

## ***The Crafty Pupil***

Adolescent Substance Abuse Screening and Management

### **Materials for Learners**

Packet should include the following:

- Handout #1: How to Ask Teenagers About Alcohol and Drugs
- Handout #2: Alcohol and Drug Use: A Developmental View
- Handout #3: The “FRAMES” mnemonic
- Clinical Pearls
- Knowledge questions and answers
- References

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#### **Handout #1: How to Ask Teenagers about Alcohol and Drugs**

##### **A. Transitional Approach Adapted From *Bright Futures Guidelines***

###### **FAMILY:**

How are things going at home?

Who do you live with? How do you get along with the other members of your family?

Are you worried about any family members and how much they drink or use drugs?

What would you like to change about your family if you could?

###### **SCHOOL:**

Compared with others in your class (not just your friends), how well do you think you are doing?

Average? Better than average? Below average?

Do you receive any special educational help?

How often do you miss school? Have you ever been suspended from school?

###### **FRIENDS:**

Have any of your friends tried cigarettes? Smokeless tobacco? Alcohol? Marijuana? Other drugs? Are you worried about any of your friends' use of alcohol or drugs?

Do any of your friends try to pressure you to do things that you don't want to do? How do you handle that?

###### **TOBACCO, ALCOHOL, AND DRUGS:**

What education have you had about tobacco, alcohol, and drugs?

Have you smoked cigarettes, or used tobacco in any other form since our last visit?

Have you drunk alcohol since our last visit? Smoked marijuana? Used other drugs? "Sniffed" or "huffed" anything (i.e., used inhalants)?

Tell me about your experience with alcohol/drugs. What was good about it? Was there anything you didn't like about it?

Has anyone (a friend, teacher, parent, or counselor) ever thought you had a problem with alcohol or drugs?

##### **B. OTHER USEFUL QUESTIONS:**

Have you ever passed out or had an overdose? An emergency room visit?

Have you ever been arrested? Placed in protective custody? Any car accidents or traffic tickets?

Have you had sexual intercourse while using alcohol or drugs? Been assaulted? Exchanged sex for alcohol or drugs or a place to stay?

Have you ever thought of hurting yourself or someone else? Were you using alcohol or drugs at the time?

C. CRAFFT Questions (provider and self-administered versions)

**Screening Adolescents for Alcohol and Drugs**

During the past 12 months, did you:

1. **Drink** any alcohol (more than a few sips)?

2. **Smoke** any marijuana or hashish?

3. **Use** anything else to get high?

“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”

	<i>All NO</i> ↓	<i>Any YES</i> ↓
	Ask CAR question only	*CRAFFT Screen (below)
<b>C</b>	Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	
<b>R</b>	Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?	
<b>A</b>	Do you ever use alcohol or drugs while you are by yourself, <b>ALONE</b> ?	
<b>F</b>	Do you ever <b>FORGET</b> things you did while using alcohol or drugs?	
<b>F</b>	Do your family or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?	
<b>T</b>	Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?	

\*Two or more yes answers on the CRAFFT suggest a serious problem and a need for further assessment.

