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Behavioral Health Excellence Technical Assistance Center

WHAT IS ADOLESCENT SBIRT AND WHY USE IT: PREPARING THE WORKFORCE TO SCREEN AND INTERVENE FOR ALCOHOL AND OTHER SUBSTANCE USE

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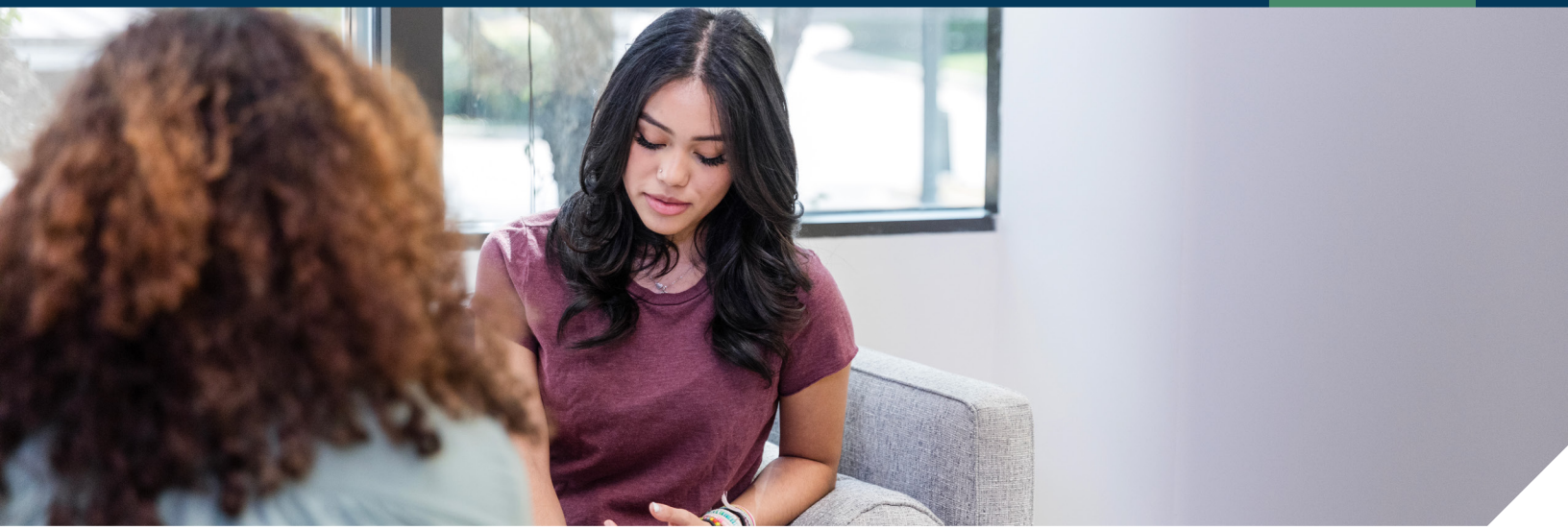

What is Adolescent SBIRT and Why Use it: Preparing the Workforce to Screen and Intervene for Alcohol and Other Substance Use

What is Adolescent SBIRT

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines screening, brief intervention, and referral to treatment (SBIRT) as:

> "A comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders (SUDs), as well as those who are at risk of developing these disorders."
>
> (SAMHSA, 2024)

Through SBIRT, practitioners identify and intervene to reduce alcohol and other substance use that increases the risk of physical and emotional health problems, injury, and school, work, family, and social problems. SBIRT is an efficient and effective approach that can be integrated into a range of non-SUD treatment settings accessed by a large proportion of the population, as adolescents may not self-identify or seek treatment for at-risk substance use at a specialty facility (Carney et al., 2016). Adolescent SBIRT has been implemented in a variety of settings, such as primary care, hospitals, emergency departments, school-based health centers, K-12 schools, colleges/universities, workplaces, foster care, and juvenile justice.

THE OVERALL AIMS OF ADOLESCENT SBIRT ARE TO:

- Increase early identification of adolescents at risk of negative consequences due to alcohol and other substance use, including risk of a SUD.
- Build awareness and educate adolescents on the risks associated with alcohol and other substance use.
- Motivate adolescents who are at-risk to stop or reduce their use, adopt health-promoting behavior, and seek help.
- Link adolescents with or at risk for a SUD to more intensive treatment services.

