4

USING SBIRT TO TALK TO ADOLESCENTS ABOUT SUBSTANCE USE WEBINAR SERIES

DISCUSSING OPTIONS AND REFERRING ADOLESCENTS TO TREATMENT

HOSTED BY:
ADOLESCENT SBIRT PROJECT, NORC at THE UNIVERSITY OF CHICAGO,
and THE BIG SBIRT INITIATIVE

NORC at the UNIVERSITY of CHICAGO | ADOLESCENT SBIRT Screening, Brief Intervention & Referral to Treatment | B.I.G. BRIEF INTERVENTION GROUP

1

Webinar Moderator

Tracy McPherson, PhD
Senior Research Scientist
Public Health Department
NORC at the University of Chicago
4350 East West Highway 8th Floor,
Bethesda, MD 20814
McPherson-Tracy@norc.org

NORC at the UNIVERSITY of CHICAGO

2

Produced in Partnership…

NORC at the UNIVERSITY of CHICAGO

ADOLESCENT SBIRT Screening, Brief Intervention & Referral to Treatment | B.I.G. BRIEF INTERVENTION GROUP

CONRAD N. Hilton FOUNDATION

www.sbirt.webs.com sbirtteam@norc.org

3

Using SBIRT to Talk to Adolescents about Substance Use Webinar Series

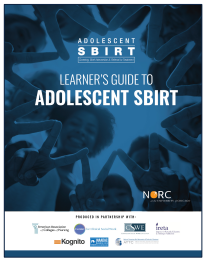
- Substance Use Screening Tools for Adolescents
- Brief Intervention for Adolescents Part I: BNI Using MI Strategies
- Brief Intervention for Adolescents Part II: BNI Using MI and CBT Strategies
- Discussing Options and Referring Adolescents to Treatment

https://sbirt.webs.com/webinars

4

Learner's Guide to Adolescent SBIRT Curriculum

- The education presented in this webinar complements the *Learner's Guide to Adolescent SBIRT*.
- Order your copy here and get more information here: https://sbirt.webs.com/curriculum



Source:
McPherson, T., Goplerud, E., Cohen, H., Storie, M., Drymon, C., Bauroth, S., Joseph, H., Schlissel, A., King, S., & Noriega, D. (2020). Learner's Guide to Adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT). Bethesda, MD: NORC at the University of Chicago.

5

Access Materials

- PowerPoint Slides
- Materials and Resources
- On Demand Access 24/7
- Certificate of Attendance
- Evaluation Survey

sbirt.webs.com/referring-adolescents

6

Ask Questions

Ask questions and modify Audio Settings through the "Questions" pane of your GoToWebinar Control Panel on your computer or mobile device.

7

Webinar Presenter

Ken C. Winters, Ph.D.
Senior Scientist
Oregon Research Institute (MN location)
&
Adjunct Faculty
Department of Psychology
University of Minnesota

winte001@umn.edu

8

Section 1

Referral to Treatment

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

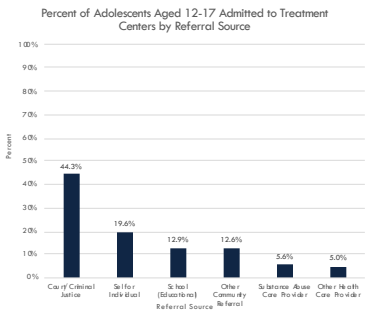
9

When to Refer Adolescents to Substance Use Treatment

- A small percentage of adolescents will require a level or intensity of treatment beyond that of which a practitioner may be able to provide from a brief intervention.
- Specialty substance use treatment may be necessary.
- Those adolescents may be referred to a treatment facility that offers residential and/or outpatient treatment programs.
- The 2016 Treatment Episodes Data Set (TEDS) reports that 78,018 adolescents aged 12-17 were admitted to treatment centers in 2014.

10

Adolescent Substance Use Treatment Centers by Referral Source



SOURCE: 2004-2014 Treatment Episode Data Set

- This chart grouped the percentage of admittances by referral sources, according to the 2004-2014 Treatment Episode Data Set
  - Over 40% are referred through the court/criminal justice system.

