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# Evaluating Adolescents for Substance Use Disorders



Indiana University



# Objectives

- **Provide overview of our eval. process at Riley Dual Dx. Clinic**
- **Discuss how we use KSADS to diagnose SA disorders**
- **Share free, quick, standardized, evidence-based screeners.**





# A few thoughts about establishing rapport...

- we introduce selves to patient first, then parent (communicates we are their provider)
- eye contact and hand shake (unless vibe suggests handshake would be unwelcome).
- Motivational Interviewing---way to provide validation/respect/opportunity for patient to feel heard.



**Course of Symptoms---approx. 10 minutes--patient and parents together (avoid getting waylaid by drama)**

- **Boundaries of confidentiality**
- **I ask “Are you here voluntarily or were you forced to come here?” (eases tension).**
- **If coerced, I drill down---**
  - **patient who got new iPhone battery for coming**
  - **patient who thought they were going to pediatrician**
  - **probation**
  - **school requirement**
  - **if parents insisted, ask what they think their parent’s concerns are.**



- **First opportunity to hear “Change Talk”!  
---reflections and affirmations**
- **If patient says they have come in voluntarily, ask (in detail) what their concerns are. (SPICE)**
- **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. “...little quiz”:  
age/education/occupation**



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

- One of most widely used dx tools-- considered “gold standard” in research**
- High inter-rater reliability**
- Provides prompts to illustrate nature of questions**
- Not be read verbatim**
- KSADS must be studied/learned**



# KSADS SCREEN INTERVIEW

Responses to screening questions determine which portions of which supplements will be completed.

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



## **With patient individually:**

- **Begin with KSADS 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!**





# **With parents/caregivers (patient not present):**

- **Parents need opportunity to say what they want to say, 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**



# Diagnosing Substance Use Disorders



# 13 KSADS SA questions generally correlate w/ 11 DSM-V Criteria

## Exceptions:

- about negative legal consequences—this is not a separate DSM criteria
- separate questions about negative physical consequences and negative psychological consequences.

**At the end of each KSADS section is a DSM V symptoms checklist—very helpful.**



- 1. Uses more than planned (3 X or more) “Did you ever say “I’ll just have one drink and ½ a 5<sup>th</sup> later”?.....”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)

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

## **12. Negative consequences—psychological** (3X or

*more) “Does your mood change dramatically when you are using \_\_\_\_\_?” “Do you get very [mad/sad/paranoid/have thoughts of suicide/suicide attempts]?”*

## **13. Craving** *(Frequent and persistent cravings to use.*



# DSM V Substance Use Disorders Criteria

A problematic pattern of use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12 month period:

1. [The substance] is often taken in larger amounts or over a longer period of time than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control use of [the substance].
3. A great deal of time is spent in activities necessary to obtain, use, or recover from effects of [the substance].
4. Craving, or a strong desire or urge to use [the substance].





5. Recurrent use of [the substance] resulting in a failure to fulfill major role obligations at work, school, or home.

6. Continued use of [the substance] despite having persistent or recurrent social or interpersonal problems cause or exacerbated by the effects of the substance.

7. Important social, occupational, or recreational activities are given up or reduced because of use of [the substance].



8. Recurrent use of the substance in situations in which it is physically hazardous.
9. Use of the Substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been cause by or exacerbated by use of the substance.
10. Tolerance as defined by either of the following:
  - a. A need for markedly increased amount of the substance to achieve intoxication or desired effect.
  - b. Markedly diminished effect with continued use of the same amount of the substance.
11. Withdrawal as manifested by either of the following:
  - a. The characteristic withdrawal syndrome for the substances
  - b. The substance is taken to relieve or avoid withdrawal

Note: The 11th DSM criteria is present for alcohol, cannabis, opiates, tobacco and stimulants but not for PCP, other hallucinogens *and inhalants*. The DSM V explains that withdrawal symptoms have not been established for PCP and other hallucinogens but *does not address the issue of inhalant withdrawal (!?)*



- **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](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

2. BSTAD

3. S2BI





# 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 <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoke any <u>marijuana or hashish</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Use <u>anything else</u> to <u>get high</u> ? (“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)	<input type="checkbox"/>	<input type="checkbox"/>

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 <b>CAR</b> driven by someone (including yourself) who was “high” or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever <b>FORGET</b> things you did while using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?  | <input type="checkbox"/> | <input type="checkbox"/> |

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## Adolescent Substance Use Screening Tools

### 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).

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

<b>FRIENDS' USE</b>	
<i>Do you have friends who smoked cigarettes or used other tobacco products <u>in the past year</u>?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Do you have friends who drank beer, wine, or any drink containing alcohol <u>in the past year</u>?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Do you have friends who <u>in the past year</u>:</i>	
<ul style="list-style-type: none"> <li>- sniffed or "huffed" anything;</li> <li>- took illegal drugs like marijuana (weed, blunts), cocaine, etc;</li> <li>- took prescription medications that were not prescribed for them; or</li> <li>- took prescription or over-the-counter medications and took more than they were supposed to take?</li> </ul>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>PERSONAL USE</b>	
<i>In the past year, have you smoked cigarettes or used other tobacco products?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>In the past year, have you had more than a few sips of beer, wine, or any drink containing alcohol?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>In the past year, have you:</i>	
<ul style="list-style-type: none"> <li>- sniffed or "huffed" anything;</li> <li>- taken illegal drugs like marijuana (weed, blunts), cocaine, etc;</li> <li>- taken prescription medications that were not prescribed for you; or</li> <li>- taken prescription or over-the-counter medications and took more than you were supposed to take?</li> </ul>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>[IF DRUGS ARE ENDORSED IN THE PERSONAL USE QUESTION, ASK THE FOLLOWING:]</b>	
<i>Which of the following substances have you used in the past year? (check all that apply)</i>	
<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	
<i>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)</i>	
<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)	
<b>[FOR EACH SUBSTANCE WHERE USE WAS ENDORSED, ASK:]</b>	
<i>In the <u>past 30 days</u>, on how many days have you...</i>	
smoked cigarettes or used other tobacco products/used alcohol/used [SUBSTANCE]?	<input type="checkbox"/> <input type="checkbox"/> days
<i>In the <u>past 90 days</u>, on how many days have you...</i>	
smoked cigarettes or used other tobacco products/used alcohol/used [SUBSTANCE]?	<input type="checkbox"/> <input type="checkbox"/> days
<i>In the <u>past year</u>, on how many days have you...</i>	
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](http://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

**Inhalants (such as nitrous oxide)?**

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

**Illegal drugs (such as cocaine or Ecstasy)?**

- 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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SA3542  
MAY 2015



# Links and PDFs

ASAM Criteria info: [https://asamcontinuum.org/wp-content/uploads/2017/05/The-ASAM-Criteria\\_2017\\_pg1n2\\_PRINT\\_FINAL\\_v9\\_small.pdf](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](https://www.mcpap.com/pdf/S2BI_postcard.pdf)

CRAFFT: [https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT\\_Screening\\_interview.pdf](https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT_Screening_interview.pdf)

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