

The Society for Clinical Child and Adolescent Psychology (SCCAP): Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

With additional support from Florida International University and The Children's Trust.



Workshop

Teen Intervene: A Brief Intervention for Adolescent Substance Abuse

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**What's Motivation Got To Do With it?
How to Use a Brief Intervention for Adolescents with
Substance Abuse Problems**

Ken Winters, Ph.D.

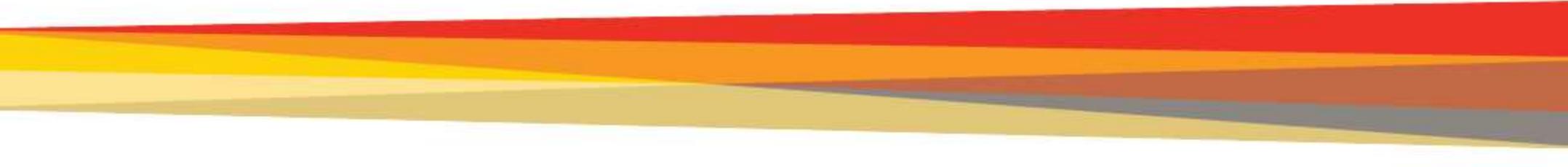
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Society for Clinical Child and Adolescent Psychology

Dissemination Initiative



Part 1 of 3

Workshop Units

1. Brief intervention: Background
2. Brief intervention: Basic clinical tools
3. Clinical applications of *Teen Intervene*
4. Case study
5. Implementation issues
6. Learning *Teen Intervene*

Definitions

- **Adolescence:** 12-19-years old (but many young adults may be considered adolescents from a developmental perspective)
- **Drugs:** alcohol and other drugs
- **Brief intervention:** indicated prevention or short, time-limited therapy strategy

Unit - 1

Brief intervention: Background

Resources

\$ *Adolescents, Alcohol, and Substance Abuse: Reaching Teens through Brief Interventions*
The Guilford Press (2001) www.guilford.com

\$ *Motivational interviewing: Second Edition: Preparing people for change (Miller and Rollnick)*
The Guilford Press (2007) www.guilford.com

\$ *Motivational Interviewing with Adolescents and Young Adults*
The Guilford Press (2011) www.guilford.com

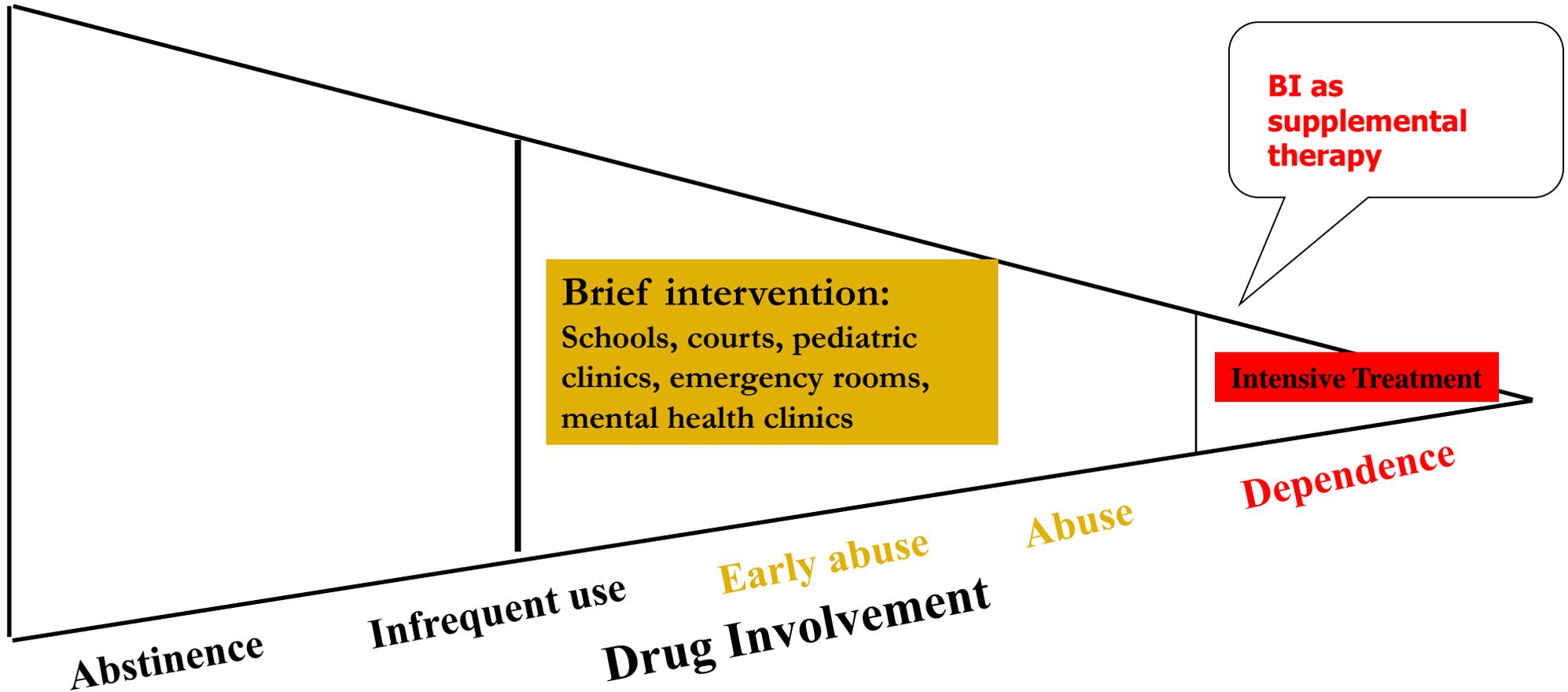
Brief Interventions and Brief Therapies for Substance Abuse
TIPS #34, SAMHSA-CSAT
www.samhsa.gov/csat/csat.htm

