SBIRT with Adolescent Patients

Jim Winkle, MPH
Dept. of Family Medicine
Oregon Health & Science University

Funded by the Substance Abuse and Mental Health Services Administration
Website: sbirtoregon.org

- Demonstration videos
- Screening forms
- Billing code information
- Pocket cards and tools
- Training curriculum
- Role plays
“A public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at risk of developing these disorders.”
Terms

SBIRT

- Adults
  - Brief screen
  - AUDIT
  - DAST

- Adolescents
  - S2BI

- Pregnancy
  - 5Ps

Method | Populations | Common screening tools
Substance use Problem Tree

Leaves and Branches = Effects created by the problem.

Trunk = Problem that is being studied

Roots = Causes that have led to the problem
Family history of addiction
Mental health problems
Poverty
Trauma
Low self esteem
Physical, emotional, and sexual abuse
Genetics
Early exposure to substances
Substance use disorder
Risky substance use
Stress
Mental health problems
Poverty
Absence of social support
Overdose
Homelessness
Incarceration
Morbidity / Mortality
Unemployment
Crime
Healthcare costs
Disrupted family structures
Healthcare costs
Healthcare costs
Disrupted family structures
Disrupted family structures
### Patient-affirming language

<table>
<thead>
<tr>
<th>Non-affirming</th>
<th>Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Injection) Drug Users (IDU)</td>
<td>People who use injection drugs (PWID)</td>
</tr>
<tr>
<td>Drug abuse, dependence</td>
<td>Substance use disorder</td>
</tr>
<tr>
<td>“Clean and Sober”</td>
<td>Person in recovery</td>
</tr>
<tr>
<td>Drug abuser</td>
<td>Person with a substance use disorder</td>
</tr>
<tr>
<td>Clean urine</td>
<td>Negative urine drug screen</td>
</tr>
<tr>
<td>High Risk</td>
<td>Individuals at risk; priority populations</td>
</tr>
</tbody>
</table>
I. Why SBIRT?
Reasons to routinely screen teens for substance use

- It’s common
- It’s risky
- It often goes undetected
- Validated screening tools can assess risk

AAP, 2016
<table>
<thead>
<tr>
<th>SBIRT implemented</th>
<th>No SBIRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Routine and universal screening, regardless of medical complaint</td>
<td>• Inconsistent and selective screening</td>
</tr>
<tr>
<td>• Validated, standardized screening tools</td>
<td>• Non-systematized narrative questions</td>
</tr>
<tr>
<td>• Alcohol use seen as a continuum</td>
<td>• Alcohol use seen as dichotomous</td>
</tr>
<tr>
<td>• Evidence-based, patient-centered change talk</td>
<td>• Ineffective, directive style of communication</td>
</tr>
<tr>
<td>• Ongoing transition between primary care and treatment</td>
<td>• Discoordinate/unclear referrals and follow up</td>
</tr>
</tbody>
</table>
SBIRT metrics

- Oregon: Medicaid performance measure for primary care and ED settings (in 2019)
- Affordable Care Act: reimbursement required for alcohol brief interventions
- Joint commission: Alcohol SBI plus drug treatment included in criteria
- Trauma centers mandated to perform alcohol SBI
Reasons teens use alcohol and drugs

- Desire for new experiences
- Attempt to deal with problems
- Desire to perform better in school
- Peer pressure
- To feel good

NIDA, 2014
Drawbacks of teen substance use

- Greater susceptibility to risk-taking behaviors and injuries
- Even first use can result in tragic consequences
- Neurodevelopmental vulnerability
- Age at first use correlated with later substance use disorder
Stages of teen substance use

- Abstinence
- Experimentation
- Dependence
- Non-Problem Use
- Abuse
- Problem use
- Non-Problem Use
U.S.: Alcohol use in the past month, ages 12-17, (2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any use</td>
<td>9.2</td>
</tr>
<tr>
<td>Binge use one day or more</td>
<td>4.9</td>
</tr>
<tr>
<td>Binge use <strong>five</strong> days or more</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Binge use = Five or more drinks for males, four or more drinks for females “on the same occasion”

