

Implementing Alcohol Misuse Screening, Brief Intervention, and Referral to Treatment: “IAMSBIART” Project

In-Person Workshop

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Training Overview

This face-to-face training is a part of the IAMSBIIRT study: *Implementing Alcohol Misuse Screening, Brief Intervention and Referral to Treatment.*



NURSES



SOCIAL WORKERS



SITE LEADERS

Agenda

11:30-1:30 PM, July 21, 2020 (2.0 Hours)

- ❑ Welcome and Intro to IAMSBIIRT project
- ❑ Module 1: What is SBIRT?
- ❑ Module 2: Screening
- ❑ Module 3: Brief Intervention
 - ❑ Overview
 - ❑ Brief Advice
 - ❑ Brief Motivational Intervention
 - ❑ Brief Intervention and Referral to Treatment
- ❑ Module 4: Role Play Practice
- ❑ Review & Wrap up



Learning Objectives

- 1) Understand adolescent substance use as a public health problem.
- 2) Acquire knowledge / skills to implement SBIRT

Learning Objectives



Icebreaker: Favorite Teacher Exercise

- ❖ Share at least one word you would use to describe your favorite teacher...



Study Goals

- ❖ Support Level 1 pediatric trauma centers' compliance with the ACS mandate to offer universal alcohol screening + brief intervention.
- ❖ Staff training will consist of 3 core elements
 - ✓ **Didactic training**
 - ✓ **Performance feedback**
 - ✓ **External coaching**



IAMSBIRT Study

Phase 1: Preparation (3 Months)

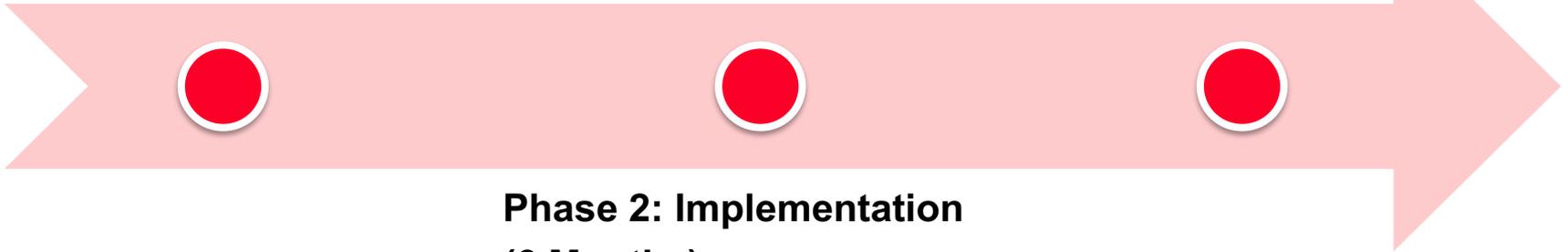
- Didactic trainings
- Role play practice
- Consultation with external coach

Phase 3: Sustainability (9 months)

- Monitor QI data
- New England ATTC available for support

Phase 2: Implementation (6 Months)

- Trained staff implement SBIRT
- Consultation with external coach
- Develop internal QI plans

