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Welcome to:
Project ECHO- Screening, Brief
Intervention, and Referral to
Treatment (SBIRT) for Substance
Use in Adolescents

Please mute yourself unless you are speaking.
Participants are encouraged to share their video.
Use the chat feature to ask questions or share ideas/ resources

Funding

The Practice Improvement to Address Adolescent Substance Use (PIAASU-2) project is funded by generous support from the Conrad N. Hilton Foundation. Its contents are solely the responsibility of the project faculty and staff and do not necessarily represent the official views of the American Academy of Pediatrics or the Conrad N. Hilton Foundation.

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Recording:

This session will be recorded for educational and quality improvement purposes. Slides from today's call, along with a video recording of the lecture, will be shared following this call. However, a recording of the case discussion will not be shared; this is to ensure confidentiality and provide a safe space to discuss concerns and questions.

Please participate!

Please make sure your microphone is muted during the session. You will have the ability to mute/unmute yourself to participate in today's call. If you do have any IT difficulty during today's call, please chat to Ashley Politz or call/ text (225) 505-7611 and she can assist you.

If you have video capability, please enable it! It makes for a more interactive and engaging session if we can all see each other.

Finally, please enter your name and where you're from in the chat box so that we can get to know each other, and so that we may count your attendance.

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CME/ MOC 2:

Accreditation Statement:

The Louisiana AAP is accredited by the Louisiana State Medical Society (LSMS) to provide continuing medical education for physicians. The Louisiana AAP designates this live internet activity for a maximum of 7.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

MOC 2 Statement:

Successful completion of this CME activity, which includes participation in the activity and individual assessment of and feedback to the learner, enables the learner to earn up to 7 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

In order to receive MOC 2 points you must attend all seven sessions and complete the MOC Attestation Form upon completion of the program.

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Disclosures:

Louisiana AAP planning committee member, Joseph Bocchini, Jr., MD, has disclosed that he has received research grant funds from GlaxoSmithKline, Novavax, Pfizer, Inc. and Regeneron and sits on the Advisory Board for Moderna, Pfizer, and Valneva. All remaining faculty, Louisiana AAP Education Committee members and staff have no relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. All relevant financial relationships have been mitigated.

In accordance with LA AAP policy, all committee, planning, and faculty members have signed a conflict-of-interest statement in which they have disclosed any financial relationships within the past 24 months with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Such disclosure allows the participant of the activity to better evaluate the objectivity of the information presented.

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Session 6: SBIRT: Referral to Treatment

June 23, 2022 | Noon

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Today's Speakers:



Carolyn J. Swenson,
MSPH, MSN, RN
Consultant and QPR Suicide
Prevention Trainer



Kevin Hughes,
BS, CAS, CPS II
SBIRT Lead Trainer
*Training, Technical Assistance, &
Implementation*
SBIRT *in* Colorado

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Louisiana AAP: Adolescent SBIRT ECHO Series

Carolyn Swenson, MSPH, MSN, RN - Consultant: Peer Assistance Services
Adam Musielewicz, MPA, BA, CNM -Peer Assistance Services

Session 6: June 23, 2022

SBIRT: Referral to Treatment

Objectives

1. Discuss treatment and referral options and when/how to refer.
2. Discuss treatments that can be done without referral.
3. Discuss follow-up care practices.

SBIRT

Screening: Use validated questions to identify any alcohol or drug use.

Brief Intervention: One or more short conversations to enhance motivation to delay or reduce alcohol or drug use.

Referral to Treatment: Further evaluation and services to address escalating alcohol or drug use and co-occurring needs.

