SBIRT
Effective Screen and Assessment Tools for Adolescent SUD

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Objectives

1. Identify evidence-based screening, assessment strategies for adolescents with substance use disorders.
2. Identify language and stigma as a barrier for substance use disorder assessment and treatment.
3. Understand the pros and cons of body fluid testing as a tool for change.

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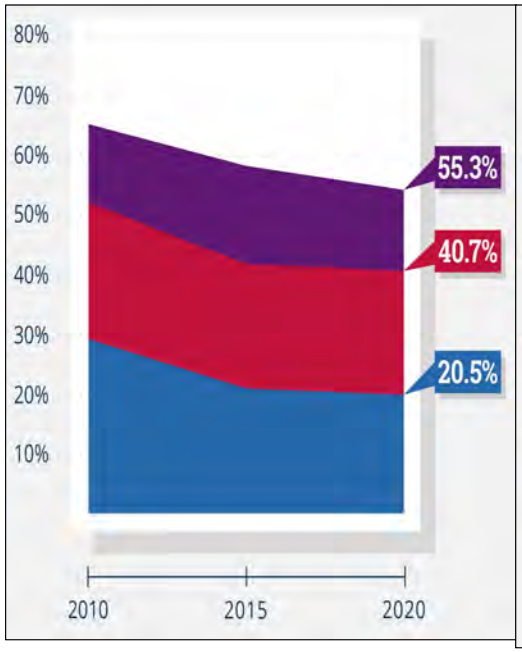
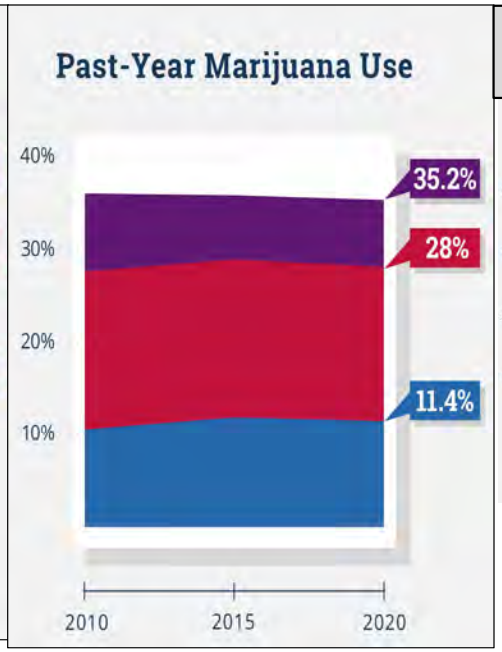
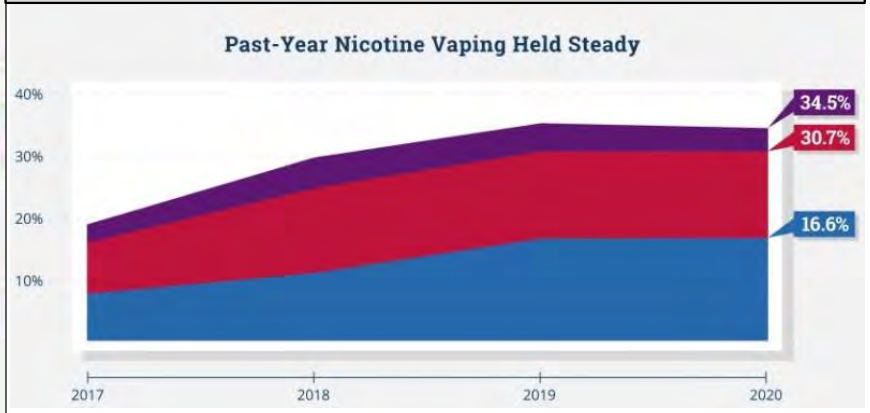
Trends and Impact of Substance Use





3 Nicotine Vaping



Alcohol, tobacco, and marijuana are the substances most widely used by youth in the United States

Source: Monitoring the Future, 2020; NIDA, 2020

Starts Early

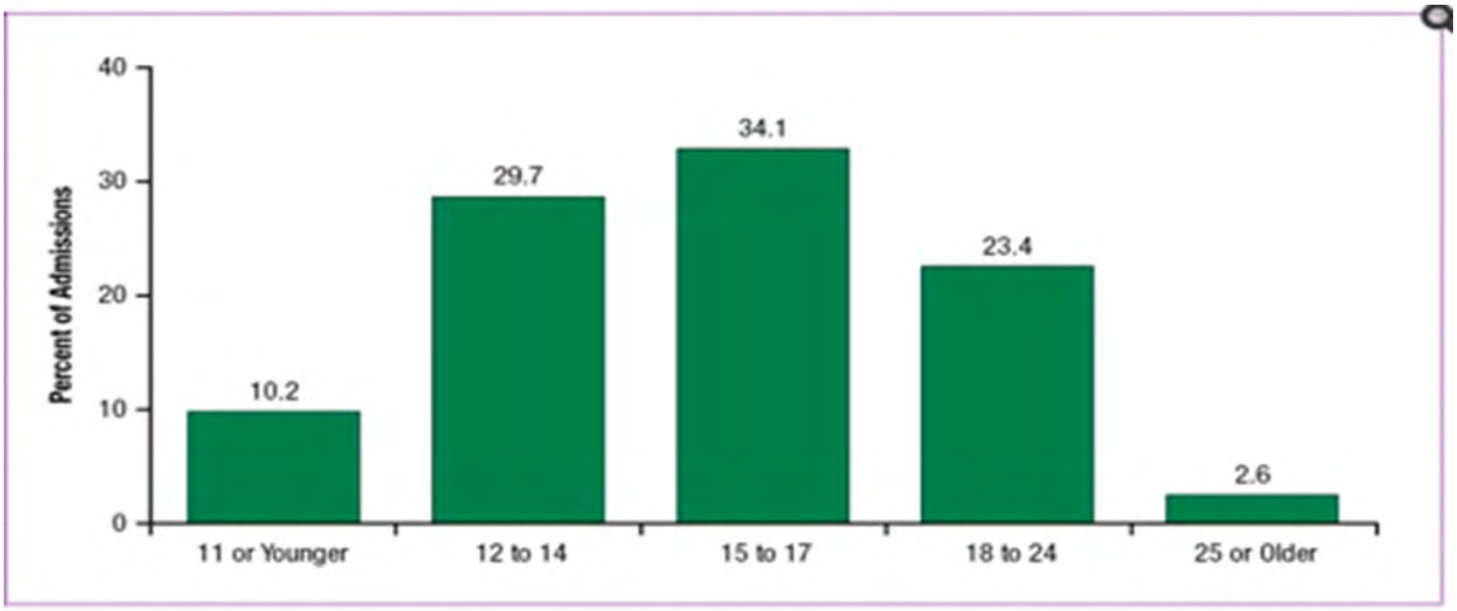
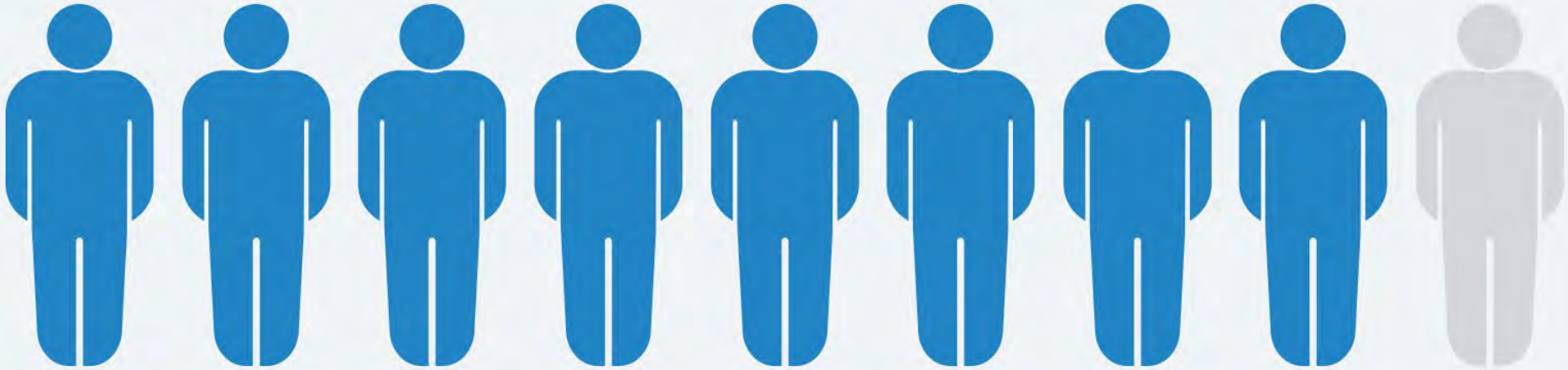


