

Webinar: Substance Use Screening Tools for Adolescents Questions from Participants and Answers from the Presenter

Q1: Can you please speak more about not sharing screening results with parents? If an adolescent screen positive and needs resources or support, how do you do this without involving the adolescent's parents?

A: Adolescents may be reluctant to share information about their substance use if the provider is going to tell their parents. It is important to get them to speak about these issues to you because it may be the only opportunity for them to get guidance and care from a trained professional. Once developing a rapport, you can explain the importance of informing the parents and ask for their permission to do so. But resources and support can be provided within the visit during a brief intervention with a trained provider.

Q2: When should I use ICD10 codes vs CPT codes?

A: If I am understanding the question correctly: ICD 10 codes are used for recording a diagnosis or diagnoses. CPT codes are used for reimbursement purposes when completing paperwork for the private insurer or Medicaid.

Q3: Since the USPTF has not recommended SBIRT for drugs for adolescents, how would you suggest engaging practitioners and health organizations to integrate this widely in practice?

A: I would emphasize to your audiences that that rigorous literature reviews of screening tools and of BIs have concluded that such practices are effective with adolescents. USPTF, in my opinion, is not fully considering the scientific literature. The American Academy of Pediatrics (AAP) has endorsed SBIRT for use of alcohol, tobacco, marijuana, and other drugs among adolescent patients.

Q4: Why not screen for mental health issues other than depression?

A: The webinar's focus on depression was not meant to imply that other co-occurring problems are a low priority. A multi-problem screen is an optimal approach.

Q5: Can you speak to various points of contact for SBIRT beyond physicians?

A: SBIRT can be delivered by all types of health and medical professionals including nurses, nurse practitioners, physician assistants, social workers, mental health counselors, psychologists, and health educators.

Q6: What about for kids that maybe have ill parents and you know that there are pills in the house. Why wouldn't continue asking?

A: If parents have medicine in the home, a risk is present of misuse by the adolescent. It is an issue to address with the adolescent client. Additionally, it's important to talk to the parents about safe storage of their medications.

Q7: Even though an adolescence substance abuse is confidential, how do you refer a student for outside counseling from a school setting, and not have the parent be aware? The parent will be taking their child to counseling.

A: The requirement varies among states as to informing a parent about mental health or substance abuse counselling services to be received by a minor. But if the parent's insurance is going to be used and/or provide transportation, the parent needs to be informed. Work with the teenager as to how this issue is to be communicated, including how much information is shared.

Q8: Regarding the ICD 10 codes, who is able to use those codes for billing? Just the pediatrician or can mental health professionals bill for them?

A: ICD codes are intended for use by a range of health care professionals in a variety of clinical and health care settings. This code system is not aimed at just one profession. But best to check with the organization who is receiving the ICD code for reimbursement purposes.

Q8: Is the SASSI-A a drug screen that you use?

A: I do not use the SASSI-A because there are other screening tools that I prefer for various reasons (CRAFFT; PESQ; GAIN-Screen). I am not confident that it validly measures "level of defensive responding." However, the problem severity scale that measures probability of substance dependence and substance abuse is associated with favorable psychometric properties.