Enhancing Motivation for Change in Substance Abuse Treatment
TIPS #35, SAMHSA-CSAT
www.samhsa.gov/csat/csat.htm

How brief is a brief intervention?

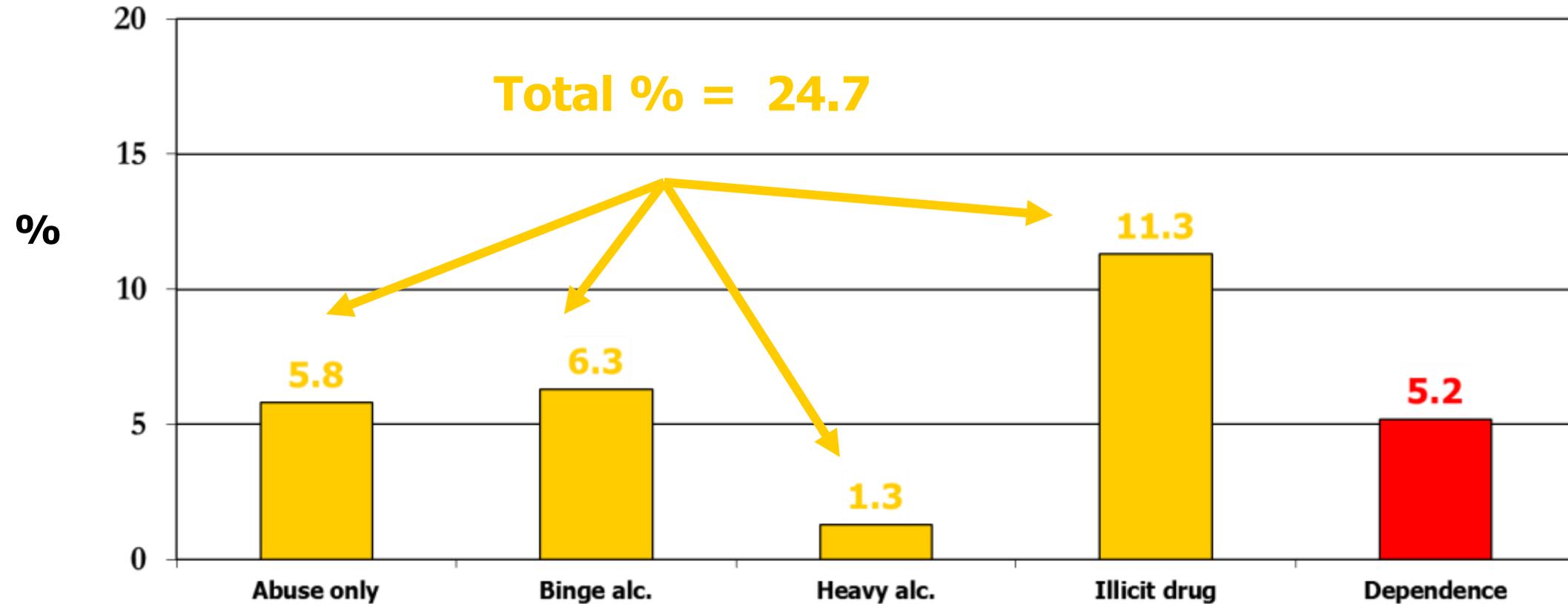
- Some have been a few minutes or a single session (usually during an opportunistic situation).
- Typical: 2-4 meetings.
- Model for this workshop
 - 3 total meetings
 - 2 meetings with the youth
 - 1 meeting with the parent

