Providing support to parents and families with teens in Butte County

PHYSICIAN COMMITTED

TO SCREENING AND EARLY IDENTIFICATION OF HEALTH ISSUES

PHYSICIANS,
NURSE PRACTITIONERS
AND
PHYSICIANS ASSISTANTS
COMMITTED TO
BUTTE COUNTY
YOUTH

When it comes to caring for children and teens, checking their social and emotional development such as how they build relationships and respond to stress - is just as important as checking their height and weight.

WHY SCREEN FOR UNDERAGE DRINKING?

It often goes undetected: Most adolescents visit a primary care practitioner every year or two (O'Connor et al., 1999), and many are willing to discuss alcohol use when they are assured of confidentiality. As a trusted health care provider, you are in a prime position to identify drinking-related risks and problems in your patients and to intervene. Our hope is that the brevity, ease of use, and predictive strength of this new tool will enable you to detect alcohol risks and prevent harm at the earliest possible stage.

It's common: Alcohol is by far the drug of choice among youth. It's often the first one tried, and it's used by the most kids (Johnston et al., 2010). Over the course of adolescence, the proportion of kids who drank in the previous year rises tenfold, from 7 percent of 12-year-olds to nearly 70 percent of 18-year-olds.

It's risky: In the short term, adolescent drinking too often results in unintentional injuries and death; suicidality; aggression and victimization; infections and pregnancies from unplanned, unprotected sex; and academic and social problems. In the long term, drinking in adolescence is associated with increased risk for alcohol dependence later in life (Hingson et al., 2006; Grant & Dawson, 1997).

It's a marker for other unhealthy behaviors: When adolescents screen positive for one risky behavior—whether drinking, smoking tobacco, using illicit drugs, or having unprotected sex—it's generally a good marker for the others. For many youth, drinking alcohol is the first risky behavior tried.

WHY CHOOSE THIS TOOL?

It can detect risk early: This early detection tool aims to help you prevent alcohol-related problems in your patients before they start or address them at an early stage.

It's empirically based: The screening questions are powerful predictors of current and future negative consequences of alcohol use.

It's fast and versatile: The alcohol screen consists of just two questions that you can incorporate easily into patient interviews or pre-visit screening tools across the care spectrum, from annual exams to urgent care.

It's the first tool to include friends' drinking: The "friends" question will help you identify patients at earlier stages of alcohol involvement and target advice to include the important risk factor of friends' drinking.

5 SIMPLE QUESTIONS

Alcohol

1. Do you have any friends who drink?

2. Have you ever had more than a few sips of alcohol?

Mental Health

3. In general, how do you think things have been going for you lately?

4. What are the things that are more stressful for you?

5. What changes have you noticed in your sleep lately?

FOR ALL PATIENTS

STEP 1: ASK THE TWO SCREENING QUESTIONS

Research indicates that the two age-specific screening questions (about friends' and patient's drinking) are powerful predictors of current and future alcohol problems in youth. Fit them into your office practice in whatever way works best for you, whether by adding them to a pre-visit screening tool or weaving them into your clinical interview. In either case, take steps to protect patient privacy and, if at all possible, conduct an in-person alcohol screen when you are alone with your patient.

Guidelines for asking the screening questions: (1) For elementary and middle school patients, start with the friends question, a less threatening, side-door opener to the topic of drinking. (2) Because transitions to middle or high school increase risk, choose the question set that aligns with a patient's school level, as opposed to age, for patients aged 11 or 14. (3) Exclude alcohol use for religious purposes.

Elementary School (ages 9–11) Ask the friends question first.

Friends: Any drinking?
"Do you have any friends who drank bee r, wine, or any drink containing alcohol in the **past year?**"

ANY drinking by friends HEIGHTENS CONCERN.

Patient: Any drinking?
"How about you—have you **ever** had more than a few sips of beer, wine, or any drink containing alcohol?"

ANY drinking:
HIGHEST RISK

* see chart on page 4

Middle School (ages 11–14) Ask the friends question first.

Friends: Any drinking?
"Do you have any friends who drank beer, wine, or any drink containing alcohol in the **past year?**"

ANY drinking by friends HEIGHTENS CONCERN.

Patient: How many days?
"How about you-in the **past year, on how many days** have you had more than a few sips of beer, wine, or any drink containing alcohol?"

ANY drinking:
MODERATE or HIGHEST RISK

* see chart on page 4

High School (ages 14 –18) Ask the patient question first.

Patient: How many days?
"In the **past year, on how many days** have you had more than a few sips of beer, wine, or any drink containing alcohol?"

LOWER MODERATE or HIGHEST RISK

* see chart on page 4

Friends: How much?
"If your friends drink, **how many drinks** do they usually drink on an occasion?"

