

SBIRT/BSI
in
School Settings

with
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WIPHL Symposium
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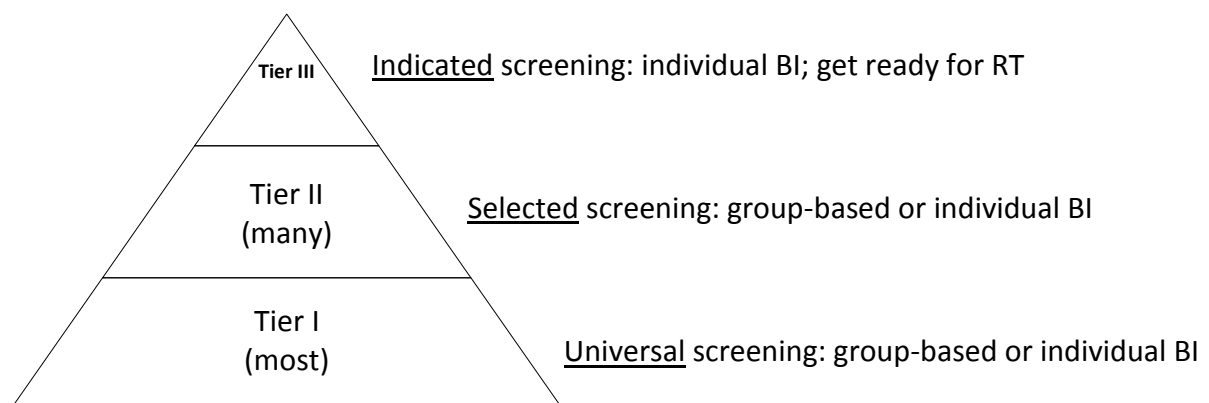
Big Picture

- Student behavioral health risks/problems are widespread
- These problems can interfere with learning and academic achievement
- These problems often comprise a “missing piece” of the achievement puzzle for teachers and parents
- Monday – Friday, kids spend about 40% of their waking hours in school

Delivering SBIRT/BSI in the school setting provides an efficient and effective way to identify and address student risks/problems

Wisconsin Middle/High Schools are poised to systematically deliver SBIRT services (infrastructure pieces):

- ✓ Multidisciplinary student services exist (social work, psychology, guidance, nursing)
- ✓ PBIS (Positive Behavioral Interventions and Supports) framework in place statewide (<http://www.wisconsinpbisnetwork.org/>)



- ✓ Several screening instruments are available:
 - Center of Epidemiological Studies Depression Scale for Children
 - Pediatric Symptom Checklist
 - Spence Children’s Anxiety Scale
 - Strengths and Difficulties Questionnaire
 - CRAFFT (for AOD use)
 - Global Appraisal of Individual Need – Short Screen

(these instruments are described further by Wisconsin Department of Public Instruction:
<http://sspw.dpi.wi.gov/files/sspw/pdf/sswpgscreentool.pdf>)

- ✓ Brief Intervention fits with demands for EBP (Evidence-Based Practice; i.e., “do more with less”) and Rtl (Response-to-Intervention; i.e., demonstrate results)
 - **EBP** for adolescent AOD (alcohol/other drug) use:
 - Decreased use frequency and problem symptoms
 - Increased rates of abstinence
 - Change is rapid and durable
 - High levels of teen satisfaction
 - **Promising practice** for addressing other behavioral health risks/problems
 - Adaptations for school settings... Brief, Flexible, Simple, Group-format, Parent involvement
- ✓ If needed, Referral to services
 - Internal resources: tap into existing school-based services
 - External resources: build and strengthen linkages with community-based services

SBIRT training in Wisconsin with student services:

- Since 2006: 33 12-hour adoption trainings; 575 staff from many districts; 500 tape reviews for fidelity
- Observations:
 - Staff like the model
 - Struggle to demonstrate even basic competency of practice
“simple, but not easy”
 - Training must promote staff behavior change...