11

When to Refer Adolescents to Substance Use Treatment

- Adolescents must agree to participating in treatment for it to be successful.
- How you broach and discuss referral contributes to the likelihood of successful treatment. In contrast to adults, adolescents are less likely to feel that they need help or seek treatment on their own.
- Adolescents have a harder time recognizing their own behavior patterns than adults.
- Younger → Shorter histories of substance use → Unlikely adverse consequences of use → Less incentive to change or begin treatment.

12

When Working with Adolescents

- Depending on the age of the adolescent, the degree of acute risk, and state regulations regarding access to health care by a minor, it may be necessary to involve the parents/guardians of the adolescent regardless of whether the adolescent consents.
- Breaking confidentiality in this situation can be challenging. Be familiar with legal issues associated with maintaining and breaking confidentiality.
- Reluctance and resistance to change are characteristic of substance use disorders at this stage of the disease, therefore the adolescent and/or family may be unwilling to pursue treatment even when it is clearly indicated.
- Motivational Interviewing strategies can be used to encourage an adolescent and/or family to accept a referral.

More about this concept in Webinar #3 in this series

13

Addressing Adolescent Resistance

- Encourage parents to have an honest, open discussion with the teenager
- Avoid deception and false promises
- Give parents guidance to use motivational interviewing skills
  - pros and cons of getting help and changing health behaviors
  - benefits of professional help
- Offer your services to discuss the situation with the adolescent

14

Benefits of Early Referral to Treatment

- NIDA indicates that adolescents can benefit from substance use interventions even when they are not revealing a severe substance use disorder.
- Substance use is associated with increased risk of:
  - motor vehicle accidents other injuries
  - unwanted pregnancy and contraction of sexually transmitted diseases (STDs) as a result of sexual risk taking
  - chronic disease
  - poor school performance
  - depression
  - suicide
  - future dependence

15

Referrals/Hand-offs

- Referrals or "hand-offs" are extremely important.
- Hand-offs for any additional treatment can be challenging.
- Perhaps more challenging with adolescents, particularly if he or she does not think there is a substance use problem.
- David Gustafson has studied the characteristics of hand-offs and found that all situations require a smooth hand-off, and a failed hand-off disrupts service delivery and introduces errors, sometimes with disastrous consequences.
- According to a 2004 Treatment Episode Data Set (TEDS) analysis of adult populations (age 18 and older), only 16% of individuals discharged from detoxification programs start a new level of care. Only 30% of individuals discharged from residential care start a new level of care, and only 50% of those who start outpatient care complete their regimen.

16

Principles To Help with Handoffs Between Levels Of Care

- **Commitment** - The practitioner who makes referrals must believe that hand-offs are essential for each adolescent and for the organization as a whole. You play a critical role in successful hand-offs, but this commitment must be felt throughout the entire process.
- **Responsibility** - Adolescents do not always follow instructions. Many adolescents do not follow doctors' instructions for other types of medical treatment either. However, we do not blame a failed hand-off in a relay race on the baton. Noncompliance is the reason we should devote more attention to successful hand-offs, not an excuse for failing to do so. It is your responsibility to ensure that adolescents with complicated chronic diseases, such as alcohol or drug dependence, transfer to the appropriate care.

17

Principles To Help with Handoffs Between Levels Of Care (cont.)

- **Understanding the client** - We are not handing off an inanimate object, such as a football or an airplane. We must respect and incorporate both the unique needs and circumstances of adolescents in managing the referral.
- **Designation and clearly defined roles** - For a successful hand-off, responsibilities of the individual "giving" the adolescent to the next level of care and the person "receiving" the adolescent are clearly defined. In a smooth hand-off, the receiver is fully informed of the adolescent and demonstrates that they have understood what the adolescent has experienced before responsibility can be passed on.

18

Principles To Help with Handoffs Between Levels Of Care (cont.)

- **Presence** – Adolescents are not "sent" but are "delivered." They could be viewed in the same way as unaccompanied minors are in the airline industry - they need to be "handed off" by one supervising airline employee to another when boarding, making a connection and arriving at the final destination.
- **Common language for hand-offs** - A common language is crucial to activating any successful hand-off process. Organizations in virtually every field have specific, unequivocal, highly clarified language that all "players" understand.

19

Principles To Help with Handoffs Between Levels Of Care (cont.)