Binge drinking by friends HEIGHTENS CONCERN.
(3 to 5+ drinks)

Does the patient drink?

NO → **GO TO STEP 2: GUIDE**

YES → **GO TO STEP 2: ASSESS RISK**

FOR PATIENTS WHO DO NOT DRINK ...

STEP 2: GUIDE PATIENT

For patients who DO NOT drink ...

DO FRIENDS DRINK?

NO

Neither patient nor patient's friends drink

- **Praise choices** of not drinking and of having nondrinking friends.

YES

Patient does not drink, but friends do

- **Praise choice** of not drinking.
- **Consider probing a little** using a neutral tone: "When your friends were drinking, you didn't drink. Tell me a little more about that." If the patient admits to drinking, go to Step 2 for Patients Who Do Drink; other wise, continue below.

- **Reinforce healthy choices with praise and encouragement:** "You've made a smart decision not to use alcohol."
- **Elicit and affirm reasons to stay alcohol free:** "So, what led you to the decision to stay away from alcohol?" If friends drink , add, "… especially when your friends have chosen to drink?" Possible followup: "Those are great reasons and show you really care about yourself and your future."
- **Educate:** If your patient is open to input, you may want to help him or her understand, for example, that (1) alcohol can affect brain development, which continues into a person's twenties; and (2) drinking at an early age increases the risk for serious alcohol problems later in life.

- **Rescreen next year** at the latest.

- **Explore how your patient plans to stay alcohol free when friends drink:** Ask patients for their ideas on handling situations where they may feel pressure to drink. You can let them know that often the best response to a drink offer is a simple "No, thanks"; that, if pressured, an effective response is "I don't want to"; and that they don't have to give a reason.
- **Advise against riding in a car with a driver who has been drinking or using other drugs.**
- **Rescreen at next visit.**

Screening complete for nondrinkers

CONTINUE ON PAGE 7

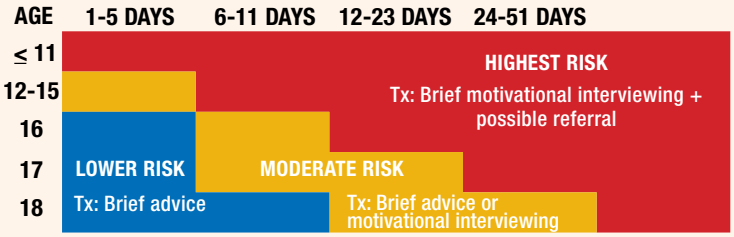
FOR PATIENTS WHO DO DRINK ...

STEP 2: ASSESS RISK

For patients who DO drink ...

For a broad indicator of your patient's level of risk, start with the chart below, which provides empirically derived population-based estimates. Then factor in what you know about friends' drinking and other risk factors, ask more questions as needed, and apply your clinical judgment to gauge the level of risk.

On how many DAYS in the past year did your patient drink?



In the chart, see where your patient's age and drinking frequency intersect: If your patient responds to the screening question with a per-month or per-week frequency, convert the answer to days per year to see where the drinking falls on the risk chart. As an example, a 15-year-old who reports drinking about twice a month, or 24 days in the past year, is at "highest risk" for adverse consequences. (This chart is also in the Pocket Guide.)

Factor in friends:

- **For elementary and middle school students:** Having friends who drink heightens concern. Because having more friends who drink means more risk, ask how many friends drink, if your patient didn't offer this detail when answering the screening question.
- **For high school students:** Having friends who binge drink heightens concern. Recent research estimates that binge drinking levels for youth start at 3 to 5 drinks, depending on age and gender

Include what you already know about the patient's physical and psychosocial development in your risk evaluation, along with other relevant factors such as the level of family support, drinking and smoking habits of parents and siblings, school functioning, or trouble with authority figures.

For moderate and highest risk patients:

- **Ask about their drinking pattern:** "How much do you usually have? What's the most you've had at any one time?" If the patient reports bingeing, ask: "How often do you drink that much?"
- **Ask about problems experienced or risks taken:** "Some people your age who drink have school problems like lower grades or missed classes. Some do things and feel bad about them later, like damaging or stealing property, getting into fights, getting sexually involved, or driving or riding in a car driven by someone who has been drinking. Others get injured, have memory blackouts, or pass out. What not-so-good things related to drinking, if any, have you experienced?"
- **Ask about other substance use** ("Have you used anything else to get high in the past year?") and consider **using other formal tools to help gauge risk**. The majority of your lower risk patients will not have used illicit drugs (NIAAA, 2011), but ask them, too, about past-year use, time permitting.

STEP 3: ADVISE AND ASSIST

For patients who DO drink ...

In this step, conduct a brief intervention for your patients who drink, based on the risk levels identified during Step 2.