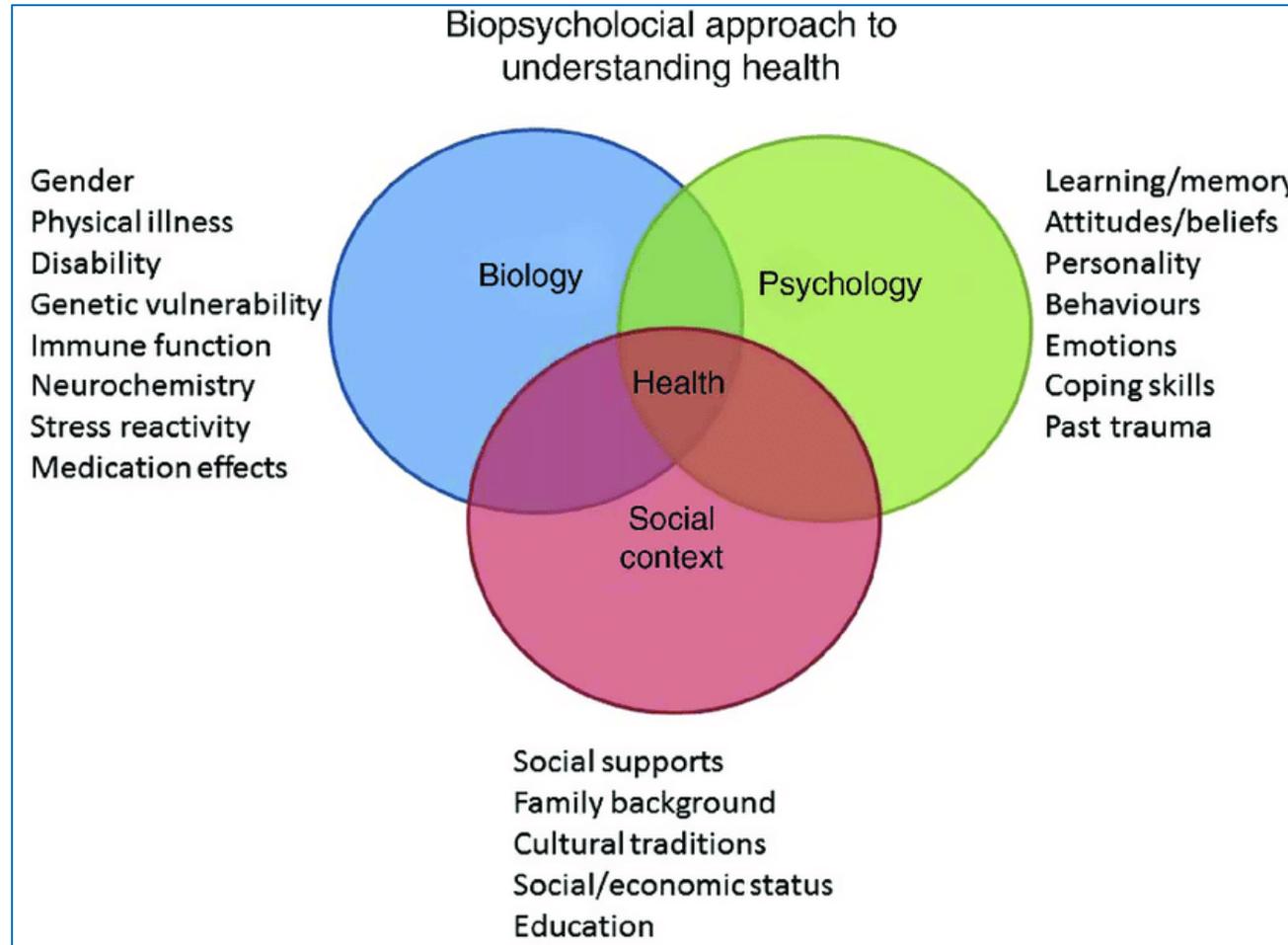
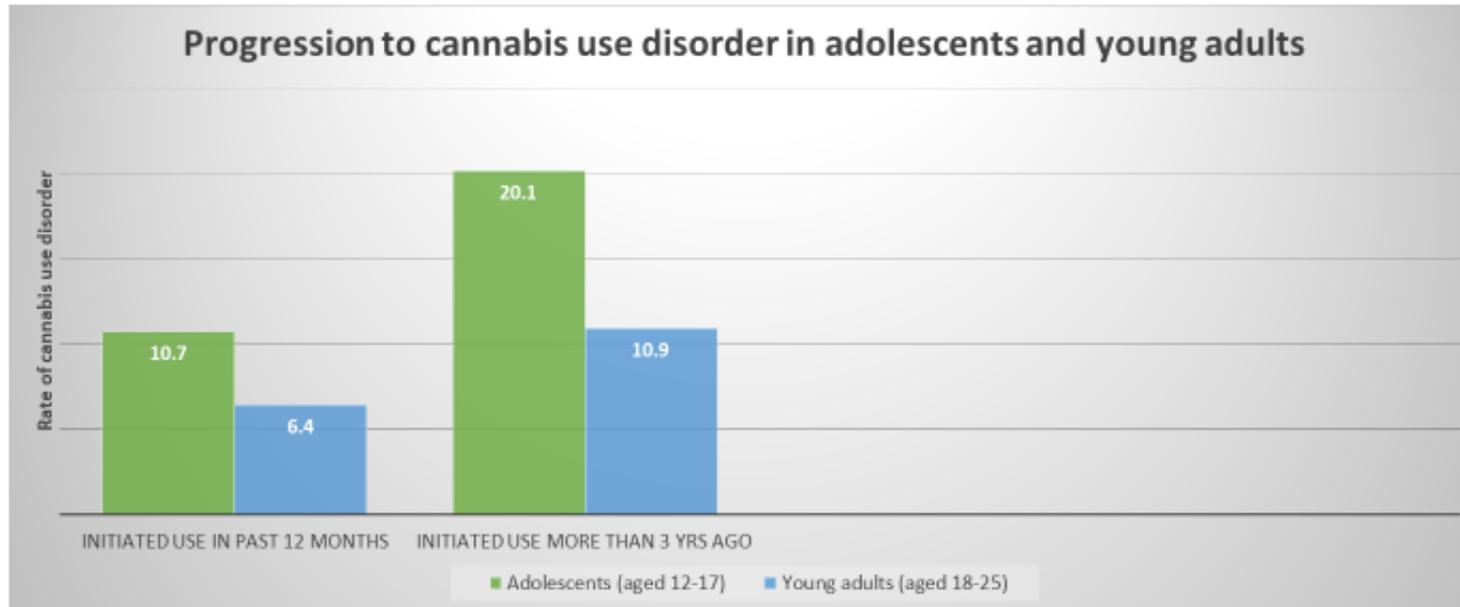