Categories not mutually exclusive
### Oregon: Alcohol use in the past month, by grade, (2017)

<table>
<thead>
<tr>
<th>Category</th>
<th>8&lt;sup&gt;th&lt;/sup&gt; graders</th>
<th>11&lt;sup&gt;th&lt;/sup&gt; graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any use</td>
<td>11.3%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Binge use one day or more</td>
<td>4.6%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Binge use three days or more</td>
<td>0.9%</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

Binge use = five or more “drinks in a row, that is, within a couple of hours”, any gender

Categories not mutually exclusive
## U.S.: Past month drug use, ages 12-17 (2016)

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>6.5</td>
</tr>
<tr>
<td>Misuse of prescription drugs*</td>
<td>1.6</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.6</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>0.5</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.1</td>
</tr>
<tr>
<td>Meth</td>
<td>0.1</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.1</td>
</tr>
</tbody>
</table>

*pain relievers, tranquilizers, stimulants, and sedatives
## Oregon: Past month drug use, by grade (2017)

<table>
<thead>
<tr>
<th></th>
<th>8th graders %</th>
<th>11th graders %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>6.7</td>
<td>20.9</td>
</tr>
<tr>
<td>Misuse of prescription drugs*</td>
<td>4.9</td>
<td>6.6</td>
</tr>
</tbody>
</table>

*Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax

Oregon Healthy Teens Survey

<table>
<thead>
<tr>
<th>Frequency</th>
<th>8th graders</th>
<th>11th graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 2 days</td>
<td>3.3%</td>
<td>7.8%</td>
</tr>
<tr>
<td>3 to 5 days</td>
<td>1.2%</td>
<td>4.1%</td>
</tr>
<tr>
<td>6 to 9 days</td>
<td>0.7%</td>
<td>2.1%</td>
</tr>
<tr>
<td>10+ days</td>
<td>1.5%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Oregon Healthy Teens Survey
Age at substance use onset and later addiction

Hingson et al 2006, SAMHSA 2010

Age started using

% later experienced dependence

Alcohol
Marijuana

Hingson et al 2006, SAMHSA 2010
Adolescence is a critical time for preventing addiction.

% of treatment admissions, ages 18 - 30
Risks of adolescent alcohol and marijuana use

- Brain damage
- Injuries
- School failure
- Violence
- Arrests, incarceration
- Sexual assaults
- Pregnancy
- STDs
- Later addiction
- Stunted growth and fertility
- Suicide

NIDA, Office of the Surgeon General, NPR, CSAM, Hendershot et al, IBT GWU, 2007 - 2014

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicle crashes</td>
<td>23%</td>
</tr>
<tr>
<td>Suicide</td>
<td>17%</td>
</tr>
<tr>
<td>Other unintentional injuries</td>
<td>17%</td>
</tr>
<tr>
<td>Homicides</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>71%</strong></td>
</tr>
</tbody>
</table>

All associated with alcohol and drug use

*Kann et al., 2015*
Risk factors for problem substance use among adolescents

- Presence of mental health disorders:
  - Depression, anxiety, bipolar, schizophrenia
- Minority race and ethnicity
- Genetic predisposition
- Personality traits
- Influence of family and peers
Images of brain development

Blue represents maturing of brain areas.
Missed opportunities with adolescent pts

Study of 2,519 10th graders:

- 82% saw a doctor in past year
- Only 54% were asked about drinking
- Only 25% of frequent drinkers and 27% of marijuana users were advised to reduce or quit