Figure 1

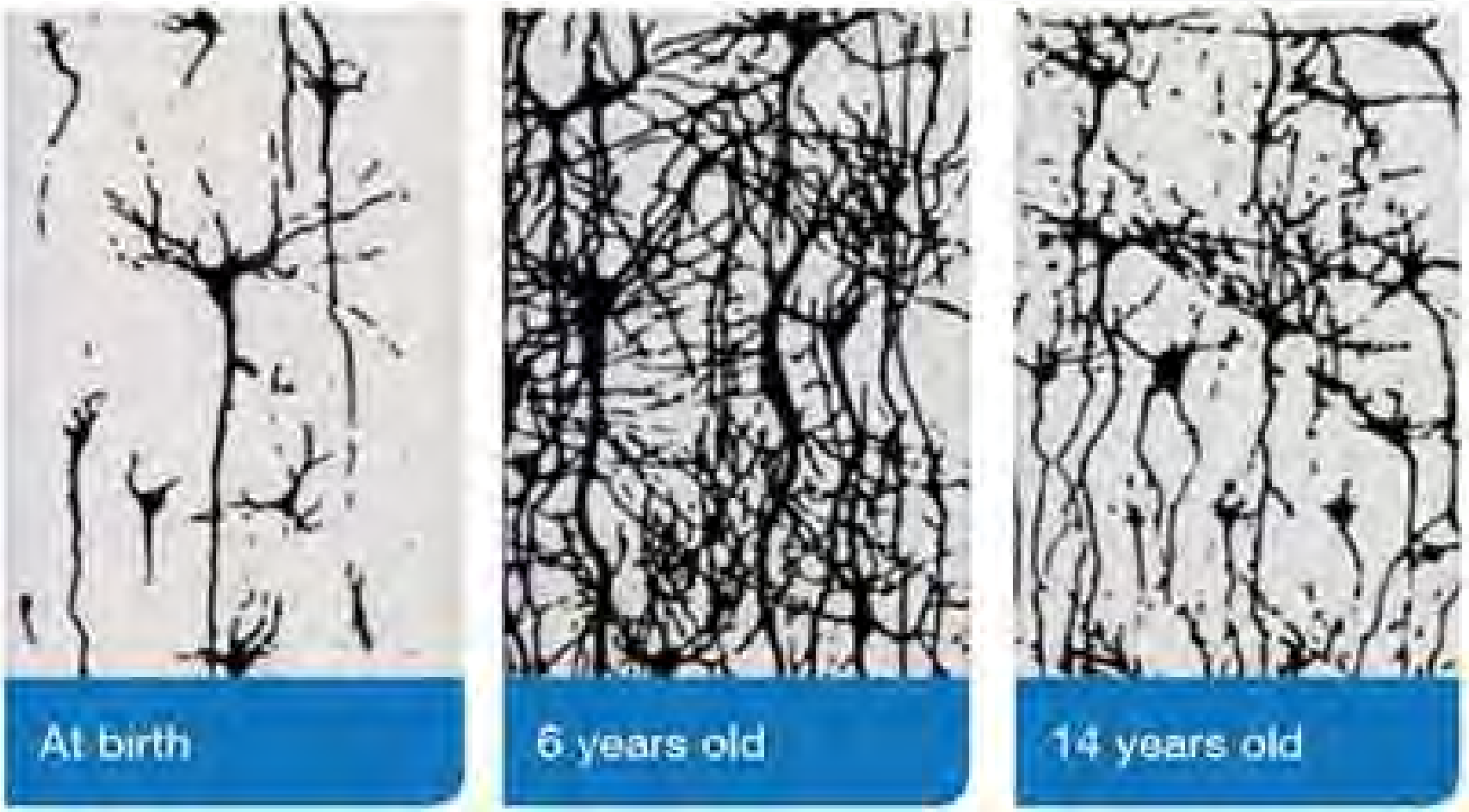
Age of Substance Use Initiation among Treatment Admissions Aged 18 to 30: 2011

Source: SAMHSA Treatment Episode Data Set (TEDS), 2011.



9 OUT OF 10

PEOPLE WITH SUBSTANCE PROBLEMS STARTED USING BY AGE 18



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Risks of Early Use

Injury is leading cause of death for children between the ages of 1-19 motor vehicle accidents # 1 injury followed by firearm injuries (homicide and suicide). Alcohol, in particular, increases risk of all of the above.

Increased health risks associated with early substance use: early initiation sexual behaviors, increased risk STD, pregnancy, hepatitis C, HIV, interpersonal violence.

E-cigarette use in youth 4-time greater risk of using traditional cigarettes - health risk combustible tobacco.

What is SBIRT

Screening – a screening tool that quickly assesses the severity of substance use

Brief Intervention – Engage a patient showing risky use behaviors in a short conversation, giving feedback and advice, meant to increase insight and awareness

Referral to Treatment – Provides a referral to therapy or additional treatment based on needs

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Screening for Substance Use

Goal: To define the adolescent's experience with substance use along a spectrum ranging from abstinence to severe use so that the information can be used to guide the next steps of the clinical approach.

Who and When

- Adolescents ages 11-21 years
- During annual health supervision visits, and other appropriate acute care visits

Where and How

- Can occur in any healthcare setting
- Ideal screening tool is validated, widely available, and helps identify use from use disorders

UNDERSTANDING HOW TO SCREEN FOR SUBSTANCE USE USING VALIDATED TOOLS

Screening - is a process for evaluating the possible presence of a particular problem. The outcome is normally a simple yes or no.

Assessment - is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

Screening and Assessment Tools

Brief Screens	Brief Assessment Guides
S2BI (Screening to Brief Intervention)	CRAFFT (Car, Relax, Alone, Friends/Family, Forget, Trouble)
BSTAD (Brief Screener for Tobacco, Alcohol, and Other Drugs)	GAIN (Global Appraisal of Individual Needs)
NIAAA Youth Alcohol Screen	AUDIT (Alcohol Use Disorders Identification Test)

Screening to Brief Intervention (S2BI) | SAMHSA

www.samhsa.gov

Screening to Brief Intervention (S2BI)

This screening tool consists of frequency of use questions to categorize substance use by adolescent patients into different risk categories. The accompanying resources assist clinicians in providing patient feedback and resources for follow-up.

Screening Tool Cutoffs and Scoring Thresholds:

Intended use: This screening tool is meant to be used under a medical provider's supervision and is not intended to guide self-assessment or take the place of a healthcare provider's clinical judgment.

This tool may be administered by either the patient or the clinician. Please indicate the mode of administration:

I AM THE PATIENT

I AM THE CLINICIAN

National Institutes of Health - Turning Discovery into Health

This screening tool consists of frequency of use questions to categorize substance use by adolescent patients into different risk categories. The accompanying resources assist clinicians in providing patient feedback and resources for follow-up.

Screening Tool Cutoffs and Scoring Thresholds:

S2BI asks a single frequency question for past year's use of the three substances most commonly used by adolescents: tobacco, alcohol, and marijuana. An affirmative response prompts questions about additional types of substances used. For each substance, responses can be categorized into levels of risk. Each risk level maps onto suggested clinical actions summarized on the results screen.

S2BI Response	Risk Category
Never	No Reported Use
Once or twice	Lower Risk
Monthly+	Higher Risk

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Screening to Brief Intervention (S2BI)

In the PAST YEAR, how many times have you used tobacco?

Never	Once Or Twice	Monthly	Weekly Or More

PREVIOUS

14% complete

National Institutes of Health - Turning Discovery into Health

Screening to Brief Intervention (S2BI)

In the PAST YEAR, how many times have you used alcohol?

Never	Once Or Twice	Monthly	Weekly Or More

PREVIOUS

29% complete

National Institutes of Health - Turning Discovery into Health

Screening to Brief Intervention (S2BI)

In the PAST YEAR, how many times have you used marijuana?

Never	Once Or Twice	Monthly	Weekly Or More

PREVIOUS

43% complete

National Institutes of Health - Turning Discovery into Health

Screening to Brief Intervention (S2BI)

In the PAST YEAR, how many times have you used prescription drugs that were not prescribed for you (such as pain medication or Adderall)?