Image credit: <http://perspectivesclinic.com/health-psychology/>. JAPA Vol. 26, No. 4, 2018

Referral to Treatment (RT): Key Points

- ▶ Most adolescents who report substance use will not require specialized substance abuse treatment services beyond a few brief interventions.
- ▶ Adolescents may need help to recognize escalating substance use and consequences related to use.
- ▶ Adolescents tend to be less ready to change use or initiate treatment.
- ▶ Adolescents (and sometimes parents/guardians) may be reluctant to accept treatment when it is clearly indicated.
- ▶ Earlier intervention for escalating substance use may prevent:
 - Accidents/injuries to self or others
 - Pregnancy/ STIs
 - Dropping out or expulsion from school
 - Chronic health or mental health conditions
 - Suicide
 - Future alcohol or drug use disorder



Adolescents may develop some substance use disorders faster than young adults.
Data from 2015-2018 National Survey on Drug Use and Health

“Referral To...” examples

Mental Health & Substance Use

- ▶ Integrated behavioral health
- ▶ Substance use disorder treatment
- ▶ Recovery support program
- ▶ Individual or family therapy
- ▶ Solution-focused therapy

Apps & Virtual Programs

- ▶ Crisis lines
- ▶ LGBT social networks
- ▶ Peer recovery programs
- ▶ Mindfulness/Stress management apps

Positive Youth Development (PYD)

- ▶ Outdoor and sports programs
- ▶ Experiential learning programs
- ▶ Volunteer opportunities

Social & Academic Supports

- ▶ Mentoring /other academic support
- ▶ Alternative high school
- ▶ Restorative justice program
- ▶ Homeless shelter
- ▶ Food bank
- ▶ Trafficking, inter-personal violence services
- ▶ Teen pregnancy/parenting support
- ▶ Cultural heritage programs

Considerations for monitoring use

- ❑ Is substance use escalating despite repeat brief interventions?
- ❑ Has the adolescent started using more than one substance?
- ❑ Is there a new or worsening mental or behavioral health diagnosis? Suicidal ideation?
- ❑ Does the adolescent have a history of multiple adverse childhood experiences (ACES) or another type of current toxic stress?
- ❑ Is substance use contributing to physical health problems, including poor quality sleep?
- ❑ Are grades declining or school engagement worsening?
- ❑ Is the adolescent less motivated for pro-social activities?
- ❑ Is the substance use negatively affecting relationships with parents, teachers, other adults, or peers?
- ❑ Juvenile justice involvement?

Wake-up call

No Use Challenge

My provider has recommended that no use of alcohol or other drugs is the safest choice for me at this time of my life.

I, _____, agree to not drink/use _____ (alcohol, tobacco product, vape product, marijuana, and other drugs, or take anyone else's medicine) for the next _____ days, and then my provider will check in with me.