- **Practice** - A smooth hand-off is standardized, synchronized, and practiced over and over again. Every field that performs good hand-offs engages in incredible amounts of practice to make them happen. Hand-offs can be hard to practice in a setting where they are done infrequently.
- **Monitoring, evaluation, and improvement** - In sports, team members are constantly graded on how well they are playing their roles, and they retain or lose their spots in the line-up based on performance. Grading also identifies areas where teaching can improve performance. When integrating SBIRT into practice, we need to establish mechanisms for monitoring the success of our handoffs from one level of care to another and use those results to improve.

20

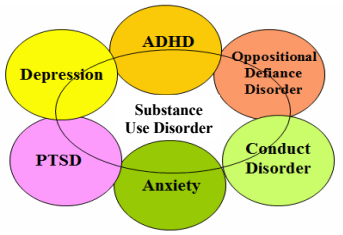
When to Discuss Treatment Options

- The SBIRT model suggests that a referral for treatment or other type of clinical services is advisable for three reasons:
  1. The youth's score on the screening tool is very elevated and suggests a high risk status; in this case the brief intervention is by-passed.
  2. There is no progress during the brief intervention.
  3. Other health issues (e.g., co-occurring disorders) are identified during the brief intervention that merit more clinical attention.

21

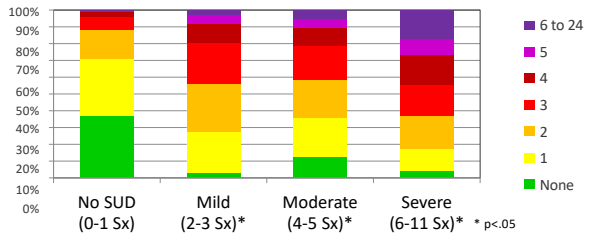
Co-occurring Disorders are Common

- Commonly, youth will experience co-occurring disorders with a Substance Use Disorder



22

SUD Severity is Related to Co-Occurring Problems



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

Source: Dennis, Clark & Huang, 2014

23

Discussing Treatment Options

The American Society of Addiction Medicine (www.asam.org) suggests these guidelines to determine the appropriate intensity and length of treatment for adolescents with substance abuse problems:

1. Level of intoxication and potential for withdrawal, currently and in the past
2. Presence of other medical conditions, currently and in the past
3. Presence of other emotional, behavioral or cognitive conditions
4. Readiness or motivation to change
5. Risk of relapse or continued drug use
6. Recovery environment (e.g. family, peers, school, legal system)

24

Treatment Settings

- **Outpatient/Intensive Outpatient** -- The most commonly offered treatment setting for adolescent drug abuse treatment. It can be highly effective and is traditionally recommended for adolescents with less severe addictions, few additional mental health problems and a supportive living environment. Studies have demonstrated that more severe cases can be treated in outpatient settings as well.
- **Partial Residential** -- Suggested for adolescents with more severe substance use disorders who can be safely managed in their home living environment. Adolescents participate in 4-6 hours of treatment per day at least 5 days a week in this setting while still living at home.
- **Residential/Inpatient Treatment** -- Offered to adolescents with severe levels of addiction, mental health and medical needs and addictive behaviors, which require a 24-hour structured environment. Treatment in a residential setting can last from one month to one year.

25

Treatment Approaches

- **Behavioral Approaches** work to address adolescent drug use by strengthening the adolescent's motivation to change. Behavioral interventions help adolescents to actively participate in their recovery from a substance use disorder and enhance their ability to resist using substances.
  - Adolescent Community Reinforcement Approach (A-CRA)
  - Cognitive-Behavioral Therapy (CBT)
  - Contingency Management (CM)
  - Motivational Enhancement Therapy (MET)
  - Twelve-Step Facilitation Therapy (12-Step)

26

Treatment Approaches (cont.)

- **Family-based Approaches** seek to strengthen family relationships through improving communication and developing family members' ability to support abstinence from substance use. Involving the family can be particularly important in adolescent substance use treatment.
  - Brief Strategic Family Therapy (BSFT)
  - Family Behavior Therapy (FBT)
  - Functional Family Therapy (FFT)
  - Multidimentional Family Therapy (MDFT)
  - Multisystemic Therapy (MST)

27

Treatment Approaches (cont.)