Never	Once Or Twice	Monthly	Weekly Or More

Screening to Brief Intervention (S2BI)

In the PAST YEAR, how many times have you used illegal drugs (such as cocaine or Ecstasy)?

Never	Once Or Twice	Monthly	Weekly Or More

Screening to Brief Intervention (S2BI)

In the PAST YEAR, how many times have you used inhalants (such as nitrous oxide)?

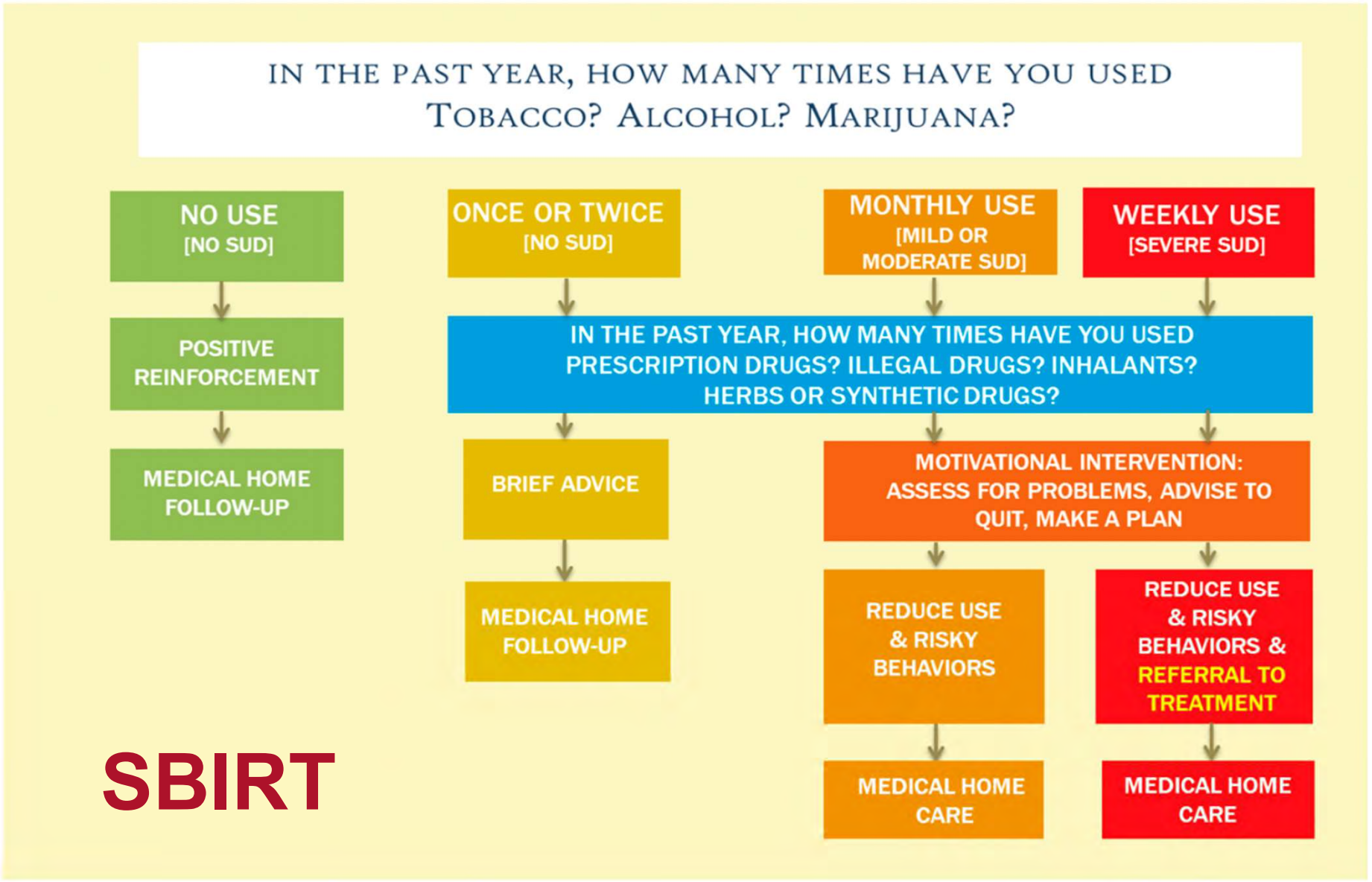
Never	Once Or Twice	Monthly	Weekly Or More

Screening to Brief Intervention (S2BI)

In the PAST YEAR, how many times have you used herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

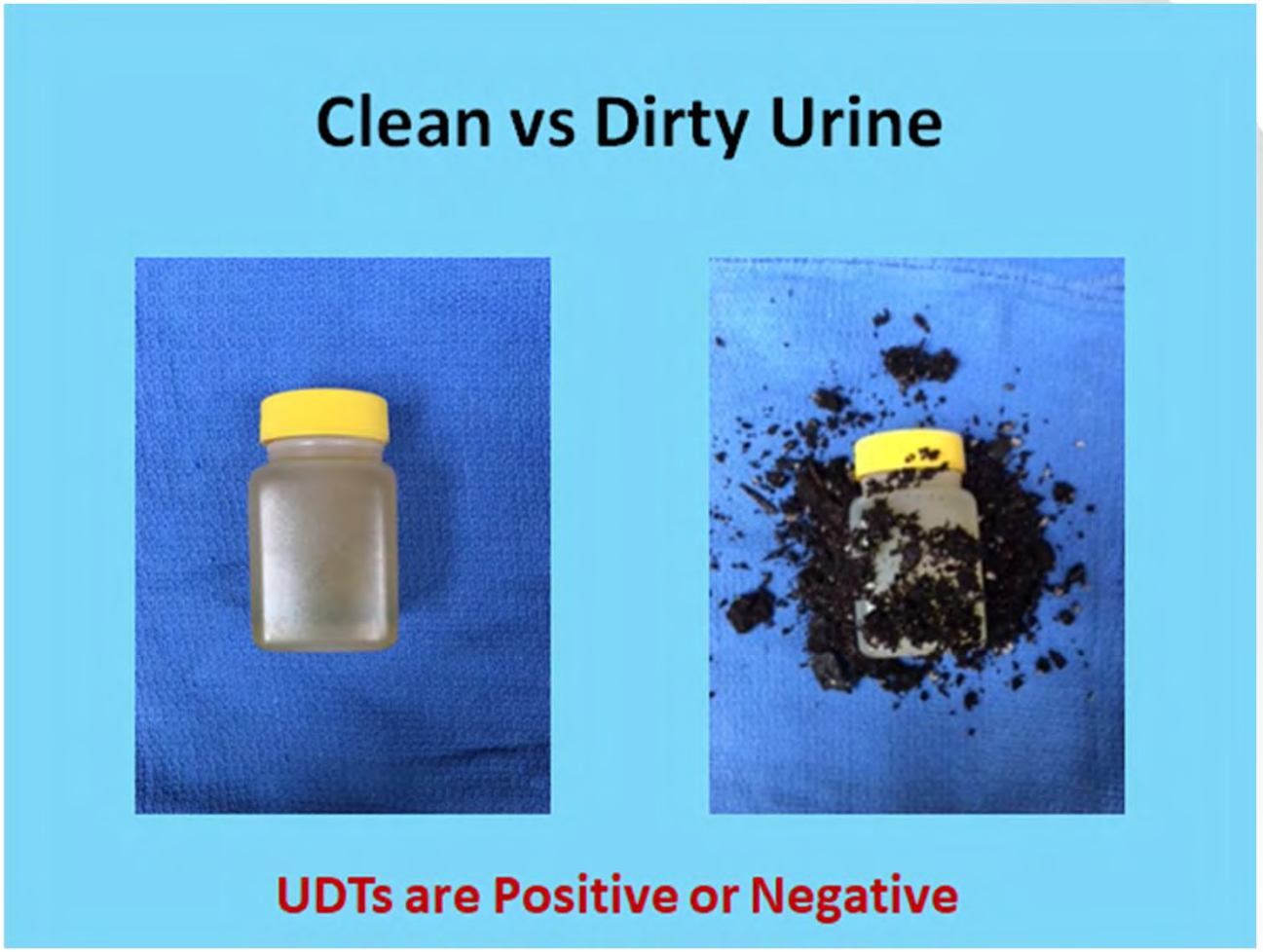
Never	Once Or Twice	Monthly	Weekly Or More

Kratom, Delta 8, CBD, OTC


IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED TOBACCO? ALCOHOL? MARIJUANA?
NO USE [NO SUD]
POSITIVE REINFORCEMENT
MEDICAL HOME FOLLOW-UP
ONCE OR TWICE [NO SUD]
MONTHLY USE [MILD OR MODERATE SUD]
WEEKLY USE [SEVERE SUD]
IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED PRESCRIPTION DRUGS? ILLEGAL DRUGS? INHALANTS? HERBS OR SYNTHETIC DRUGS?
BRIEF ADVICE
MEDICAL HOME FOLLOW-UP
MOTIVATIONAL INTERVENTION: ASSESS FOR PROBLEMS, ADVISE TO QUIT, MAKE A PLAN
REDUCE USE & RISKY BEHAVIORS
REDUCE USE & RISKY BEHAVIORS & REFERRAL TO TREATMENT
MEDICAL HOME CARE
MEDICAL HOME CARE

SBIRT

Body Fluid Testing



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Historically, drug testing in addiction treatment has been wielded as a **tool for control** and punishment.