Practice as Usual	➔	Brief Intervention as EBP
<ul style="list-style-type: none"> • Staff ideas for change (how, why) are central • Staff-driven problem solving • Educate students! • Staff tells more than listens • Many <u>closed</u> questions (assessment oriented) • Student choice is often ignored or confronted 		<ul style="list-style-type: none"> • Student ideas for change are central • Student-driven problem solving • Evoke and elicit from students! • Staff listens more than tells • Many <u>open</u> questions (motivation oriented) • Student choice is embraced and respected

Implementation lessons learned:

1. Leadership has to be involved and must make SBIRT a priority
2. Buy-in from staff
3. There has to be a plan! Some good initial questions:
 - Which student behaviors will SBIRT services target?
 - Which screening instrument will be administered?
 - How will you determine the students who will receive SBIRT? How might the PBIS framework be used to determine which students will receive services?
 - Who among student services staff will deliver SBIRT?
4. Initial adoption training is just the start;
Implementation training = direct observation + feedback + skill building
5. Professional Learning Community for SBIRT?
6. Set up data collection to determine Response-to-Intervention (initial and follow-up screening) and to promote sustainability

School SBIRT: Selected References

Overall justification

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- SAMHSA (Substance Abuse and Mental Health Services Administration). (2011). *Screening, Brief Intervention, and Referral to Treatment (SBIRT) in behavioral healthcare*. Accessed from: <http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf>

Screening

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- Dennis, M. L., Chan, Y., & Funk, R. R. (2006). Development and validation of the GAIN short screener (GSS) for internalizing, externalizing and substance use disorders and crime/violence problems among adolescents and adults. *The American Journal on Addictions, 15*, 80-91.
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Brief Intervention (Motivational Interviewing)

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- Swan, M., Schwartz, S., Berg, B., Walker, D., Stephens, R., & Roffman, R. (2008). The Teen Marijuana Check-Up: An in-school protocol for eliciting voluntary self-assessment of marijuana use. *Journal of Social Work Practice in the Addictions, 8*(3), 284-302.
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- Winters, K. C., Fahnhorst, T., Botzet, A., Lee, S., & Lalone, B. (2012). Brief intervention for drug-abusing adolescents in a school setting: Outcomes and mediating factors. *Journal of Substance Abuse Treatment, 42*, 279-288.
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Integration into clinical practice


- Agerwala, S. M., & McCance-Katz, E. F. (2012). Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into clinical practice settings: A brief review. *Journal of Psychoactive Drugs, 44*(4), 307-317.



**Washington County
SBIRT Implementation**


Universal Screening

- ALL Hartford Union High School 9th Grade Students
- ALL Kewaskum High School 10th Grade Students



How we got them to agree!

- Long-term relationship building with school districts.
- Garnered support from Building Principals who carried the message to Superintendents. Superintendents made decisions about informing school boards



Why did they do it?

"I'm tired of trying to 'fix' the problems associated with kids drinking or using drugs...
I want to do something proactive for once and this makes sense!

--Hartford Union High School Principal



Logistics

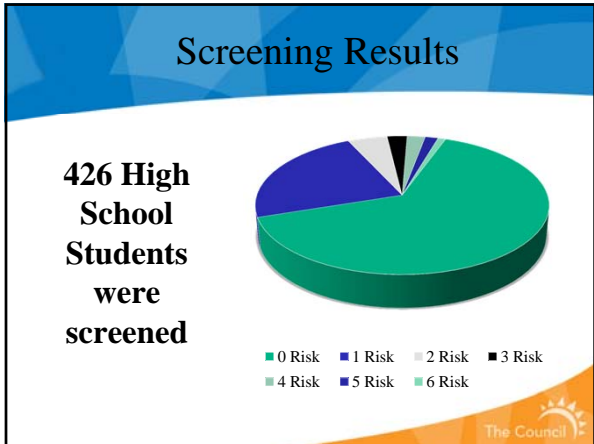
- Council on AODA staff implemented program
- Passive parental consent
- School Districts decided how to coordinate:
 - 1 school district implemented it in conjunction with Health Classes
 - 1 school district provided an office to our staff and the attendance secretary coordinated and provided passes to kids
- If a referral was appropriate the school districts requested that we first offer their guidance department—if student refused we would offer another resource



Logistics

- 4 staff trained by Dr. Brown to implement program - 3 actually implemented it.
- Process:
 - Students answered CRAFFT questions on laptop
 - Staff reviewed answers with them
 - Utilized motivational interviewing techniques to encourage students to look at behavior
 - Provided a written change plan if one was developed





- ### What else did we learn?
- Students very open in their discussions
 - Many students reported using with parents
 - Did not want the paper change plan
 - Schools want program back but want it completed in a shorter period of time
- The Council

- ### How did we pay for it..
- United Way of Washington County
 - Alliance for Wisconsin Youth received a Wisconsin Partnership Grant
 - In-Kind dollars
- The Council

How are we going to sustain and expand

- Discontinue other programming to free up staff time to implement SBIRT
- Alliance for Wisconsin Youth is applying for another Wisconsin Partnership Grant for implementation



Contact Information

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Sample SBIRT Information Letter to Prospective School Districts

Dear _____:

We are writing to ask your consideration in working with the Council on Alcohol and Other Drug Abuse of Washington County in implementing a research-based substance abuse prevention program called Strategic Brief Intervention and Referral to Treatment (SBIRT).

