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Evaluating Adolescents for Substance Use Disorders



Indiana University

I HAVE NO CONFLICTS TO DISCLOSE.



Objectives

- **Provide brief overview of our eval. process at Riley Dual Dx. Clinic**
- **Discuss DSM-5 criteria/how we use a tool called the KSADS to diagnose SUDs and co-occurring disorders**
- **Share free, quick, standardized, evidence-based screeners.**



Most adolescents tend to be secretive re: extent of their substance use.



- **Important to establish some rapport before asking about substance use.**
- **Motivational Interviewing techniques of reflection, open ended questions and affirmations are helpful in communicating respect/validation/opportunity for adolescent to feel heard.**



Recent Events and Current Concerns---approx. 10 minutes--patient and parents together (avoid getting waylaid by drama)

- **I ask “Are you here voluntarily or were you forced to come here?” (gets resistance out in the open)**
- **If patient indicates they felt “forced”, I drill down---**
 - **patient who got new iPhone battery for coming**
 - **patient who thought they were going to pediatrician until they were in the car**
 - **Probation requirement**
 - **school requirement**
 - **if parents insisted and patient says there is no problem, ask what they think their parent’s concerns are.**



- If patient says they have come in voluntarily, ask (in detail) what their concerns are. (SPICE)
- First opportunity to hear “Change Talk”!
---reflections and affirmations
- Have parent/caregiver describe their concerns.
- Keep interview moving.
- We avoid tallying symptoms at this point (rely on KSADS)
- Take history/background info. with parents and patient together.
- I ask patients some innocuous questions about parent history to keep them engaged: parents’ age/education/occupation.



K-SADS PL 2013: “Schedule for Affective Disorders and Schizophrenia for School-Aged Children (6-18 years old)”

- ☐ **Considered “gold standard” in clinical research**
 - ☐ **95% inter-rater reliability**
 - ☐ **Provides prompts to illustrate nature of questions**
 - ☐ **KSADS must be studied to use it effectively.**
 - ☐ **Today I’ll focus only on SUD section but KSADS is great tool for diagnosing co-occurring psychiatric disorders as well.**



KSADS Substance Use Disorders Section

- ✓ **Adolescent needs to be interviewed individually.**
- ✓ **Explain confidentiality in detail.**
- ✓ **Give patient “permission” to decline to answer any question—signal.**
- ✓ **Express preference for patient to be truthful and decline to answer, rather than giving answers that aren’t true.**



- **Start w/ substance related screening questions and the substance related disorders supplement.**
- **Then remainder of KSADS screening questions and other supplements as indicated.**
- **Interviewer should know KSADS well so that questions can be asked fairly rapidly and a rhythm of questioning can be established.**
- **Substance Abuse section is thorough!**





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After SUD questions, we move to KSADS SCREEN INTERVIEW

Responses to screening questions determine which portions of which supplements will be focused on:

Depressive and Bipolar Related Disorders

Schizophrenic and Psychotic Disorders

Anxiety, OCD and Trauma Related Disorders

Neurodevelopmental, Disruptive, and Conduct Disorders

Eating Disorders and Substance-Related Disorders

At the end of each KSADS disorder section is a DSM-5 symptoms checklist—very helpful.



We take patient to another room and see parents/caregivers:

- **Parents need opportunity to speak, without their adolescent present. (Many of our patients hold much power in the family and parents are sometimes hesitant to speak in front of them, for fear of repercussions.)**
- **Repeat KSADS with parents**



Following the parent interview→we staff with Chief of Dual Dx. Clinic

Diagnosis and therapy recommendations are discussed during the staffing. The physicians formulate medication recommendations (if any).

We then all meet with parent/caregiver and patient. If we are recommending Encompass, the program is described. Recommendations are presented.



Diagnosing Substance Use Disorders



13 KSADS substance use questions generally correlate w/ 11 DSM-5 Criteria

Exceptions:

- negative legal consequences question—this was included in the DSM-IV criteria but is not a DSM-5 criteria
- separate questions about negative physical consequences and negative psychological consequences---DSM-5 combines these into 1 criteria
- link to access the KSADS Substance Use Disorders screener and supplement is included on the last slide.



1. Uses more than planned (3 X or more) *“Did you ever say “I’ll just have one drink and half a 5th of vodka later...” or “I’ll just have a couple of hits and 2 blunts later...”*
2. Failure to fulfill major role responsibilities (3x or more)
“Ever go to school high?” “Did you ever go to work high?” “Did you ever get high instead of doing your homework?”, etc.
3. Use in physically hazardous situations. (3X or more) *“Did you ever ride in a car with someone who was [smoking weed/drinking/etc.]?” “Ever drive while you were smoking weed/drinking, etc.? “ “Ever do anything else dangerous while under the influence (swimming while drunk, running across highway).”*



4. Negative Consequences—Legal *(2X or more)*

5. Use despite social problems *(3X or more)* “Ever argue with your [parents/grandma, etc.] about [weed/alcohol/heroin, etc.]?” “Have you lost any relationships b/c of your use?” “Have you ever gotten in a fight with someone you care about, other when you were [drunk/high]?” “Have any of your friends expressed concern about your use?”