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**Referral Information:**

**SAMHSA’s Toll-Free Referral Helpline-1-800-662-4357**

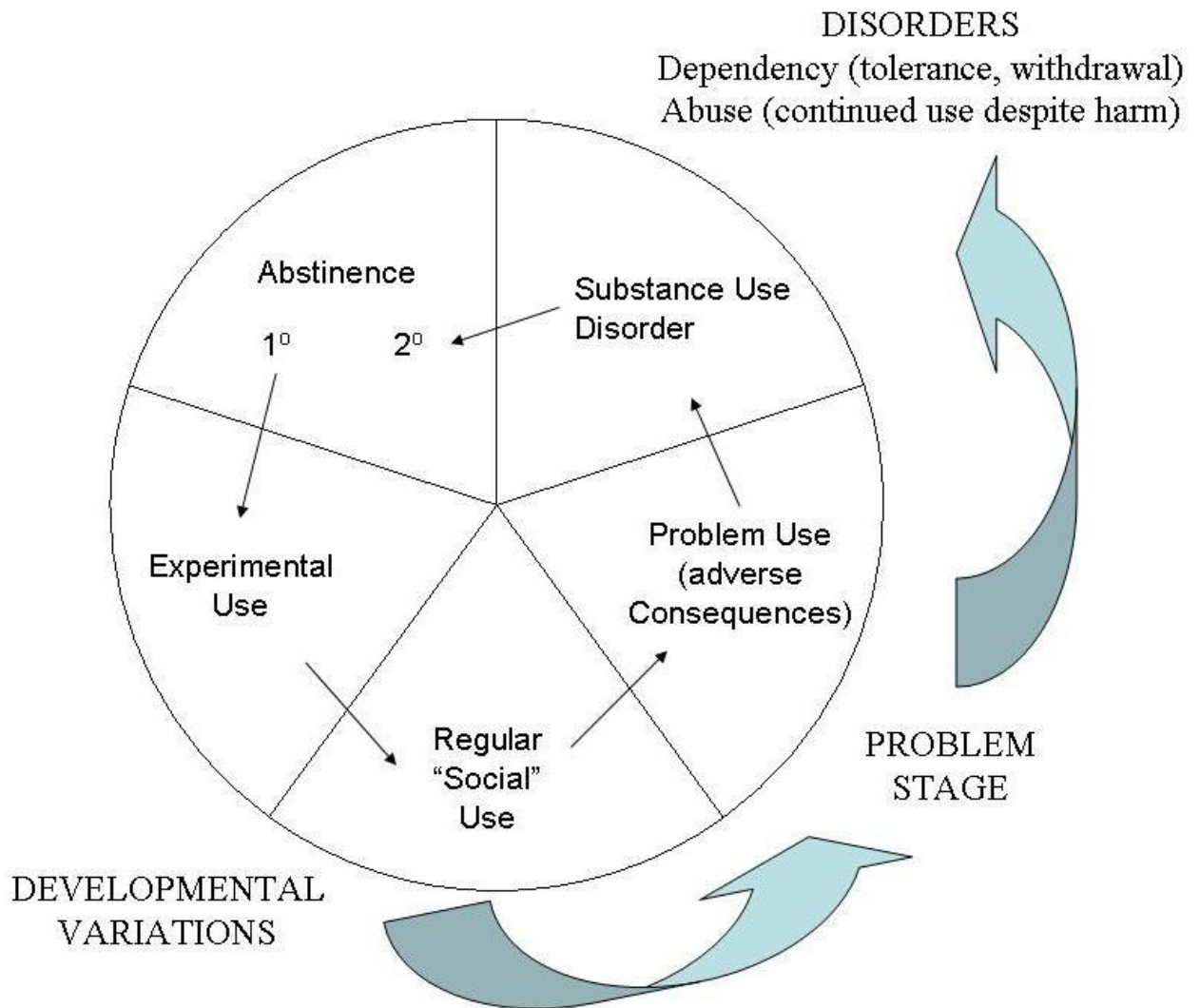
**Or <http://findtreatment.samhsa.gov/>**

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**Handout #2: Alcohol and Drug Use: A Developmental View**

**DRUG AND ALCOHOL USE:  
A DEVELOPMENTAL VIEW (The DSM-PC Model)**



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**Handout #3: Components of an Effective Brief Intervention**

**(FRAMES)**

**F FEEDBACK** on personal risk or impairment

**R** Emphasis on personal **RESPONSIBILITY** for change

**A** Clear **ADVICE** to change

**M** A **MENU** of alternative change options

**E EMPATHY** as a counseling style

**S** Facilitation of patient **SELF-EFFICACY** or optimism

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### Adolescent Substance Abuse Screening and Management

#### **Clinical Pearls:**

- Adolescent use of alcohol and drugs is common and occurs along a developmental spectrum. It can range from experimental use to a substance use disorder.
- Screening with evidence-based tools such as the CRAFFT test can identify patients at high risk for abuse/dependence requiring intervention (i.e. referral/treatment).
- Be flexible in making treatment recommendations because your patient may not be ready to commit to treatment. Using FRAMES as a model can help clinicians make clear recommendations.
- Familiarize yourself with substance abuse assessment and treatment resources in your community so that you can give one or two specific recommendations to your patient.
- Always follow up with your patient. Ask whether he or she has followed any of your recommendations, offer support and encouragement and make statements that convey your belief in your patient's ability to change.
- Communication with regard to substance abuse treatment requires special consent compliant with federal confidentiality law, Title 42 eCFR, part 2. Ordinary medical consent forms are not sufficient. If primary care providers do not receive follow up on referred patients, they can contact the treatment provider directly.

