A TOOLKIT FOR ADOLESCENT SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

FUNDED BY:
IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH

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IOWA DEPARTMENT OF PUBLIC HEALTH

Housekeeping

- CEUs: Approved for 1 hour Substance Abuse Continuing Education Unit
- Follow-up Email: CSAT Baseline & 30 Day Follow-up Survey
- IDPH Webinars:
  - [https://idph.iowa.gov/substance-abuse/families-in-focus](https://idph.iowa.gov/substance-abuse/families-in-focus)
  - [https://register.extension.iastate.edu/adolescent](https://register.extension.iastate.edu/adolescent)
Learning Objectives

- Learn how to use brief validated screening tools to identify adolescent alcohol and other substance use.

- Learn about resources and protocols available to practitioners to guide the delivery of brief interventions with adolescents.

- Gain access to a toolkit of free materials and resources available to support health professional training and implementation of adolescent screening, brief intervention, and referral to treatment.
SBIRT Approach

- SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at-risk for developing them.

Why Adolescent SBIRT?

SBIRT Aims To:

- Increase early identification of adolescents at-risk for substance use problems.
- Build awareness and educate adolescents on U.S. guidelines and risks associated with substance use.
- Motivate adolescents at-risk to reduce unhealthy, risky substance use; and adopt health promoting behavior.
- Motivate adolescents to seek help and increase access to care for adolescents with (or at risk for) a substance use disorder.
- Foster a continuum of care by integrating prevention, intervention, and treatment services.

*Addressing substance use as part of addressing the whole health of adolescents.*
Importance For Adolescents

- Alcohol can have lasting effects on brain development.
- Age of first use inversely correlated with lifetime incidences of developing a substance use disorder.
- Associated with other unhealthy behaviors.
- Often goes undetected.

<table>
<thead>
<tr>
<th>Past-year drinking (more than one or two sips) is reported by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 15 12-year-olds</td>
</tr>
<tr>
<td>1 in 4 14-year-olds</td>
</tr>
<tr>
<td>1 in 2 16-year-olds</td>
</tr>
<tr>
<td>2 in 3 18-year-olds</td>
</tr>
</tbody>
</table>

Adolescent SBIRT In The Workforce

- Health professional training efforts have been slow but growing.
  - Support from federal agencies to educate pre-service professionals and the existing workforce is necessary but insufficient. Need mechanisms for bringing education to scale.
  - Social work, nursing and other health professionals need to be prepared to work in a range of settings where adolescents and young adults receive services, and where SBI is being implemented.
Where SBIRT Happens with Adolescents and Young Adults

- Primary care
- Trauma
- Emergency Department
- Hospital Inpatient
- Colleges/Universities
- School-based Health Centers
- Federally Qualified Health Centers
- Community Mental Health Centers
- Counseling
- Addiction Treatment
- Community Youth Programs
- Juvenile Justice, Drug Courts
- Employee Assistance Programs
- Peer Assistance Programs
- Health Promotion and Wellness Programs
- Occupational Health and Safety, Disability Management
- Dental Clinics
- HIV Clinics
- Faith-based Programs

AAP and AMA Clinical Guidelines

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.
U.S. Preventive Services Task Force

- U.S. Preventive Services Task Force released a Recommendation Statement on Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults indicating the current state of evidence is “insufficient” (i.e., an “I” rating) to assess the balance of benefits and harms for alcohol screening and brief counseling for youth aged 12 to 17.

Call to Action

- Alcohol Use Screening and Behavioral Counseling With Adolescents in Primary Care: A Call to Action (2018) outlines future directions for research and funding needs to address this critical gap in evidence in the hopes of building enough evidence to achieve a more definitive statement on this topic by the next USPSTF recommendation and review.

- Editorial Released January 2019
  https://jamanetwork.com/journals/jamapediatrics/article-abstract/2714290
Adolescent SBIRT

Screening Using the CRAFFT, CRAFFT+N 2.1 and S2BI (and other tools)
Brief Intervention and Referral to Treatment Guidelines
Brief Negotiated Interview (BNI) Adolescent Algorithm
Confidentiality and HIPAA Resources

Screening Tools

- CRAFFT
- CRAFFT 2.0
- CRAFFT 2.1
- CRAFFT-N 2.1
- S2BI
- BSTAD
CRAFFT Original Version

CRAFFT is a mnemonic acronym of first letters of key words in the 6 screening questions. The questions should be asked exactly as written.

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, or 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?

Asks age-appropriate questions about risky alcohol and drug use.