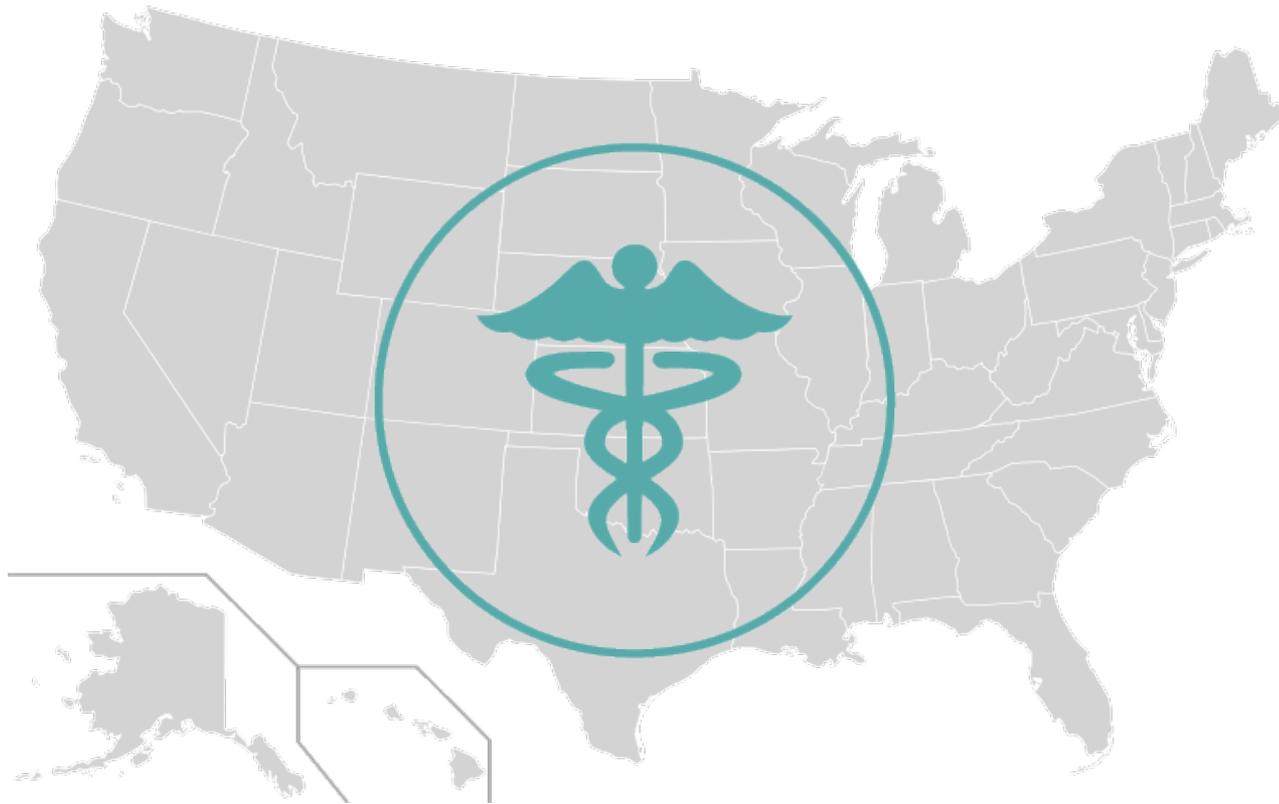


Module One

SBIRT

**A Public Health Approach to Address
Adolescent Substance Use**

Adolescent Substance Use Is



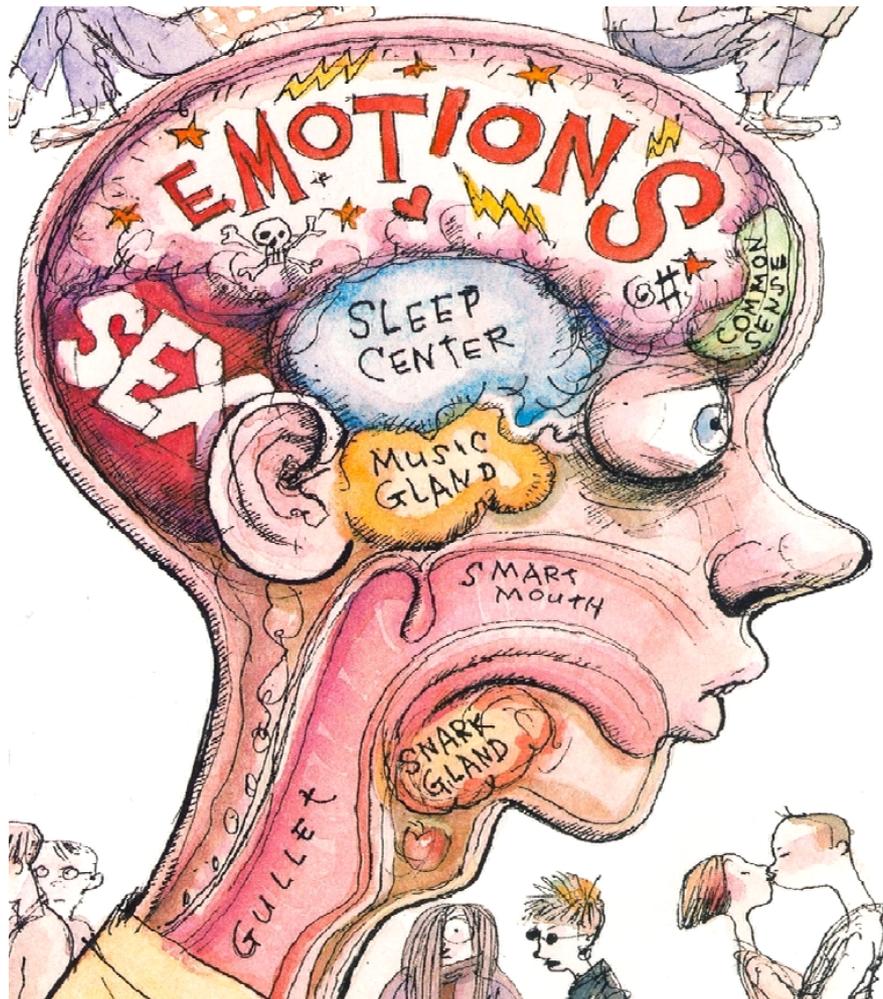
A Public Health Problem

Alcohol Associated Risk Behaviors, Grades 9-12 (YRBS 2015)

During the past 30 days:

- ❖ 32.8% had at least one drink of alcohol (i.e., current alcohol use).
- ❖ 17.7% had five or more drinks of alcohol in one sitting on at least 1 day (binge drinking).
- ❖ 7.8% had driven a car or other vehicle one or more times when they had been drinking alcohol.
- ❖ 20.0% had ridden one or more times in a car or other vehicle driven by someone who had been drinking alcohol.

Center for Disease Control and Prevention (June 10, 2016). Youth Risk Behavior Surveillance-United States, 2015. *MMWR*, 65 (6).



The developing adolescent brain is particularly vulnerable to the toxic effects of alcohol and other drug use.

SBIRT is a public health approach

- ❖ SBIRT is a comprehensive, integrated public health approach to the delivery of early intervention and treatment services for **all** adolescents with or at risk of substance use disorders.

<http://www.samhsa.gov/prevention/SBIRT/whitepaper.gov>



SBIRT

Screening

- ❖ Quickly assesses the severity of substance use and identifies the appropriate level of treatment.

Brief Intervention

- ❖ Focuses on increasing motivation to reduce substance use.

Referral to Treatment

- ❖ Provides those identified as needing more extensive treatment with access to specialty care.

Evidence for SBIRT in Adolescents

Setting	# of studies	Session Time	Outcomes
Medical Settings	7	5-60 minutes	<ul style="list-style-type: none">• Reduced intention to use• Reduced use and “hazardous use”• Reduced emergency department visits• Increased treatment engagement
High School or College	6	20-60 minutes	<ul style="list-style-type: none">• Reduced use and negative consequences

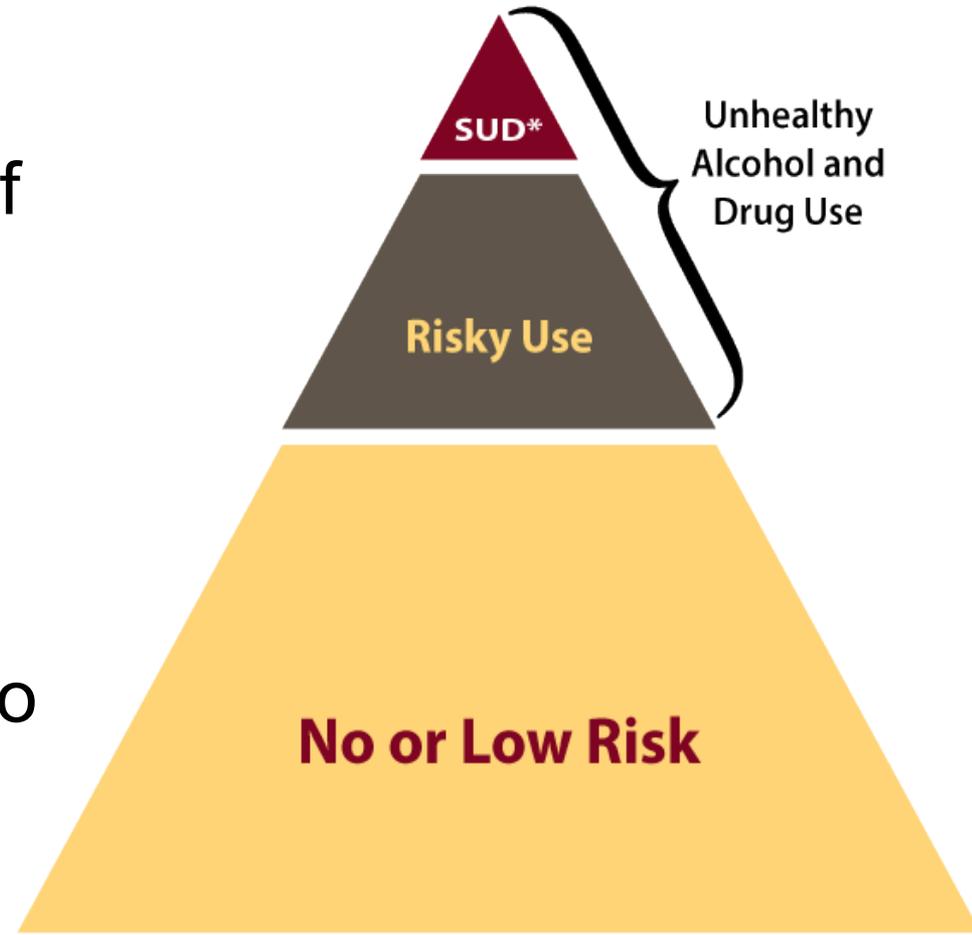
Module Two

SCREENING

**Enhancing our Identification
of Adolescent Substance Use**

Screening

- ❖ **Screening is step 1** of SBIRT and determines severity and risk level of teen's substance use.
- ❖ The result of a screen allows the **nurse** to determine if a brief intervention or referral to treatment by a social worker is necessary.



*Substance Use Disorders

What Screening Tool Will Nurses Use?