- **Medication-Assisted Treatment** for opioid, alcohol, and nicotine use disorders have proven effective with adults but few are approved for adolescents.
- Some preliminary evidence indicates effectiveness and safety for use with youth below the age of 18.
- The only FDA approved medication for use with this population in treating opioid addiction is Buprenorphine which is approved for use with 16 to 65-year-olds.

28

Treatment Approaches (cont.)

- **Recovery Support Services** aim to improve quality of life and reinforce progress made in treatment.
  - Assertive Continuing Care (ACC)
  - Mutual Support Groups
  - Peer Recovery Support Services
  - Recovery High Schools

29

Reviews of Treatment Effectiveness

- Hogue, A., Henderson, C.E., Becker, S.J., & Knight, D.K. (2018). Evidence base on outpatient behavioral treatments for adolescent substance use, 2014-2017: Outcomes, treatment delivery, and promising horizons. *Journal of Clinical and Child Adolescent Psychology*, *47*, 499-526.
- Tanner-Smith, E.E., Wilson, S.J., & Lipsey, M.W. (2013). The comparative effectiveness of outpatient treatment for adolescent substance abuse: A meta-analysis. *Journal of Substance Abuse Treatment 44*, 145-158, 2013.
- Winters, K.C., Botzet, A.M., Stinchfield, R., Gonzalez, R., Finch, A., Piehler, T., Ausherbauer, K., Chalmers, K., & Hemze, A. (2018). Adolescent substance abuse treatment: A review of evidence-based research. In C. Leukefeld, T. Gullotta & M. Staton Tindall (Eds.), *Adolescent substance abuse: Evidence-based approaches to prevention and treatment* (2nd edition) (pp. 141-171). New York: Springer Science+Business Media
- National Institute on Drug Abuse. Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide. 2014. www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/acknowledgements

30

AUDIENCE POLLING QUESTION #1

Do you feel comfortable referring an adolescent with a substance use disorder to a residential-based treatment program?

Yes

No

I am not sure

31

AUDIENCE POLLING QUESTION #2

If you need to refer an adolescent with a substance use disorder, does your community have a residential-based treatment program?

Yes

No

I am not sure

32

Starting the Referral Conversation

- First set the tone by displaying a non-judgmental demeanor and explain your role and concern. Then connect the screening results, the conversation from the BI, and the basis for the current visit to the need for specialized treatment.

"We have talked a bit about your struggles at home, at school and with your health, and I think some changes around alcohol could help with the issues you identified. Your score of 4 on the CRAFFT+N 2.1 indicates that you might benefit from some help with cutting back on drinking. Working on this through outpatient counseling with a counselor or other health professional like myself could be really helpful. What do you think of this idea?"

33

Referral Conversation (cont.)

- Another possible way to start the conversation:

"I'm glad that you want to make significant changes in your health by decreasing the amount of nicotine and marijuana you vape. You know, adolescents in your situation are often more successful if they also see a counselor who specializes in this topic. We have some excellent programs in our area that have helped many people in exactly your situation. Would you be willing to see one of these counselors to assist you with your plan of recovery?"

34

Referral Conversation (cont.)

- Additional example includes:

"Your score of 6 on the BSTAD indicates that you are at great risk of developing opioid dependence. I am very concerned for you and your health. I understand your desire to want to cut back on your own, and I applaud your determination. However, your heavy use of opioids can be dangerous, and you might have problems with opioid withdrawal too. The best response is to admit you to a residential program that can safely manage your possible withdrawal and help you deal with your dependence. I would be really worried if you were to just stop (go "cold turkey") on your own without the care of a health professional. This could be dangerous to your health."

35

Referral Conversation (cont.)

- Additional example includes:

"We've talked about the impact that the use of Xanax has had at school and playing sports, and I think some changes around your use could help with the issues you've identified. Your score indicates that you might benefit from some help reducing your use. Working on this with a counselor or a nurse like myself could be really helpful. What do you think of this idea?"

36

Confidentiality

- Some information protected by the Federal confidentiality regulations can be disclosed after the adolescent signs a consent form.
- Some states require parental consent for a minor to receive substance use and/or mental health services.
- Regulations permit disclosure without the adolescent's consent in situations such as medical emergencies, child abuse reports, program evaluations, and communications among staff.
- Any disclosure made with written client consent must be accompanied by a written statement that the information disclosed is protected by federal law and that the person receiving the information cannot make any further disclosure of such information unless permitted by the regulations (§2.32).