CRAFFT Tools

- Developed by John Knight and colleagues at The Center for Adolescent Substance Abuse Research (CeASAR) at Harvard Medical School and Boston Children's Hospital.
- Target population: age 14-21 years old.
- All versions of the CRAFFT should be administered using the specific wording as written.
CRAFFT – Interview and Self-Administered

The CRAFFT Screening Interview

Part A
During the PAST 12 MONTHS, did you:
1. Drink any alcohol more than a few times?
2. Have any problems at home?
3. Smoke any marijuana or tobacco?
4. Use alcohol or drugs to RELAX, feel better about yourself, or ALONE?
5. Use anything else to get high (like other illegal drugs, prescription, or pain medication)?
6. Have you ever gotten into TROUBLE while using alcohol or drugs?

For clinic use only. Did the patient answer “yes” to any question in Part A?

Part B
Ask CAR question only, then stop
Ask all 6 CRAFFT questions

1. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or ALONE?
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?
4. Do you use “FORGET” things that you did while using alcohol or drugs?
5. Do you feel “FORGET” things you did that you should call in on your riding in a car?
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

CRAFFT 2.0 – Interview and Self-Administered

The CRAFFT Interview (version 2.0)

Part A
During the PAST 12 MONTHS, how many days did you:
1. Drink more than 5 cans of beer, wine, or any drink containing alcohol?
2. Use any marijuana, pot, weed, hash, or moving along (synthetic cannabinoids like “K2” or “spice” or “beth” or “puff” or “kush” or “puff” or “pot” or “marijuana” or “herb” or “high” or “light”)?
3. Use anything else to get high (like other illegal drugs, prescription, or pain medication)?

The patient answer “yes” to all questions in Part A?

Ask CAR question only, then stop
Ask all 6 CRAFFT questions below

Part B
No
Yes

C. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
D. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or ALONE?
E. Do you ever use alcohol or drugs while you are by yourself, or ALONE?
F. Do you use “FORGET” things that you did while using alcohol or drugs?
G. Do you feel “FORGET” things you did that you should call in on your riding in a car?
H. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions.

The CRAFFT Questionnaire (version 2.0)

Part A
During the PAST 12 MONTHS, did you:
1. Drink any alcohol more than a few times?
2. Have any problems at home?
3. Smoke any marijuana or tobacco?
4. Use alcohol or drugs to RELAX, feel better about yourself, or ALONE?
5. Use anything else to get high (like other illegal drugs, prescription, or pain medication)?

READ THESE INSTRUCTIONS BEFORE CONTINUING:
If you got 2 or more YES answers to Questions 1, 2, or 3, STOP. If you got 1 or higher on 2 of the boxes above, ANSWER QUESTIONS 4

No
Yes

A. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
B. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or ALONE?
C. Do you ever use alcohol or drugs while you are by yourself, or ALONE?
D. Do you use “FORGET” things that you did while using alcohol or drugs?
E. Have you ever gotten into TROUBLE while you were using alcohol or drugs?
CRAFFT, CRAFFT 2.0, vs. CRAFFT 2.1

CRAFFT vs. CRAFFT 2.0 and 2.1 have only a few but important differences.

- **Similarities:**
  - Target population: CRAFFT 2.0 validated with adolescents aged 12-18.
  - All ask about past 12 month substance use.
  - All are two-tiered tools with Part A and B.
  - Part B items remain the same.
  - Scoring remains the same.

- **Revisions now in CRAFFT 2.0 and 2.1:**
  - Part A asks about frequency of use rather than “Yes/No” questions about use of alcohol or drugs.
  - Part A adds examples of substances.
  - Offers revised “Talking Points – 5 R’s of Brief Counseling” as a tool to guide the brief intervention.

- **Revisions now in CRAFFT 2.1:**
  - Part A item 3 now includes “vaping”.
CRAFFT+N 2.1

- CRAFFT+N 2.1 similar to other versions.
- N stands for “nicotine”.
- It expands CRAFFT 2.1 beyond “vaping”.
- Part A includes a 4th item to assess use of any tobacco or nicotine in the past 12 months.
- Part B remains the same.

Scoring and Interpreting the CRAFFT Tools

Each “Yes” response in Part B is added to produce the screening score:

- CRAFFT Scores of 0 or 1: “Low Risk”
  - Provide positive feedback, brief advice and encouragement.
- CRAFFT Scores 2-6: “High Risk”
  - Assesses for acute danger/signs of a substance use disorder.
  - Provide brief intervention; consider referral to treatment.
- CRAFFT Scores 5-6: “Very High Risk”
  - Assesses for acute danger/signs of a substance use disorder.
  - Provide brief intervention with goal of acceptance of referral to treatment.
CRAFFT Interpretation and Intervention Guidance

- Guides delivery of brief intervention based on CRAFFT score.

