Physicians, nurse practitioners and physicians assistants committed to Butte County youth

Providing support to parents and families with teens in Butte County

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?
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.

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: 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?”

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)

Lower Moderate or Highest Risk
* see chart on page 4

For all patients:

GO TO STEP 2: GUIDE

For patients who DO NOT drink...

NO

Does the patient drink?

GO TO STEP 2: ASSESS RISK

YES

Neither patient nor patient’s friends drink

• Praise choices of not drinking and of having nondrinking friends.

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; otherwise, 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.

Screening complete for nondrinkers

• 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 pressed, 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.
**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? |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| AGE             | 1-5 DAYS        | 6-11 DAYS       | 12-23 DAYS      | 24-51 DAYS      |
| ≤ 11            | LOWER RISK      | MODERATE RISK   | HIGHEST RISK    |                 |
| 12-15           |                 |                 |                 |                 |
| 16              |                 |                 |                 |                 |
| 17              |                 |                 |                 | Tx: Brief advice |
| 18              |                 |                 |                 | Tx: Brief advice |

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 parent 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.

• 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 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.

21% of Butte County 11th graders and 11% of 9th graders report binge drinking (5 or more drinks in a row) during the past 30 days.
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.

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.

“Treat mental illness like the flu or chicken pox—look for the warning signs”
- Parent, Billings, Mont.

“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:

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<th>Adolescent Substance Use Treatment</th>
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<td>Awakening Solutions Counseling</td>
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<td><a href="http://www.awakeningsolutionscounseling.com">www.awakeningsolutionscounseling.com</a></td>
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<td>530-419-6665</td>
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<td>Alex Project - Text Message Program to prevent suicide and promote texting access to life-saving crisis center services.</td>
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<td><a href="http://www.alexproject.org">www.alexproject.org</a></td>
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<td>Reach out by texting your message to 839863</td>
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<td>Crisis Line: 800-334-6622 or 530-891-2810</td>
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Materials adapted from NIAAA (National Institute on Alcohol Abuse & Alcoholism), NIH (National Institute of Health), American Academy of Pediatrics

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For more information, please call 530.891.2891 or visit [www.butteyouthnow.org](http://www.butteyouthnow.org)