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The 2013 White Paper introduced the concept of "smarter" drug testing.

Some elements of smarter drug testing

- Increased use of **random** drug testing
- Using **other matrices** in addition to urine
- Testing for **specific drugs** based on the individual and his/her community, instead of the same test panel for every patient
- Better **collection strategies** to avoid sample tampering
- Careful consideration of financial **cost balanced against value** and medical necessity

This consensus document is a step to help providers engage in smarter drug testing.

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Key principle: Providers should understand that **drug tests are designed to measure whether a particular substance has been used within a particular window of time.**

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Drug test results **cannot**...

- Prove that substance use has not occurred
- Identify every possible substance that may have been used
- Rule out an SUD
- Diagnose an SUD

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Adolescents

- Document addresses **general healthcare settings**
- Drug testing can be used for **early identification** of substance use
- Drug testing can be used to **monitor** adolescents in addiction treatment or recovery from an SUD
- Providers **should not encourage** the use of home drug testing
- Testing **without consent is not appropriate**, except in emergency situations (e.g., accidents, suicide attempts, seizures)

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Attach a meaningful therapeutic response to test results, both positive and negative, and deliver it to patients as quickly as possible.

Positive presumptive test results

- Speak with the patient
- Review all medications, herbal products, foods, and other potential causes of positive results
- Seek definitive testing if the patient denies substance use

Positive definitive test result

- Consider intensifying treatment or adding adjunctive treatments

Suspected inaccurate results

- Consider repeating the test, changing the test method, changing/adding to the test panel, adding specimen validity testing, or using a different matrix

Definitive Tests

- Whenever a provider wants to:
  - Detect **specific substances** not targeted by presumptive tests
  - **Quantify** levels of the substance present
  - **Refine the accuracy** of the results
- When the results inform clinical decisions with major clinical or non-clinical implications for the patient
- If a patient disputes the findings of a presumptive test
- Consider if presumptive test results are negative, but the patient exhibits signs of relapse

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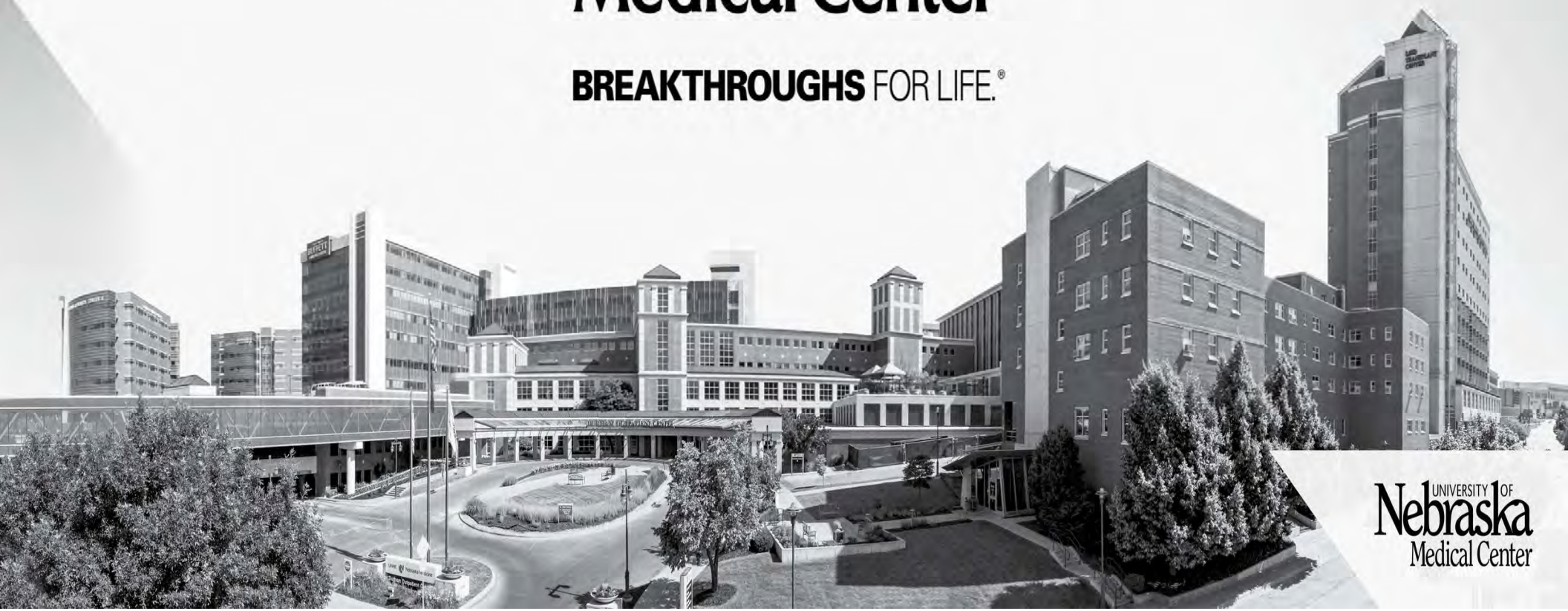

Therapy Modalities and ASAM

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Substance-Use vs. Substance-Induced Disorders

Substance-use disorders are patterns of symptoms resulting from the use of a substance that you continue to take, despite experiencing problems as a result.

Substance-induced disorders, including intoxication, withdrawal, and other substance/medication-induced mental disorders, are caused by the effects of substances.

Substance Use Disorder Criteria

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria:

1. Taking the substance in larger amounts or for longer than you meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home, or school because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

Severity of Substance Use Disorders

Clinicians to specify how severe or how much of a problem the substance use disorder is, depending on how many symptoms are identified:

Mild: Two or three symptoms indicate a mild substance use disorder.

Moderate: Four or five symptoms indicate a moderate substance use disorder.

Severe: Six or more symptoms indicate a severe substance use disorder.

ASAM

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's Criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

DIMENSION 1

Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

DIMENSION 2

Biomedical Conditions and Complications

Exploring an individual's health history and current physical health needs

DIMENSION 3

Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's mental health history and current cognitive and mental health needs

DIMENSION 4

Readiness to Change

Exploring an individual's readiness for and interest in changing

DIMENSION 5

Relapse, Continued Use or Continued Problem Potential

Exploring an individual's unique needs that influence their risk for relapse or continued use

