

CRAFFT Refresher Trainings in School-Based Health Centers



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Representing the Massachusetts Dept of Public Health/

- School-Based Health Centers
- Bureau of Substance Abuse Services
 - SBIRT and Youth/Young Adults

**WHAT IS THE
CRAFFT SCREENING TOOL?**

CRAFFT (adolescents)

- C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A** Do you ever use alcohol/drugs while you are by yourself, **ALONE**?
- F** Do you ever **FORGET** things you did while using alcohol or drugs?
- F** Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

Toolkit

Adolescent Screening, Brief Intervention, and Referral to Treatment for Alcohol and Other Drug Use

Using the CRAFFT Screening Tool

Helping you to keep your adolescent patients on track



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www.maclearinghouse.com

Massachusetts Department of Public Health
Bureau of Substance Abuse Services



Problem: SBHC Staff were already trained on the CRAFFT, but were not reporting significant numbers of completed screenings. What were the barriers?

Challenge: How to increase screening numbers and increase staff comfort level with SBIRT, with limited time and funding.



SBHC SBIRT Decisional Matrix

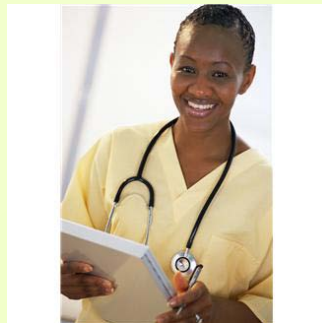
**Benefits of Symptom-Related
CRAFFT**



**Costs of Symptom-Related
CRAFFT**



Benefits of Universal CRAFFT



Costs of Universal CRAFFT



Project Goal

**Preserve time in learning
for students through early
identification of risky
substance use and
prevent problem use**



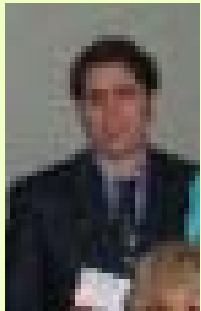
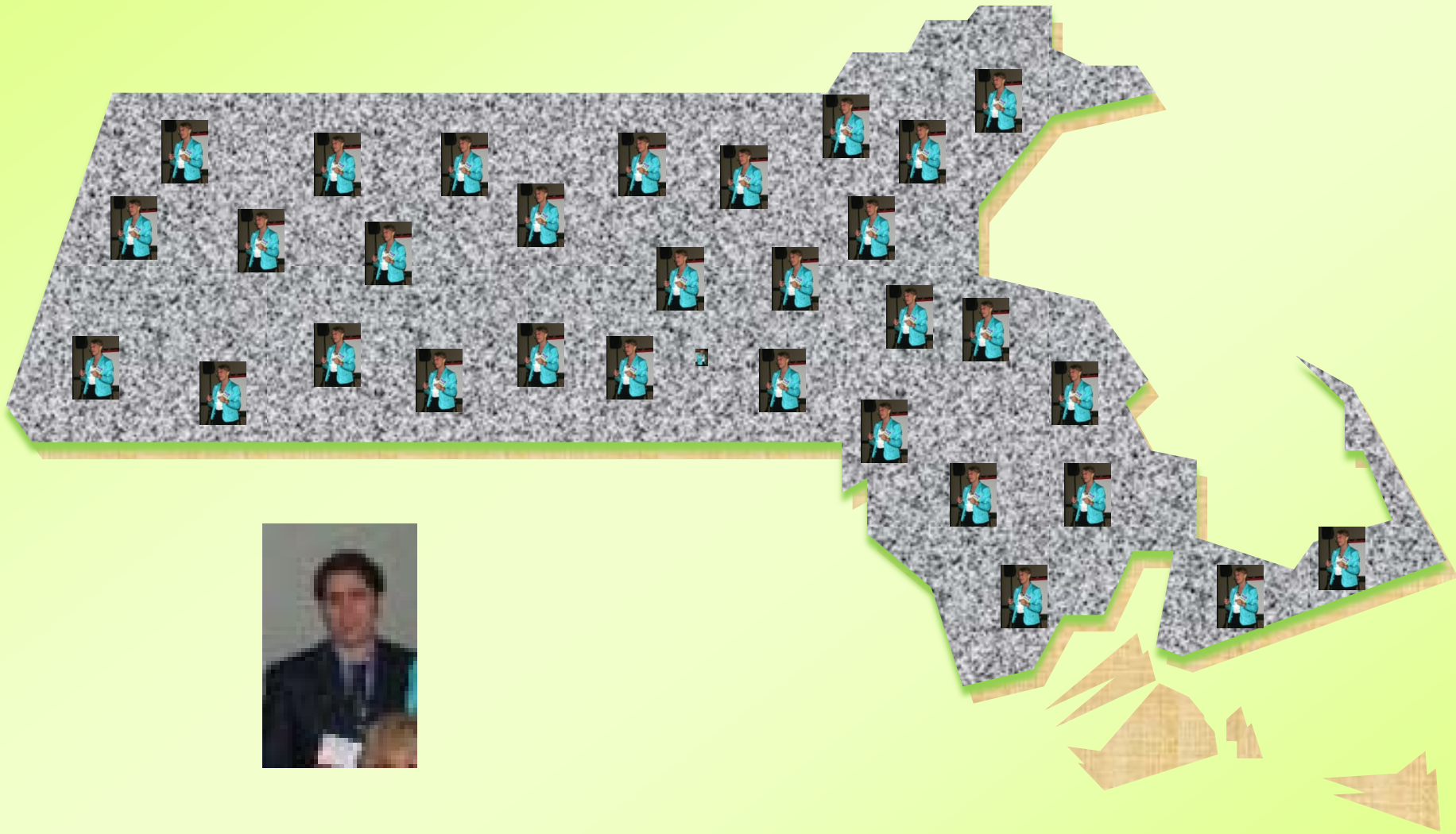
Target Sites and Population