6. Tolerance *(Needs to use at least 1 ½ times more of the drug to achieve intoxication or desired effect.)* “Can you [drink more/smoke more/snort more] _____ than you could the first few times you used?” “How much more?”

7. Withdrawal If I say “Have you ever had withdrawal symptoms?” patients will often say “No.” If I say “Times when you quit _____, did you have problems with [depending on the substance: sleeping, anxiety, irritability, depression, stomach problems, hallucinations, paranoia]?” they often endorse symptoms.



8. Tried to quit or reduce use *(1 or more unsuccessful attempts to cut down or control use)* “Have you ever tried to cut down on your _____ to save money?” “Have you ever quit _____? For how long? What happened?” (One patient: *I tolerance break...b/c friends said I was addicted...I wanted to show them, so I decided to quit....I lasted for about 2 weeks*”.)

9. A lot of time spent in associated activities *(Time spent obtaining/using/recovering from drug has moderate to severe impact on functional activities. Some mid-week use.)* “How much of your time do you spend looking for _____, using _____, recovering from _____?”

10. Important occupational, social or recreational activities given up or reduced due to abuse *(Important activities missed on 3 or more occasions.)* “Have you ever missed school/called in to work b/c you [wanted to get high/were hungover, etc.] “Did you ever skip practice b/c you wanted to go get high?” “When did you drop out of [softball/football/youth group]?”



11. Negative consequences--physical—(3X or more)

“Have you ever had a blackout? How many times?” “Have you puked after drinking?” “Do those pain pills cause stomach problems/constipation?”

If hx. of overdose, ask “How many times have you overdosed?”

12. Negative consequences—psychological (3X or more)

“Did you ever have a bad high/get paranoid?” “Does your mood change dramatically when you are using (or after you use)?” (Example= fighting when drunk, etc.) “Do you get very [mad/sad/paranoid/have thoughts of suicide/suicide attempts]?”

13. Craving (Frequent and persistent cravings to use.) Sometimes the word “craving” seems off-putting to patients.



- **Mild substance use disorder---2 to 3 symptoms**
- **Moderate substance use disorder---4 to 5 symptoms**
- **Severe substance use disorder: 6 or more symptoms**
 - **Early Remission = no criteria met for at least 3 months but less than 12 months.**
 - **Sustained Remission= no criteria for 12 months or more**
 - **In a controlled environment**



In Adolescents with SA Disorders, Most Common Co-Occurring Disorders

- **ADHD**
- **ODD**
- **Conduct D/O**



Co-Occurring Disorders

- **Major Depression**
 - **PTSD**
 - **Other Anxiety Disorders**
 - **Bipolar Disorder**
 - **DMDD**
 - **OCD**
 - **Psychosis** (we treat pending PARC referral)
 - **Eating Disorders** (we treat/refer to Charis)
- (Common for our patients to have 5, 6 or 7 diagnoses.)**



SCREENING TOOLS



The ASAM Criteria (American Society of Addiction Medicine)

- the ASAM Criteria is one approach to assessment, used increasingly in our state to determine the most appropriate level of care for dual diagnosis patients. ASAM criteria is not validated for adolescents. It is most relevant for inpatient and residential providers (because required by Indiana's Medicaid waiver).
- https://asamcontinuum.org/wp-content/uploads/2017/05/The-ASAM-Criteria_2017_pg1n2_PRINT_FINAL_v9_small.pdf
- ASAM Criteria costs \$85.



free

Evidence-based Screening Tools:

1. CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)

the key words of the 6 items in the second section of screener

1. BSTAD (Brief Screener of Alcohol, Tobacco and other Drugs)

2. S2BI (Screening to Brief Intervention)



The CRAFFT Screening Interview

Begin: “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

Part A

During the PAST 12 MONTHS, did you:

No Yes

1. Drink any alcohol (more than a few sips)?
(Do not count sips of alcohol taken during family or religious events.)

☐☐

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”)

For clinic use only: Did the patient answer “yes” to any questions in Part A?

No ☐



Ask CAR question only, then stop

Yes ☐



Ask all 6 CRAFFT questions



Part B

No Yes

1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

☐☐

2. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

☐☐

3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

☐☐

4. Do you ever **FORGET** things you did while using alcohol or drugs?

☐☐

5. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

☐☐

6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

☐☐

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Adolescent Substance Use Screening Tools

Two screening tools are available for use with adolescent patients (ages 12-17) in primary care settings: Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD) and Screening to Brief Intervention (S2BI).

[Start BSTAD >](#)[Start S2BI >](#)

Each screening tool

- May be either self-administered directly by the patient or administered by a health professional.
- Asks one question per substance (e.g., tobacco, alcohol, or marijuana).
- Provides information on the patient's risk level of substance use based on the responses.