Screening to Brief Intervention (S2BI) Tool

- ❖ Brief, valid and easy to use
- ❖ Developed by Sharon Levy at Boston Children's Hospital.
- ❖ Available in multiple languages.
- ❖ Validated in youth age 12-17 years.
- ❖ Takes **< 1 minute** to administer.
- ❖ Yields more honest reporting than yes/no questions.

Screening to Brief Intervention (S2BI) Tool

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

Tobacco?

- Never
- Once or twice
- Monthly
- Weekly or more

Alcohol?

- Never
 - Once or twice
 - Monthly
 - Weekly or more
-

Marijuana?

- Never
- Once or twice
- Monthly
- Weekly or more

STOP if answers to all previous questions are “never.” Otherwise, continue with questions on the back.

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?

- Never
- Once or twice
- Monthly
- Weekly or more

Inhalants (such as nitrous oxide)?

- Never
- Once or twice
- Monthly
- Weekly or more

Illegal drugs (such as cocaine or Ecstasy)?

- Never
- Once or twice
- Monthly
- Weekly or more

Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

- Never
- Once or twice
- Monthly
- Weekly or more

S2BI Risk Triage Nursing Workflow

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana?



S2BI Screening Result: Never

- ❖ Nurse provides reinforcement to adolescents who report no use of substances.
- ❖ Reassures patients substance use is unusual.
 - ❖ ***“It’s a great decision to avoid tobacco, alcohol, and drugs – it’s one of the best ways to protect your health.”***
- ❖ No Social Work Consult is needed.
- ❖ Nurse documents workflow in EHR.

Module Three

BRIEF INTERVENTIONS

Part 1: Overview

Brief Intervention

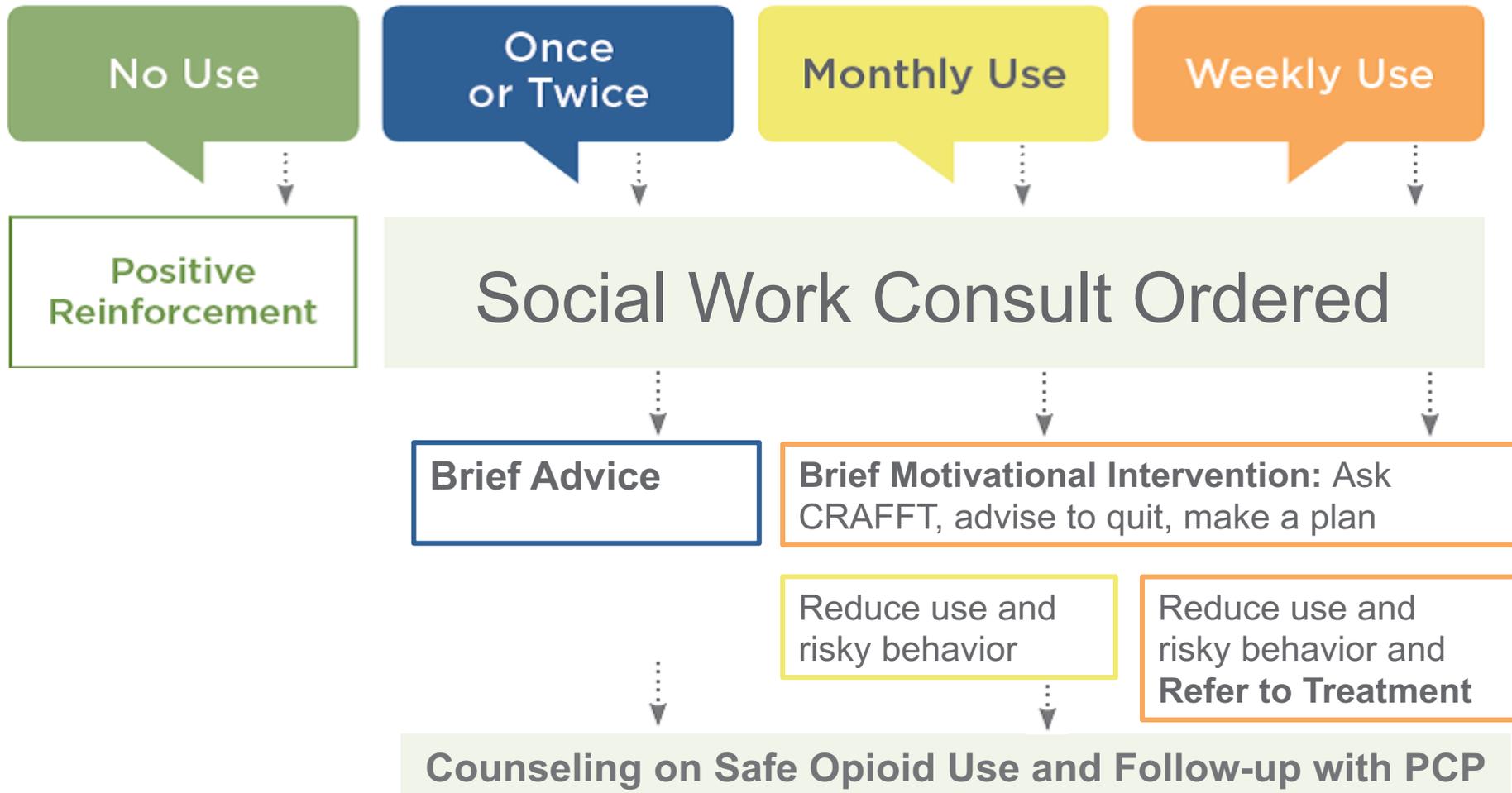
- ❖ Brief intervention (BI) is intended to reduce substance use and risky behaviors.
- ❖ BI encompasses a spectrum of responses ranging from *brief advice to quit* for occasional use, *brief motivational intervention* and *referral to treatment*.
- ❖ Type of BI will be guided by the S2BI, CRAFFT and discussion during social work consult.

What Happens During the Social Work Consult?

- ❖ The Social Worker reviews S2BI results to determine whether adolescent needs:
 - ❑ Brief advice (low risk)
 - ❑ Brief motivational intervention (moderate risk)
 - ❑ Brief motivational intervention + referral to specialty treatment (severe risk)
- ❖ **PLUS, all** adolescents and parents will receive:
 - ❑ Counseling on safe opioid prescribing
 - ❑ Recommendation to follow up with primary care provider

American Academy of Pediatrics. Policy statement—alcohol use by youth and adolescents: a pediatric concern. *Pediatrics*. 2010;125(4):1078-87.

Social Work Workflow



Module Three

BRIEF INTERVENTIONS

Part 2: Brief Advice

S2BI Screening Result: “Once or Twice”

In the past year,
how many times
have you used:
Tobacco? Alcohol?
Marijuana?

Once
or Twice

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graph TD; A[Once or Twice] --> B[Social Work Consult Ordered]; B --> C[Brief Advice]; C --> D[Counseling on Safe Opioid Use and Follow-up with PCP];
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Social Work Consult Ordered

Brief Advice

Counseling on Safe Opioid Use and Follow-up with PCP

S2BI Screening Result: “Once or Twice”

- ❖ **Social Worker** delivers advice while explaining negative impacts of alcohol or drug use
- ❖ Recommend teen continue conversation about alcohol or drug use with PCP within 30 days
- ❖ Provide counseling on opioid safety
- ❖ Document in electronic medical record

Brief Advice Example



*“I understand that you reported using (**alcohol and marijuana**) in the past year. I recommend that you quit because some teens get into trouble when they use alcohol, and marijuana can get in the way of your goals. I am also going to recommend that you continue this conversation with your primary care physician within the next month.”*

All adolescents who screen positive for a lifetime history of alcohol or drug use should be linked to their primary care provider within 1 month of discharge.