Hingson et al 2013
**Study: Clinical impressions show poor validity towards teen substance use**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sensitivity (CI)</th>
<th>Specificity (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any use</strong></td>
<td>.63 (.58-.69)</td>
<td>.81 (.76-.85)</td>
</tr>
<tr>
<td><strong>Any problem</strong></td>
<td>.14 (.10-.20)</td>
<td>1.0 (.99-1.0)</td>
</tr>
<tr>
<td><strong>Any disorder</strong></td>
<td>.10 (.04-.17)</td>
<td>1.0 (.99-1.0)</td>
</tr>
<tr>
<td><strong>Dependence</strong></td>
<td>0.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Wilson et al., 2004
Top cited barriers to screening for adolescent substance use

- Time constraints
- Challenges related to parental involvement
- Perceived lack of effectiveness of brief intervention
- Lack of training in providing brief intervention
- Referral to treatment process
- Inadequate reimbursement and dedicated resources

Palmer et al., 2019
II. Screening
AAP recommendations for SBIRT

- Ensure appropriate confidentiality
- Screen with a validated tool at every visit
- All pts age 11 or older
- Respond with brief interventions and referrals when indicated

Bright Futures, AAP 2008
Oregon consent and confidentiality laws

- Pts ≥15 can consent to medical services. (ORS 109.640)
- Oregon law does not give minors a “right” to confidentiality or parents a “right” to disclosure.
- Providers are encouraged to use their best clinical judgment over whether to disclose (ORS 109.650)
When parents ask to review their minor’s records

Things to consider:

• Review your confidentiality policy with parents.

• Discuss the benefits of maintaining confidentiality

• Assure parents that their teen has been screened
Adolescent preferences for preventative screening

<table>
<thead>
<tr>
<th>How <strong>comfortable</strong> I feel answering questions about health behaviors, via:</th>
<th>Agree %</th>
<th>Neutral %</th>
<th>Disagree %</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper</td>
<td>57.0</td>
<td>35.1</td>
<td>7.9</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Provider interview</td>
<td>76.5</td>
<td>17.4</td>
<td>6.1</td>
<td>.034</td>
</tr>
<tr>
<td>Electronic</td>
<td>90.0</td>
<td>12.2</td>
<td>0.9</td>
<td>-----</td>
</tr>
</tbody>
</table>

| How **honest** I feel answering questions about health behaviors, via: | | | | |
|---|---|---|---|
| Paper | 60.9 | 33.9 | 5.2 | <.001 |
| Provider interview | 73.9 | 20.0 | 6.1 | .006 |
| Electronic | 88.7 | 10.4 | 0.9 | ----- |

Study: 115 teens, 12-18 years old, racially diverse, university-based primary care clinics

Bradner et al, 2016
# Website screening form covers SBIRT + Depression

**Front**

## Adolescent annual questionnaire

- **Private name:** [ ]
- **Date of birth:** [ ]

### S2BI:

- **In the LAST YEAR, how many times have you used:**
  - [ ]
  - [ ]
  - [ ]
  - [ ]

### CRAFFT:

- [ ]

If you answered “Never” in all questions above, you can skip to CRAFFT questions 41 and then turn the page. Otherwise, please continue answering all questions below.

### PHQ-9 Modified for Teens:

<table>
<thead>
<tr>
<th>PHQ-9 Modified for Teens:</th>
<th>Not at all</th>
<th>Several times</th>
<th>More than half the time</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, or hopeless?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. Trouble falling asleep, sleeping too much?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. Feeling sad, empty, or helpless?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4. Trouble concentrating or making decisions?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>5. Felt hungry, lost interest, overeating?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>6. Felt bad about yourself, or feeling that you are a failure, or you have let people down?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>7. Trouble feeling good about yourself, having a good time, or feeling like you have enough?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>8. Thought of or tried to kill yourself?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

## PHQ-9 Modified for Teens

- **In the LAST YEAR, how many times have you done the following:**
  - [ ]
  - [ ]
  - [ ]
  - [ ]

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of home, or play with others?

- [ ]
- [ ]
- [ ]
- [ ]

Has there been a time in the past month when you have had serious thoughts about ending your life?