SBIRT is a Universal Prevention Tool that uses a strategy to address the entire population as everyone shares the same general risk for substance abuse. Our recommendation is that you consider implementing this program with ALL 9th and 10th grade students in the 2012-2013 school year and in future years, implement the program with ALL 9th and 11th grade students.

SBIRT begins with a 3 question **S**creening that all students would be asked by a Council employee. If that screening results in the youth being identified as **L**OW Risk, the staff person would reassure and reinforce to the student that they are making healthy decisions and to continue their positive behavior. If the screening results indicate risk, the student would be asked additional questions to determine if they are an intermediate or high risk. A student that is screened for intermediate risk would be given **B**rief advice (**I**ntervention) and provided the opportunity to meet with our staff person again. A student that was screened for high risk would be encouraged (**R**eferred) to seek outside assistance (**T**reatment) and followed up by our staff person. SBIRT requires the use of a collaborative, motivational approach that is student centered and based on the teen's values.

SBIRT is a program that has been well researched and proven to elicit behavior change. Adults that participated in SBIRT report, among other things, a reduction in drinking, a reduction in binge drinking episodes, fewer injuries and emergency room visits due to alcohol or drug use. One study in the New England area indicated that teens who had already begun drinking reported fewer drinking episodes in the 90 days following their participation in the program and those that had not begun drinking were less likely to begin drinking 12 months after their participation as compared to youth who did not receive the intervention.

The Council on Alcohol and Other Drug Abuse of Washington County is a partner in a coalition comprised of the 7 counties in Southeast Wisconsin that is attempting to universally implement SBIRT in each of the 7 counties. Through this coalition, we will have access to Dr. Richard Brown from the UW-Madison Medical College to provide technical assistance and assist us in evaluating the program for effectiveness. Piloting this program at Kewaskum High School will allow us to gather data and potentially obtain future funding to expand it throughout Washington County.

We hope that you will consider working with us on this wonderful opportunity to help Kewaskum youth delay their use of alcohol, tobacco and drugs for as long as possible. Thank you in advance for your consideration.

Sample Letter of Parental Consent for Screening

Dear Parent or Guardian:

Research shows that an adolescent's brain continues to develop until they reach their early 20's. Research also demonstrates that using alcohol or drugs impacts on this brain development and affects a student's ability to learn. For this reason, SCHOOL DISTRICT along with the Council on Alcohol and Other Drug Abuse of Washington County will offer drug and alcohol screenings for all tenth grade students.

We will utilize a protocol entitled SBIRT (Screening, Brief Intervention, Referral to Treatment) that has been implemented throughout the United States. Many youth who have participated in SBIRT nationally have either continued to delay their use of alcohol and other drugs or decreased their substance use. Students will be asked to complete a short survey about drugs and alcohol. **All results of the survey will be kept strictly confidential and will not be provided to any school personnel.** The survey results will be discussed with your student by trained staff of the Council on Alcohol and Other Drug Abuse. If your child's results indicate a potential concern about drug or alcohol use, they will be referred to the guidance counselor or another professional for further discussion.

SBIRT is not designed to punish a student for their choices but, instead, provide positive reinforcement and motivation to make healthy decisions regarding their use of alcohol and drugs. It will also provide the opportunity to proactively identify and assist students who may be experimenting with drugs and/or alcohol to ensure that they do not fall behind in their school performance.

If you do NOT wish your child to participate in this screening, please complete the enclosed form and return it to... If we do not hear from you, we will assume your child has permission to participate in this program. If you would like to view the questions your child will be asked please contact...

Parental Non-Consent Slip

I, _____, do NOT give permission for _____ to participate in the Screening, Brief Intervention, Referral to Treatment program for alcohol and other drugs.