DIMENSION 6

Recovering/Living Environment

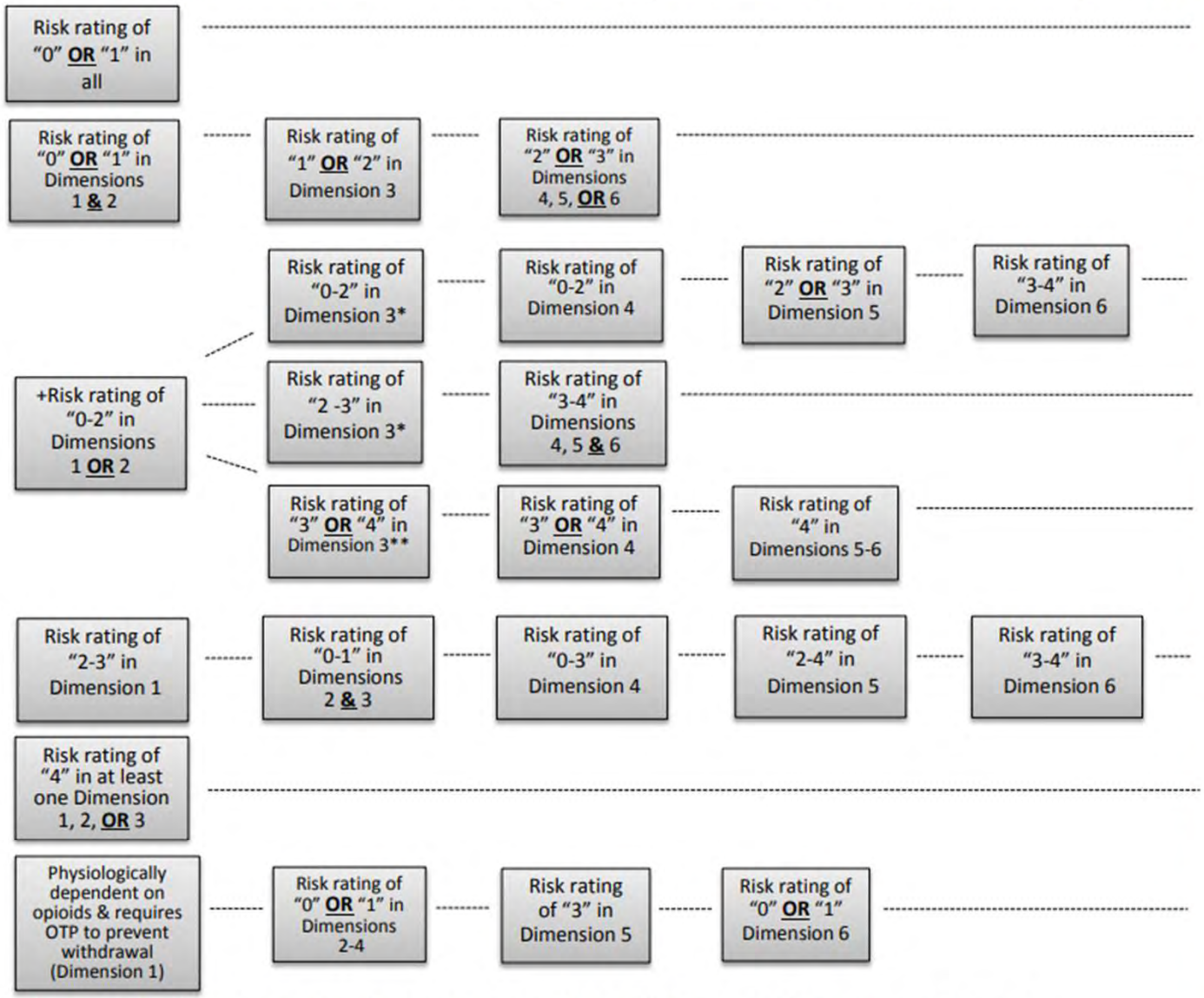
Exploring an individual's recovery or living situation, and the people and places that can support or hinder their recovery

ASAM Risk Rating Severity Matrix					
	None / 0	**Low / 1**	**Moderate / 2**	**High / 3**	**Severe / 4**
Dimension 1 Acute Intoxication and/or Withdrawal Potential	Fully functioning, no signs of intoxication or withdrawal present.	Mild to moderate ability to tolerate or cope with withdrawal	Difficulty tolerating or coping with withdrawal	Poor ability to tolerate or cope with withdrawal	Incapacitated with severe signs and symptoms
Dimension 2 Biomedical Conditions and Complications	Fully functioning and able to cope with any physical discomfort or pain	Mild to moderate ability to tolerate or cope with physical discomfort or pain	Difficulty tolerating or coping with physical discomfort or pain	Poor ability to tolerate or cope with physical discomfort or pain	Incapacitated with severe medical problems
Dimension 3 Emotional, Behavioral, or Cognitive Conditions and Complications	Good impulse control and coping skills	Adequate impulse control and coping skills	Difficulty managing symptoms, frequent symptoms and needs	Poor ability to control impulses, lack of coping skills to control harm to self and/or others	Severe psychiatric symptoms, high risk of harm to self and/or others
Dimension 4 Readiness to Change	Willing, engaged in treatment	Willing able to explore change	Reluctant to agree to treatment, low readiness to change	Unaware of need to change, not engaged in treatment	No immediate action needed if there's low motivation to change but no imminent risk of harm to self/others Immediate action needed if there is high risk of harm to self or others
Dimension 5 Relapse, Continued Use, or Continued Problem Potential	Low or no potential for relapse, good coping skills	Minimal relapse potential, fair ability to care for self	Impaired ability to recognize relapse signs, able to self manage with prompting	Little ability to recognize relapse signs, poor coping skills to avoid relapse	No immediate action needed if poor skills to avoid relapse but no risk of harm to self Immediate action needed if member has no skills to cope with addiction and there is risk of harm to self
Dimension 6 Recovery Environment	Supportive environment and/or able to cope in environment	Able to cope, even if support is not adequate	Nonsupportive environment, client can cope with clinical help	Nonsupportive environment, client having problems coping with with clinical help	No immediate action needed if member is in a nonsupportive or hostile environment but is able to cope Immediate action needed if member is in a nonsupportive, hostile environment and isn't safe

Levels of Care

ASAM Level of Care (LOC) Determination Guidelines (2 of 2)

Please note these are guidelines and not rules as clinical judgment should always be utilized when determining an ASAM LOC.



*For adults - if stable, a co-occurring capable program is appropriate. If not stable, a co-occurring enhanced program is required.

+ For adolescents, withdrawal (or risk of withdrawal) is being managed concurrently at another level of care.

**For adults, a co-occurring enhanced setting is required for those with severe and chronic mental illness.

‡ For adolescents, mild to moderate withdrawal or risk, but does not need pharmacological management or frequent medical or nursing monitoring.

***If the client's only severity is in Dimensions 4-6 without high severity in Dimension 1, 2, and/or 3, then the client is not appropriate for this level of care.

Revised May 2018

Example Chart for Adolescent Levels of Care

Level of Care	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
Level 0.5	No withdrawal risk	None, or stable	None, or very stable	Willing to explore how use affects personal goals	Needs understanding or skills to change current use or high-risk behavior	Environment includes people with high-risk behaviors
Level 1	No withdrawal risk	None, or stable	No risk of harm	Willing to engage in treatment, needs motivating and monitoring strategies	Able to maintain abstinence or control use with minimal support	Environment supportive with limited assistance
Level 2.1	Minimal withdrawal, or at risk of withdrawal	None, or stable, not distracting	Low risk of harm, safe between sessions	Needs close monitoring and support several times a week	High risk of relapse, needs close monitoring and support	Needs close monitoring and support
Level 2.5	Mild withdrawal, or at risk of withdrawal	None, or stable, not distracting	Low risk of harm, safe overnight	Requires near-daily structured program to promote progress	High risk of relapse, needs near-daily monitoring and support	Needs near-daily monitoring and support
Level 3.1	Withdrawal or risk of withdrawal managed at another level	None, or stable, receiving medical monitoring	Need stable living environment	Open to recovery, needs limited 24-hour supervision	Understands relapse potential, needs supervision	Needs alternative secure housing placement or support
Level 3.5	Mild to moderate withdrawal, or at risk, not requiring frequent management/monitoring	None, or stable, receiving medical monitoring	Medium-intensity 24-hour monitoring or treatment	Needs intensive motivating strategies in 24-hour structured program	Needs 24-hour structured program	Needs residential treatment to promote recovery
Level 3.7	Moderate to severe withdrawal, or at risk	Requires 24-hour medical monitoring	High-intensity 24-hour monitoring or treatment	Needs motivating strategies in 24-hour medically monitored program	Needs high-intensity 24-hour interventions	Needs residential treatment to promote recovery
Level 4	Severe withdrawal, or at risk, requiring intensive active medical management	Requires 24-hour medical and nursing care, requiring hospital resources	Severe risk of harm	Challenges here do not grant admission	Challenges here do not grant admission	Challenges here do not grant admission

Providers within the community and surrounding states

Outpatient Providers

- Eastern NE Community Partnership (ENCAP)(Out-Patient; IOP I&II; Evals)
- New Leaf Therapy
- Buoyant Family Services
- Capstone Behavioral Health
- Heartland Family Services (HFS)
- The Center for Counseling and Psychotherapy
- AM Counseling and Consulting
- Arbor Family Counseling

Residential Programs

In State

- NOVA
  - Omaha, NE
  - Phone: 402.455.8303
- Whitehall Addiction Treatment (Boys Only)
  - Lincoln NE
  - Phone: 402.471.6969
- Bryan LGH Independence Center
  - Lincoln, NE
  - Phone: 402.481.5268 OR 800.742.7845

Out of State

- Hazelden Center for Youth and Families
  - Plymouth, MN
  - Phone: 855.407.6936
- Keystone Treatment Center
  - Canton, SD
  - Phone Number: 844.544.7545
- Sandstone Care Teen Center at Cascade Canyon
  - Cascade, CO
  - Phones: 202.816.7435 OR 719.249.2465

Therapy Modalities

Common

- Acceptance and Commitment Therapy (ACT)
- Cognitive Behavioral Therapy (CBT)
- Trauma-Focused (TF-CBT)
- Solution-Focused Brief Therapy
- Motivational Interviewing (MI)
- Dialectical Behavior Therapy (DBT)
- Person-Centered Therapy
- Strength-Based Therapy

Acceptance and Commitment Therapy

• Acceptance and commitment therapy (ACT) is an action-oriented approach to psychotherapy that stems from traditional behavior therapy and cognitive behavioral therapy.

