



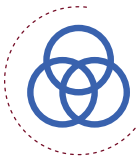
CENTER ON

PBIS Positive Behavioral
Interventions & Supports

SCHOOL-BASED SCREENING FOR STUDENT SUBSTANCE MISUSE

SEAN C. AUSTIN, JASON W. SMALL, & JOHN R. SEELEY

March 2023

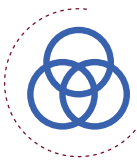


School-based Screening for Student Substance Misuse

Authors Sean C. Austin
Jason W. Small
John R. Seeley

Purpose

The effects of the opioid crisis have been felt across the country, and many educators are seeking ways to be proactive around their students' needs. An important step toward this goal is identifying students who need support. The Center on PBIS website (PBIS.org) provides multiple resources with provide general guidance on screener selection and implementation. This practice brief is intended to provide educators with more specific, supplemental direction for substance misuse screening and a brief overview of how such screening can be combined with brief intervention and referral to treatment.



Benefits of Screening

A school-based substance misuse screener is typically administered through surveys or in-person interviews and takes only a few minutes to complete per student. These screenings have been found to be feasible with or without school-based health centers to administer them (Curtis et al., 2014; McCarty et al., 2019) and provide important benefits for students and schools, bolstering both primary and secondary prevention efforts (Maslowsky et al., 2017). First, screening efforts provide opportunities to have brief, motivational conversations with students who are abstinent from substances and keep them on the right track. Second, screening provides opportunities to intervene earlier (e.g., before students are caught possessing a substance at school, driving under the influence) with students who are actively using or at higher risk and who often go undetected without formal screening. A third benefit, depending on the scale of screening, is that screening data can inform broader system-level considerations around substance misuse prevention programming and community support integration. Schools can review information on prevalence of at-risk students and adjust universal curriculum or community outreach to better tailor to these needs.

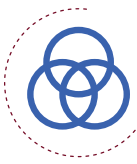
Specific Considerations for Planning School-Based Screening

Student substance misuse occurs at an intersection of many sensitive issues, and there are several considerations to be made before endeavoring to screen students for substance misuse. First, screening

Key Takeaways

- Screening for substance misuse in schools is feasible and provides opportunities to intervene early with individual students as well as inform broader prevention and mitigation efforts.
- Before implementing a screening tool for substance misuse, school staff need to pay particular attention to regulations around confidentiality as well as the continuum of supports available.
- Screening is often combined with brief intervention and, if appropriate, referral to treatment to provide rapid, matched support to students based on screening data.

is insufficient on its own, particularly for students who are actively using. When school staff are actively soliciting information on student use, it is necessary to rapidly provide appropriate supports or referrals for behavioral health services for the affected students. Second, it is important for school teams to understand laws and policies around confidentiality and disclosure of a student's reported use to their caregivers (see [ISF v2 Implementation Guide](#)¹ for more on confidentiality). Specifications around who can and must be informed about a student's substance misuse can vary by state. Third, because this information is sensitive, obtaining accurate use information from a student can require development of rapport and trust between the individual administering the screener and the student. Fourth, it may be the case a student who discloses



substance misuse has other significant issues requiring attention as well. Having ready interventions and referral processes for other services, such as mental health services, can be of benefit to students with more extensive needs. The points above are not exhaustive, but are the most pressing and unique to substance misuse; more general considerations for screening can be found in the [universal screening brief](#).²

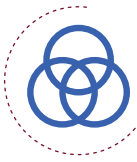
Choosing a Substance Misuse Screener

There are a range of validated screening tools for substance misuse, but most involve student report. The core considerations described in the [Selecting a Universal Behavior Screening Tool: Questions to Consider](#)³ brief are relevant here. That brief covers how school teams decide on student groups to screen, behaviors of interest, cost, time/resources to implement, and the source of information at the universal level. When determining which student groups to screen, school and district teams need to consider systemic limitations for interventions. Unlike behavior in other domains (e.g., externalizing behavior), direct services for substance misuse are not provided for within the Individual with Disabilities Education Act and are rarely available in school settings. This, combined with a dearth of community-based adolescent substance misuse treatment resources in many areas, make capacity to successfully refer the highest-risk students a key consideration. For schools and districts in this situation, a targeted, rather than universal screening may be a more manageable, but still supportive, option