32 Schools Serving
High School
Students



Staff affiliated with 11
Community Health
Centers, 4 hospitals, 2
public health agencies &
1 behavioral health
agency



**With limited time and funds,
what would YOU do?**



SSSSS

(Some Suggested SBHC SBIRT Strategies)

- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____

SBHC CRAFFT

Refresher Strategies

- 1) Review CRAFFT Toolkit
- 2) Review impact of alcohol on adolescent health
- 3) Review Brief Interventions and Motivational Interviewing (MI) approaches to increase SBHC staff comfort level and efficacy in SBIRT protocols
- 4) Practice MI approaches in role plays

SBHC CRAFFT

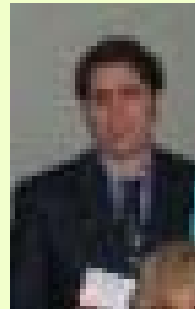
Refresher Strategies

- 5) Introduce staff to local substance use disorder treatment providers, and statewide resources
- 6) Discuss local drugs of choice
- 7) Introduce Recovery High School staff, when geographically appropriate
- 8) Discuss Marijuana Citations for teens
- 9) Prevent alcohol-exposed pregnancies and Fetal Alcohol Spectrum Disorders

Evaluation: Pre/Post-Test Content

Current Knowledge of:

A. Drugs of choice in your region?
B. CRAFFT Screening for substance abuse risk?
C. Stages of change?
D. Brief intervention strategies for substance use problems and disorders
E. Marijuana and current legal guidelines?
F. Making referrals to adolescent substance abuse assessments and treatment system
G. Methods to motivate adolescents to accept a referral to treatment?



How Confident are
You about:

A. Administering CRAFFT Screening for substance abuse risk?
B. Recognizing Stages of change?
C. Using Brief intervention strategies for substance abuse problems and disorders?
D. Discussing marijuana and current legal guidelines
E. Making referrals to adolescent substance use assessment and treatment system?
F. Motivating adolescents to accept a referral to treatment?