•Clients learn to stop avoiding, denying, and struggling with their inner emotions and, instead, accept that these deeper feelings are appropriate responses to certain situations that should not prevent them from moving forward in their lives. With this understanding, clients begin to accept their hardships and commit to making necessary changes in their behavior, regardless of what is going on in their lives and how they feel about it.

•flexibility encompasses emotional openness and the ability to adapt your thoughts and behaviors to better align with your values and goals.

How It Works

• The six core processes that promote psychological flexibility are:

1. Acceptance: Acceptance involves acknowledging and embracing the full range of your thoughts and emotions rather than trying to avoid, deny, or alter them.

2. Cognitive Defusion: Cognitive defusion involves distancing yourself from and changing the way you react to distressing thoughts and feelings, which will mitigate their harmful effects. Techniques for cognitive defusion include observing a thought without judgment, singing the thought, and labeling the automatic response that you have.

3. Being Present: Being present involves being mindful in the present moment and observing your thoughts and feelings without judging them or trying to change them; experiencing events clearly and directly can help promote behavior change.

4. Self as Context: Self as context is an idea that expands the notion of self and identity; it purports that people are more than their thoughts, feelings, and experiences.

5. Values: Values encompass choosing personal values in different domains and striving to live according to those principles. This stands in contrast to actions driven by the desire to avoid distress or adhere to other people's expectations, for example.

6. Committed Action: Committed action involves taking concrete steps to incorporate changes that will align with your values and lead to positive change. This may involve goal setting, exposure to difficult thoughts or experiences, and skill development.

Cognitive Behavioral Therapy

•Cognitive behavioral therapy (CBT) is a short-term form of psychotherapy based on the idea that the way someone thinks and feels affects the way they behaves.

•CBT aims to help clients resolve present-day challenges like depression or anxiety, relationship problems, anger issues, stress, or other common concerns that negatively affect mental health and quality of life.

•The goal of treatment is to help clients identify, challenge, and change maladaptive thought patterns in order to change their responses to difficult situations.

•CBT is appropriate for children, adolescents, and adults and for individuals, families, and couples.

•How It Works

•Integrates behavioral theories and cognitive theories to conclude that the way people perceive a situation determines their reaction more than the actual reality of the situation does.

• When a person is distressed or discouraged, his or her view of an experience may not be realistic. Changing the way clients think and see the world can change their responses to circumstances.

•Targets *cognitive distortions*, or irrational patterns of thought that can negatively affect behavior.

•Common cognitive distortions include all-or-nothing thinking (seeing everything in black-and-white terms and ignoring nuance), catastrophizing (always assuming the worst will happen), and personalization (believing that the individual is responsible for everything that happens around them, whether good or bad).

•Rooted in the present, so the therapist will initially ask clients to identify life situations, thoughts, and feelings that cause acute or chronic distress.

•Then explore whether or not these thoughts and feelings are productive or even valid.

•The goal of CBT is to get clients actively involved in their own treatment plan so that they understand that the way to improve their lives is to adjust their thinking and their approach to everyday situations.

Solution-Focused Brief Therapy

•Solution-Focused Brief Therapy (SFBT) is one of the world's most widely used therapeutic treatments (De Shazer, 2007, Hsu, 2011).

•SFBT concentrates on finding solutions in the present and exploring one's hope for the future in order to find a quick and pragmatic resolution of one's problems.

•This method takes the approach that you know what you need to do to improve your own life and, with the appropriate coaching and questioning, are capable of finding the best solutions.

•Stand alone as a therapeutic intervention, or it can be used along with other therapy styles and treatments. It is not geared toward a particular population, but aims to treat patients of all ages and a variety of issues, including child behavioral problems, family dysfunction, domestic or child abuse, addiction, and relationship problems. Though not a cure for psychiatric disorders such as depression or schizophrenia, SFBT may help improve quality of life for those who suffer from these conditions.

•How It Works

•One of the first questions a therapist asks is called the "miracle question": "If a miracle occurred while you were asleep tonight, what changes would you notice in your life tomorrow?" T

•One of the original beliefs was that the solution to a problem is found in the "exceptions," or those times when one is free of the problem or taking steps to manage the problem.

•All individuals are at least somewhat motivated to find solutions, SFBT begins with what the individual is currently doing to initiate behavioral and lifestyle changes.

•Uses interventions such as specific questioning techniques, 0-10 scales, empathic support, and compliments to help a person recognize the virtues and strengths that have previously gotten the patient through hard times and are likely to work in the future.

•Individuals learn to focus on what they can do, rather than what they can't do.

•Solution-Focused Brief Therapy suggests that no matter how good a solution might seem, if it does not work, it is not a solution.

Motivational Interviewing

•Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes.

•When It's Used

•This intervention helps people become motivated to change the behaviors that are preventing them from making healthier choices. It can also prepare individuals for further, more specific types of therapies.

•Research has shown that this intervention works well with individuals who start off unmotivated or unprepared for change. It is less useful for those who are already motivated to change.

•Motivational interviewing is also appropriate for people who are angry or hostile. They may not be ready to commit to change, but motivational interviewing can help them move through the emotional stages of change necessary to find their motivation.

•In a supportive manner, a motivational interviewer encourages clients to talk about their need for change and their own reasons for wanting to change.

•The role of the interviewer is mainly to evoke a conversation about change and commitment. The interviewer listens and reflects back the client's thoughts so that the client can hear their reasons and motivations expressed back to them.

•Motivational interviewing is generally short-term counseling that requires just one or two sessions, though it can also be included as an intervention along with other, longer-term therapies.

•Motivational Interviewing is guided by four key principles.

1. Express Empathy: Empathy is a key component of motivational interviewing. The therapist listens carefully to the patient and conveys that they understand the patient's feelings, beliefs, and experiences.

2. Support Self-Efficacy: Motivational interviewing posits that clients possess the strength and ability to grow and change—even if past attempts at change have failed. The therapist supports the patient's belief in themselves that they can change. The therapist may do this by calling attention to the patient's skills, strengths, or past successes.

3. Roll with Resistance: If the patient is struggling to change, they may resist potential solutions or the therapist's guidance. In motivational interviewing, the therapist avoids becoming defensive or argumentative if they encounter resistance. Instead, they help the patient identify the problem and solution themself. The therapist doesn't impose their viewpoint on the patient but helps the patient consider multiple viewpoints.

4. Develop Discrepancy: The therapist helps the patient identify discrepancies between their present circumstances and their future goals. What thoughts and behaviors do they need to change to achieve those goals? The therapist guides the patient in spotting this discrepancy and solutions to reduce it.

Dialectical Behavior Therapy (DBT)

•Dialectical behavior therapy (DBT) provides clients with new skills to manage painful emotions and decrease conflict in relationships.

•DBT is a cognitive-behavioral treatment developed treat people with extremely intense negative emotions that are difficult to manage. These intense and seemingly uncontrollable negative emotions are often experienced when the individual is interacting with others—friends, romantic partners, family members.

•DBT specifically focuses on providing therapeutic skills in four key areas.

- •*Mindfulness* focuses on improving an individual's ability to accept and be present in the current moment.
- •*Distress tolerance* is geared toward increasing a person's tolerance of negative emotion, rather than trying to escape from it.
- •*Emotion regulation* covers strategies to manage and change intense emotions that are causing problems in a person's life.
- •*Interpersonal effectiveness* consists of techniques that allow a person to communicate with others in a way that is assertive, maintains self-respect, and strengthens relationships.