CRAFFT Algorithm

- Guides delivery of brief intervention and referral.

- Adolescent Screening, Brief Intervention, and Referral to Treatment for Alcohol and Other Drug Use Using the CRAFFT Screening Tool: Provider Guide
S2BI – “Screening to Brief Intervention”

- Developed by Boston’s Children’s Hospital.
- Target population: age 12-17 years old.
- Validated as an electronic and paper screening tool.
- Self-administered or conducted as an interview.
- 7 items assess the frequency of substance use in the past year.
- Categorizes substances into 7 categories.
- Based off the DSM-5 diagnoses for Substance Use Disorder.
- Easy to use.
- Paired with CRAFFT as a brief assessment following S2BI.

S2BI

- Ask the first 3 questions.
- STOP if “Never” to all.
- Otherwise CONTINUE to remaining 4 questions.

Electronic Administration Available: https://www.drugabuse.gov/ast/s2bi/#/
Interpreting the S2BI

- Frequency of use identified in the first 3 questions are used to assess level of risk for a substance use disorder and determine the level of brief intervention.

<table>
<thead>
<tr>
<th>Frequency of use tobacco, alcohol, or marijuana</th>
<th>Risk Level</th>
<th>Brief intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>No use</td>
<td>Positive Reinforcement</td>
</tr>
<tr>
<td>Once or Twice</td>
<td>No Substance Use Disorder</td>
<td>Brief Advice</td>
</tr>
<tr>
<td>Monthly</td>
<td>Mild/Moderate Substance Use Disorder</td>
<td>Further assessment, brief motivational intervention</td>
</tr>
<tr>
<td>Weekly or more</td>
<td>Severe Substance Use Disorder</td>
<td>Further assessment, brief motivational intervention, referral</td>
</tr>
</tbody>
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S2BI Algorithm

- Guides next steps in screening and delivery of brief intervention and referral.
### S2BI Interpretation and Brief Intervention Guidance

#### Adolescent SBIRT Toolkit for Providers

#### S2BI Quick Guide

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## BNI Adolescent Algorithm

<table>
<thead>
<tr>
<th>BNI Steps</th>
<th>Elements</th>
<th>Example Dialogue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engagement</strong></td>
<td>Build rapport</td>
<td>“Before we start, I'd like to know a little more about you. Would you mind telling me a little bit about yourself?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“What is a typical day like for you?”</td>
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<td></td>
<td></td>
<td>“What do you like to do for fun?”</td>
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<td></td>
<td></td>
<td>“What are the most important things in your life right now?”</td>
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<td></td>
<td></td>
<td>“Tell me about when you first used alcohol. What was it like for you?”</td>
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</tbody>
</table>

- **Pros and Cons**
  - Explore pros and cons
  - Use reflective listening
  - Reinforce positives
  - Summarize

  “I'd like to understand more about your use of (X). What do you enjoy about (X)? What are the good things about using (X)? What else?”

  “What do you enjoy less about (X) or regret about your use?”

  “What is not so good about using (X)?”

  If NO cons: Explore problems mentioned during the screening. “You mentioned that… Can you tell me more about that situation?”

  “So, on one hand you say you enjoy (X) because… And on the other hand you say….?”

| **Feedback** | Ask permission | “I have some information about the guidelines for low-risk drinking, would you mind if I shared them with you?” |
| | Provide information | “We know that for adolescents drinking alcohol and using other substances such as marijuana, prescription and over-the-counter medications can put you at risk for problems in school, accidents, and injuries especially in combination with other drugs or medication. [Insert medical information.] It can also lead to problems with the law or with relationships in your life.” |
| | Elicit response | “What are your thoughts on that?” |
| | | “In what ways is this information relevant to you?” |
BNI Adolescent Algorithm