Counseling about Opioid Safety



“Before we wrap up, I’d also like to talk about how to safely use prescription pain medications today. It’s important to only use these medications if they’re prescribed to you, and to use them as prescribed. I have a info sheet here I’d like to go over with you?”

Providing counseling about prescription pain medication usage is recommended during all IAMSBI RT consults.

Opioid Worksheets

Module Three

BRIEF INTERVENTIONS

Part 3: Brief Motivational Interview

S2BI Screening Result: “Monthly”

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana?

Monthly Use

Social Work Consult Ordered

Brief Intervention: Ask CRAFFT questions, advise to quit, make a plan

Reduce use & Risky behavior

Counseling on Safe Opioid Use and Follow-up with PCP

S2BI Screening Result: “Monthly”

- ❖ Deliver a **brief motivational intervention**: a short, structured conversation based on the principles of motivational interviewing (MI).

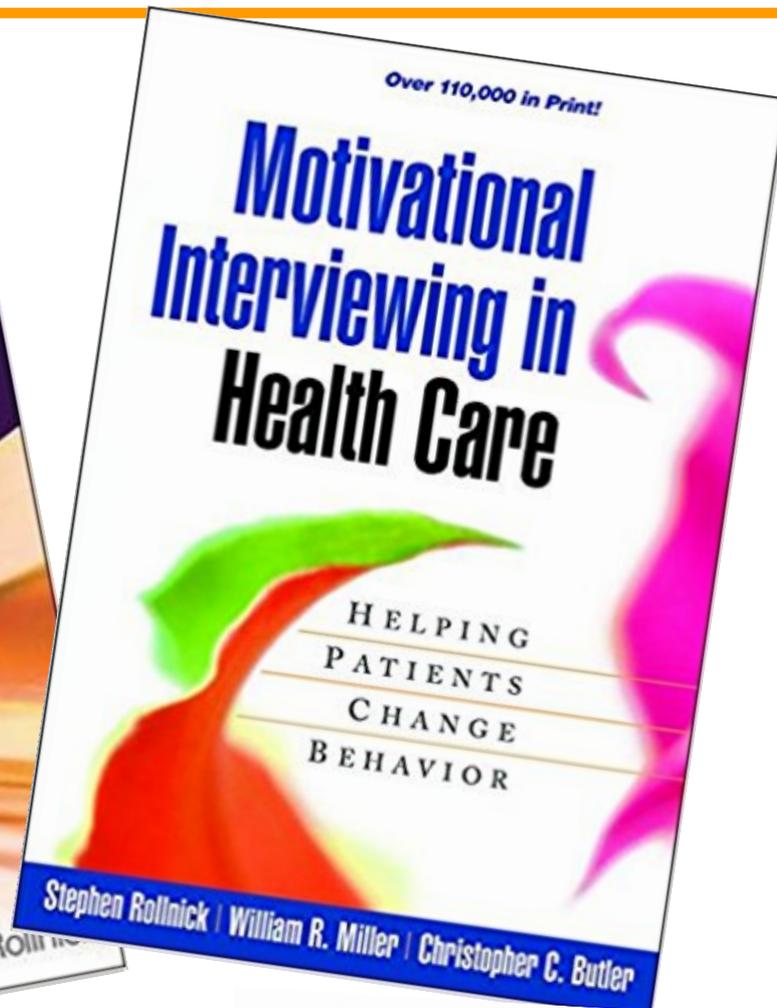
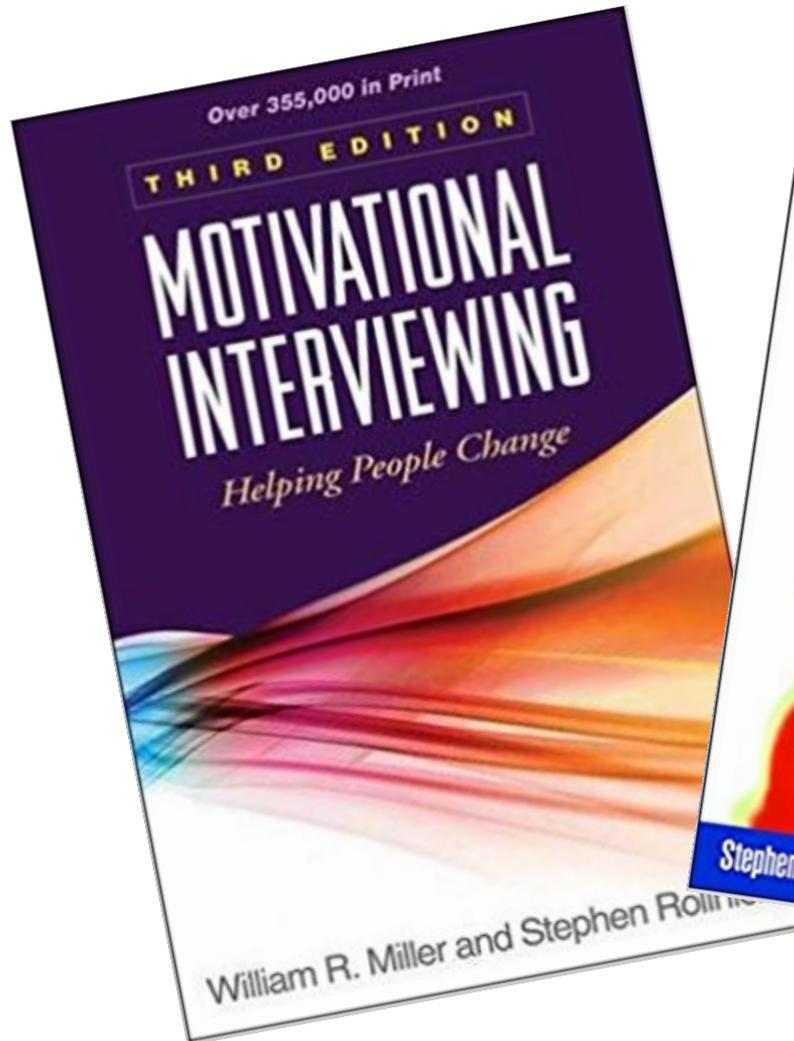


Miller & Rollnick (2013). *Motivational Interviewing: Helping People Change (3rd Edition)*. Guilford Press: New York, New York.

Key components of the IAMSBIIRT BMI

- ❖ Use basic MI principles and methods to explore the adolescent's ambivalence to change
- ❖ Review CRAFFT to identify common problems
- ❖ Discuss changes with the teen; target highest risk behaviors
- ❖ Ask permission to include parents in discussion
- ❖ Recommend follow-up with primary care provider
- ❖ Provide counseling on opioid safety

✓ Use Basic Principles of Motivational Interviewing (MI)



Motivational Interviewing

Motivational Interviewing (MI) is a collaborative, goal-oriented style of communication with particular attention to the *language of change*.