•How It Works

- •DBT skills are thought to have the capability of helping those who wish to improve their ability to regulate emotions, tolerate distress and negative emotion, be mindful and present in the given moment, and communicate and interact effectively with others.
- •treatment typically consists of individual therapy sessions and DBT skills groups. Individual therapy sessions consist of one-on-one contact with a trained therapist
- •influenced by the philosophical perspective of dialectics: balancing opposites. The therapist consistently works with the individual to find ways to hold two seemingly opposite perspectives at once, promoting balance and avoiding black and white—the all-or-nothing styles of thinking. In service of this balance
  - •promotes a *both-and* rather than an *either-or* outlook; the heart of DBT is acceptance and change.

Person-Centered Therapy

•Person-centered therapy, also known as Rogerian therapy or client-based therapy, employs a non-authoritative approach that allows clients to take more of a lead in sessions such that, in the process, they discover their own solutions.

therapist's traditional role as an expert and leader, and toward a process that allowed clients to use their own understanding of their experiences as a platform for healing.t

•The success of person-centered therapy generally relies on three conditions:

1. Unconditional positive regard, which means therapists must be empathetic and non-judgmental as they accept the client's words and convey feelings of understanding, trust, and confidence that encourage clients to feel valued and to make their own (better) decisions and choices.
2. Empathetic understanding, which means therapists completely understand and accept their clients' thoughts and feelings, in a way that can help reshape an individual's sense of their experiences.
3. Congruence, or genuineness, which means therapists carry no air of authority or superiority but instead present a true and accessible self that clients can see is honest and transparent.

•How It Works

•Person-centered therapists work with individuals or groups, and both adults and adolescents; the therapy can be long-term or short-term, can alone or in combination with other types of therapy, can help those dealing

•Benefit people who seek to gain more self-confidence, a stronger sense of identity or authenticity, greater success in establishing interpersonal relationships, and more trust in their own decisions.

•Clients experience themselves as better understood in their sessions, which often leads them to feel better understood in other areas of their lives as well.

•Professional should have the ability to remain calm in sessions, even if a client expresses negative thoughts about the therapist. A trained therapist should allow a client to verbalize that they are frustrated or disappointed by them and help the individual discover what insights can be gained by exploring those feelings.

Strength-Based Therapy

•Strength-based therapy is a type of positive psychotherapy and counseling that focuses on your internal strengths and resourcefulness, rather than on your weaknesses, failures, and shortcomings.

•Strength-based therapy stands apart from other treatments in its use of client involvement. While practitioners should have a robust background in traditional theoretical models of treatment, practitioners of strength-based therapy believe that treatment should be individualized, with solutions coming from clients themselves, guided by a therapist's expertise.

•A strength-based clinician may or may not diagnose you with a psychiatric condition, but one of the core goals of the treatment is to allow you to view these conditions as just one part of your identity, rather than a defining characteristic.

•How It Works

The goal is for you to recognize that you may already have the skills and strength to cope with tough situations, if you are able to use them effectively.

•A strength-based clinician may or may not diagnose you with a psychiatric condition, but one of the core goals of the treatment is to allow you to view these conditions as just one part of your identity, rather than a defining characteristic.

Strength-based therapy is widely used and can fit into many other treatment modalities.

•The first step in strength-based therapy is the task of gathering information about who you are.

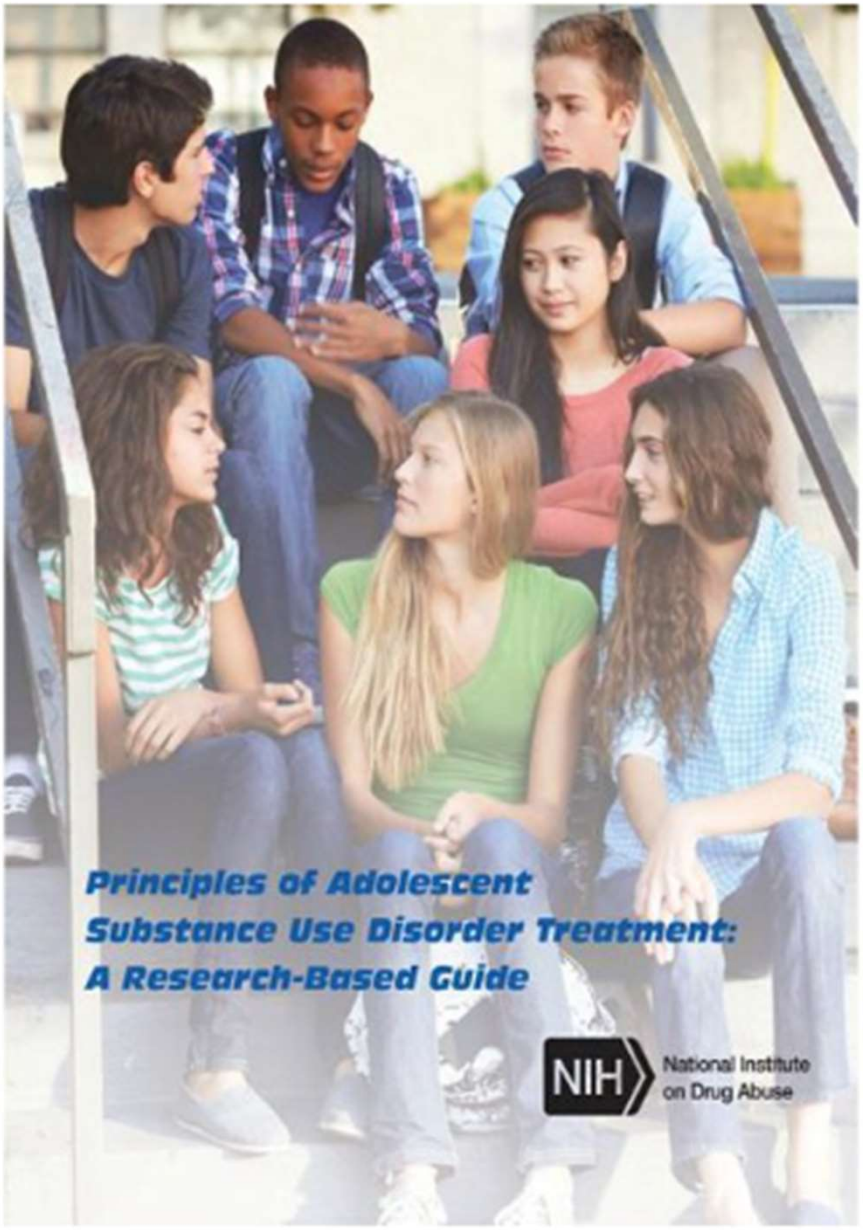
•Questions about what you hope to achieve in the future, and what progress would look like for you.

•Treats you as an expert on yourself, and so is client-specific, with treatment plans emerging from the individual moreso than from the therapist or from theoretical frameworks that teach how to treat particular problems.

•The effectiveness of strength-based therapy differs from other treatments in that it views an improved quality of life and well-being to be of paramount importance as much as it does the remission of particular psychiatric diagnoses.

•Many proponents of strength-based therapy do not benefit from a deep analysis of their troubles, and respond better to the bond they build with a therapist by discussing how past positive experiences and personal strengths can be guideposts for a treatment plan

Medications for Addiction Treatment



"No more a child,
not yet an Adult"