for supporting students. For example, a school team may opt to complete a substance misuse screening for any students who have been staff-, caregiver-, or self-referred, students who have been caught in possession of a substance at school, and/or students using a school-based health center. The behaviors captured within brief substance misuse screeners can be narrow, focusing on only one substance (e.g., Alcohol Use Disorders Identification Test [AUDIT]; Saunders et al., 1993) or one class of substances (e.g., Drug Use Disorders Identification Test [DUDIT]; Berman et al., 2003), or can be more broad and assess general substance misuse risk across classes (e.g., Car, Relax, Alone, Forget, Friends, Trouble [CRAFFT] screening tool; Knight et al., 2002). In most instances, a general substance misuse screener is likely sufficient to support data-based decision making within schools.

Implementation Considerations

Depending on the type and modality of screener chosen, the action of implementing a screener may require detailed planning and coordination among staff and student schedules. If conducted in person, the staff designated to administer screenings will need space and significant time allocated for both preparation for and carrying out of screening. School teams will need to ensure implementers are well-trained in how to manage a range of student responses from very low-risk to those with acute risk. For students who demonstrate acute needs, such as when a student discloses intoxication or withdrawal, school teams should have protocols for support and



referral ready. For school teams opting for electronic screeners, administration may be more efficient, but staff should still be prepared for similar contingencies.

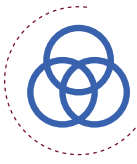
Brief Intervention and Referral to Treatment

Research on effectively identifying and treating substance misuse in schools typically integrates screening into a broader process that includes a brief, structured intervention and referral to treatment. The Screening, Brief Intervention, and Referral to Treatment (SBIRT) model is an evidence-based approach that integrates data-based decision-making immediately following screening. Within this process, all students participating in screening engage in a brief (10-15 minutes), individualized conversation about their substance use. Relying on cut-off scores on screening measures, staff refer students who demonstrate more significant risk to treatment for substance misuse. Research suggests the SBIRT model is implementable in schools regardless of whether they have a school-based health center (Maslowsky et al., 2017; Mitchell et al., 2012).

The brief intervention component of the SBIRT model uses Motivational Interviewing (MI) principles and techniques to guide the conversation between the student and school-based interventionist (e.g., school nurse, counselor). MI is a collaborative, goal-oriented style of conversation focused on promoting change talk and, in turn, increasing the individual's motivation for change (Miller & Rollnick, 2012). Depending on the



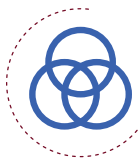
needs of the student, the brief intervention is either a prevention or intervention approach. For a student who is at no-risk or low-risk, the interventionist uses the brief intervention to provide positive reinforcement for the student's decision not to use substances. For students at lower risk levels, the interventionist might also provide additional informational materials about the risks of substance use to reinforce further the benefits of not using substances. For students at moderate to high risk, the brief intervention focuses first on building rapport with the student (i.e., engaging). It then shifts to exploring the pros and cons of use (i.e., focusing); seeking permission from the student to share information about the health and safety risks associated with use; and ends with exploring the student's readiness (i.e., evoking) and willingness (i.e., planning) to change their behavior.



It is worth noting that for students with substance use disorders, the effect of standalone brief interventions is limited. For students demonstrating moderate to high risk, Maslowsky and colleagues (2017) describe a three-step process for referring high-risk students within an SBIRT model. First, the interventionist informs the student that their level of use may require additional help. Next, the interventionist provides the student with information about local support agencies. Last, the interventionist seeks permission from the student to involve a parent or other adult (e.g., counselor) in the process.

Conclusion

Although managing issues related to student substance misuse is challenging within schools, screening for substance misuse and providing supports where indicated can contribute greatly to keeping students safe and healthy. This appears even more important in the context of the opioid epidemic and a dramatic increase in mortality related to synthetic opioids. Knowing which students are at greatest risk provides schools with an opportunity to intervene earlier and vastly improve student's long-term health and happiness. There are many nuances, sensitivities, and contingencies, but careful planning can provide for successful implementation of substance misuse screening in schools. For more guidance on implementing and interpreting behavioral screening, we recommend a series of recently released publications (see [Installing a Universal Behavior Screening Tool: Questions to Consider](#)⁴ and [Interpreting Universal Behavior Screening Data: Questions to Consider](#)⁵).



