Adolescents and SBIRT: Enhancing Routine Teen and Tween Patient Care
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Background: Screening, Brief Intervention and Referral to Treatment (SBIRT) to identify, then intervene with at risk alcohol and drug use is the established standard of care in adult medicine. SBIRT can also be used with adolescents, though clinicians need different tools and techniques to work effectively with this age group.

Learning Objectives: To demonstrate practical, efficient and effective SBIRT tools and techniques for use with adolescents via sample case vignettes. Case presentations will highlight use of specific opening questions and the CRAFFT screening tool to determine adolescent substance use risk, then the variety of brief interventions (praise and encouragement, brief advice, motivational enhancement techniques) that have demonstrated efficacy with this age group. Case-linked reimbursement coding for billing will be suggested.

Case Presentation: We will present three case vignettes to demonstrate various levels of substance use risk (low risk patient not using substances, medium risk patient with a CRAFFT score = 0 or 1, and high risk patient with CRAFFT of ≥ 2) and highlight the corresponding recommended clinical responses.

Discussion: Drug, alcohol and tobacco use and disorders typically begin during adolescence. Substance use is highly prevalent among United States middle and high school students, posing pervasive morbidity and mortality risks even to those without a substance use disorder. Annual health maintenance visits provide the opportunity for adolescent substance use screening, but clinicians cite lack of knowledge and skills as well as time constraints among the barriers to adopting SBIRT in the practice setting. This case presentation will provide clinicians tools to overcome these barriers. Universal application of SBIRT at all health maintenance and other routine adolescent healthcare visits could save many lives and prevent patients from developing chronic alcohol and drug use disorders without a major time and cost burden to the health care system.