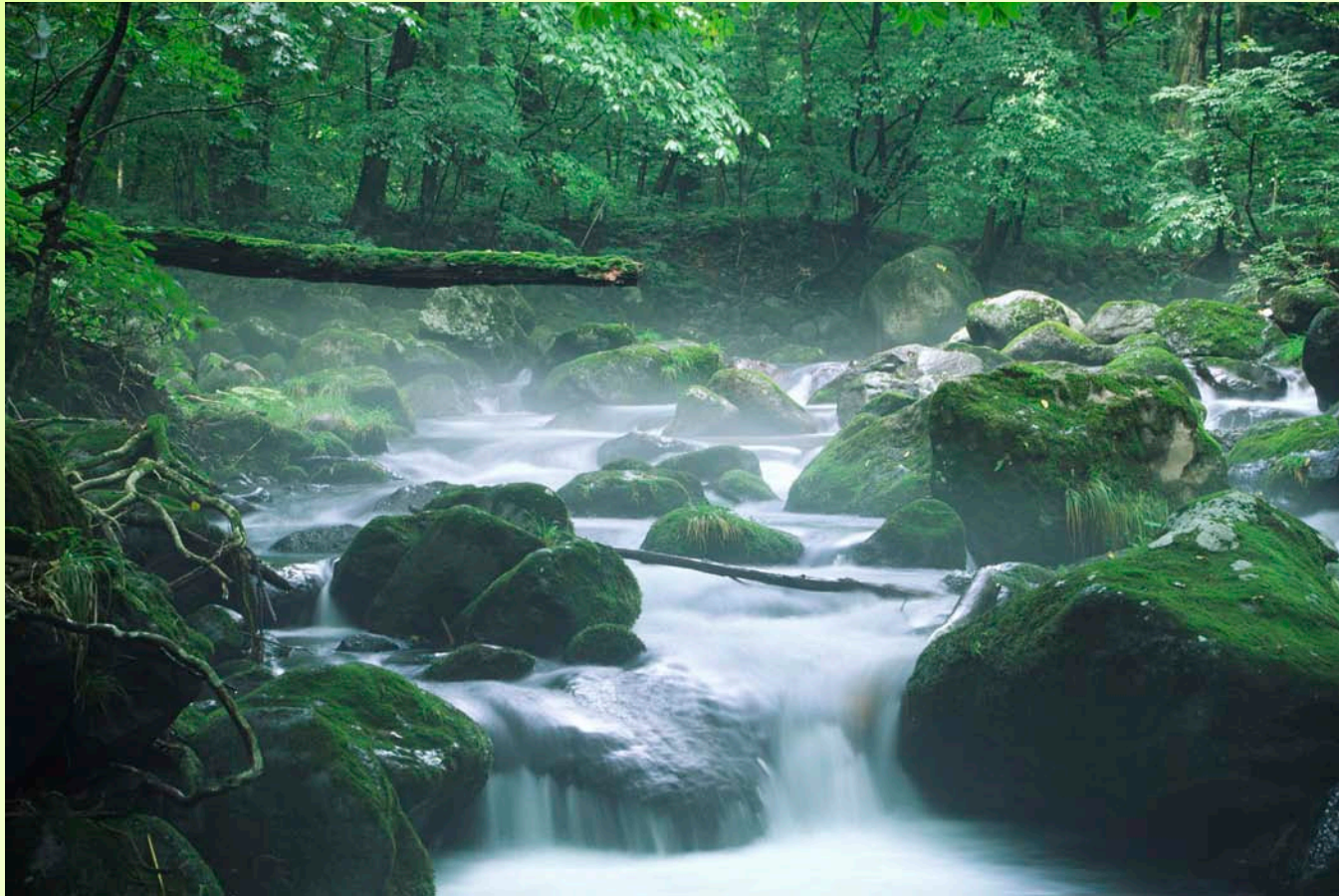
Response Scale: Not at All,
Somewhat, Moderately, Very

**SBHC CRAFFT
REFRESHER TRAINING
GREATEST HITS**

Stages of Change: The Vision



Stages of Change: The Reality



Motivational Interviewing...

- Is simple, but not easy
- Improves with practice, practice, practice
- Offers opportunities for positive feedback, encouragement, and hope
- Can be counter-intuitive for medical professionals used to being directive

Brief Interventions: Change Comes From Within



When people can voice their own reasons for change aloud...

They more likely to make the change.