LOWER RISK

- **Provide brief advice:** "I recommend that you stop drinking, and now is the best time. Your brain is still developing, and alcohol can affect that. Alcohol can also keep you from making good decisions and make you do things you'll regret later. I would hate to see alcohol interfere with your future."
- **Notice the good:** Reinforce any strengths and healthy decisions.
- **Explore and troubleshoot** the potential influence of friends who drink or binge drink.

MODERATE RISK

- **Does the patient have alcohol-related problems?**
  - **If no, provide beefed-up brief advice:** Start with the brief advice for Lower Risk patients (at left) and add your concern about the frequency of drinking.
  - **If yes, conduct brief motivational interviewing** to elicit a decision and commitment to change.
- **Ask if parents know:** See suggestions for Highest Risk patients (at left).
- **Arrange for follow up**, ideally within a month.

HIGHEST RISK

- **Conduct brief motivational interviewing** to elicit a decision and commitment to change, whether or not you plan to refer.
- **Ask if parents know:** If so, ask patient permission to share recommendations with them. If not, take into account the patient's age, the degree of acute risk posed, and other circumstances, and consider breaking confidentiality to engage parent(s) in follow-through.
- **Consider referral for further evaluation or treatment** based on your estimate of severity.
- Arrange for follow up within a month.

If you observe signs of acute danger, such as drinking and driving, high intake levels per occasion, or use of alcohol with other drugs, take immediate steps to ensure safety.

FOR ALL PATIENTS WHO DRINK

- **Collaborate on a personal goal and action plan** for your patient. For some patients, the goal will be accepting a referral to specialized treatment.
- **Advise your patient not to drink and drive or ride in a car with an impaired driver.**
- **Plan a full psychosocial interview** for the next visit if needed.

STEP 4: AT FOLLOWUP, CONTINUE SUPPORT

For patients who DID drink ...

It may be uncommon for patients to return for an alcohol-specific follow up. Still, when patients with whom you've conducted an alcohol intervention return for any reason, you'll have an opportunity to strengthen the effects of the previous visit. Start by asking about current alcohol use and any associated problems. Then review the patient's goal(s) and assess whether he or she was able to meet and sustain them.

Patient was not able to meet and sustain goal(s):

- **Reassess** the risk level (see Step 2 for drinkers).
- **Acknowledge** that change is difficult; that it's normal not to succeed on the first try; and that reaching a goal is a learning process.
- **Notice the good by:**
  - **praising** honesty and efforts.
  - **reinforcing** strengths.
  - **supporting** any positive change.
- **Relate drinking to associated consequences or problems** to enhance motivation.
- **Identify and address challenges and opportunities** in reaching the goal.
- If the following measures are not already under way, **consider:**
  - **engaging** the parents.
  - **referring** the patient for further evaluation.
- **Reinforce** the importance of the goal(s) and plan and **renegotiate** specific steps, as needed.
- **Conduct, complete, or update** the comprehensive psychosocial interview.

Patient was able to meet and sustain goal(s):

- **Reinforce and support** continued adherence to recommendations.
- **Notice the good:** Praise progress and reinforce strengths and healthy decisions.
- **Elicit future goal(s)** to build on prior ones.
- **Conduct, complete, or update** the comprehensive psychosocial interview.
- **Rescreen** at least annually.

WHY WE SCREEN FOR MENTAL HEALTH ISSUES?

29% of Butte County 7th graders, **32%** of Butte County 9th graders and **33%** of Butte County 11th graders report feeling so sad and hopeless almost everyday that they stopped doing some usual activities.

The Importance of Mental Health in Primary Care

Primary care providers are often the first point of contact for families when it comes to the health and well-being of their child. They are in a key position to identify potential mental health concerns early and to communicate these concerns with families.

Open communication with families helps to reduce the pain and isolation often experienced by youth living with mental illness and their families.

Did you know…

- Thirteen percent of youth aged 8-15 live with mental illness. This figure jumps to 21 percent in youth aged 13-18.
- One-half of all lifetime cases of mental illness begin by age 14.
- Despite the availability of effective interventions, there are average delays of eight to 10 years from the onset of symptoms to intervention—critical developmental years in the life of a child.
- Fewer than one-half of children with a diagnosable mental illness receive mental health services in a given year.

"Treat mental illness like the flu or chicken pox-look for the warning signs"

- Parent, Billings, Mont.

Encourage Open Communication

Make questions about a child's mental health part of routine practice to facilitate open communication with families. Families suggest asking these five questions:

1. Do you have any concerns about your child's mental health?
2. How is your child behaving in school, at home, in the community and with peers?
3. Have you noticed any changes in your child's moods?
4. Is your child sleeping and eating well?
5. Is there a family history of mental illness?