1. Collaboration and **connection** with teen
2. Evoking or **drawing out** the teen's ideas
3. Emphasizing the teen's **autonomy**
4. Practicing **compassion** in the process.

What do teens value?

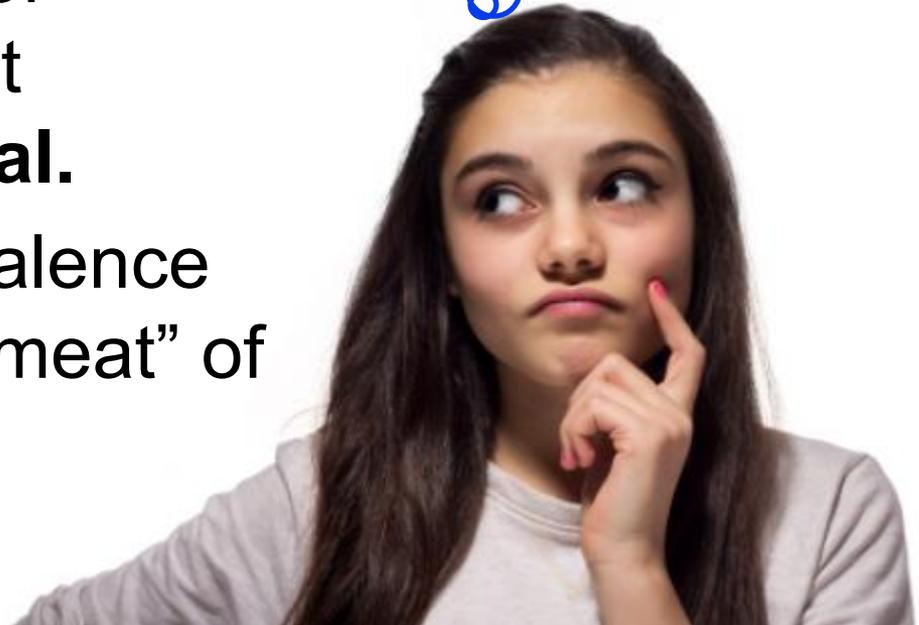


*Good answers, and...
It depends on the teen!*

Ambivalence

- ❖ MI relies on the premise that all behavior change contains an element of ambivalence, and that ambivalence is **normal**.
- ❖ Adolescents' ambivalence about change is the “meat” of the brief intervention.

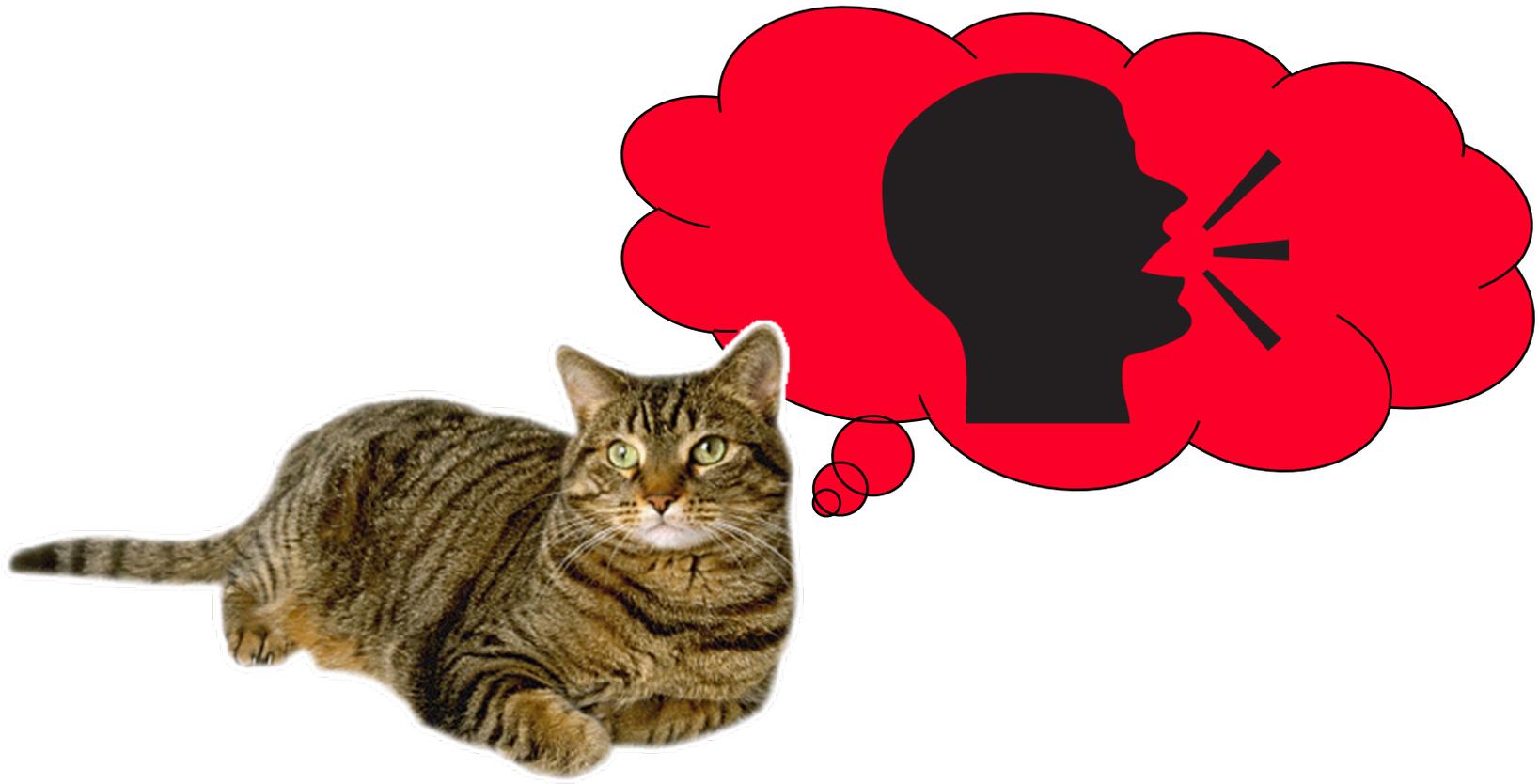
To change,
or not to
change?



Examples of ambivalence

- ❖ *Brandon (17)* knows drinking and driving is risky, but has driven home after drinking at a party on multiple occasions; He says that he can “hold his liquor”.
- ❖ *Maria (15)* knows that marijuana is making her asthma symptoms worse, but thinks her boyfriend will break up with her if she quits.
- ❖ *Tom (16)* recently started mixing prescription medications with alcohol and had a blackout; he says he doesn't know how else to cope with feelings of depression and anxiety.

In MI the acronym **DARN CAT** is used to describe the flow of change talk.



Preparatory Change Talk

DARN

Desire to change (want, wish, like...)

Ability to change (can, could, able...)

Reasons to change (if...then)

Need to change (must, have to, need to...)