(MCPHERSON ET AL., 2023)

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Why Use Adolescent SBIRT

This section discusses the rationale for adolescent SBIRT, including the prevalence of adolescent alcohol, cannabis, tobacco, nicotine, opioid, and other substance use drawn from recent national epidemiological data; SBIRT as a recommended practice by leading agencies and professional associations; and why it is important to prepare the workforce to use SBIRT with adolescents.

Prevalence Estimates

Alcohol is the most commonly used substance among adolescents. According to the 2023 Monitoring the Future (MTF) National Survey (Miech et al., 2024), 20% of 8th graders, 36% of 10th graders, and 53% of 12th graders reported trying alcohol in their lifetime, and 24% of 12th graders reported drinking some alcohol in the last month. Though alcohol use among adolescents has declined over the years, 5% of 10th graders and 10% of 12th graders reported binge drinking within the past two weeks. Binge drinking is a high-risk behavior characterized as a short period of excessive consumption where, within about 2 hours, the level of blood alcohol concentration increases to 0.08g/dL. This may occur after three drinks for girls (assigned female at birth) ages 9-17 and boys (assigned male at birth) ages 9-13, or after four drinks for boys ages 14-15 or after five drinks for boys ages 16 and older (Exhibit 1).

Cannabis is by far the most commonly used illicit substance among adolescents, and the perception of harm caused by it has steadily declined. Though the prevalence of use is greatest among 12th graders (29%), the gap is closing, with 17.8% of 10th graders and 8.3% of 8th graders using cannabis in the past year. Vaping cannabis has remained stable over the last three years, with 19.6% of 12th graders, 13.1% of 10th graders, and 6.5% of 8th graders reporting use in the past year. With the growing availability and popularity of hemp-derived THC (tetrahydrocannabinol) products on the market, MTF reported the use of Delta-8-THC (a psychoactive cannabis product) for the first time in 2023, with 11.4% of 12th graders reporting use in the past year.

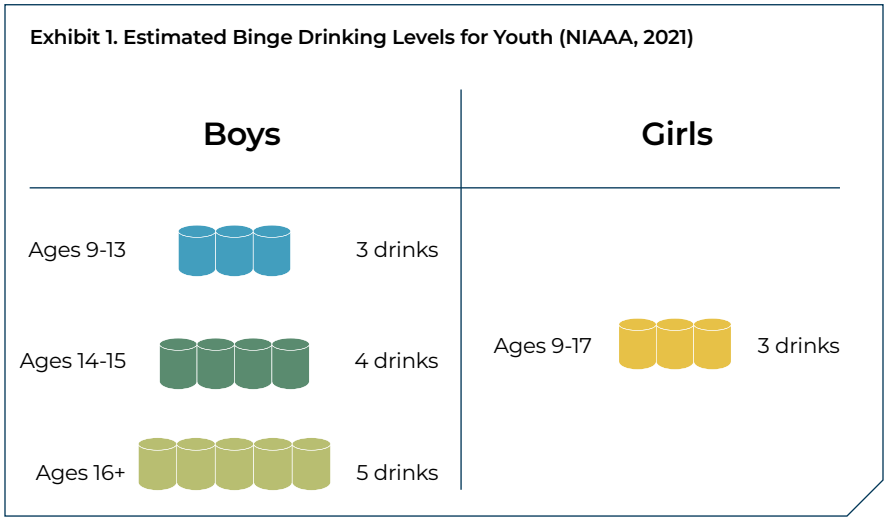

Exhibit 1. Estimated Binge Drinking Levels for Youth (NIAAA, 2021)

The use of cigarettes has continued to decline, especially among 12th graders who had a significant decline in past month use (2.9%) in 2023, down from 5.7% in 2019. The rates of nicotine vaping have also declined over the past five years, with nearly 17% of 12th graders, 12% of 10th graders, and 7% of 8th graders reporting nicotine vaping in the last month.

Any illicit drug use other than cannabis remained stable over the past three years for 8th, 10th, and 12th graders, with 4.6% of 8th graders, 5.1% of 10th graders, and 7.4% of 12th graders reporting any illicit drug use other than cannabis in the past year. These data build on long-term trends documenting low and fairly steady use of illicit substances reported among adolescents – including past-year use of cocaine, heroin, and misuse of prescription drugs (e.g., non-medical opioid use), generally. Adolescent opioid misuse specifically has also remained stable.