Possible Applications



Adapted from Broadening the Base of Alcohol Treatment (IOM)

Estimates of Mutually Exclusive “Mild-to-Moderate” Drug Abusing Groups of Youth (12-18-years-old) (based on data from SAMHSA, 2005)



Binge and heavy alcohol: past 30 days
Abuse only, Illicit drug, and dependence: past year

Assumptions: Thinking outside the box

- **Public health, not disease**
 - Harmful consequences on a continuum
 - Recognize abstinence as ideal but open to alternatives
- **Does not have to enable addiction**

**Counseling/
Therapy as
usual**

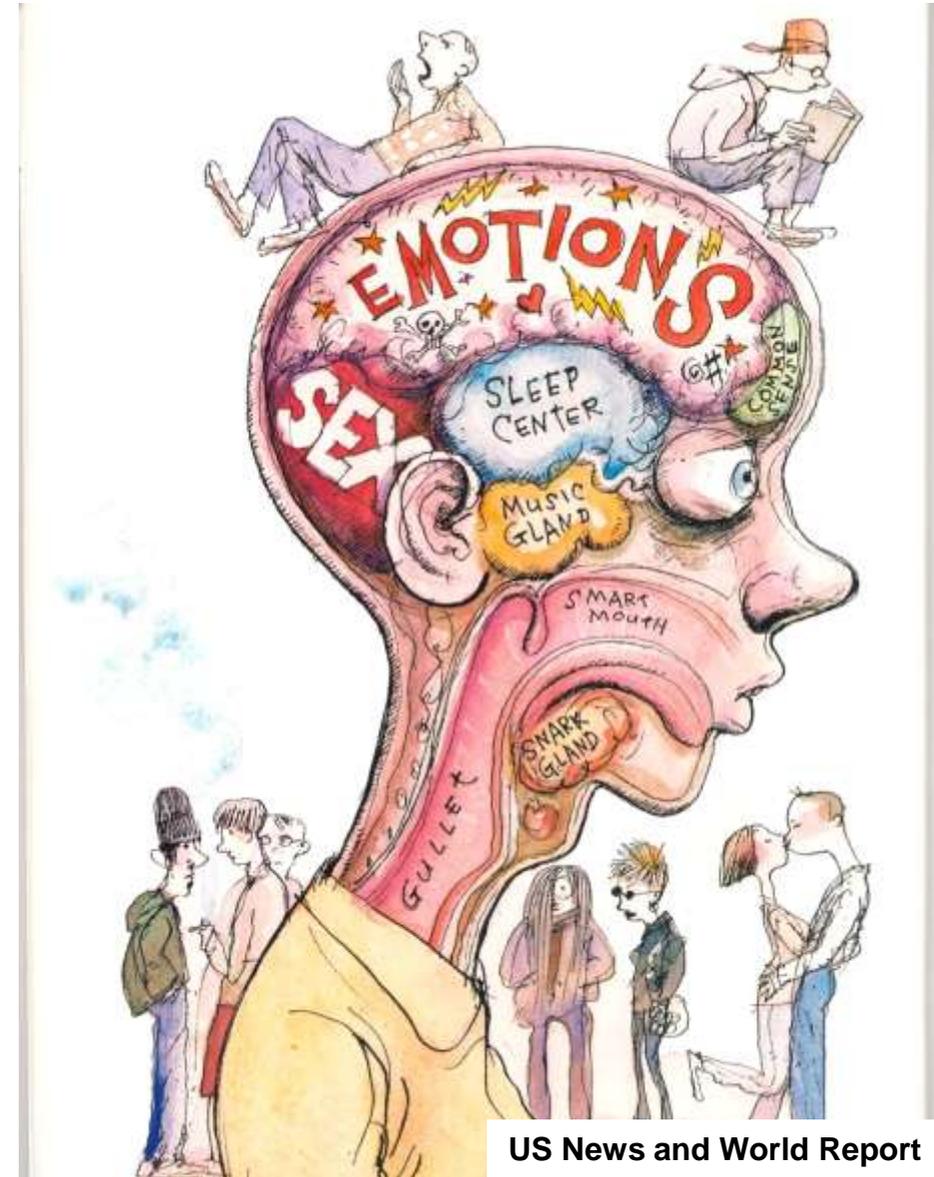
- Growing research demonstrating efficacy of brief interventions for young people
 - Various controlled studies
 - Breslin et al., 2002
 - Marlatt et al., 1998
 - Monti et al., 2001
 - CSAT's Cannabis Youth Treatment Project (CYTP)
www.samhsa.gov/cytp
 - Winters & Leitten, 2007 (scientific published report on *Teen Intervene*); can be provided by the trainer