<table>
<thead>
<tr>
<th>BNI Steps</th>
<th>Elements</th>
<th>Example Dialogue</th>
</tr>
</thead>
</table>
| Readiness Ruler | ■ Readiness scale  
  ■ Reinforce positives  
  ■ Envisioning change | “To help me better understand how you feel about making a change in your use of [X], [show readiness ruler].... On a scale from 1-10, how ready are you to change any aspect related to your use of [X]?”  
“Thats great! It means your ___% ready to make a change.”  
“Why did you choose that number and not a lower one like a 1 or a 2?”  
“What would have to be different for you to choose a higher number?”  
“It sounds like you have reasons to change.” |
| Negotiate Action Plan | ■ Write down Action Plan  
  ■ Envisioning the future  
  ■ Exploring challenges  
  ■ Drawing on past successes  
  ■ Benefits of change | “What are you willing to do for now to be healthy and safe?...What else?”  
(If more than one goal is identified): “What is the most important goal?”  
“What are some challenges to reaching your goal?”  
“Who could support you with this goal?”  
“How does this change fit with where you see yourself in a year? In five years?”  
“If you make these changes, how would things be better now? In five years?” |
| Summarize and Thank | ■ Reinforce resilience and resources  
  ■ Provide handouts  
  ■ Give action plan  
  ■ Thank the patient  
  ■ Schedule follow up | “Let me summarize what we’ve been discussing, and you let me know if there’s anything you want to add or change....” [Review action plan.]  
[Present list of resources, if more services are warranted]: “Which of these services, if any, are you interested in?”  
“Here’s the action plan that we discussed, along with your goals. This is really an agreement between you and yourself.”  
“Thanks so much for sharing with me today!”  
“Would you mind if we went ahead and set up a follow up appointment in [X] weeks so I can check in with you to see how things are going?” |

Confidentiality & HIPAA Tools

Iowa Department of Public Health
Legal Action Center
IDPH Actionline

- Iowa Licensed Substance Use Disorder Treatment providers and state agencies may access the Legal Action Center Actionline for questions about 42 CFR Part 2.

- Phone-based consultation service about federal law and regulations protecting substance use disorder (SUD) patient confidentiality, which is known as 42 CFR Part 2.

- If you have difficulty accessing this resource, please contact lori.hancock-muck@idph.iowa.gov

Legal Action Center Resources

Federal Alcohol & Drug Confidentiality Rules and SBIRT Services:
[https://lac.org/confidentiality-sbirt/](https://lac.org/confidentiality-sbirt/)

- Tool #1 – Do Federal Alcohol & Drug Confidentiality Rules Apply to Your SBIRT Services?

- Tool #2 – SBIRT and the Federal Alcohol & Drug Confidentiality Rules – The Basic Requirements

- Tool #3 – SBIRT and the Federal Alcohol & Drug Confidentiality Rules – Common Scenarios
Legal Action Center Resources

- Substance Use Confidentiality Resource List
  https://lac.org/resources/substance-use-resources/confidentiality-resources/

- Sample Forms: Substance Use Confidentiality
  https://lac.org/resources/substance-use-resources/confidentiality-resources/sample-forms-confidentiality/

  https://lac.org/resources/substance-use-resources/confidentiality-resources/

Adolescent SBIRT Toolkit

Learner's Guide to Adolescent SBIRT
SBI with Adolescents Simulation
Instructor’s Toolkit for Trainers and Educators
Acknowledgements

Adolescent SBIRT Training Curriculum & Toolkit

Adolescent SBIRT Curriculum

This curriculum offers skills-based education on Adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT). The curriculum is comprised of an instructor’s Toolkit containing the Learner’s Guide to Adolescent SBIRT with companion slides, demonstrations, and supplemental resources, and the web-based SBIRT Adolescent simulation program. The guide and simulation program bring together the tools that educators, field instructors, preceptors, students, and practitioners need to screen adolescents for alcohol and other drug use using validated tools, deliver effective brief interventions using motivational interviewing skills, link adolescents to medical, behavioral or specialty treatment services as needed, work with other health professionals in ongoing care coordination, and provide follow-up and support to adolescents.

Simulation Program

https://sbirt.webs.com/curriculum
Webinars & On-Demand Learning

- Adolescent Substance Use Screening Tools: A Review of Brief Validated Tools
- Integrating Suicide Prevention into the SBIRT Model
- Primary Care Professionals’ Readiness to Integrate Behavioral Health: A National Survey
- Adolescents, Young Adults and Opioid Use: When Is It a Problem? What to Do?
- Adolescent Substance Use: Contemporary Trends in Prevention and Treatment
- Integrating Adolescent SBIRT Education into Health Professional Training: Findings from A National Effort to Prepare the Next Workforce

Download this flyer from our website!
https://sbirt.webs.com/webinars

SBI with Adolescents Simulation

- Virtual patient/client online simulation training SBI with Adolescents complements the Learner’s Guide to Adolescent SBIRT training curriculum.