Support for SBIRT

According to the American Academy of Pediatrics (AAP), any amount of alcohol and/or drug use by adolescents is considered at-risk use for two primary reasons: 1) any use of substances can interfere with brain development during adolescence, and 2) adolescents are particularly vulnerable to developing SUDs (Quigley et al., 2019). Traditional models of addressing the use of substances tend to focus on SUDs, the highest level of risk, neglecting the earlier stages of at-risk use. Adolescent alcohol and other substance use and subsequent problems occur along a continuum of risk. **The SBIRT model identifies adolescents along this continuum from no risk to high risk and has been recommended by authoritative sources for prevention, early intervention, and treatment of adolescent alcohol and other substance use.** In fact, many public health and government agencies, as well as professional associations, have endorsed screening and brief intervention for adolescents, including the World Health Organization (WHO), U.S. Surgeon General, SAMHSA, National Institute on Alcohol Abuse and Alcoholism (NIAAA), Centers for Medicare and Medicaid Services (CMS), American Medical Association, and AAP (AMA, 2024; CMS, 2023; NIAAA, 2021; Office of the Surgeon General et al., 2007; Quigley et al., 2019; SAMHSA, 2011; WHO, 2024).

SBIRT is part of the continuum of substance use care deemed "essential services" required of all health plans as part of the Patient Protection and Affordable Care Act legislation starting in 2014 (Croft & Parish, 2013). Under the Early Periodic Screening, Diagnosis, and Treatment statute, all states are required to provide Medicaid-eligible children with screening, including assessment of both physical and mental health development, which includes substance use, during well-child visits (CMS, 2024).

Preparing the Workforce

Preparing the pre-service and current workforce is more important than ever. As key members of an adolescent's healthcare team, practitioners in the fields of nursing, social work, medicine, and interprofessional care have an obligation to help prevent and reduce substance use with their young patients/clients. Asking about substance use and discussing its impact can prevent many harmful effects on the adolescent's developing brain and potential future. Asking about mental health and identifying risk early can prevent delays in receiving services and support. Current and future generations of healthcare professionals need to learn the skills to have essential conversations with adolescents about substance use.

Components of Adolescent SBIRT

This section dives deeper into the components of adolescent SBIRT, including the most commonly used screening tool(s) validated for use specifically with adolescents (e.g., the newest version of the CRAFFT), brief intervention using motivational interviewing micro-skills (e.g., brief negotiated interview using OARS), and referral to a higher level of care, including types of treatment services and evidence-based approaches with adolescents, as well as options for providers who work in rural or other communities with limited options to refer to a higher level of care (e.g., telehealth).

Validated Screening Tools

Screening is a significant component in jumpstarting the SBIRT process. If you do not ask, chances are adolescents will not tell you about their use of alcohol and other substances. When screening adolescents, there are multiple recommended screening tools. Table 1 highlights a few validated tools that are most common for adolescent SBIRT and have been used in a wide range of settings.

Table 1. Validated Screening Tools for Adolescent SBIRT

Screening Tool	Description
CRAFFT	The CRAFFT tool is the most commonly used alcohol and drug use screening tool for youth ages 14-21 years (Knight et al., 2002). It asks four questions about frequency of use in the past 12 months and six questions about problems related to alcohol, marijuana, other drugs, and nicotine and tobacco. The six questions are a mnemonic acronym where each first letter represents a keyword in the question (Car, Relax, Alone, Forget, Family/Friends, Trouble) making it easier to remember. The tool can be used to screen youth for lifetime alcohol and other drug use disorders simultaneously. The most recent version includes 10 questions from the Hooked on Nicotine Checklist to further assess nicotine and tobacco use. The CRAFFT has been translated into several languages and is available as a pocket guide for quick reference.
Screening to Brief Intervention (S2BI)	The S2BI is a brief, electronic and paper screening tool for youth ages 12-17 years that can be self-administered or conducted as an interview (Levy et al., 2014). This tool begins with a single question to assess the frequency of substance use in the past year. The substances screened in the S2BI are divided into eight categories including alcohol, marijuana, cocaine, and prescription drugs. The tool is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnosis for SUD. A downloadable copy of the S2BI and companion Toolkit is available here.
Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD)	The BSTAD screening tool for youth ages 12-17 asks three questions about personal use and three questions about friends' use in the past year (Kelly et al., 2014). If personal use is identified, an additional two questions are asked about past year use of a wide range of specific substances, including illicit drug use and misuse of prescription and over-the-counter medications.
NIAAA Alcohol Screening and Brief Intervention for Youth Ages 9-18	The NIAAA developed this screening tool for identifying youth at risk of alcohol-related problems in an effort to prevent future negative consequences of alcohol use (NIAAA, 2021). The screen consists of just two questions that can be easily incorporated into patient/client interviews or pre-visit screening tools in various settings, from annual exams to urgent care.