- I also will not provide alcohol and/or other drugs for anyone else during this time.
- I agree not to drive a motor vehicle, scooter, or bike while under the influence of drugs (including marijuana) or alcohol.
- I will not ride with a driver who has been drinking or using drugs (including marijuana).

I will follow-up with my provider, _____, on _____.

Signature

Date

Diagnostic and Statistical Manual of Mental Disorders (DSM-5);

IMPAIRED CONTROL

1. Taking the substance in larger amounts or for longer time than intended.
2. Expressing desire to cut down or stop using the substance but not able to change.
3. Spending a great deal of time getting, using, or recovering from effects of the substance.
4. Cravings, intense desire/urge to use the substance.

SOCIAL IMPAIRMENT

5. Recurrent use resulting in failure to fulfill role obligations at work, home, or school.
6. Continued use, even when recurrent interpersonal/social problems are caused by use.
7. Reduction or abandonment of important social, occupational, or recreational activities because of substance use; withdrawal from family, hobbies to use substance.

RISKY USE

8. Recurrent use even when it puts one in physical danger.
9. Continued use, despite knowing psychological problems could be caused or worsened by the substance; continuing despite difficulty.

PHARMACOLOGICAL CRITERIA (associated with but not required for diagnosis)

10. Tolerance - Needing more of the substance to get the same effect.
11. Development of withdrawal symptoms-relieved by taking more of the substance

S2BI algorithm*

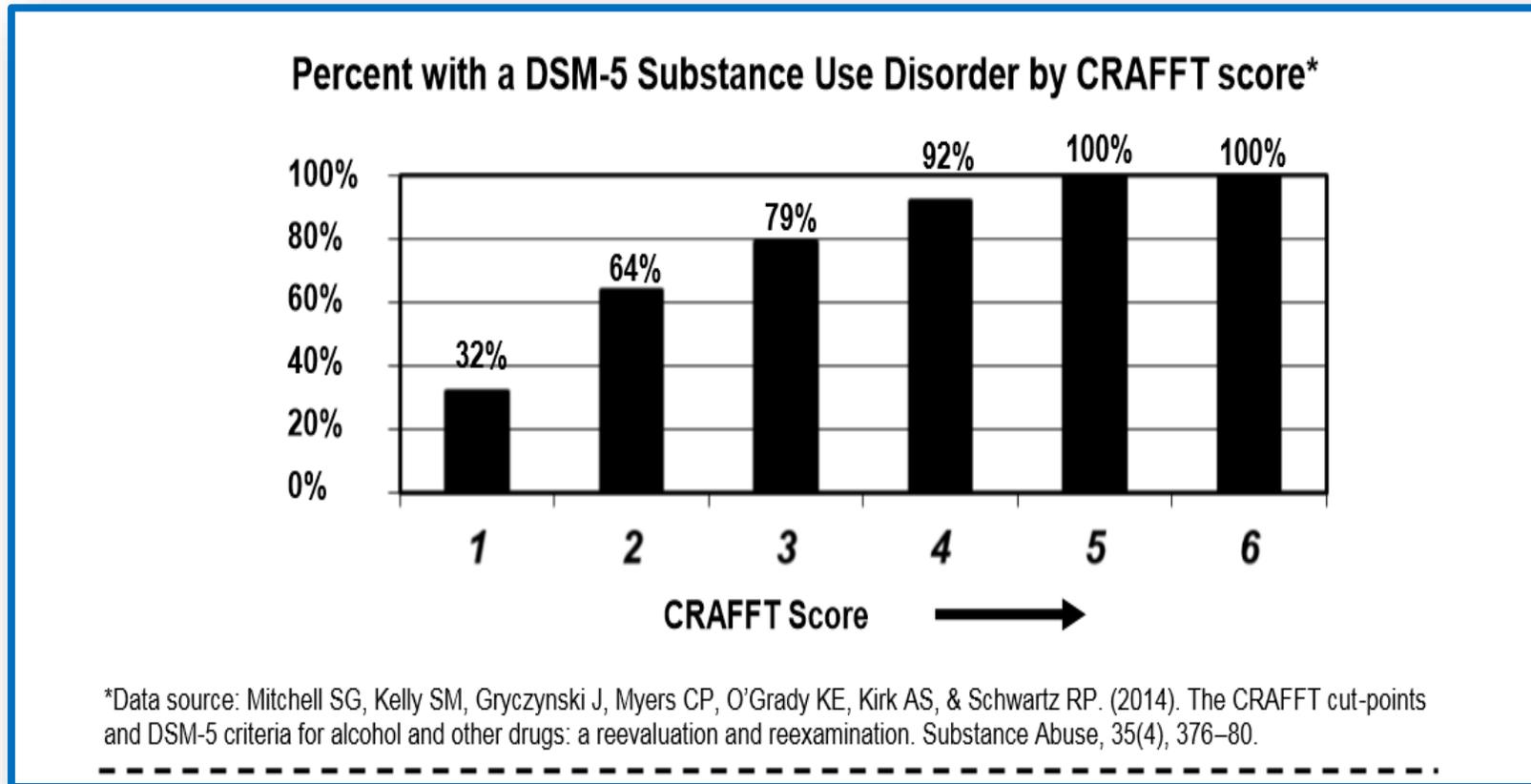
In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana? (Ask separately.)