Roll with the Resistance

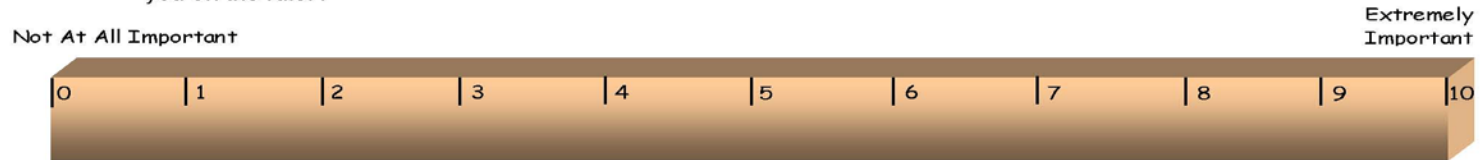
Brief Interventions

MI Tools: The Ruler

Topic: _____

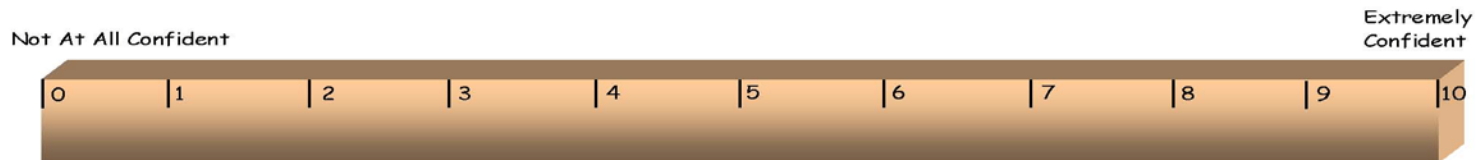
IMPORTANCE RULER

- ⇒ For a moment, forget about everyone else. How important is it to **you** to make a change around _____?
- ⇒ On a scale of 0-10, with "0" being "NOT AT ALL IMPORTANT" and "10" being "EXTREMELY IMPORTANT," where are you on the ruler?



CONFIDENCE RULER

- ⇒ If you decide that you **do** want to make a change around _____, how confident are you that you would be successful in achieving your goals?
- ⇒ On a scale of 0-10, with "0" being "NOT AT ALL CONFIDENT" and "10" being "EXTREMELY CONFIDENT," where are you on the ruler?



Brief Interventions

MI Tools: Decisional Matrix

Benefit of Use (status quo)	Costs of Use (status quo)
Benefits of Change	Costs of Change

Open-Ended Questions



John

John is 17 years old and has been driving a car for the past year. He hasn't had any accidents. However, he often drives home after drinking at a party. "What's the big deal? I can hold my beer. And anyway, my Dad's car has an airbag."

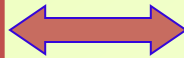
Adolescents are not Short Adults



Linkage Development



SBHC



Adolescent Substance Use Disorder Assessment and Treatment Programs

- Outpatient
- Stabilization
- Residential

TIP: SBHC staff are more likely to refer students to Tx professionals/ agencies they know

TIP: Tx programs really need adolescents to have sufficient numbers for group therapy

Estimate Distribution of Diagnostic Classification and Recommended Interventions for 12- to 18-year-old Primary Care Medical Patients (N=2133)