Screening tools can be verbally administered by a practitioner or other staff member or self-administered by the adolescent using paper and pencil or electronic devices (e.g., iPad or other tablet). When administered verbally, successful screening can be enhanced by the memorization of the tools and practicing conversation skills that can put an adolescent at ease when asking about alcohol and other substance use. The literature suggests that self-administered electronic screening is valid and time-efficient for adolescents and that some adolescents prefer this method (Crocker, 2015; Harris et al., 2016). With self-administered screening, it is important to inform the adolescent and parent/caregiver (if present) that the adolescent should complete the form on their own. The practitioner would then review and verify self-administered responses with the adolescent during the visit.

Brief Intervention

Any amount of alcohol and other substance use is concerning for adolescents due to the potential negative impact on physical, mental, social, legal, school, and other outcomes (CDC, 2024). The younger an adolescent is when they initiate use, the more likely they are to develop a SUD in their lifetime (Hazelden Betty Ford, 2019; Volkow et al., 2021). Brief intervention is a behavior change and harm reduction strategy focused on helping adolescents stop or reduce their use of alcohol and other substances. Brief intervention is also used as a prevention strategy to thwart the initiation of use by adolescents.

A brief intervention can take as little as five minutes or stretch to one or more 10 to 30-minute sessions. Effective brief intervention includes the use of Motivational Interviewing skills. Motivational Interviewing is a non-confrontational, collaborative, and goal-oriented method of communication focused on strengthening the adolescent's internal desire, willingness, and ability to change by exploring and resolving co-existing and opposing feelings about behavior change. Typically, a brief intervention immediately follows screening and includes a discussion of the following (McPherson et al., 2023):

- Feedback about the screening score generated from administering the validated and standardized screening tool
- How the adolescent's alcohol or other substance use compares to the national average or other adolescents of the same gender or age group (normative feedback)
- Concerns about the potential effects of alcohol and other substance use during adolescence
- Brief advice with a consistent message recommending no use of alcohol and other substances
- Pros and cons of use
- Readiness to change behavior
- Negotiating goals, including a commitment to cut back, stop, or never start
- Commitment to action

Brief Negotiated Interview

The Brief Negotiated Interview (BNI) is a widely accepted and easy-to-follow model of brief intervention that draws on four motivational interviewing strategies called **OARS**: **O**pen-ended questions, **A**ffirmations, **R**eflective listening, and **S**ummarizing (Table 2; Boston University School of Public Health, n.d.; Miller & Rollnick, 2013)

The BNI was originally developed to be used in emergency departments, but its use has expanded to include a wide range of medical, behavioral health, and community settings. The six BNI steps are laid out in a resource commonly referred to as the BNI Adolescent Algorithm. The original algorithm was developed by the BNI-ART Institute at Boston University School of Public Health, which offers supplemental resources (e.g., videos) in the public domain. The BNI is often used by practitioners as a tool (e.g., pocket guide or handout) to guide the delivery of the brief intervention. Table 3 includes each BNI step and example dialogue that can be used when having conversations with adolescents about alcohol or other substance use. Additional details about each BNI step and the elements that comprise the steps can be found in the Adolescent SBIRT Learner's Guide developed by NORC at the University of Chicago.

Table 2. Motivational Interviewing Techniques During Brief Intervention

OARS	
O	Open-ended questions encourage exploring and sharing feelings and experiences
A	Affirmations recognize strengths and accomplishments and acknowledge the ability to change
R	Reflective listening demonstrates careful listening and helps individuals clarify thoughts
S	Summarizing helps ensure clear communication and understanding

Table 3. Brief Negotiated Interview Steps with Example Dialogue (McPherson et al., 2023)