- 2.0 ANCC CNE, 2.0 NASW, 2.0 CME AMA PRA Category 1 Credits™

- Watch Trailer and Take Demo: https://kognito.com/products/sbi-with-adolescents
Simulation: SBI with Adolescents

Learning Objectives:

- Understand SBIRT process and roles
- Screen with evidence-based tools
- Conduct brief interventions using MI and BNI
- Provide coordinated referrals to treatment

User Experience:

- Didactic modules about substance use, MI techniques, BNI steps
- Conversations with 3 virtual adolescents
- Settings include hospital ED, school nurse/counselor and primary care
- Competency assessment, user dashboard

CE: 2.0 ANCC CNE, 2.0 NASW, 2.0 CME AMA
PRA Category 1 Credits™

More Info: Contact Kognito at 212-675-9234 or info@kognito.com

Learner’s Guide to Adolescent SBIRT

- Developed by NORC with funding from the Conrad N. Hilton Foundation.
- Comprehensive training curriculum focused on working with adolescents and young adults.
- Training guide, slide deck, evaluation measures.
- Examines each component of SBIRT and motivational interviewing skills.

- Each module includes:
  - Learning Objectives
  - Suggested Readings
  - Sample Conversations and Dialogue
  - Role Play Activities
- Used as part of training, education, and self-paced learning.

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<th>Module 1</th>
<th>What is SBIRT for Youth and Why Use it?</th>
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<td>Module 2</td>
<td>Screening</td>
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<td>Module 3</td>
<td>Brief Intervention</td>
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<td>Module 4</td>
<td>Referral to Treatment and Follow-up</td>
</tr>
<tr>
<td>Module 5</td>
<td>Motivational Interviewing Strategies</td>
</tr>
</tbody>
</table>
How To Order

- Electronic versions of the Learner’s Guide and slide deck available free of charge.
- Hardcopy available at cost of printing plus shipping.
- Order forms available online.

Request a free electronic copy: https://sbirt.webs.com/curriculum

Toolkit Preview

What is SBIRT and Why Use It?

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Suggested Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Recognize the prevalence of substance use among youth.</td>
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</tr>
</tbody>
</table>

Suggested Readings

- Substance Abuse and Mental Health Services Administration. White Paper on Screening, Brief Intervention, and Referral to Treatment in Behavioral Healthcare. Rockville, MD: Substance Abuse and Mental Health Services Administration; April 2011.

Screening Tools

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Target Population</th>
<th>Method of Administration</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRAFFT</td>
<td>Adolescents, under the age of 21</td>
<td>Paper and electronic interview</td>
<td>Publicly available</td>
</tr>
<tr>
<td>AUDIT-C and AUDIT</td>
<td>Adolescents, Young Adults and Adults</td>
<td>Paper and electronic interview</td>
<td>Publicly available</td>
</tr>
<tr>
<td>GAIN-SS</td>
<td>Adolescents and Adults</td>
<td>Paper and electronic interview</td>
<td>Licensing costs $103 per agency and covers four years of unlimited use of paper assessments, then 100% discount on electronic screening</td>
</tr>
<tr>
<td>SBII</td>
<td>Adolescents</td>
<td>Paper and electronic interview</td>
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This module will introduce the above tools along with sample role plays and sample dialogues that can be used to introduce how to effectively screen.

Risky Adolescent Alcohol Use

There are different schools of thought about how to conceptualize and define risk. Regardless of which school you adhere, it is important to understand how risk may play into an adolescent’s use. The screening tools presented in this module are designed to help practitioners assess risk. Before we present different conceptualizations of risk offered by the American Academy of Pediatrics and the National Institutes on Alcohol Abuse and Alcoholism.

The American Academy of Pediatrics (AAP) has identified four general patterns of substance use risk based on using the CRAFFT screening tool that is described in further detail later in this module.

- Low Risk (Abstinence): Adolescents who report no use of tobacco, alcohol or other drugs and report that they have not ridden in a car with a driver who has been using alcohol or other drugs.
Sample SBI Interactions

Sample Interaction: Screening with the CRAFFT
Setting: Mary, a 16 year old high school junior, was arrested for vandalism of school property when she was caught spray painting graffiti after school. Because this was her first offense, she was instructed to participate in a school-based diversion program for one year. During her first session in the program, Mary met with Steve, a social worker who conducted a risk assessment to identify any behavioral health issues and to connect Mary to appropriate services. In order to identify risky substance use along a broader continuum, the school-based diversion program integrated the CRAFFT screening questions into their risk assessment, replacing the assessment’s standard substance use questions.

The scoring of the CRAFFT is calculated and noted in parentheses throughout the dialogue.