- [ ]

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

- [ ]

---

**Back**

[www.sbirtoregon.org](http://www.sbirtoregon.org)
S2BI screening tool

- Screening 2 Brief Intervention
- Validated for: adolescent patients, ages 12-17
- Study included African-American, Caucasian, and Hispanic patients
- Can be self administered or interview administered

Levy et al, 2014
Common clinic workflow

Exam room

S2BI

Response

Exam room

Clinician or Medical Assistant

Clinician or Behavioral health professional
## Interpreting the S2BI

<table>
<thead>
<tr>
<th>Highest frequency of non-tobacco substance use</th>
<th>Risk category</th>
<th>Recommended action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Abstinence</td>
<td>Positive reinforcement</td>
</tr>
<tr>
<td>Once or twice</td>
<td>No substance use disorder (SUD)</td>
<td>Brief advice</td>
</tr>
<tr>
<td>Monthly</td>
<td>Mild or moderate SUD</td>
<td>Brief intervention</td>
</tr>
<tr>
<td>Weekly</td>
<td>Moderate or severe SUD</td>
<td>Referral for further assessment and possible specialized treatment</td>
</tr>
</tbody>
</table>

Levy et al, 2014
Positive reinforcement

• A few words of encouragement may delay initiation of substance use.

• “I’m glad to see that you haven’t used any substances in the last year. I recommend to all my teen patients not to use because a number of negative things are more likely to happen when they do. However, I want you to know that you can always ask me any questions you may have about them.”
Encourage abstention through personalized and strength-based advice:

• “I recommend stop smoking marijuana altogether because heavy marijuana use can affect your concentration. Over time it can impact your mood and affect your performance on the football field.

• You are such a good athlete, I would hate to see anything get in the way of your future.”

Forman and Levy, 2012
Brief intervention

- 3-5 minute conversation that employs motivational interviewing
- Well suited for adolescents (desire for autonomy, resistance to authority)
- Evidence accumulating on effectiveness

Referral to specialized treatment

• A proactive process that facilitates access to specialized care
• Delivered to the patient via the brief intervention model
• Specialized facilities offer more definitive, in-depth assessment and, if warranted, treatment
Additional reasons to consider a referral

• Patient ≤14 years old
• Daily or near daily use of any substance
• Alcohol-related “blackout” or substance use-related hospital visit
• Alcohol use with another sedative drug
CRAFFT questions on the S2BI

- “Yes” responses should be explored to reveal the extent of related problems.

- Gathers details for use in a BI or RT

- Not necessary to sum answers for a score, as when used alone

Levy and Williams, 2016
“Yes” to the car question

- Car accidents are the leading cause of death among teens
- Teens should not drive even after only one drink
- Discuss safer alternatives
- Consider using “Contract For Life” to discuss with parent(s) or trusted adult. Offer to facilitate conversation.
Who can independently bill for SBI

**Oregon Medicaid:**
- Physicians
- Physician Assistants
- Nurse Practitioners
- Licensed Clinical Psychologists
- Licensed Clinical Social Workers

**Medicare:**
- Physicians (MD, DO only)
- Physician Assistants
- Nurse Practitioners
- Licensed Clinical Psychologists
- Licensed Clinical Social Workers
- Clinical Nurse Specialists
- Certified Nurse Midwives

OHA, 2014
# Screening billing codes

<table>
<thead>
<tr>
<th>Service</th>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening only</td>
<td>Medicaid &amp; Commercial</td>
<td>CPT 96160</td>
<td>Administration and interpretation of a health risk assessment instrument.</td>
</tr>
<tr>
<td></td>
<td>Medicare</td>
<td>G0442</td>
<td>Screening for alcohol misuse in adults once per year.</td>
</tr>
</tbody>
</table>

- Codes above should be appended to E/M service with modifier 25
- ICD-10 diagnosis codes are poorly suited for most SBIRT patient scenarios and can break confidentiality. Two options:
  - Z13.89: “Encounter for screening for other disorder”
  - Z13.9: “Encounter for screening, unspecified”
### Screening + BI codes