Mobilizing or Implementing Change Talk

CAT

Commitment (intention, decision, promise)

Activation (willing, ready, preparing)

Taking steps



Flow of Change Talk



Motivational Interviewing Principles

Four Key Principles of MI



Core Interviewing Skills in MI

*Use these to keep the conversation going.
Many of these “skills” are not specific to MI.*

OARS

- ❖ **O**pen-ended questions
- ❖ **A**ffirmations
- ❖ **R**eflective listening
- ❖ **S**ummarizing



Open-ended Questions

- ❖ Elicit the adolescents' thoughts and feelings about a behavior, which is likely to evoke change talk.

- ❖ **Sample open-ended questions:**
 - ❑ *Tell me more about your marijuana use.*
 - ❑ *What problems have you had because of drinking?*
 - ❑ *What made you decide to quit smoking last year?*
 - ❑ *Why do you think your mother is so worried about you?*

Closed-ended Questions

- ❖ Can be answered with yes/no or one word reply. Helpful to assess problems, gain clarification or gain permission for moving forward.
- ❖ **May start with the following:**
 - ❑ *Where...*
 - ❑ *Are you...*
 - ❑ *Do you want to...*
 - ❑ *Is this...*



Affirmations

- ❖ **Affirmations** emphasize *genuine, specific* strengths of the patient. Used to express positive regard and caring.

- ❖ **Sample affirmations:**
 - ❑ *You seem like a person who really thinks for himself.*
 - ❑ *You are someone who sticks to her goals.*
 - ❑ *You thought through the risks of smoking and made the decision to quit.*



Reflective Listening

- ❖ **Reflections** are statements, not questions. The provider makes a guess about what the person means or feels, and encourages the person to elaborate, amplify, confirm or correct.
1. **Simple** – Repeating or rephrasing what the patient said
 2. **Complex** – Paraphrasing (making a guess about) the meaning implied by patient's words, including a metaphor.
 3. **Double-sided** – Acknowledging both sides of ambivalence.
 4. **Amplified** - Exaggerating the point.

Maria



Maria is 16 years old and has been smoking marijuana with her steady boyfriend for the past year. This aggravates her asthma. She tells you “*I love Jack and he would not be interested in hanging out with me if I quit. My parents think I don’t care about my asthma and are on my back.*”

Simple Reflection: *You really want to be with Jack and if you stop smoking then he might break up with you.*

Complex Reflection: *Jack is more important to you than your asthma.*

Double sided: *You want to be with Jack and gain your parents’ trust.*

Amplified Reflection: *There is no way you could see yourself cutting down on marijuana no matter what your parents think.*

Summarizing

- ❖ **Summarizing** is a way of pulling a long discussion together, by reflecting factors underlying a patient's decisions.
- ❖ **Sample summarization:**
 - ❑ *From what I understand so far, you really enjoy smoking marijuana with your friends and you don't think you have a drug problem. However, your girlfriend doesn't like it, you think marijuana might be slowing you down on the football field, and your parents are constantly nagging you. Where does that leave you?*

Change Talk and Sustain Talk

Opposite sides of the same coin



Sustain Talk and Discord

Sustain Talk is about the target behavior

- ❑ *I really don't want to stop smoking.*
- ❑ *I have to have my pills to make it through the day.*

Discord is about your relationship with patient

- ❑ *You can't make me quit.*
- ❑ *You don't understand how hard it is for me.*

Both are highly responsive to counselor style

Sustain Talk is about the target behavior

(D) *I really like marijuana.*

(A) *I don't see how I could give up pot.*

(R) *I have to smoke to be creative.*

(N) *I don't think I need to quit.*

(C) *I intend to keep smoking and nobody can stop me.*

(A) *I'm not ready to quit.*

(T) *I went back to smoking this week.*

Discord is about disharmony in the collaborative patient-clinician relationship

Signs:

- ❖ Defensiveness
- ❖ Arguing
- ❖ Interrupting
- ❖ Disengagement

Discord can also arise from the **clinician's mood or approach** (e.g., feeling tired, stressed, distracted, or a concern about “fixing” an urgent problem).

Reflection is a key tool for understanding and restoring a working alliance.

Discord – How to Roll with Resistance

What doesn't work

- ❖ Persuasion – not an effective method for resolving ambivalence.
- ❖ The righting reflex – may result in arguing or pushback.

What does work

- ✓ Express empathy – show you recognize the barriers.
- ✓ Develop discrepancy
- ✓ Support self-efficacy – focus on skills and strengths
- ✓ Use Change Talk

Focus on the problem **NOT** the patient

What to say when you hear resistance

- ❖ Reflect the resistant statement:
 - ❑ *You don't like this idea.*
- ❖ Acknowledge the resistance process:
 - ❑ *I've gotten us off track here.*
- ❖ Reflect ambivalence:
 - ❑ *On the one hand you want... and on the other you don't think you can...*
- ❖ Support choice / control:
 - ❑ *It's up to you.*

✓ Use CRAFFT Questions as Pivot Point for Conversation



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



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



Do you ever use alcohol or drugs while you are by yourself, **ALONE**?



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



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



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

CRAFFT can be used to quickly identify problems associated with use.

Ask follow-up questions about each "yes" answer.

Listen for change talk.

Why use the CRAFFT?

- ❖ Also brief, valid, and easy to use
- ❖ Translated into multiple languages
- ❖ Allows for assessment of problems to guide the BMI

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

✓ Explore “Yes” Responses on CRAFFT

❖ Open questions

- ❑ *You said that you have used alcohol or drugs to relax, to feel better about yourself, or to fit in. What does that mean to you?*

❖ Affirming

- ❑ *I am really glad to hear that you made a decision never to drive or accept a ride from an impaired driver.*

❖ Reflections

- ❑ *You have forgotten things you did while using alcohol or drugs.*

❖ Summarizing

- ❑ *Overall, you don't think alcohol or drugs have gotten you into trouble, but your family and friends have told you to cut down.*

✓ Advise to Quit



“We both know that only you can decide what to do, but I recommend that you quit entirely for the sake of your health. A blackout means that you drank enough to poison your brain cells, at least temporarily, and as you know, kids often get themselves into trouble when they are ‘black out.’”

- ✓ Provide clear medical advice
 - ✓ Emphasize autonomy

✓ Develop a Change Plan

- ❖ **Elicit** changes the teen wants to make. Offer a “menu of options.”
- ❖ **Examine** reasons for making changes
- ❖ **Explore** specific steps and people who can help
- ❖ **Encourage** teen to consider the PCP as a helper.

