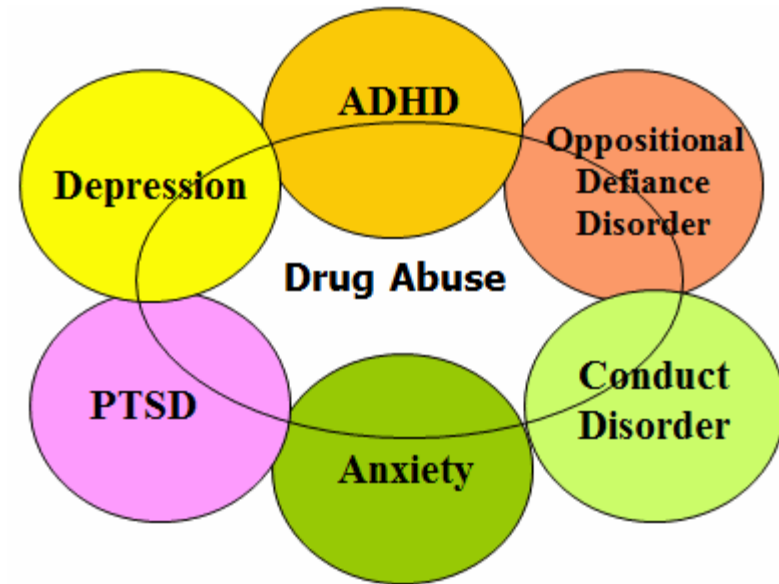
(see handout)

Session	Objective	Counseling Activity/Strategy
<u>Core 1:</u> <u>Substance Use</u>	Introduce the goals of the program and client-centered approach; enhance belief in self-efficacy; increase problem recognition	Engagement; decisional balance; strategies to address triggers of AOD use; ready to change ruler; setting goals
<u>Personalized 1:</u> <u>Reducing Personal Stress</u>	Recognize warning signs of stress; identify sources of stress; recognize sources that can and cannot be changed; increase skills and self-efficacy to reduce stress; increase awareness that drug use is not an effective response to stress	Engagement; cognitive restructuring to change stress appraisal; training in assertive communication skills; planning to increase pleasant activities; and training in exercises to control stress arousal (e.g., deep breathing; mindfulness); setting goals



SBIRT of the Future

Enhanced SBIRT (*E-SBIRT*)

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E-SBIRT: Referral to Treatment

 Favorable Outcome		Support Recovery
 Minimal/No Change		Conduct booster or refer more services
 Problem Worsens		Refer more services
 Multi-Screen Red Flags		Refer more assessment

Summary

- The SBIRT approach is an emerging and promising set of tools to address those with a drug problem.
- Evidence-based and evidenced-informed models for adolescents exist.
- The proposed E-SBIRT model formally addresses co-occurring problems.

**Screening, Brief
Intervention and
Referral to Treatment**

E-SBIRT

THANK YOU
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gracias cảm ơn bạn धन्यवाद 고맙습니다
شكرا جزيلًا salamat благодарю вас 谢谢
Dziękuję Ci **Thank** ευχαριστώ
quyana tack **you!** አመሰግናለሁ
धन्यवाद danke asante grazie
hík'wu? merci הודת obrigado ขอบคุณ
ありがとうございました спасиби mahalo