<table>
<thead>
<tr>
<th>Service</th>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full screen + brief intervention</td>
<td>Med &amp; Com.</td>
<td>CPT 99408</td>
<td>• 15-30 minutes spent administrating and interpreting a full screen, plus performing a brief intervention.</td>
</tr>
<tr>
<td></td>
<td>Medicare</td>
<td>G0396</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Med &amp; Com.</td>
<td>CPT 99409</td>
<td>• Same as above, only ≥ 30 minutes.</td>
</tr>
<tr>
<td></td>
<td>Medicare</td>
<td>G0397</td>
<td></td>
</tr>
</tbody>
</table>

- Codes above should be appended to E/M service with modifier 25
- ICD-10 diagnosis codes are poorly suited for most SBIRT patient scenarios and can break confidentiality. Two options:
  - Z13.89: “Encounter for screening for other disorder”
  - Z13.9: “Encounter for screening, unspecified”
The patient completed a S2BI alcohol and drug screening tool today and the results indicate the patient has abstained from using alcohol or drugs in the last 12 months.

In discussing this issue, I educated the patient about risks associated with adolescent substance use and gave positive reinforcement for continuing to abstain from using alcohol or drugs or ride in a car with an impaired driver.
The patient completed a S2BI alcohol and drug screening tool today and the results suggest the presence of a mild or moderate substance use disorder.

In discussing this issue, I educated the patient about risks associated with adolescent substance use and recommended the patient abstain from using alcohol or drugs or ride in a car with an impaired driver. The pt’s readiness to change was 3 on a scale of 0 - 10. We explored why it was not a lower number and discussed the patient’s own motivation for change.

Total clinic time administering and interpreting the screening form, plus performing a face-to-face brief intervention with the patient was greater than 15 minutes.
Incident-to billing

• Any clinic employee under supervision can bill for SBI

• Examples:
  • CADCs, Health Educators, Registered Nurses, Clinical Nurse Specialist, Students or Graduates entering medical profession, Community Health Workers

• Some limitations apply
III. Brief intervention
Communication styles during the patient visit

• Directive
• Following
• Guiding
How do you approach conversations about behavior change with your adolescent patients?
Video demonstration:
Directive style of communication towards behavior change

http://www.youtube.com/watch?v=2fdfzUS1qDc
Directive communication towards behavior change

- Explaining why the pt should change
- Telling how to change
- Emphasizing importance of changing
- Persuading
Common patient reactions to the Directive style

<table>
<thead>
<tr>
<th>Common Patient Reaction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>Afraid</td>
</tr>
<tr>
<td>Agitated</td>
<td>Helpless, overwhelmed</td>
</tr>
<tr>
<td>Oppositional</td>
<td>Ashamed</td>
</tr>
<tr>
<td>Discounting</td>
<td>Trapped</td>
</tr>
<tr>
<td>Defensive</td>
<td>Disengaged</td>
</tr>
<tr>
<td>Justifying</td>
<td>Not come back – avoid</td>
</tr>
<tr>
<td>Not understood</td>
<td>Uncomfortable</td>
</tr>
<tr>
<td>Procrastinate</td>
<td>Not heard</td>
</tr>
</tbody>
</table>

Rollnick, et al., 2008
Characteristics of guiding communication

- Respect for autonomy, goals, values
- Readiness to change
- Ambivalence
- Patient is the expert
- Empathy, non-judgment, respect
Brief interventions

- Fit under guiding style
- 3-5 minutes typical in medical settings
- Helps patients further resolve ambivalence
- Single session can have effect
Steps of the brief intervention

- Raise the subject
- Provide feedback
- Enhance motivation
- Negotiate plan
Video demonstration: Brief intervention: “Jacob”

https://www.youtube.com/watch?v=GvaOXREccHl
Steps of the brief intervention

- Screening forms act as conversation starters
- Ask permission
- “Tell me about your substance alcohol/drug use”
Steps of the brief intervention

- Note frequency of use (S2BI) and any problems (CRAFFT)
- Summarize risks of use
- Note connection between use and health issue if applicable
- Give recommendation to abstain

Provide feedback

D`Onofrio, et al., 2005
Recommendation examples

“We both know that only you can decide whether or not to drink, but as your physician I recommend not to use at all. Teens often do risky things when they drink. If you are not going to quit, cutting down would be a good idea.”