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### Adolescent Substance Abuse Screening and Management

#### **Knowledge questions**

*1. You are seeing a 16 year-old adolescent boy for his annual physical exam. During the visit he reveals that he has been drinking alcohol on weekends with his friends. His parents are not aware of this behavior. He has a CRAFFT score of 2 for Relax and Forget. Which of the following is the most appropriate next step?*

- a. Immediately inform his parents.
- b. Tell him it would be best for his health if he did not drink at all. Provide him with a copy of the “Contract for Life” and suggest that he bring it home and discuss it with his parents.
- c. Immediately refer to a local substance use treatment center.
- d. Offer reassurance and tell him that this sounds like “normal” teenage behavior.

*2. Which of the following statements is true?*

- a. Most high school seniors have never tried alcohol.
- b. When teenagers use substances it always leads to problem use or abuse.
- c. An abstinence challenge test is one way to distinguish between problem use and a substance use disorder.
- d. Being flexible with treatment options is never appropriate when working with teenagers with problem use.

*3. Which of the following statements is consistent with the FRAMES model for effective brief intervention?*

- a. Offer an array or menu of choices for behavior change and/or treatment to the patient.
- b. List the facts about the concerning behavior in your own words.
- c. Emphasize the need for the patient to look to others to help with behavior change.
- d. Patients are usually unable to make necessary changes.

*4. A mother brings her daughter to your office and asks for a “drug test”. Which of the following is the appropriate next step?*

- a. Explain the potential risks and benefits to the patient’s mother and then order the test.
- b. Collect a urine specimen per the National Institute on Drug Abuse (NIDA) protocol.
- c. Ask the patient’s mother about the circumstances that have prompted her request and then interview the patient alone.
- d. Explain to the patient’s mother that hair testing is far more sensitive than urine testing.

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### Adolescent Substance Abuse Screening and Management

#### **Answers to Knowledge Questions**

*1. You are seeing a 16 year-old adolescent boy for his annual physical exam. During the visit he reveals that he has been drinking alcohol on the weekend with his friends. His parents are not aware of this behavior. He has a CRAFFT score of 2 for Relax and Forget. Which of the following is the most appropriate next step?*

**Preferred response: B. “Tell him it would be best for his health if he did not drink at all. Provide him with a copy of the “Contract for Life” and suggest that he bring it home and discuss it with his parents.”**

Although the patient has a CRAFFT score of 2, he does not endorse behaviors that put his life in danger. As such, breaking confidentiality is not indicated. However, having a discussion with the patient about informing his parents and creating a “Contract for Life” would be recommended. The “Contract for Life” is an agreement between a teenager and his/her parents that allows a teenager to call home at any hour to ask for a ride home with no questions or punishments at that time.

Immediate referral to a treatment center is not indicated, especially if the patient is willing to try abstinence. Failure of a trial of abstinence or worsening of behavior would indicate the need for a higher level of care.

While experimentation with alcohol and drugs does occur during adolescence, regular use should not be considered normal teenage behavior. Abstinence should be the recommendation given to all adolescents from adults (parents, medical providers) with regard to substance use.

*2. Which of the following statements is true?*

**Preferred response: C. “An abstinence challenge test is one way to distinguish between problem use and a substance use disorder.”**

The hallmark of a substance use disorder is impaired control where the individual’s drug or alcohol use is maladaptive, resulting in problems such as impairment in social or school functioning. Individuals unable or unwilling to cut back or stop their substance use have likely crossed over some “invisible line” into a substance use disorder.

According to recent national surveys, most (79%) high school seniors endorse having tried alcohol. Adolescent substance use should be viewed along a continuum that ranges from developmentally normal experimentation, through problematic use to disorders of abuse and dependency. Teenagers can move back and forth between phases, thus making screening important for possible early intervention.

Sometimes flexibility is needed when presenting treatment options because teenagers can resist recommendations for treatment. In such cases, a harm reduction approach may be



appropriate. Additionally just offering a follow- up appointment may be the only option that is acceptable to the patient.