37

Considerations for Referral Process

1. Determining the specific needs of the adolescent to determine the most appropriate referral sources.
2. Evaluating and, whenever possible, removing potential barriers to successful engagement with the helping resource.
3. Explaining to the adolescent in clear and specific language the necessity for and process of referral to increase the likelihood of understanding and follow through with the referral.
4. Arranging referrals to other professionals, agencies, community programs, support groups or other appropriate resources to meet the client's needs.

38

Considerations for Referral Process (cont.)

- The speed at which you can link an adolescent to treatment dramatically impacts their likelihood to show up, remain in treatment and experience positive outcomes.
- Offering a treatment appointment date immediately and reminding the adolescent of their initial scheduled appointment usually improves the rate at which adolescents will begin treatment.
- The first 24 hours after an adolescent's initial contact is a critical period in initiating treatment.
- Research shows that if the gap between your session and first appointment for a different level of care is more than 14 days, failure is virtually certain.

39

Substance Use Recovery Help Resources

- Recovery high school resources: www.recoveryschools.org
- Recovery schools for higher education: collegiaterecovery.org
- Substance Abuse and Mental Health Services Administration's Guide to Peer Recovery Support Services: store.samhsa.gov/system/files/sma09-4454.pdf
- Mutual Support Groups: 12-step programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) for teens, and non-12-step programs such as SMART Recovery Teen & Youth Support Program age 14-22 www.smartrecovery.org/teens
- HBO Addiction: Drug Treatment for Adolescents www.hbo.com/documentaries/addiction

40

Treatment Referral Resources

- SAMHSA's Behavioral Health Treatment Services Locator: 1-800-662-HELP or search: findtreatment.gov
- SAMHSA's Buprenorphine Practitioner Locator: www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator
- SAMHSA's Opioid Treatment Program Directory: dpt2.samhsa.gov/treatment
- The American Society of Addiction Medicine's (ASAM) Physician Locator: www.asam.org/resources/patient-resources
- American Academy of Addiction Psychiatry's Patient Referral Program: www.aaap.org/patients/find-a-specialist
- American Academy of Child and Adolescent Psychiatry's Child and Adolescent Psychiatrist Finder: www.aacap.org/AACAP/Families_and_Youth/Resources/CAP_Finder.aspx

41

Motivation and Referral

More about this concept in Webinar #3 in this series

- For adolescents who express little motivation to go into more intensive treatment, the primary task is to engage them in a discussion that allows you to get a good understanding of how they see substance use which explains their decision not to choose treatment.
- When adolescents hear themselves describe their thoughts and feelings about their substance use to a non-judgmental listener, they are more likely to understand their mixed feelings which serve to increase their level of motivation for treatment.
- You can facilitate this process by asking open-ended questions, making empathic reflections and using summary statements.

"So you're saying that you know that your opioid use is bringing you down and messing up your relationships with your family, but you are apathetic and feel like 'what is counseling gonna do for me?' You think it's possible that it's partly the use itself that's got you feeling this way, but you just don't feel ready to commit to treatment yet. Is that what you're saying?"

42

Motivation and Referral (cont.)

More about this concept in Webinar #3 in this series

- After making reflective listening statements that express an understanding of why the adolescent does not want to go to treatment, move on to the next steps.
- You might ask what would need to happen to raise their level of motivation. If the initial response is something vague or noncommittal like *"I don't know,"* try saying something like:

"It's hard to know what could happen that could make you feel more motivated for counseling. Sometimes people get more motivated because some things in their life get worse, like health problems or getting poor grades in school. Sometimes people get more motivated to go into counseling because something good happens that makes it easier for them, like they find out that they can get transportation there or their parents are supportive. Do you relate to any of these?"

43

Motivation and Referral (cont.)

More about this concept in Webinar #3 in this series

- If the adolescent is willing at this point to consider options for treatment or related clinical services, move to the discussion of barriers to treatment and linkage to treatment.
- If the adolescent is not willing, you might close the discussion with a summary statement that conveys that the option is open for more intensive treatment in the future.