Engage	▶ Build rapport ▶ Ask permission	▶ "Before we start, I'd like to know a little more about you. Would you mind telling me a little bit about yourself?" ▶ "What are the most important things in your life right now?" ▶ "Would it be ok to discuss your answers to the alcohol and drug questions?"
Pros and Cons	▶ Explore pros/cons ▶ Use reflective listening ▶ 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 is not so good about using [X]?" ▶ "So, on one hand you say you enjoy [X] because… And on the other hand, you say…."
Feedback	▶ Ask permission ▶ Provide information ▶ Elicit response	▶ "I have information about guidelines for low-risk drinking. Would you mind if I shared them with you?" ▶ "We know that alcohol and other substance use, including marijuana, and prescription and over-the-counter medications, can be especially harmful at this stage of life when your brain is still developing. It can put you at risk for accidents, problems in school, with the law, or with relationships in your life." ▶ "What are your thoughts on that?"
Readiness Ruler	▶ Readiness ruler ▶ Reinforce positives ▶ Envisioning change	▶ "To help me better understand how you feel about making a change in your use of [X], on a scale from 1-10, how ready are you to make a change?" ▶ "Why did you choose that number and not a lower one like a 1 or a 2?" ▶ "It sounds like you have reasons to change."
Negotiate Action Plan	▶ Write action plan ▶ Envision the future ▶ Exploring challenges ▶ Benefits of change ▶ Affirm	▶ "What are you willing to do for now to be healthy and safe? What is the next step?" ▶ "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?" ▶ "I can see you care about your well-being. I believe you can take those next steps."
Summarize and Thank	▶ Summarize ▶ Provide resources ▶ Give action plan ▶ Thank the patient ▶ Schedule follow-up	▶ "Let me summarize what we've been discussing."… "Did I get that right?" ▶ "Here's the action plan and goals. It's really an agreement between you and yourself." ▶ [Provide list of resources, if warranted]: "Which of these services, if any, interest you?" ▶ "Thanks so much for sharing with me today!" ▶ "Would you mind if we set up a follow-up appointment in [X] weeks so I can check in with you to see how things are going?"

Referral to Treatment

A very small number of adolescents will require a level of care beyond brief intervention. However, when alcohol or other substance use concerns are more serious or co-occur with mental health concerns, more intensive services or specialized treatment may be a good option. "Referral to treatment" or "hand-off" means connecting adolescents to a physician, licensed substance use or mental health professional, or specialty treatment program for a comprehensive assessment of SUDs. Of course, an adolescent must be agreeable to accepting the referral and participating in treatment services. Depending on the adolescent's age, degree of acute risk, and state regulations regarding access to health care by a minor, it may be necessary to involve parents/guardians regardless of whether the adolescent consents. Practitioners must be conversant with state laws concerning confidentiality and consent.

How practitioners broach and discuss referrals contributes to the likelihood of successful treatment. Engaging adolescents requires patience and an open and empathic therapeutic stance. Adolescents' unique needs and circumstances must be respected and incorporated into managing the referral. David Gustafson (2008) studied the characteristics of hand-offs and suggests that the transition of patients/clients to a higher level of care requires an understanding that we are

not handing off an inanimate object, such as a football or baton. Adolescents should not be "sent" but should be "delivered" to the next level of care, and there should be a process to monitor the success of the hand-off and to follow up with adolescents after initiating and engaging in treatment. The Agency for Healthcare Research and Quality has developed several materials to support the implementation of warm handoffs (i.e., Warm Handoff: Intervention). Additionally, the Joint Commission developed an infographic with 8 Tips for High-quality Hand-offs.

Treatment Settings

The most common settings in which adolescent alcohol and other substance use treatment occurs include outpatient/intensive outpatient, partial residential, and residential/inpatient treatment. **Outpatient/intensive outpatient** treatment settings are the most commonly offered. These settings can be highly effective and are traditionally recommended for adolescents with less severe SUD, few additional mental health concerns, and a supportive living environment. **Partial residential** treatment settings are suggested for adolescents with more severe SUD who can be safely managed in their home living environment. Adolescents participate in 4-6 hours of treatment per day at least five days a week in this setting while living at home. **Residential/ inpatient** treatment settings are offered to adolescents with severe SUD, 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.

Treatment Approaches

Research evidence supports the effectiveness of behavioral-based alcohol and other substance use treatment approaches for adolescents. A review of effective treatment approaches for adolescents is available from the National Institute on Drug Abuse. Most adolescent treatment programs use an eclectic treatment approach employing multiple therapeutic models identified in Table 4 below (Winters et al., 2014).