Families suggest making these five helpful comments when a child has a mental illness:

1. **There is hope.** Use hopeful, encouraging and positive statements to talk about mental health.
2. **You are not alone.** Share how common mental illness is and information on local support groups and resources so families feel less isolated and alone.
3. **It is not your fault.** Families appreciate reassurance that they are not to blame for their child's mental illness.
4. **I understand.** Show empathy, compassion and understanding. Consider sharing personal stories about mental illness.
5. **You and your child have many strengths.** Set a positive tone for a conversation about mental health by talking about the child and family's strengths and how these can help them meet challenges.

Take Action to Support Families

1. Ask questions to begin an interactive discussion about a child's mental health.
2. Screen within the primary care office to identify mental health issues early.
3. Evaluate for other physical conditions that can mimic mental illness and rule these out before making a diagnosis.
4. Discuss options for mental health services and supports, including psychosocial interventions, parent skills training and medications.
5. Suggest support groups, family education programs and other local resources to learn more.
6. Refer families to mental health providers for further evaluation and services.
7. Follow up with referrals to ensure help was received. Make appointments for families, if necessary.
8. Encourage families to seek treatment and to give it time to work.
9. Provide treatment when mental health providers are not available.
10. Check in with families to see if treatment is working. If not, re-evaluate treatment options and providers.

"Primary care physicians who can help identify potential mental illness can save a child and parent years of pain."

- Parent, Chapin, S.C.

POWERFUL PREDICTORS OF HEALTH ISSUES IN YOUTH

THESE THREE QUESTIONS CAN TELL US A LOT...

1. Tell me, in general, how you think things have been going for you lately?
2. Many of my other patients your age often talk about "stress"; what are the things that are most stressful for you these days? How do you manage stress?
3. What changes, if any, have you noticed in your sleep lately (more, less, about the same as usual)?

Physical Symptoms and Signs Suggestive of Mental Health and Substance Abuse Concerns

Sleep Problems

- Excessive sleep
- Significant change in sleep patterns
- Difficulty falling or staying asleep
- Nightmares

Chronic, Recurrent, or Unexplained Physical Symptoms

- Abdominal pain
- Joint pain
- Headache
- Fatigue or low energy
- Loss of appetite
- Epigastric pain or gastritis (alcohol use)
- Chest pain or difficulty breathing (panic/anxiety attacks)
- Oligomenorrhea or amenorrhea, especially in women of low weight (anorexia, teen pregnancy)
- Irregular menses (anorexia, bulimia)

Neurologic Symptoms

- Legs weak
- Limb paralysis (conversion reaction)
- Pseudoseizures
- Non-physiologic neurologic symptoms
- Difficulty concentration, inattention in school
- Irritability, restlessness

Physical Findings

- Excess weight gain or loss
- Parotid gland enlargement, dental enamel erosion, calluses or erosions on knuckles (purging)
- Cigarette burns, multiple linear cuts or patterns (self-harm, maltreatment)
- Metabolic abnormalities such as hypochloremic metabolic alkalosis, low potassium, or elevated amylase (purging)
- Recurrent injuries (maltreatment, Self-harm)
- Isolated systolic hypertension (alcohol use)
- Chronic nasal congestion (cocaine use)
- Chronic red eyes (marijuana use)

Other

- Worsening symptoms of previously well-managed chronic illness
- School absences

RESOURCES AND REFERRALS:

Adolescent Substance Use Treatment

Awakening Solutions Counseling
www.awakeningsolutionscounseling.com
530-419-6665

New Start Recovery Solutions
www.newstarts.com
530-228-8764

Skyway House Treatment Center
www.skywayhouse.org
844-201-9199

Therapeutic Solutions
www.therapeuticsolutionspc.com
530-899-3150

Materials adapted from NIAAA (National Institute on Alcohol Abuse & Alcoholism), NIH (National Institute of Health), American Academy of Pediatrics

Adolescent Mental Health Support/Treatment

Alex Project - Text Message Program to prevent suicide and promote texting access to life-saving crisis center services.
www.alexproject.org
Reach out by texting your message to 839863

Awakening Solutions Counseling
www. awakeningsolutionscounseling.org
530-419-6665

Butte County Behavioral Health Youth Services
www.buttecounty.net/behavioralhealth/youthservices
Crisis Line: 800-334-6622 or 530-891-2810

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org
1-800-273-8255

New Start Recovery Solutions
www.newstarts.org
530-228-8764

Skyway House Treatment Center
www.skywayhouse.org
844-201-9199

Therapeutic Solutions
www.therapeuticsolutionspc.com
530-899-3150

Butte County Behavioral Health

Butte-Glenn Medical Society

Enloe Medical Center

Rabobank

Each Mind Matters: California's Mental Health Movement

Mental Health Services Act California

Athlete Committed: Live a Life of Excellence

For more information, please call 530.891.2891 or visit www.butteyouthnow.org