"You're saying that you know that counseling can help people, and has even been helpful to you, but you just don't want to go back to it at this time in your life because you don't feel ready to give up [X] yet. You feel like you'll know when you're ready, and you'll get treatment then. Did I get that right?"

44

Motivation and Referral (cont.)

More about this concept in Webinar #3 in this series

- For an adolescent who expresses moderate motivation to go into more intensive treatment, the primary task is to express understanding of their ambivalence and elicit change talk that will tip the balance in favor of the adolescent agreeing to treatment.
- This can be done by exploring ambivalence, expressing empathy, and reflecting:

"Tell me about some of the reasons why you would be motivated to get counseling."

"What would need to be different for you to go to counseling?"

"Tell me about some of the reasons why you would not be motivated get counseling."

45

Motivation and Referral (cont.)

More about this concept in Webinar #3 in this series

- Use reflections to express empathy toward their responses.

"So, you're saying that you want to go to treatment because you're sick of being tired and grouchy. You really sound tired of that life."

"I see the way you light up when you talk about how you'd like to be a better friend."

46

Motivation and Referral (cont.)

More about this concept in Webinar #3 in this series

- You will experience more success by accepting the fact that the adolescent is ambivalent and that sometimes they will not feel like acknowledging the potential benefits of treatment.
- Always remain patient and express empathy.
- Double-sided reflections that include both sides of the adolescent's ambivalence show that they are understood:

"So, what I'm hearing is that you don't really feel like getting counseling now because of how much work it is, even though you think it would make things better for you and your family."

47

Motivation and Referral (cont.)

More about this concept in Webinar #3 in this series

- Ask questions that invite the adolescent to describe the potential benefits of treatment:

"How do you think it would affect your life if you got counseling?"

"It sounds like you feel that going to treatment could help your health. Tell me more about what causes you say that."

48

Motivation and Referral (cont.)

More about this concept in Webinar #3 in this series

- For adolescents who express high motivation, avoid trying to convince them that they are making a good choice, because such a response could run the risk of raising pushback in someone already motivated.
- Instead, allow the adolescent to explain their reasons for that motivation.

"You indicated quite a bit of motivation to get treatment for your substance use right now."

"Is that also related to why you want to get treatment? How so?"

"Tell me some of the main reasons for that... You mentioned some health concerns."

49

Motivation and Referral (cont.)

More about this concept in Webinar #3 in this series

- Explore possible ambivalence.
- This allows the adolescent to know it is OK to talk about their reservations and to decrease the likelihood that these reservations will result in not following through.

"You're describing a lot of reasons why it would be a good idea for you to get counseling for your Adderall dependence. Sometimes even when someone is really motivated to get treatment, they might have some negative feelings or concerns about doing that. How do you feel about it?"

50

Motivation and Referral (cont.)

More about this concept in Webinar #3 in this series

- Support change talk, expressing recognition and appreciation that the adolescent is committing to do something that:
  - is not easy
  - is a positive step to improve their life; and
  - is taking this step willingly and openly.

"I appreciate that you've been so open in looking at the ways marijuana has been complicating things for you. Now you're planning to take back control of your life by going to treatment (or involvement in a support group). That's a really positive step you're taking, and I know it's not easy."

51

Let's Give It a Try!

Practitioner: OK, based on what we have discussed, I am concerned about the amount you are drinking and about your opioid use. Given the level of your use, it is important for your wellbeing, and for your mental health, that you go to a substance use disorder treatment program for further evaluation. You may not know this, but opioid and alcohol use often make the depression worse. This is very common. Kind of like what I said before, one in three who struggle with substance use also suffers from depression. What are your thoughts?

Adolescent: More treatment? It took me a while to finally come here.

Practitioner: I know it's a lot, but it's important for us to come up with a plan that can work for you. We do not have staff here with the expertise to conduct a full diagnostic assessment and to treat patients with possible substance use disorders and a co-occurring problem, such as depression. What supports do you have that might help you to attend treatment?

Adolescent: I'm coming here for my depression, and my parents were really supportive of that. But, they're angry with me right now...though, I guess they're angry about my alcohol and drug use. I suppose I can ask them to help me. I still don't know about all of this. It seems pretty intense.