Table 4. Treatment Approaches for Adolescents (McPherson et al., 2023)

Behavioral Approaches work to address adolescent alcohol and other substance use by strengthening the adolescent's motivation to change. The following behavioral interventions help adolescents actively participate in their recovery from alcohol and/or drug use and dependence and enhance their ability to resist alcohol and/or drug use:

- Adolescent Community Reinforcement Approach (A-CRA)
- Cognitive-Behavioral Therapy (CBT)
- Contingency Management (CM)
- Motivational Enhancement Therapy (MET)

Family-based Approaches seek to strengthen family relationships through improving communication and developing family members' ability to support abstinence from alcohol and other substance use (NIDA, 2014). Involving the family can be particularly important in treatment. These approaches include:

- Brief Strategic Family Therapy (BSFT)
- Family Behavioral Therapy (FBT)
- Functional Family Therapy (FFT)
- Multidimensional Family Therapy (MDFT)
- Multisystemic Therapy (MST)

Medication Treatment is shown to be effective in treating substance use disorders in adults. Some evidence indicates effectiveness and safety for use with minors. The FDA-approved medication for treating opioid addiction in adolescents is Buprenorphine, which is approved for use with 16-65 year olds (U.S. Food and Drug Administration, 2023).

- Opioid Use Disorders
- Alcohol Use Disorders
- Nicotine Use Disorders

Recovery Support Services aim to improve the quality of life and reinforce progress made in treatment.

- Assertive Continuing Care (ACC)
- Mutual Help Groups
- Peer Recovery Support Services
- Recovery High Schools

See BHE-TAC's Report Prevalence, Pathways, and Predictors of Recovery among Adolescents for more information.

States with proportionally larger rural populations (compared to urban populations) have greater shortages of mental health providers and fewer facilities to provide comprehensive treatment services. Key strategies that have been identified to improve access to treatment services in rural areas include the integration of mental/behavioral health services into primary care, including medication-assisted treatment options, and the use of telehealth and other technologies to connect rural patients/clients with specialty providers (Gale, J. et al., 2020). Primary and behavioral health care integration is necessary and would ensure adolescents with behavioral health conditions and comorbid physical health problems receive access to high-quality care. Alcohol and other substance use are likely to complicate primary medical or other behavioral problems. Addressing comorbid behavioral and physical health problems together through integration can provide a patient/client-centered approach that can be cost-effective for payers and providers, reduce health disparities, and improve patient/client outcomes (Burke et al., 2021).

Telehealth is another promising tool for treating and supporting adolescents with SUDs living in rural areas. It connects patients/clients and providers and makes it possible to receive screening, counseling, and other services without traveling to a provider's office. While more research is needed to explore the effectiveness of telehealth in treating SUDs, particularly among adolescents, early research using SBIRT and other behavioral therapy models has been promising (Molfenter et al., 2015). The RHIhub developed the Rural Prevention and Treatment of Substance Use Disorders Toolkit, which presents resources, models, and example programs to guide the development and implementation of successful prevention and treatment programs in rural communities. The RHIhub also provides links to various resources focused on helping rural communities reduce alcohol and other substance use, including among adolescents, through family-centered prevention programs, schools, and rural church and faith-based organizations, among others.

Education and Training Resources

This section provides links to publicly available resources to support the education and training of non-clinical and clinical professionals, field supervisors, preceptors, and students in social work, nursing, medicine, counseling, psychology, and other disciplines.

Learn more about adolescent SBIRT:

- SBIRT Education: Adolescent SBIRT Learner's Guide
- SBIRT Education: Adolescent SBIRT Resources
- NIDA: Screening and Assessment Tools Chart

Learn more about Motivational Interviewing:

- HealtheKnowledge.org
- Motivational Interviewing Network of Trainers
- Video — The Effective School Counselor With a Lower-Risk Teen: Motivational Interviewing Demonstration
- Video — The Ineffective School Counselor With a Lower-Risk Teen: Non-Motivational Approach
- Video — The Effective School Counselor With a High Risk Teen: Motivational Interviewing Demonstration
- Video — Motivational Interviewing: Adolescent Follow Up on Positive Alcohol Screen

Treatment Referral Resources:

- SAMHSA Treatment Locator: 1-800-662-HELP or search: https://findtreatment.gov/
- The Physician Locator of the American Society of Addiction Medicine (ASAM)
- The Patient Referral Program of the American Academy of Addiction Psychiatry
- The Child and Adolescent Psychiatrist Finder of the American Academy of Child and Adolescent Psychiatry

SBIRT Implementation:

- TAP 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Improving Adolescent Health: Facilitating Change for Excellence in SBIRT

Workforce Training and Training-of-Trainer Resources:

- SBIRT Education: Adolescent SBIRT Curriculum
- SBIRT Education: Adolescent SBIRT Trainer's Guide
- SBIRT Education: Using SBIRT to Talk to Adolescents about Substance Use

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