The dialogue below presents the screening questions into their risk assessment, replacing the assessment’s standard substance use questions. The scoring of the CRAFFT is calculated and noted in parentheses throughout the dialogue.

Practitioner: Hey, Mary.
Adolescent: Hi.
Practitioner: How are you feeling today?
Adolescent: I'm ok.
Practitioner: It sounds like you aren't feeling great, but not feeling too bad either. Is this correct?
Adolescent: Yeah, whatever. I'm ok. I just don't feel like talking.
Practitioner: Well, as part of my role in this program, I ask a set of questions to everyone on their first day in the program. These questions will help me learn more about you and help you to get the most out of this program. These questions are about alcohol and drug use, anger and irritability, depression and anxiety, physical complaints, suicidal thoughts, and traumatic experiences. Is it okay if I ask you these questions? They won't take too long to complete, and you're stuck with me, right?
Adolescent: Are you going to share my answers with my parents?
Practitioner: No. Everything you tell me today will be kept between us unless I feel that your safety, or the safety of others, is at risk. If I think I may need to share anything, I will always talk with you first. So you're safe.
Adolescent: As long as you talk with me first.
Practitioner: Yes. I will always talk with you about it first and we will plan together exactly what I would share, if I were to share anything with them.
Adolescent: OK. I will answer the questions.

Sample Interaction: Screening with the CRAFFT Questions
Setting: Mary, a 16 year old high school junior, was arrested for vandalism of school property when she was caught spray painting graffiti after school. Because this was her first offense, she was instructed to participate in a school-based diversion program for one year. During her first session in the program, Mary met with the practitioner (Steve) who conducted a risk assessment to identify any behavioral health issues and to connect Mary to appropriate services. The practitioner conducted a screening using the CRAFFT questions and Mary scored positive, indicating the need for further intervention.

The dialogue below presents the brief intervention.

Practitioner: Thanks for bearing with me and answering all of those questions. Now, I'd like to learn a little more about you. What is a typical day like for you?
Adolescent: It's boring. I wake up, go to school, and sit through very long classes. Then I go home and watch TV. Some days I stay after school for my art class. My mom comes home at some point. After dinner I do no homework. Then it's all over again the next day.
Practitioner: That sounds like a typical day for a high school student. What's the most important thing in your life right now?
Adolescent: My grades. I really want to get into art school. I'm so excited. I want to make art and be an artist.
Practitioner: So you're interested in art. What kind of art do you create?
Adolescent: My painting and drawing class. Practitioner: That sounds fun. I'm glad you enjoy that. Based on your responses to some of my questions, I was wondering if you'd mind taking a few minutes to talk about your alcohol use.
Adolescent: Well, I don't drink every day. As I said, my days are usually same old, same old. I focus on my studies and don't have much of a life outside of school. My mom noticed that something was bothering me and encouraged me to spend time with friends. But I'm not that comfortable socially. So, I went to a party with a couple of friends from my class. I had some, but I don't drink too much. I only drink when I'm with these friends because we have the same interest in art and we can share ideas.

SBI Role Plays

SBI Role Play

Role Play Exercise: Partner with someone to practice administering the SBI. One person will act as the practitioner and the other will act as an adolescent seeking help for some bothersome behaviors. Use the blank S2BI in Appendix A to complete the roleplay.

Adolescent: You are a 13-year-old who has recently been using alcohol on the weekends and has been struggling with your new school. You don't want to talk with someone but your parents think it could be helpful, especially since you have transitioned to a new school this year.

Role Play Exercise: Partner with someone to practice conducting a brief intervention. One person will act as the practitioner and the other will act as an adolescent seeking help for some bothersome behaviors. The adolescent has scored at risk on the S2BI.

The practitioner can assume for this role play that the adolescent has been handed off to you by another professional (e.g., medical assistant, physician, nurse, office staff, and health educator).

You might start providing feedback about screening, by saying:

“Hi, my name is and I am a [job title] here. Is it okay if I took about 10 minutes of your time to discuss the results of the screen you just completed? Let's start by talking about your responses on the screen and exploring more about your experiences with alcohol or other drugs. I'm not going to lecture you or tell you what to do about alcohol and drugs; you're in charge of you and only you can make those decisions. I just want to think with you about your use and how it fits into your life. Would this be okay?”

Adolescent: You are a 13-year-old adolescent who has recently been using alcohol on the weekends and has been struggling with your new school. You don't want to talk with someone but your parents think it could be helpful especially since you have transitioned to a new school this year.
Case Studies

BNI-ART Institute Case Study
José Gonzales

PROVIDER

Background: Jose is 19 years old and employed as an auto garage attendant. While at work this morning he dropped a heavy wrench onto his foot from a height of five feet. He arrives to the ED via private transport, limping heavily. He appears very despondent.