Practitioner: It's OK to have concerns and we can address them as we move along. I agree that it would be good to seek your parents' support. It might help you begin to repair your relationship with them at the same time. There's a problem that needs more attention by professionals. Can I set up an appointment at the substance use disorder treatment center for a diagnostic evaluation and to see how they might help?

Adolescent: Yes, that'd be easier for me. I don't like talking on the phone..

Practitioner: Great, and let's invite in your parents in to talk and help support you while we set up this appointment together, OK?

Adolescent: OK.

52

Barriers to Treatment

- Surveys conducted by SAMHSA found that "cost" is the most often reported reason for not receiving treatment, among adults (including young adults) and adolescents who felt a need for treatment and made an effort to receive treatment.
- If the adolescent simply is not interested in treatment at this time, it is important for you to accept and respect their decision in a non-judgmental manner.
- A follow-up conversation with the reluctant adolescent (and perhaps include the parent) is essential, as your initial conversation could have ignited some thoughts of change.

53

Scheduling Treatment Appointments

- After the adolescent agrees to treatment, consider a four-way discussion involving you (the practitioner), the adolescent, the parents/guardians (as appropriate), and the "receiving" treatment program or provider.
- The purpose of the discussion is to:
  - inform the treatment staff or clinician of the adolescent's substance use, treatment barriers or ambivalence;
  - seek agreement on whether the program or some other treatment option is best;
  - gain support from the program to address any treatment barriers (e.g., transportation, cost, insurance coverage, child care, evening appointment); and
  - schedule an appointment.

54

Scheduling Treatment Appointments (cont.)

- It is preferred to have this discussion within three days of gaining the adolescent's agreement, after that, no show rates climb steeply.
- After 14 days, about **50% of clients will not show for treatment**, regardless of their motivation.
- Making a referral that adolescents do not successfully follow wastes their time and yours.

55

Communicating with Referral Sources

- It is essential that you and the treatment program or provider be able to share information and share responsibility for helping the adolescent. Use a ***Release of Information*** form.
- Make sure that your release forms comply with your state and federal substance use medical record confidentiality laws and The Health Insurance Portability and Accountability Act (HIPAA).
- To facilitate quick communication between practitioners use a ***Client Update Report*** to keep everyone informed of the adolescent's progress, status, and additional needs.

56

Maintaining Communication with the Professional or Program Receiving the Referral

- It is imperative for you to coordinate these services with the care provider that is accepting the referral, follow-up with the adolescent or young adult to ensure services are being received, and share information so that you and the care provider are working together (with a signed Release of Information, of course).
- Tips for referring to a care provider to ensure that needed care is effective and consistent:
  - **Locate a knowledgeable program/provider**
  - **Send a written report**
  - **Make it look like a report—and be brief**
  - **Keep the tone neutral**

57

Video Resources

- Boston University's BNI-ART Institute produced several excellent brief videos that might be helpful to you when discussing referral:
  - Video 1 - insensitively confronting a young adult with an alcohol-related injury
  - Video 2 - an alternate, respectful brief intervention with the same young adult
  - Video 3 - an exceptionally sensitive video of a clinician helping an ambivalent patient/client make his own decisions and plan to get intensive treatment
  - Video 4 – SBIRT for alcohol use with a college student
  - www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-videos/
- SBIRT Oregon produced several other strong examples of SBIRT in practice, including a video entitled "Clinical workflow with behavioral health specialist" which demonstrates a warm hand-off: www.sbirtoregon.org/video-demonstrations/
- University of Florida Institute for Child Health Policy & Cherokee National Behavioral Health produced a video entitled "The Effective School Counselor With a High Risk Teen: Motivational Interviewing Demonstration." www.youtube.com/watch?v=_TwVq4utpII

58

Section 2

Follow-up and Support

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

59

Follow-Up and Support

- If there is no RT, discuss with the teenager that you would like to follow-up to see how they are progressing, even if the goals did not include cutting down on use or abstaining.
- If there is an RT, have a discussion about what to expect from the additional treatment. Adolescents and young adults generally do not know what to expect from a more specialized counseling or treatment experience than what he or she received in the BI.
- If appropriate, you can also follow –up with adolescents who are getting additional services.
- If follow-up is presented as the standard of care and it is what you do with all ~~-~~adolescents and young adults~~,~~ very few will refuse.

60

Follow-Up and Support (cont.)