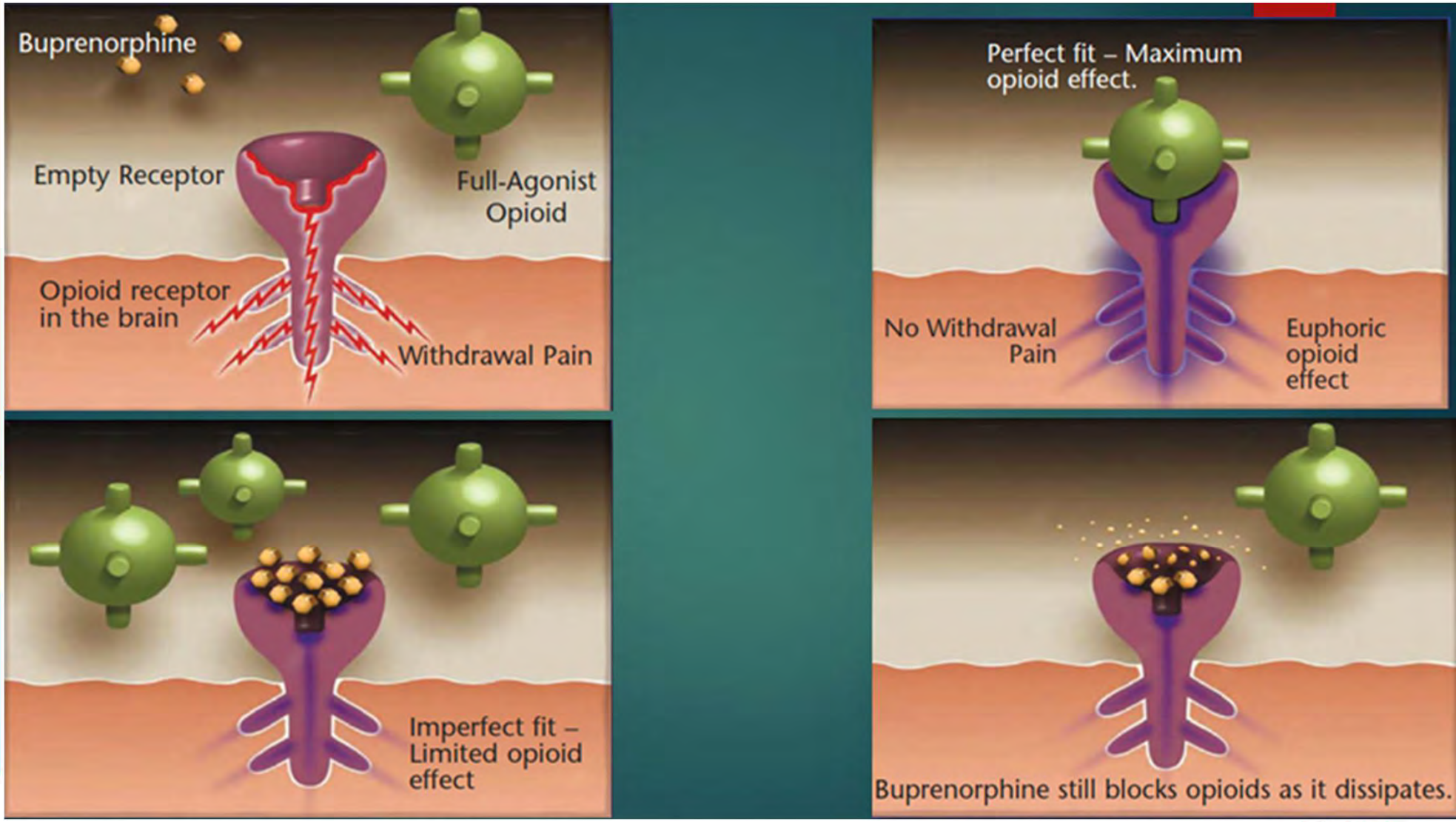
FDA Approved Medications

Buprenorphine-naloxone for OUD

Nicotine Replacement for Nicotine

- Approved for youth 16 years of age and older
- Strong evidence for use of bupe-naloxone
- Moderate evidence for use of Nicotine Replacement

Buprenorphine-Naloxone



Drug (Opioid) Withdrawal

- Range of symptoms/Varying lengths of time:
  - Gastrointestinal distress (Vomiting and diarrhea)
  - Thermoregulation disturbances (Hot/cold flashes)
  - Insomnia
  - Muscle and joint pain
  - Marked anxiety and dysphoria
  - Yawning/Sneezing
  - Intense Craving

- Causes marked discomfort;
- ***SUFFERING***-
  - Prompting continuation of opioid use

Exhibit 4. Possible Symptoms of Protracted Withdrawal

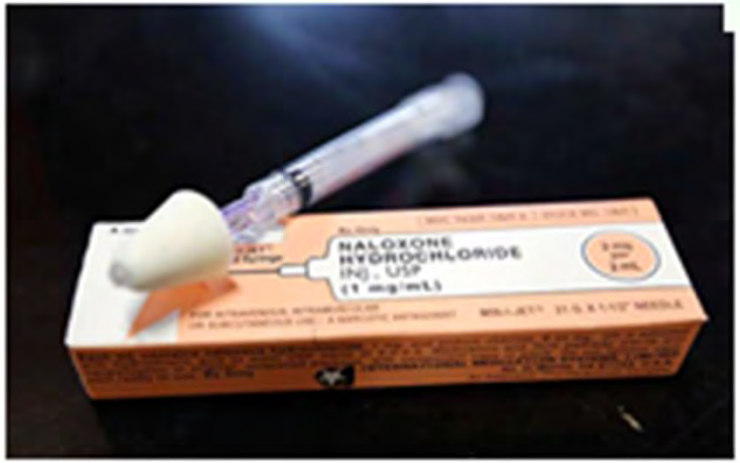
- Anxiety
- Sleep difficulties
- Problems with short-term memory
- Persistent fatigue
- Difficulty concentrating and making decisions
- Alcohol or drug cravings
- Impaired executive control
- Anhedonia
- Difficulty focusing on tasks
- Dysphoria or depression
- Irritability
- Unexplained physical complaints
- Reduced interest in sex

Opioid Overdose

Opioid overdose triad

- Comatose/obtunded
- Respiratory depression
- Miosis

Naloxone Reverses overdose.



NEBRASKA
DEPT. OF HEALTH AND HUMAN SERVICES

menu

Drug Overdose Prevention-Naloxone

The Nebraska Department of Health and Human Services is focusing on prevention efforts to reduce drug overdoses including increasing awareness about Naloxone - what it is, how to access it, and how to administer the drug. For educational videos and continuing education assessments regarding Naloxone please refer to the Clinician Continuing Education page.

Naloxone Resources

- No-cost Naloxone through Behavioral Health and Nebraska Pharmacists Partnership
- Naloxone and training how to use it, can be found by contacting your local Behavioral Health Region
- Naloxone Standing Order

https://dhhs.ne.gov/Pages/Drug-Overdose-Prevention-Naloxone.aspx

Serotonin	→	Mood Elevation, (▼appetite)
GABA	→	Anxiety Relief
Acetylcholine	→	Arousal and Cognition
β-Endorphins	→	Reduction of Tension
Glutamate	→	Learning and Memory
Norepinephrine	→	Arousal, (▼ appetite)
Dopamine	→	Pleasure, (▼ appetite)

Benowitz, *N Engl J Med*, 2010.

Types of E-Cigarettes

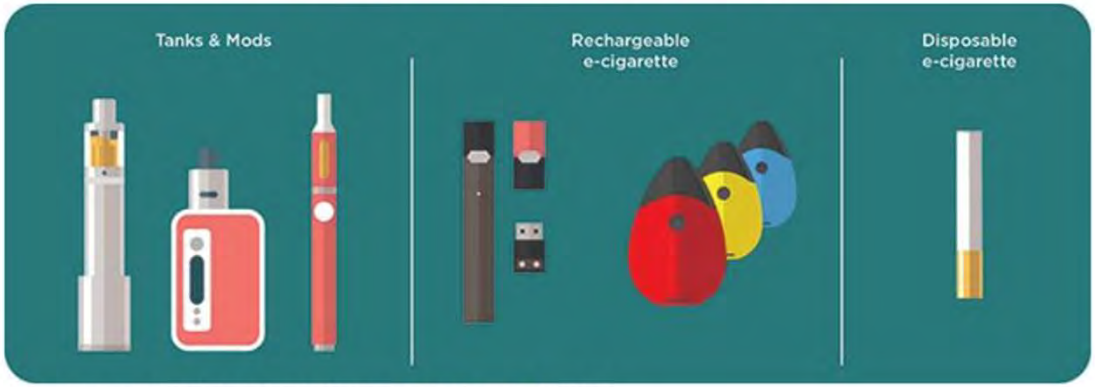


Image source: Centers for Disease Control and Prevention, What are E-cigarettes?, March 2019

Nicotine Withdrawal: "The Ugly"

Irritability

Anger

Anxiety

Frustration

Depression

Increased Appetite

Difficulty Concentrating

Tremors

Insomnia

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Nicotine Replacement Therapy (NRT)

- NRT addresses nicotine withdrawal symptoms by providing the user with a controlled amount of nicotine, thus helping reduce the urge to smoke or vape[5]
- NRT is safe and effective in helping adult tobacco users quit, and works best when paired with behavioral counseling interventions[5-6]
- NRT comes in several forms, including the nicotine patch, gum, lozenge, inhaler, and nasal spray
- NRT is safer than cigarettes, e-cigarettes, and other tobacco products because it delivers nicotine to the user without exposing them to the toxic chemicals and carcinogens in tobacco and e-cigarette products

Image Source: J Gorzkowski (personal photo). Used with permission.

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Questions

References

- Psychology today
- Family-Focused Interventions to Prevent Substance Use Disorders in Adolescence: Proceedings of a Workshop | The National Academies Press

asam_severity_ratings - cibhs.pdf (acbhcs.org)

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