Or:

“From a health perspective, I recommend to all my adolescent patients not to use alcohol or drugs. What you do is up to you.”
Steps of the brief intervention

- Ask and reflect back perceived pros and cons of use
- Use the 0 – 10 scale
- “Why not a lower number?”

D`Onofrio, et al., 2005
Summarizing pros and cons

“You like to drink alcohol when you go to parties because you like the feeling of being ‘buzzed’. At the same time, alcohol has also gotten you into trouble a couple of times.

“You really enjoy smoking marijuana with your friends. On the other hand, you were suspended from the basketball team after the coach caught you with marijuana, and your parents wouldn’t let you drive the car if they found out.”
Steps of the brief intervention

- If pt is ready: “How do you plan to avoid drinking and drug use?”
- Re-state recommendation
- Schedule follow-up (be creative if necessary)

D’Onofrio, et al., 2005
Examples of planning

- Pt considers cutting down to 1 drink when out with friends.
- Pt will not get in a car with any driver who is intoxicated.
- Pt agrees not to have sex when he/she is intoxicated.
- Pt agrees to return for follow-up.
Whatever the patient decides, the message should be:

- I care about you
- I am concerned about you
- I will be here for you
Some risks of adolescent alcohol and marijuana use:

- 22% of teenage drivers in fatal car crashes were drinking. Car crashes are the leading cause of teen deaths.
- Marijuana affects a number of skills needed for safe driving, like reacting to sounds and signals on the road.
- Teens who use marijuana tend to get lower grades and are more likely to drop out of high school.
- High school students who use alcohol are five times more likely to drop out.
- Marijuana's effects on attention and memory make it difficult to learn something new or do complex tasks.
- Heavy use of marijuana as a teenager can lower IQ later in life as an adult.
- Teens who binge drink every month damage their brains in a way that makes it harder to pay attention and understand new information.
- Alcohol poisoning and suicide are major causes of alcohol-related teen deaths.
- Teen drinking and marijuana use raise the risk of unprotected sex, sexual assault, STDs, and unplanned pregnancy.
- Drinking increases the risk of death among teens.

A standard drink of alcohol equals:

- Beer | 12 oz.
- Wine | 5 oz.
- Malt liquor | 8 oz.
- Liquor | 1.5 oz.

One party cup: 16 oz.

Readiness ruler:

Not ready 0 1 2 3 4 5 6 7 8 9 10 Very ready

Reference sheet

Front acts as a visual aid for the patient during a BI
## Steps of the brief intervention

### Raise the subject
- “Thank you for answering these questions - is it okay if we review this form together?”
- If yes: “Can you tell me in your own words about your drinking or drug use? How often, how much, etc.?”

### Provide feedback
- “I recommend all my teen patients not use at all. Substance use can harm the brain of teenagers, as well as increase the risk of the things on the front of this page.”
- “Many teens who are dealing with these kinds of problems may not be able to stop using on their own, even if they wanted to. I recommend these patients get help to stop.”

### Enhance motivation
- “What do you like about your drinking/drug use? What do you not like, or are concerned about when it comes to your use?”
- “On a scale of 0-10, how ready are you to stop using/receive specialized treatment? Why do you think you picked that number rather than a ____ (lower number)?”

### Negotiate plan
- Summarize conversation. If patient is ready to change: “What steps do you think you can take to reach your goal of cutting back/stop using/seeking specialized treatment?”
- “Can we schedule an appointment to check in and see how your plan is going?”