- Reconnect with the adolescent after a couple of weeks to see if they got what they needed from you, to ask how things are going and to check-in to see if any additional services are needed.
  - Treat relapse as an opportunity to engage in additional or different treatment rather than a failure.
- There are two overlapping types of follow-ups that are distinguishable mainly by how soon they occur after your session and the amount of information that you collect:
  - **Booster and linkage follow-up**
  - **Recovery management follow-up**

61

Types of Follow-Up

Booster and linkage follow-up

- Controlled research studies have shown that a brief telephone call within a few days or weeks of receiving a brief intervention for unhealthy alcohol use dramatically reduces alcohol intake, unhealthy drinking practices, alcohol-related negative consequences, and alcohol-related injury frequency.
- The booster and linkage follow-up reinforces the action plan made, demonstrates your concern for the adolescent's health and well-being and gives you both an opportunity to resolve barriers or ambivalence through additional brief intervention.
- A booster follow-up also gives you an opportunity to re-administer a screening tool to assess change in alcohol use consumption and other substance use since the last interaction.

62

Types of Follow-Up (cont.)

Recovery management follow-up

- This type of follow-up generally occurs several months after your last interaction with the adolescent.
- These are primarily booster and linkage reconnections that give you and the adolescent opportunities to assess whether issues have been resolved, assess need and motivation for additional services and to reinforce changes that have been made since your first contact.
- They also provide an opportunity to measure change and gather feedback for improving your services.
- These follow-ups can occur quarterly or six months after the initial contact with the adolescent.

63

Making Phone Contact

- Both types of follow-up contacts can be conducted with a phone contact. These should be brief contacts, generally not more than 15 to 20 minutes and should always utilize Motivational Interviewing techniques.
- Consider texting the adolescent to set-up the phone meeting.
- The follow-up conversation may begin with a brief, casual conversation as a way to get reacquainted.
- The goal of the call is to help adolescents solve the problems for which they initially contacted you and to link people to supports and services that they may need now before they experience any other problems.

More about this concept in Webinar #3 in this series

64

AUDIENCE POLLING QUESTION #3

To what extent have you used phone contact with adolescent clients for post-treatment follow-up to see how they are progressing?

All or nearly all of my clients

Some of my clients

A few of my clients

Not at all

65

Making Phone Contact (cont.)

"Hi, [name of adolescent]. This is [your name], and I'm following up on the conversation we had on [date]. This will only take a few minutes Is this a good time to talk?" If yes, continue; if no: "OK, that's not a problem. We can schedule an appointment to talk another time. I am available [day, times]. Which time would work best for you?"

"You may recall that when we spoke some time ago, I stated that I would try to check back in with you to see how you are doing. Is this OK with you? Do you have any questions?"

66

Making Phone Contact (cont.)

- Confidentiality is an essential element of any outreach to an adolescent.
- If you call and get voicemail, you might say:

"Hello. This message is for [the adolescent's name]. This is [your name]. I'd like to take a few minutes to speak with you. Please call me at [your work number] between the hours of [time]. If I don't hear from you, I will try back again on [date]."

67

Making Phone Contact (cont.)

- If client does not agree to a time, you might say:

"I understand how hard it is to find a good time. Did you have any questions about why I'm calling? [pause for response] OK, I'll go ahead and leave my number with you. I look forward to talking with you soon."

68

Thank You and Summary

Ken C. Winters, Ph.D.
Senior Scientist
Oregon Research Institute (MN location)
&
Adjunct Faculty
Department of Psychology
University of Minnesota

winte001@umn.edu

69

In Our Last Few Moments…

- PowerPoint Slides
- Materials and Resources
- On Demand Access 24/7
- Certificate of Attendance
- Evaluation Survey

sbirt.webs.com/referring-adolescents

70

SBIRT Technical Assistance

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

Schedule a free telephonic Technical Assistance session with Tracy McPherson, SBIRT Training, Technical Assistance, and Evaluation Lead.

Email Dr. McPherson at mcpherson-tracy@norc.org

71

Thank You for Attending!

NORC at the UNIVERSITY of CHICAGO

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment

B.I.G. BRIEF INTERVENTION GROUP

CONRAD N. Hilton FOUNDATION

www.sbirt.webs.com

sbirtteam@norc.org

72