Parent Signature: _____

BSI at a University Health Center



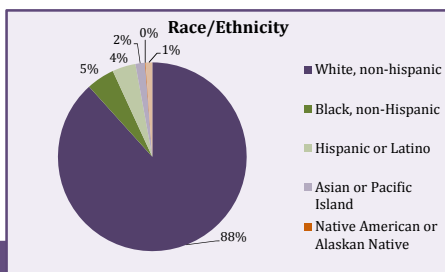
RUTH SWISHER, RN, MS
HEALTH SERVICE DIRECTOR
UW-WHITEWATER

Introduction

- Pleased to be here, to be part of the WIPHL (Wisconsin Initiative to Promote Healthy Lifestyles) program, to have administrative support and the two exemplary CHE staff members.
- UWW is one of 13 campuses within the UWS
- Our health service, staffed by MDs, NPs is part of the University Health and Counseling Services, a combined unit, administratively demonstrating our commitment to a holistic approach to health

Population

- 11,500 students
Undergraduate: 10,500 Graduate: 1,000



Issues



*Binge
Drinking*

?

Tobacco





*Drug
Use*

*Depression
& Other
Mood
Concerns*



Objectives

- Increase ability to address risky behaviors with the efficiency and effectiveness of new staffing pattern
- Prevention; we know many unhealthy behaviors start early
 - Tobacco: most users start by age 24
 - Alcohol: most problem drinkers start before age 21
 - Drugs: most drug use start between ages 15-20
- Patient education: engage students when most receptive to making life and behavioral changes

Sources:
 U.S. Department of Health and Human Services
<http://www.collegedrinkingsprevention.gov/>
<http://www.waastudentcenter.org>

Our Process & Preparation

- Engaged the UHCS staff and campus administration in added ways to address risky behaviors; Rich Brown facilitated 2 meetings
- Held targeted meetings to consider if the WIPHL program could assist campus in addressing the growing needs on campus
- Secured administrative support to Create a new academic position (Clinical Health Educator - CHE)
- Worked closely with the WIPHL team in meeting requirements of the program along with detailed administrative and practical steps

Process & Prep (con't)

- Implementation team members:
 - Clinical Health Educators (CHE)
 - Health Services Director
 - Medical Supervisor (MD)
 - Executive Director
 - Primary Care Practitioners (Nurse Practitioner),
 - Medical Assistant
 - Receptionist
 - Mental Health Counselors

- Implementation Team met for 1 hour / week
- Standing (*literally!*) meetings every morning from 7:45-8am

Preparation

- Create Healthy Lifestyles Questionnaire with recommendations from WIPHL

At UHCS our priority is to give you the best care possible. As part of our efforts to help our patients live healthy lives, we ask for all patients to complete this questionnaire. You may also have a chance to meet with our Clinical Health Educator. The information you share with us will not be given to anyone outside the health care team here without your permission. If you have any concerns about the information below, please speak to your healthcare provider.



LIFESTYLE QUESTIONNAIRE

TOBACCO

Have you used any tobacco in the past month?

- Yes No

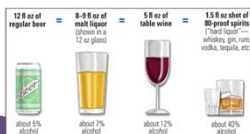
ALCOHOL


For Females, "How many times in the past year have you had 4 or more drinks in a day?"

For Males, "How many times in the past year have you had 5 or more drinks in a day?"

- More than three times per week One to three times per month Never
 One to three times per week Less than once a month

For this question, a drink means one (12 ounce) can or bottle of beer, one glass of wine, one wine cooler, or a mixed drink with 1.5 oz. of hard liquor, which is one drink.





UHCS
UNIVERSITY HEALTH & COUNSELING SERVICES
LIFESTYLE QUESTIONNAIRE

DRUGS AND PRESCRIPTION MEDICATIONS
How many times in the past year have you used an illegal drug OR used a prescription medication that was not prescribed to you OR used more than the prescribed amount of medication?

More than three times per week
 One to three times per month
 Never
 One to three times per week
 Less than once a month

MOOD
Over the past two weeks, how often have you been bothered by any of the following?

	Nearly Every Day	More Than Half the Days	Several Days	Never
1. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prep: Ongoing/Evolving

- Develop a working commitment of staff in bringing in a new program
- EMR Templates: IT skills of our Medical Supervisor
- Clinic Workflow: adaptability of staff to update, update again...
- High Risk Student Process; addressing suicide risk with a transient population

Description of Services

- Behavioral Screening and Intervention (BSI) including:
 - Behavioral Activation
 - Motivational Interviewing
 - Assessments (AUDIT, PHQ-9, DAST, CAGE, etc.)
 - Referral to Resources:
 - UHCS MD/NP Staff
 - UHCS Counseling
 - Other Campus services (opportunities for healthy social engagement, Recreation Sports, Center for Students with Disabilities, etc.)
 - Off-campus referrals

Results of Service

- Satisfaction Survey
 - Late spring 2013
 - 400 CHE patients surveyed, 39 responded
 - 46% of patients made changes to the risky behaviors discussed with CHE
 - 85% of patients agreed that they would know where to find campus resources if risky behaviors became problematic for them
 - 73% of patients have a better understanding since meeting with the CHE on how those risky behaviors impact their lives
 - 80% of patients agreed/strongly agreed that they were satisfied with their experiences with the CHE

Results of Service

“I didn’t really know there were people to talk with and I’m glad I reached out...I wanted to talk with somebody but I didn’t know who.”