Oregon hotline that quickly identifies treatment resources for patients experiencing a substance use disorder: 1-800-923-4357

## Interpreting the S2BI screening tool

<table>
<thead>
<tr>
<th>Highest frequency of past-year, non-tobacco substance use</th>
<th>Risk category</th>
<th>Recommended action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Abstinence</td>
<td>Positive reinforcement</td>
</tr>
<tr>
<td>Once or twice</td>
<td>No substance use disorder (SUD)</td>
<td>Brief advice</td>
</tr>
<tr>
<td>Monthly</td>
<td>Possible mild or moderate SUD</td>
<td>Brief intervention, employing principles of motivational interviewing</td>
</tr>
<tr>
<td>Weekly</td>
<td>Possible moderate or severe SUD</td>
<td>Referral to specialized treatment, conveyed through a brief intervention</td>
</tr>
</tbody>
</table>

## Billing codes

### Screening only
- Medicaid and Commercial:
  - CPT 96160

### Screening plus brief intervention
- Medicaid and Commercial:
  - ≥ 15 min CPT 99408
  - ≥ 30 min CPT 99409
Patient handouts

- Downloads at sbirtoregon.org
- English and Spanish
- Separate handouts based on substance
- Can supplement, but should not replace brief interventions
Role play practice: Erin

Groups of three:

- Clinician
- Patient
- Observer

www.sbirtoregon.org
Role play practice: Diego

Groups of three:

- Clinician
- Patient
- Observer

www.sbirtoregon.org
Stages of change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse
IV. Referral to treatment
Most U.S. youths who need substance abuse treatment do not receive it

- Adolescents ages 12-17 in 2009:
  - Needed treatment: 7%
  - Received treatment: 8% (150,000)

Percent of Substance Abuse Treatment Admissions by Drug, Ages 15-19, U.S.

- Marijuana: 56%
- Alcohol: 24%
- Heroin/Opiates: 6%
- Cocaine: 4%
- Meth/Stimulants: 5%
- Other: 5%

SAMHSA, 2007
Types of adolescent treatment

- **Outpatient:**
  - Group
  - Family
  - Intensive outpatient
  - Partial hospital program

- **Inpatient/residential:**
  - Detoxification
  - Acute residential treatment
  - Residential treatment
  - Therapeutic boarding school

AAP, 2011
Effectiveness of treatment

- Treatment shown to be better than no treatment
- In the year after treatment, patients report:
  - Decreased heavy drinking, marijuana and other illicit drug use
  - Decreased criminal involvement
  - Improved psychological adjustment and school performance

AACAP, 2005
Keys to the referral

• Deliver the referral as part of the brief intervention
• Become familiar with local options
• Ask permission to share info with parent
  • Best chance for good outcome from treatment
Oregon laws towards minor consent and treatment

- Youth 14 years or older may initiate treatment without parental consent (ORS 109.6750)
- Providers are to involve the parents before end of treatment unless parents refuse or there are indications not to involve parents (ORS 109.6750)
- Providers may advise the parent/guardian of diagnosis or treatment of chemical dependency or mental disorder when clinically appropriate and if condition has deteriorated (ORS 109.680)
Confidentiality and the referral

Consider:

- It may be difficult for the teen pt to manage treatment requirements without parent knowledge.
- Teens respond better when parents are involved.
- Insurance carrier may notify parent if insurance is under their name.

Williams RJ, et al. 2000
Considering involving parents in a referral

- An adolescent who discloses heavy drug use may be looking for help
- Ask patient if parents are aware of use - if so, inviting them into conversation may be easy
- Special considerations when parents themselves use substances
Side with the teen when presenting information:

“Terra has been very honest with me and told me that he uses marijuana. She has agreed to see a specialist to talk about this further. I will give you the referral information so that you can help coordinate.”
Role play practice: Andrew

Groups of three:

- Clinician
- Patient
- Observer

www.sbirtoregon.org
Keys to implementing a sustainable SBIRT workflow

- Secure buy-in from leadership
- Identify workflow
- Train all staff involved
- Identify champions
- Optimize EMR
- Employ tools
Questions?

Jim Winkle, MPH  
jimwinkle@gmail.com