*3. Which of the following statements are consistent with the FRAMES model for effective brief intervention?*

**Preferred response: A. “Offer an array or menu of choices for behavior change and/or treatment to the patient.”**

The FRAMES model can be used by providers to provide effective brief interventions to their patients. The intervention should always begin with feedback on the behavior using facts stated in the patient’s own words. The patient should be made to feel responsible for, as well as able to, (i.e., self-efficacy) make the needed behavior change. A menu of choices for behavior change and treatment should be offered to the patient. All this should be done with an attitude of empathy and understanding.

*4. A mother brings her daughter to your office and asks for a “drug test.” Which of the following is the appropriate next step?*

**Preferred response: C. “Ask the patient’s mother about the circumstances that have prompted her request and then interview the patient alone.”**

Drug testing without an adolescent’s knowledge or consent should never be done with the exception of life threatening situations. Mom’s concerns should be explored so that the clinician can understand what information she hopes to gain from a drug screen. Often times the information a parent is seeking can be obtained just from history alone. Speaking with the patient herself can uncover much information that could either allay or confirm concerns. Remember that drug screens are often limited in what they can test for as well as sensitivity. If a patient agrees to screening, it can be obtained, but it is important for limitations to be explained.

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#### **Suggested Readings (Annotated):**

**Knight JR. Adolescent substance use: screening, assessment, and intervention in medical office practice. *Contemporary Pediatrics* 1997;14(4):45-72.** The review article provides a concise guide to clinical management of adolescent drug and alcohol use in the medical office setting. Screening instruments are discussed, and the developmental model of use and abuse is presented. Also included is an introduction to office intervention, motivational interviewing, and referral to treatment programs.

**Schonberg SK, editor. *Substance Abuse: A Guide for Health Professionals*. Elk Grove Village, IL: American Academy of Pediatrics; 1988.** This is a soft-cover guide book for pediatric practitioners. It includes a review of epidemiology and risk factors. Screening techniques are discussed, including the pros and cons of urine drug testing. Characteristics of the various drugs of abuse are presented.

**Miller WR. Rediscovering fire: Small interventions, large effects. *Psychology of Addictive Behaviors* 2000;14(1):6-18.** This very powerful article reviews a number of surprising findings in alcohol treatment research, which indicate that brief interventions or even single encounters can have dramatic effects. The author reviews the importance of the clinician-patient interaction, and explores the possibility that unconditional acceptance, patience, and a hopeful outlook may be the factors most responsible for producing positive change.

**Miller WR, Rollnick S. *Motivational Interviewing*. New York: Guilford Press; 1991.** This is a complete guide to the principles of brief office treatment for drug and alcohol abuse, and a valuable resource for clinicians who wish to develop skills beyond the level of minimal competency. Topics discussed include stages of change theory, motivational theory, brief interventions, and motivational enhancement therapy. One chapter is devoted to working with youth.

### **Educational Resources on the World Wide Web:**

*The Center for Adolescent Substance Abuse Research*

<http://www.ceasar.org>

*Bright Futures*

<http://brightfutures.aap.org/>

*National Clearinghouse for Alcohol and Drug Information (NCADI)*

<http://www.health.org>

For further information and free copies of reports on the epidemiology of alcohol and drug use, call the NCADI at 1-800-487-4889.

*Youth Risk Behavior Survey (YRBS)*

<http://www.cdc.gov/nccdphp/dash/yrbs/index.htm>

*Monitoring the Future* study home page

<http://www.isr.umich.edu/src/mtf/index.html>

*National Household Survey on Drug Abuse*

<http://www.samhsa.gov/NHSDA.htm>

*National Institute on Drug Abuse*

<http://www.nida.nih.gov/NIDAHome.html>

*National Highway Traffic Safety Administration (teen drivers)*

<http://www.nhtsa.gov/Teen-Drivers>

For more information on national trends and statistics of drug abuse, go to:

<http://165.112.78.61/DrugPages/Stats.html>

*American Academy of Child and Adolescent Psychiatry—Facts for Families.*

This site provides access to the AACAP's award winning "Facts for Families" pamphlet series on various developmental topics. The info sheets on Adolescent Substance Abuse are # 3 and # 41.

<http://www.aacap.org/publications/factsfam/index.htm>

*Federal Confidentiality Law, Title 42 eCFR, part 2*

This site provides information on the requirements that must met by consents for release of information for substance abuse treatment. [www.ecfr.gov](http://www.ecfr.gov)