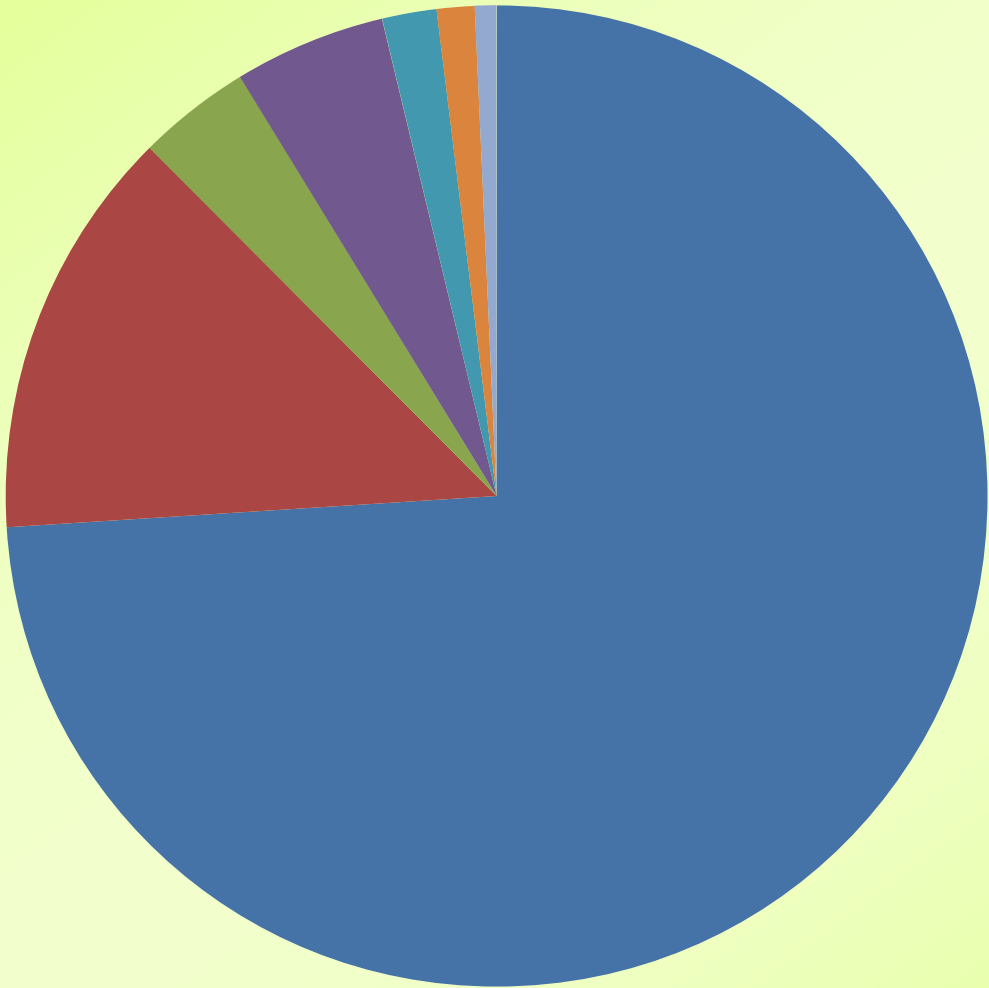


Abstinence	56.6%	Praise and encouragement
Non-Problematic Use	19.3%	Brief Advice (to Stop)
Problematic Use*	13.9%	Brief Advice/ Counseling
Abuse*	6.9%	Brief Office-based Counseling (MET)
Dependence*	3.3%	Referral to Treatment

*Problematic Use defined as two or more serious alcohol- or drug-related problems within the past year and no diagnosis of abuse or dependence; abuse and dependence defined by DSM-IV diagnostic criteria

Source: Knight et al., 2007

SBHC CRAFFT Outcomes



N=561

0	415	73.9750%
1	76	13.5472%
2	21	3.7433%
3	28	4.9911%
4	10	1.7825%
5	7	1.2478%
6	4	0.7130%

Beyond Brief Interventions: Referral to Resources

- Referrals are primarily within school
 - Social Worker
 - Mental Health Provider
 - Adjustment Counselor
- Behavioral Health SBHC staff may be familiar with BSAS-licensed providers, but
 - resources are rarely used
 - unsure of programs, intake process, fees

SBHC CRAFFT Outcomes

Congregate Scores

N=561

	#	%
C	96	17.1
R	58	10.3
A	38	6.7
F	40	7.1
F	35	6.2
T	34	6.0



SBHC CRAFFT Outcomes

Frequency of Brief Interventions and Referrals by CRAFFT Scores

	# Yes	% Yes	# No	% No
0	181	43.7	234	56.3
1	64	84.2	12	15.8
2	18	85.7	3	14.3
3	27	96.4	1	3.6
4	10	100.0	0	0.0
5	7	100.0	0	0.0
6	4	100.0	0	0.0

Brief Interventions

	# Yes	% Yes	# No	% No
0	4	0.9	411	99.1
1	10	13.2	66	86.8
2	8	38.1	13	61.9
3	12	42.9	16	57.0
4	7	70.0	3	30.0
5	5	71.4	2	28.6
6	3	75.0	1	25.0

Referrals

N=561

SBHC CRAFFT

Referral Outcomes

Referral Type	Count
BSAS Tx program	3
Medical Home Behavioral Health	15
Other (primarily school based)	34

Outcomes:

Pre- and Post-Test Results

- N=86
- There is a statistically significant increase (p value of <0.0001) from pre-test to post-test of **one knowledge level or skill level** for each question

SBHC Staff Trained, FY 11

- Nurse Practitioners: 43
- Behavioral/mental health: 7
- Nurse: 9
- Social workers: 5
- Medical Assistant: 3
- Case managers: 1
- Other medical personnel: 3
- Students/Interns: 4
- Admin: 4
- Family Planning: 1
- Continuous Quality Improvement: 1
- Other: 5



What Have You Learned from this Workshop?

❖ _____

❖ _____

❖ _____

❖ _____

Lessons Learned, 1

- Medical staff are often unaware of current adol. drugs of choice in their community
- Recent decriminalization of small amounts of marijuana has resulted in many adol. thinking that 'it is not a problem'
- Face to face introductions between SBHC staff and Tx providers benefits all parties

Lessons Learned, 2

- Some SBHC don't understand that adol. are significantly more susceptible to alcohol than adults of the same size
- MI role play provided staff with non-threatening means to engage adol. in 'change talk'
- MI is simple, but not easy!



“Giving your unborn child a drink is just as ridiculous.”



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The U.S. Surgeon General's Advisory says
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Share DAF: Zero Alcohol for Nine Months.
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Coming Soon...

- SBIRT for the Deaf/Hard of Hearing
- SBIRT for Batterer's Intervention Groups

Collaborators:

- Dept of Public Health
- Commission for the Deaf/Hard of Hearing
- Institute for Health and Recovery

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