Physical Exam: Foot appears swollen. No numbness, no tingling; question of bone tenderness; negative x-ray from triage of foot. He has no past medical history. He has a history of depression, reports drinking alcohol daily, and reports tobacco use. Family history is not contributory in this case. He reports some nausea, and also complains of headaches. He believes this might be related to his drinking.

Screening Results: Jose drinks a pint of hard liquor (11 shots) every week day and a pint and a half (15 shots) every weekend. He also reports on the CRAFT questions, to driving a car after drinking and/or riding with someone who has driven after drinking. He consumes alcohol by himself. His family and friends have cautioned him to cut back, and he also forgets things while he drinks. Joe drinks to feel better about himself, and reports having lost interest in activities that he used to enjoy.

PATIENT

BACKGROUND:

Jose: You are a 19-year-old auto garage attendant who hates his job. After changing oil filters all day, you go to the liquor store and buy a pint of hard liquor (11 shots) on your way to your cousin’s house. You get plastered “with all the other winos,” stumble home, go to bed and wake up the next morning hung over and begin the cycle all over again. On the weekends, you consume one and a half pints (15 shots) hard liquor each day. You live with your father who tells you to “lay off the booze.” You’ve tried AA in the past, and have also spoken to your doctor about “medications to control the drinking, stress, and anger.”

IF PROVIDER ASKS YOU ABOUT PROS & CONS:

Pros: You like to drink because alcohol numbs the pain, both physical and emotional. It helps you to escape to “a little fantasy land.” You also like that alcohol enhances your confidence, making you fearless and granting you “liquid courage.”

Cons: You don’t like the hangovers every morning. Alcohol gets you into trouble with girls, friends, your family, and also the law. You feel dependent upon alcohol; “like a baby needs his pacifier,” you always need your “little bottle.”

IF A PROVIDER ASKS YOU ABOUT YOUR READINESS:

You identify yourself on the Readiness Ruler as 8 out of 10. You do not choose 5 because you have already tried ways to curb your drinking, although they were unsuccessful. You are tired of the way you live your life.

IF A PROVIDER SUGGESTS PLAN/NEXT STEPS:

You admit that quitting all together is the only way you can stop drinking. You are willing to try but do not think it will work. You have so much stress that you can always find a reason to drink. If prompted by the provider to make an action plan; You will “lose the losers” you call your friends and seek out people you know who will give you positive support. You agree abstain from alcohol accepts a referral for detox. You also agree to follow-up with your primary care physician.

Appendix

- Screening Tools
- Standard Drink Chart
- DSM Criteria
- Goal Sitting Exercise
- Change Plan Worksheet
- Mutual Support Groups
- Brief Intervention Observation Sheet
- Brief Intervention Case Studies
- Sample Release Forms
- Sample Client Update Report
- Decisional Balance Worksheet
- Pocket Card
Adolescent SBIRT Pocket Cards

Online Resources and Materials

Resources and Materials

Click on the buttons below to view resources and materials on SBIRT education and adolescent SBIRT. Resources, materials and events are constantly updated and added so check back periodically to see what is new!
Screening Tools

- Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD) – provides a two-stage screen to identify risky substance use by adolescent patients by asking a single frequency question for past year use of the three substances most commonly used by adolescents: tobacco, alcohol, and marijuana. Adolescents who report using any of these substances are then asked questions about additional substance use modeled after the NIAAA Youth Guide. If respondent is aged 12 to 14, friends questions are asked first; if aged 15 to 17 (or 14-year-olds in high school), personal-use questions are asked first.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4006430/
**Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)**

Initial 3 questions:

“In the past year, on how many days...
- Have you had more than a few sips of beer, wine, or any drink containing alcohol?
- Have you smoked cigarettes or used other tobacco products?
- Did you use marijuana?”

Followed by an assessment of friend’s use and their personal use across specific substances including current use, past 30 days, past 90 days and past year.

Supported by NIDA:


Electronic administration available:

[https://www.drugabuse.gov/ast/bstad/#/](https://www.drugabuse.gov/ast/bstad/#/)

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**Other Screening Tools & Resources**

- NIAAA Youth Guide – this simple, quick, empirically derived tool is used to identify risk for alcohol-related problems in adolescents ages 9-18 years.

- NIDA Quick Screen – this is a free, online screening tool for health professionals to assess risk of use of alcohol, tobacco, prescription drugs, or illegal drugs.