The changes I want to make (or continue making) are:

The reasons why I want to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me are:

I will know that my plan is working if:

Some things that could interfere with my plan are:

What I will do if the plan isn't working:

Example Change Plan Questions

- ❑ *“What changes are you willing to make?”*
- ❑ *“What are the reasons for making those changes?”*
- ❑ *“What steps will you take to make those changes?”*
- ❑ *“Who can help you to make changes?”*
- ❑ *“How will you know if your plan is working?”*

✓ Invite Parents

- ❖ Increases likelihood teen will follow through with change plan and PCP linkage.
- ❖ Parent can ensure safe opioid administration.
- ❖ Many teens are willing to include a parent, if information can be presented non-judgmentally.
- ❖ If teen refuses, confidentiality must be respected **in accordance with your institution's procedures.**



✓ Invite Parents: Specific Strategies

- ❖ Share a rationale with the teen
 - ❑ *I am worried about your drinking and how it might affect your recovery. I think it's important we talk to your mom about how to keep you safe.*
 - ❑ *I would like to go over these medication instructions with your dad to make sure he knows how to safely administer the pills.*
- ❖ Give teen options about how to involve the parent.
 - ❑ *How do you want to proceed – do you want me to speak to your parent alone or do you want to do it together?*
- ❖ Practice the conversation with the teen
 - ❑ *Which part of the conversation, if any, do you want to lead? Please let me know what you would be comfortable saying.*

✓ Refer to Primary Care Provider

- ❖ All teens with a history of alcohol or drug use should be encouraged to follow-up with PCP within 30 days
- ❖ Goal: to continue conversation about alcohol or other drugs, and to encourage healthy behavior



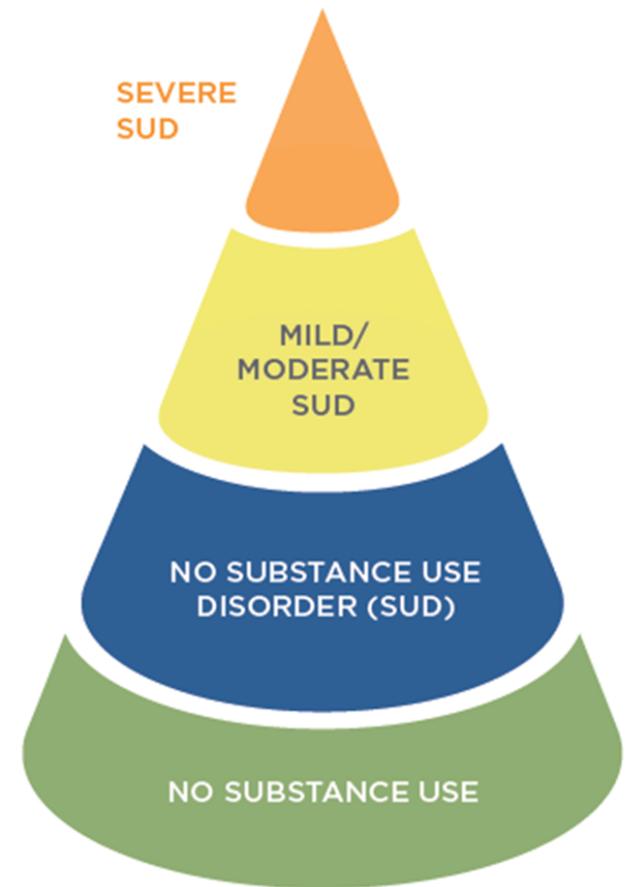
Module Three

BRIEF INTERVENTIONS

Part 3: Brief Intervention + Referral to Treatment

Adolescent Substance Use Disorders

- ❖ Adolescents who report **weekly use** are at risk of severe substance use disorder.
- ❖ The good news is that effective treatments work.
- ❖ However...denial, minimization, stigmatization, and other barriers may interfere with accepting a referral to treatment.



Levy, Sharon, Weiss, R., Sherritt, L., Ziemnik, R., Spalding, A., Van Hook, S., & Shrier, L. A. (2014). An Electronic Screen for Triaging Adolescent Substance Use by Risk Levels. *JAMA Pediatrics*.

Referral to Treatment

- ❖ For many adolescents, the first opportunity to discuss substance use with a professional occurs in primary care.
- ❖ BMIs help encourage a teen and/or family to accept a referral.



S2BI Screening Result: “Weekly”

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana?

Weekly Use

Social Work Consult Ordered

Brief Intervention: Ask CRAFFT questions, advise to quit, make a plan

Reduce use & Risky behaviors & **Refer to Treatment**

Counseling on Safe Opioid Use and Follow-up with PCP

S2BI Screening Result: “Weekly”

Brief Intervention + Referral to Treatment

- ❖ If teen is using weekly AND reports 2+ problems on the CRAFFT, a referral to specialty care is likely indicated.
- ❖ Invite parents in to discuss the referral to treatment.



✓ Discuss with teen & parents

- ❖ Use BMI strategies to recommend a referral
 - Use CRAFFT responses to guide your decision.
- ❖ Ask the teen for permission to include parents.
- ❖ If teen's behavior is putting him/herself at risk, consider whether confidentiality should be breached in accordance with your site and state guidelines.

Sample discussion

“I am glad you spoke honestly with me today. From what you told me, I am worried about your alcohol and benzodiazepine use. You are likely to be discharged on medication that could cause a serious reaction if mixed with the pills you’ve been taking. Because I’m worried about your safety, I would like to discuss safe opioid medication use with your parents and make a plan for you to follow up with your primary care provider. I am also going to recommend an appointment with a specialist. Can we work together to think through how to share this information with your parents?”

- ✓ Express concern
- ✓ Ask permission to involve parents
- ✓ Follow your site’s procedures for decisions about when to breach confidentiality (consistent with other high-risk behaviors)

Let's Review: Key Components of a Referral

- ❖ Discuss with teen
- ❖ Involve parents
- ❖ Arrange follow-up with PCP within 30 days
- ❖ Recommend appt with a specialist if indicated

Module Four

ROLE PLAYS!

Instructions for role plays

1. Break out into pairs
 - Person 1 will be the adolescent
 - Person 2 will be the social worker
2. Results of S2BI will be given
3. Social worker will deliver brief advice, brief intervention, or BI + RT
4. Feel free to jump in if an actor gets “stuck”
5. Have fun!



Case A: Josh



Adolescent role

You are Josh, a 16-year-old boy admitted after an injury sustained at lacrosse practice. Your mother is in the room.

If the SW asks follow-up substance use questions:

- You drink at unsupervised house parties.
- You usually have 6-8 drinks at a party.
- You don't drive yet.
- You often forget how you get home from parties.
- You admit that you don't like to think about it because the thought can be frightening.

When the nurse screens you

- You have been drinking at parties about once a month
- You have used marijuana once or twice
- You do not use tobacco products or any other substances

If the SW makes a plan with you about your substance use:

- You are not going to quit drinking.
- You agree to limit yourself to two drinks per occasion.
- You refuse to let your PCP discuss the plan with your mother.

Case A: Josh



- ❑ What is Josh's S2BI result?
- ❑ What is Josh's risk category?
- ❑ What intervention should you try with Josh?
- ❑ Would you tell Josh's mother about his substance use?
- ❑ If yes, what would you say to her?

Sample counseling language (1)



Ask Josh for his own reasons to stop drinking.

- ❖ *What are your concerns about drinking?*
- ❖ *Why might you want to stop drinking?*
- ❖ *Tell me more...*
- ❖ *When was the last time that happened?*

Reflect back what Josh tells you about his reasons to stop drinking.

- ❖ *It sounds like you like to drink at parties and at the same time, you end up in some pretty frightening situations when you drink. Did I get that right?*

Sample counseling language (2)

Elicit his knowledge about the problems that can arise from drinking

- ❖ *How do you define a blackout? What are the risks?*

Affirm his change language and summarize his reasons for not drinking

- ❖ *As you pointed out, kids often get themselves into trouble when they “black out.” It sounds as if you have had some frightening experiences. Given your experiences, it makes sense that you might be considering not drinking.*

Sample counseling language (3)

Give clear advice, while acknowledging agency

- ❖ *As your clinician, I recommend that you stop drinking alcohol, at least until you are older. How can you work toward not drinking?*

Ask questions to empower Josh to develop a plan.