References

- Berman, A. H., Bergman, H., Palmstierna, T., & Schlyter, F. (2003). *Drug use disorders identification test*. European Addiction Research.
- Curtis, B. L., McLellan, A. T., & Gabellini, B. N. (2014). Translating SBIRT to public school settings: An initial test of feasibility. *Journal of Substance Abuse Treatment, 46*(1), 15-21.
- Eber, L., Barrett, S., Perales, K., Jeffrey-Pearsall, J., Pohlman, K., Putnam, R, Splett, J., & Weist, M.D.(2019). *Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide*. Center for PBIS. University of Oregon. www.pbis.org
- Knight, J. R., Sherritt, L., Shrier, L. A., Harris, S. K., & Chang, G. (2002). Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Archives of Pediatrics & Adolescent Medicine, 156*, 607-614.
- Lane, K.L., Powers, L., Oakes, W.P., Buckman, M.M., Sherod, R., & Lane, K.S. (April 2020). *Universal Screening – Systematic Screening to Shape Instruction: Lessons Learned & Practicalities*. Eugene, OR: Center on PBIS, University of Oregon. Retrieved from www.pbis.org.
- Ma, Z., Sherod, R., Lane, K. L., Buckman, M. M., & Oakes, W. P. (November, 2021). *Interpreting Universal Behavior Screening Data: Questions to Consider*. Center on PBIS, University of Oregon. www.pbis.org.
- Maslowsky, J., Whelan Capell, J., Moberg, D. P., & Brown, R. L. (2017). Universal school-based implementation of screening brief intervention and referral to treatment to reduce and prevent alcohol, marijuana, tobacco, and other drug use: process and feasibility. *Substance abuse: research and treatment, 11*, 1178221817746668.
- McCarty, C. A., Gersh, E., Katzman, K., Lee, C. M., Sucato, G. S., & Richardson, L. P. (2019). Screening and brief intervention with adolescents with risky alcohol use in school-based health centers: a randomized clinical trial of the Check Yourself tool. *Substance abuse, 40*(4), 510-518.
- Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. Guilford Press.
- Mitchell, S. G., Gryczynski, J., Gonzales, A., Moseley, A., Peterson, T., O'Grady, K. E., & Schwartz, R. P. (2012). Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance use in a school-based program: Services and outcomes. *The American Journal on Addictions, 21*, S5-S13.
- Oakes, W. P., Buckman, M. M., Lane, K., L., & Sherod, R. L. (March, 2021). *Selecting a Universal Behavior Screening Tool: Questions to Consider*. Eugene, OR: Center on PBIS, University of Oregon. www.pbis.org.
- Oakes, W. P., Lane, K. L., Ma, Z., Sherod, R., & Perez-Clark, P. (December 2021). *Installing a Universal Behavior Screening Tool: Questions to Consider*. Center on PBIS, University of Oregon. www.pbis.org.
- Saunders, J. B., Aasland, O. G., Babor, T. F., De la Fuente, J. R., & Grant, M. (1993). Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption-II. *Addiction, 88*(6), 791-804.



CENTER ON

PBIS Positive Behavioral
Interventions & Supports

MARCH 2023

Embedded Hyperlinks

1. <https://www.pbis.org/resource/interconnecting-school-mental-health-and-pbis-volume-2>
2. <https://www.pbis.org/resource/universal-screening-systematic-screening-to-shape-instruction>
3. <https://www.pbis.org/resource/selecting-a-universal-behavior-screening-tool-questions-to-consider>
4. <https://www.pbis.org/resource/installing-a-universal-behavior-screening-tool-questions-to-consider>
5. <https://www.pbis.org/resource/interpreting-universal-behavior-screening-data-questions-to-consider>

This document was supported from funds provided by the Center on Positive Behavioral Interventions and Supports cooperative grant supported by the Office of Special Education Programs (OSEP) and Office of Elementary and Secondary Education (OESE) of the U.S. Department of Education (H326S180001). Mohamed Soliman, MA, EdS serves as the project officer. The views expressed herein do not necessarily represent the positions or policies of the U.S. Department of Education. No official endorsement by the U.S. Department of Education of any product, commodity, or enterprise mentioned in this document is intended or should be inferred.

Suggested Citation for this Publication

Austin, S. C., Small, J. W., Seeley, J. R. (March 2023). *School-based Screening for Student Substance Misuse*. Center on PBIS, University of Oregon. www.pbis.org