- Drug Abuse Screening Test (DAST-20 and DAST-10) – this brief screening tool is used with older adolescents and adults to assess degree of drug-related problems.
  [https://sbirt.webs.com/DAST%20multiple%20versions.pdf](https://sbirt.webs.com/DAST%20multiple%20versions.pdf)

- Tobacco, Alcohol, Prescription medication, and other Substance use Tool (TAPS) - is a 4-item screen for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs. Provides a two stage brief assessment adapted from the NIDA quick screen and brief assessment (adapted ASSIST-lite). Combines screening and brief assessment for commonly used substances, eliminating the need for multiple screening and lengthy assessment tools.
  [https://www.drugabuse.gov/taps/#/](https://www.drugabuse.gov/taps/#/)
Other Screening Tools & Resources

- Alcohol Use Disorder Identification Test (AUDIT) – developed by the World Health Organization this 10-item alcohol screening tool is used to detect hazardous and harmful use, as well as to identify potential alcohol dependence. Primarily used with young adults and adults (age 18 and older) but has been validated for use with adolescents (under age 18). [https://www.integration.samhsa.gov/clinical-practice/sbirt/AUDIT_Manual_2.pdf](https://www.integration.samhsa.gov/clinical-practice/sbirt/AUDIT_Manual_2.pdf)

- Alcohol Use Disorders Identification Test, Adapted for Use in the United States: A Guide for Primary Care Practitioners (USAUDIT) – this tool is adapted from the AUDIT for use in the U.S. It identifies individuals with risky patterns of alcohol consumption and who may have an alcohol use disorder based on drinking guidelines set by NIAAA using the definition of standard drink (14 grams) in the U.S. [https://sbirt.webs.com/USAUDIT-Guide_2016_final-1.pdf](https://sbirt.webs.com/USAUDIT-Guide_2016_final-1.pdf)

- Global Appraisal of Individual Need – Short Screen (GAIN-SS) - a screening tool recommended for adolescents, young adults, and adults. It takes approximately 3-5 minutes to administer and assesses level of risk for mental health and conduct problems, alcohol and/or drug use and crime or violence. [http://www.gaincc.org/GAINSS](http://www.gaincc.org/GAINSS)


Fact Sheets

A D O L E S C E N T
S B I R T
Screening, Brief Intervention & Referral to Treatment

Adolescent SBIRT Fact Sheets

- Identifying Early Warning Signs
- NIDA for Teens Fact Sheets
- College Drinking Fact Sheet
- NIDA Teen Marijuana Use
Learn More About The Toolkit

- Adolescent SBIRT Toolkit Tour: 
  http://my.ireta.org/node/1173

References

- Learner’s Guide to Adolescent SBIRT
  McPherson, T., Goplerud, E., Bauroth, S., Cohen, H., Storie, M. Joseph, H., 
  Screening, Brief Intervention and Referral to Treatment (SBIRT). Bethesda, 
  MD: NORC at the University of Chicago.

- U.S. Preventive Services Task Force

- American Academy of Pediatrics
  - Substance Use Screening, Brief Intervention, and Referral to Treatment for 
    Pediatricians (2011)
  - Substance Use Screening, Brief Intervention, and Referral to Treatment (2016)
  - Alcohol Use Screening and Behavioral Counseling With Adolescents in Primary 
    Care: A Call to Action (2018)
References

- CRAFFT Original, 2.0, 2.1, +N 2.1
  - CRAFFT publications including links to validation articles and presentations: [http://crafft.org/about-the-crafft/#pubs](http://crafft.org/about-the-crafft/#pubs)

- S2BI
  - Development article: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270364/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270364/)

SBIRT Technical Assistance

Do you have questions about SBIRT implementation, evaluation, or training?

Schedule a free telephonic technical assistance session.

SBIRT Team: [SBIRTTeam@norc.org](mailto:SBIRTTeam@norc.org)
Dr. McPherson: [Mcpherson-Tracy@norc.org](mailto:Mcpherson-Tracy@norc.org)
In Our Last Few Moments…

- CEUs: Approved for 1 hour Substance Abuse Continuing Education Unit
- Follow-up Email: CSAT Baseline & 30 Day Follow-up Survey
- IDPH Webinars:
  - [https://idph.iowa.gov/substance-abuse/families-in-focus](https://idph.iowa.gov/substance-abuse/families-in-focus)
  - [https://register.extension.iastate.edu/adolescent](https://register.extension.iastate.edu/adolescent)

Thank you

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