BSTAD

(Brief Screener for Alcohol, Tobacco and Other Drugs)

FRIENDS' USE	
Do you have friends who smoked cigarettes or used other tobacco products <u>in the past year</u> ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have friends who drank beer, wine, or any drink containing alcohol <u>in the past year</u> ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have friends who in the past year:	
<ul style="list-style-type: none"> - sniffed or "huffed" anything; - took illegal drugs like marijuana (weed, blunts), cocaine, etc; - took prescription medications that were not prescribed for them; or - took prescription or over-the-counter medications and took more than they were supposed to take? 	
	<input type="checkbox"/> No <input type="checkbox"/> Yes
PERSONAL USE	
In the past year, have you smoked cigarettes or used other tobacco products?	<input type="checkbox"/> No <input type="checkbox"/> Yes
In the past year, have you had more than a few sips of beer, wine, or any drink containing alcohol?	<input type="checkbox"/> No <input type="checkbox"/> Yes
In the past year, have you:	
<ul style="list-style-type: none"> - sniffed or "huffed" anything; - taken illegal drugs like marijuana (weed, blunts), cocaine, etc; - taken prescription medications that were not prescribed for you; or - taken prescription or over-the-counter medications and took more than you were supposed to take? 	
	<input type="checkbox"/> No <input type="checkbox"/> Yes
[IF DRUGS ARE ENDORSED IN THE PERSONAL USE QUESTION, ASK THE FOLLOWING:]	
Which of the following substances have you used in the past year? (check all that apply)	
<input type="checkbox"/> Marijuana or Hashish <input type="checkbox"/> Cocaine or crack <input type="checkbox"/> Heroin <input type="checkbox"/> Amphetamines or methamphetamine (nonpharmaceutical) <input type="checkbox"/> Hallucinogens (eg, Mushrooms, LSD) <input type="checkbox"/> Inhalants	
Which of the following medications have you used in the past year that were not prescribed for you or which you took more of than you were supposed to take? (check all that apply)	
<input type="checkbox"/> Prescription pain relievers (eg, morphine, percocet, vicodin, oxycontin, dilaudid, methadone, buprenorphine) <input type="checkbox"/> Prescription sedatives (eg, Valium, Xanax, Klonopin, Ativan) <input type="checkbox"/> Prescription stimulants (eg, Adderall, Ritalin) <input type="checkbox"/> Over-the-Counter Medications (eg, Nyquil, Benadryl, cough medicine, sleeping pills)	
[FOR EACH SUBSTANCE WHERE USE WAS ENDORSED, ASK:]	
In the past 30 days, on how many days have you...	
smoked cigarettes or used other tobacco products/used alcohol/used [SUBSTANCE]?	<input type="checkbox"/> <input type="checkbox"/> days
In the past 90 days, on how many days have you...	
smoked cigarettes or used other tobacco products/used alcohol/used [SUBSTANCE]?	<input type="checkbox"/> <input type="checkbox"/> days
In the past year, on how many days have you...	
smoked cigarettes or used other tobacco products/used alcohol/used [SUBSTANCE]?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days



Screening to Brief Intervention (S2BI) Tool

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

Tobacco?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

S2BI Tool developed at Boston Children's Hospital with support from the National Institute on Drug Abuse.

It is best used in conjunction with "The Adolescent SBIRT Toolkit for Providers" mass.gov/maclearinghouse (no charge).

Alcohol?

- ☐ Never
 - ☐ Once or twice
 - ☐ Monthly
 - ☐ Weekly or more
-

Marijuana?

- ☐ Never
 - ☐ Once or twice
 - ☐ Monthly
 - ☐ Weekly or more
-

STOP if answers to all previous questions are "never." Otherwise, continue with questions on the back.

OVER



Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?

- ☐ Never
 - ☐ Once or twice
 - ☐ Monthly
 - ☐ Weekly or more
-

Illegal drugs (such as cocaine or Ecstasy)?

- ☐ Never
 - ☐ Once or twice
 - ☐ Monthly
 - ☐ Weekly or more
-

Inhalants (such as nitrous oxide)?

- ☐ Never
 - ☐ Once or twice
 - ☐ Monthly
 - ☐ Weekly or more
-

Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?

- ☐ Never
 - ☐ Once or twice
 - ☐ Monthly
 - ☐ Weekly or more
-

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Links and PDFs

ASAM Criteria info: https://asamcontinuum.org/wp-content/uploads/2017/05/The-ASAM-Criteria_2017_pg1n2_PRINT_FINAL_v9_small.pdf

Electronic BSTAD and STBI (via NIDA): <https://www.drugabuse.gov/adolescent-substance-use-screening-tools>

STBI pdf: https://www.mcpap.com/pdf/S2BI_postcard.pdf

CRAFFT: https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT_Screening_interview.pdf

<https://www.pediatricbipolar.pitt.edu/resources/instruments>

To access the KSADS PL-2013 go to “DSM-5 Screen Interview” (pages 40-45) and “Supplement #5 Eating Disorders and Substance-Related Disorders” (pages 4 to 25)

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