- ❖ *How do you think you can take care of yourself in the future? It sounds like you made a very important decision to limit your drinking. What sorts of things will help you follow your plan?*

What else could you have done?

- ❖ Propose involving his mother in conversation
- ❖ Provide counseling on safe use of prescription pain medication.
- ❖ Document in EHR

Instructions for role play B

- ❖ For the next role play...Switch roles!
 - ❑ Person 1 will be the social worker
 - ❑ Person 2 will be the adolescent



Case B: Tracy



Adolescent role

You are Tracy, a 17-year-old girl being treated for minor injuries following a motor vehicle accident. Your mother is in the waiting room. You plan to go to college next year.

When the nurse screens you:

- You have been using marijuana a couple of times a week
- You drink about once a month
- You have tried “lots of things,” including Ecstasy (“a few times”) and cocaine (“twice”).

If the SW asks follow-up substance use questions:

- You smoke marijuana to try to relieve stress from school and friendships, and you don’t think it’s a big deal.
- Your mother knows about your MJ use has caused stress in your relationship.
- You sometimes smoke MJ before school.
- You were recently suspended from school for coming to school high.
- Your grades have declined over this school year and you are failing your first subject of the day, English.
- You sometimes drive high.

If the SW makes a plan with you about your substance use:

- You might be willing to speak with a counselor, but you’re not sure.
- You are willing to let the SW discuss the plan with your mother.
- You are not sure you can stop using marijuana: you are just so stressed.

Case B: Tracy



- ❑ What is Tracy's S2BI result?
- ❑ What is Tracy's risk category?
- ❑ What intervention should you try with Tracy?
- ❑ Would you tell Tracy's mother about her substance use?
- ❑ If yes, what would you say to her?

Sample counseling language (1)



Provide a balanced summary, using empathy.

- ❖ *You use marijuana to manage stress and, at the same time, marijuana use is causing tension with your mother and has gotten you into trouble at school.*

Develop discrepancy between marijuana use and values/goals; elicit ambivalence about MJ use.

- ❖ *Tell me more about how marijuana has affected your relationship with your mother? How would you like your relationship with your mother to be? How does using marijuana affect that vision? Tell me more about school...What would you like to do after high school? How does your MJ use fit in with those plans?*

Sample counseling language (2)

Affirm consideration of discontinuing use.

- ❖ *It is clear that you are really thinking carefully about your marijuana use, its role in your life, and the effects it is having.*

Give clear advice, while acknowledging autonomy.

- ❖ *As your social worker, I recommend that you stop using marijuana for the sake of your health, and your relationship with your mother. What do you think?*

Make a referral.

- ❖ *Talking through these issues with a counselor can be very helpful as you develop your plan. What do you think about that?*

What else could you have done?

Propose involving mother in the conversation

Provide counseling on safe opioid administration

Document in EHR

Instructions for role play C

- ❖ Switch roles again!



Case C: Anthony



Adolescent role

You are Anthony, a 16-year-old boy admitted for a hand injury while cooking. Your mother is in the waiting room.

When the nurse screens you:

- You are using alcohol, marijuana, tobacco, and prescription medications at least weekly.

If the SW asks follow-up substance use questions:

- You actually use opioids every day.
- You get prescription medications from friends' medicine cabinets and from dealers at high school.
- You think your opioid use is a problem.
- You tried stopping on your own, but you felt so sick (nausea, stomach aches, diarrhea, muscle aches) that you started up again.
- You want help, but you are afraid to tell your parents – they'll be so disappointed in you.
- You are so relieved to have told someone.

If the SW makes a plan with you about your substance use:

- You absolutely do not want to enter a hospital for detox.
- You are willing to consider an outpatient detox program and counseling.
- You do not want your SW to discuss the plan with your mother, but you might reconsider.

Case C: Anthony



- ❑ What is Anthony's S2BI result?
- ❑ What is Anthony's risk category?
- ❑ What intervention should you try with Anthony?
- ❑ Would you tell Anthony's mother about his substance use?
- ❑ If yes, what would you say to her?

Sample counseling language (1)



Ask for more information about Anthony's substance use.

- ❖ *You said that you use prescription drugs at least weekly. Can you tell me more about that? What kind of prescription drugs?*

Affirm Anthony's recognition of the problem with opioids and his desire to stop using them.

- ❖ *It's so important that you are being honest about your use of prescription pain medications and that you have decided to quit. Tell me what made you decide that it was time for a change.*

Sample counseling language (2)

Elicit Anthony's understanding about his withdrawal symptoms and how that indicates need for treatment.

- ❖ *Tell me more about how you felt when you tried to stop using prescription pain medications. What do you think that means? What do you know about how people quit prescription pain medications when they are dependent on them?*

Ask questions to empower Anthony to make a plan.

- ❖ *There are two main options for treating opioid dependence: outpatient medication and counseling. Which do you think you would like to try?*

Sample counseling language (3)



Help Anthony to navigate involving his parents.

- ❖ *I am worried that you you will not be able to stop using opioids without help. I also think we need to get you into help as soon as possible to make certain things don't get worse. Because I am concerned with your safety, it is our hospital policy to involve a parent. Which of your parents would you prefer to involve? Do you want to talk to your parents together or would you rather me do it separately? How would you prefer to proceed?*

What else could you have done?

Conduct a safety assessment.

Make a referral to specialty care

Arrange follow-up appointment with' PCP

❖ *I'd like for you to talk to your PCP about this so they can see how your plan is going.*

Document in EHR

Review & Wrap Up

Next Steps in the IAMSBI RT project

Review: Social Worker Consult (1)

- ✓ Review results of S2BI collected by Nurse
- ✓ Triage adolescent into 3 risk categories:
 - Brief Advice
 - Brief Intervention
 - Brief Intervention + Referral to treatment
- ✓ If teen needs a Brief Intervention:
 - Use MI principles and methods
 - Use the CRAFFT to guide discussion
 - Discuss a change plan

Review: Social Worker Consult (2)

- ✓ Provide counseling on opioid administration
 - ▣ Safe administration, signs of negative reaction, safe disposal
- ✓ Facilitate follow-up with primary care provider within month of discharge
- ✓ For teens using weekly or more often:
 - ▣ Facilitate warm hand off to specialty provider
- ✓ Involve parents whenever possible
- ✓ Document consult in EHR per site guidelines

Role Play! (Due within 3 months)

- ❖ **Social workers** will complete and audio-record 2 more role plays (scripts provided).
- ❖ **Social work leaders** will rate these role plays and provide performance feedback.
- ❖ Audio-recorded role plays will be submitted to **IAMSBIRT research staff** for review via iamsbirt@brown.edu

Opportunities for Free NASWs! (Ongoing)

- ❖ Visit the IAMSBI RT learning community
 - ❑ <https://www.browndlp.org/>
 - ❑ View optional webinars – earn NASW credits!
 - ❑ 3 optional webinars for nurses, social workers, and leaders
- ❖ Monitor IAMSBI RT Email Listservs

Questions?

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- ❖ Updated for the IAMSBI RT project by *Sara Becker, PhD*, *Graham DiGuseppi, ScM*, *Kelli Scott, Ph.D.*, and *Evelyn Nimaja, BA*