--(Patient who screened positive for alcohol)

Results of Service

“I am amazed by how easily this program fits into clinic flow and it gives me a sense of relief to know that our health educators will be dedicating their time and expertise to covering the important health topics for which the client did not present, but merit their own dedicated time”

--Nurse Practitioner

Barriers & Lessons Learned

- Adapting to Change: New approach to care delivery from first encounter to follow-up care:
- Integrating the collaborative care model (primary care/CHEs/mental health)
- Need for Flexibility in Adapting clinic flow
- False positives – patients misunderstand/mis-read questions
- High rate of positive screens – 85-90% patients positive for at least one risky behavior
 - Of the 4 – 5 scheduled providers in a given day, we currently can screen only one provider's patients at a time (screening about 20% of patients)
 - Quality service for those we see... Balanced with desire for growth...

Future

- Expansion?
 - Recognition of other health risks
 - Our own students ask for more support in their CHE sessions
 - Satisfaction survey indicated student interest in stress/time management, sleep hygiene, diet/nutrition, and exercise)
 - More CHEs
 - Involvement of other campus departments
- Outreach
 - Increase awareness of the SBIRT program (on- and off-campus)
 - Prevention education offered in other campus venues
 - Greater campus integration

Environment Changes

- Increased student and staff awareness of the value of addressing early stages of risky behaviors
- Increased student and staff awareness of the effectiveness of Motivational Interviewing (MI) and other communication/engagement practices
- Increased student and staff awareness of the enforcement of drinking/drug use laws on campus and the value of prevention whenever possible
- Tobacco-free campus efforts

More Information

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Health Service Director at the UHCS
University of Wisconsin-Whitewater
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University Health & Counseling Services

NAME: _____

ID: _____

DATE: _____

LIFESTYLE QUESTIONNAIRE

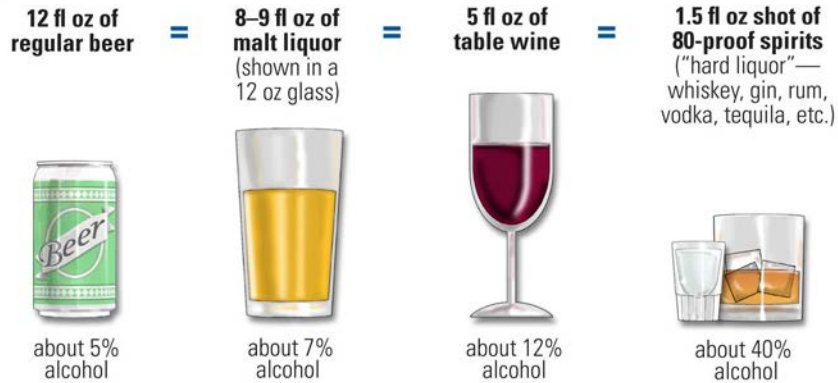
At UHCS our priority is to give you the best care possible. As part of our efforts to help our patients live healthy lives, we ask for all patients to complete this questionnaire. You may also have a chance to meet with our Clinical Health Educator. The information you share with us will not be given to anyone outside the health care team here without your permission. If you have any concerns about the information on this page, please speak to your healthcare provider.

Please complete the reverse side of this form

ALCOHOL

Please refer to the following chart when answering the questions below. For these questions, a drink means one (12 ounce) can or bottle of beer, one glass of wine, one wine cooler, or a mixed drink with 1.5 oz. of hard liquor, which is one drink.

THIS CHART INDICATES A STANDARD DRINK



At any time in the last year have you ever consumed....

(Females) More than 4 drinks in a day

Yes

No

(Males) More than 5 drinks in a day

Yes

No

Over the course of a week, do you ever consume....

(Females) 7 or more standard drinks

Yes

No

(Males) 14 or more standard drinks

Yes

No

TOBACCO

Have you used any tobacco in the past month?

Yes

No

DRUGS AND PRESCRIPTION MEDICATIONS

How many times in the past year have you used an illegal drug OR used a prescription medication that was not prescribed to you OR used more than the prescribed amount of medication?

More than three times per week

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