CRAFFT interpretation

CRAFFT 2.1+N: Brief Intervention Step			
Prescreen responses	CRAFFT & Tobacco-Nicotine Vaping Question responses	Interpretation	Action
No to questions 1, 2, 3, 4	No to CAR question	Low risk: No substance use identified	Offer praise and positive reinforcement
No to questions 1, 2, 3	Yes to CAR question	Riding risk	Address safety
Yes to questions 1, 2, or 3	CRAFFT score = 0-1	Moderate risk CRAFFT score	Brief intervention to negotiate behavior change
Yes to question 1, 2, or 3	CRAFFT score = 2+	High risk CRAFFT score	Brief Intervention + Referral to: evaluation & services to address substance use, mental health and other needs
Yes to question 4	Yes to one or more tobacco/nicotine vaping questions	Tobacco/Nicotine risk identified	Further evaluation and services for tobacco/nicotine cessation

CRAFFT: positive predictive value substance use disorder



Three categories of evidence-based treatment approaches

1. Individual behavioral approaches
2. Family-based approaches
3. Medication for opioid use disorder

Factors associated with decreased substance use

- Avoiding peers who use alcohol and drugs
- Treatment of co-existing mental health conditions
- Parental monitoring and support
- Motivational Interviewing
- Personalized normative feedback
- Problem-solving skills
- Engagement in community services (mental health, school counseling, positive social programs, etc.)

Examples of follow-up and care coordination

Coordination with integrated behavioral health provider

Repeat brief interventions to reinforce commitment to change

Brief regular check-ins via secure text, video chat, phone, etc.

“Warm hand-offs” to external service providers

Ongoing communication and care coordination with external providers (with adolescent consent)

Explore strategies for handling lapses and relapse (*any* type of setback)

Engage parents (or another trusted adult)

Questions and Discussion

Thank you for joining us today.

The next session will be held July 7, 2022.

Same Zoom room

Look for a follow-up email from us that includes today's slides and recording of the lecture, and the evaluation survey link.

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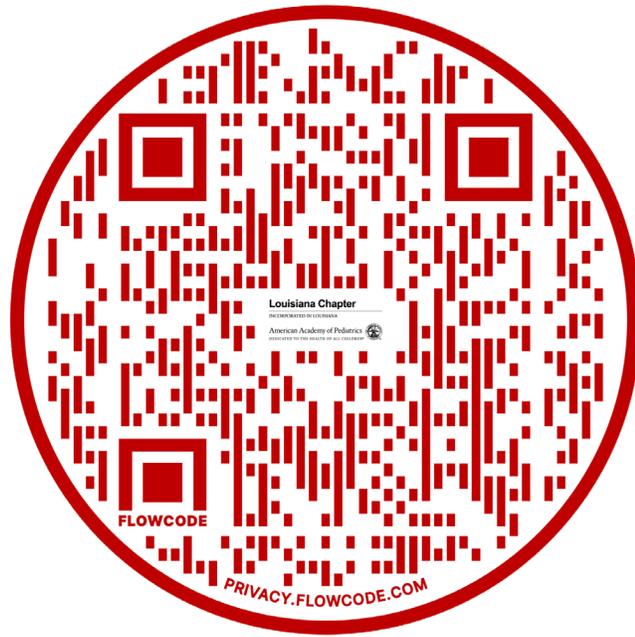
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Evaluation Survey:

Link: https://www.surveymonkey.com/r/LAAAP_SBIRTPostSess

QR:



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