Why BI's make sense for youth

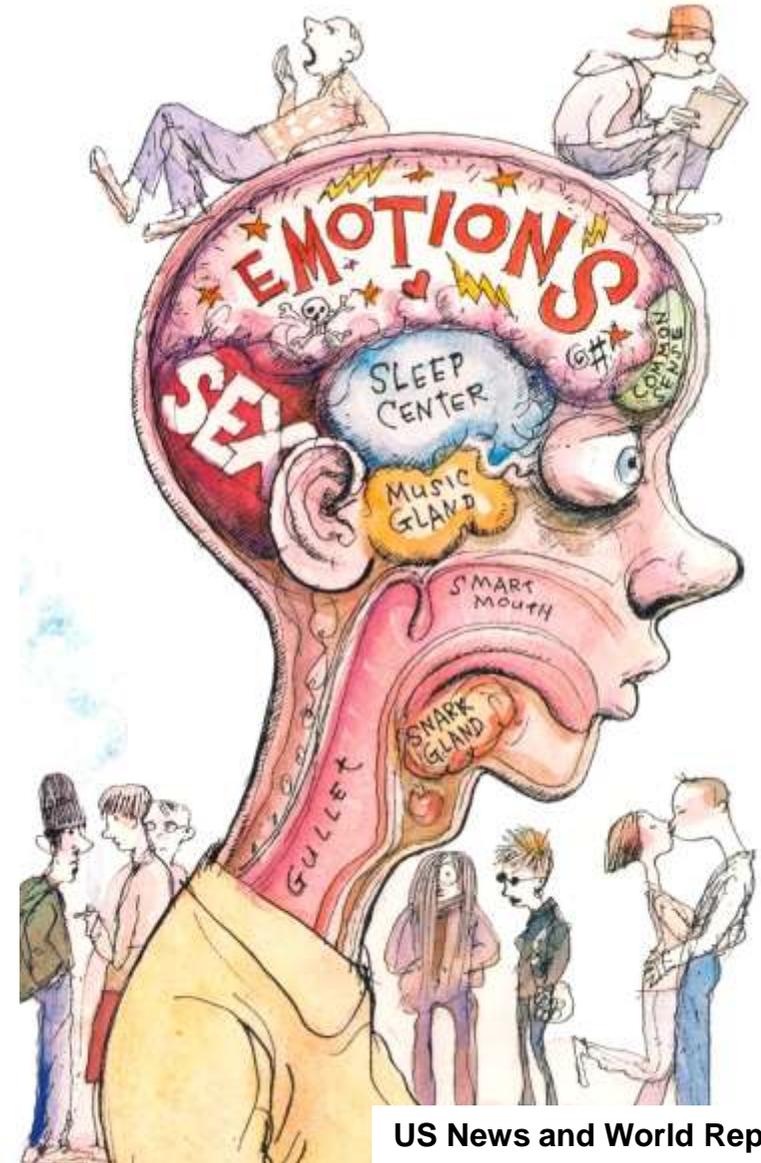
- Their problems are not as deep-rooted.
- Person-centered approach is appealing to young people.
- Commitment to lengthy and intensive interventions can be difficult at this age.
- Many youth are seen in opportunistic settings.

Important ages of majority and privileges

- 16
 - emancipation
 - driving
- 18
 - gambling (usually age 21 when alcohol served)
 - smoking (some at age 19)
 - military
- 21
 - drinking



**What one “privilege”
in our culture does
not become fully
available
until the age of 25?**

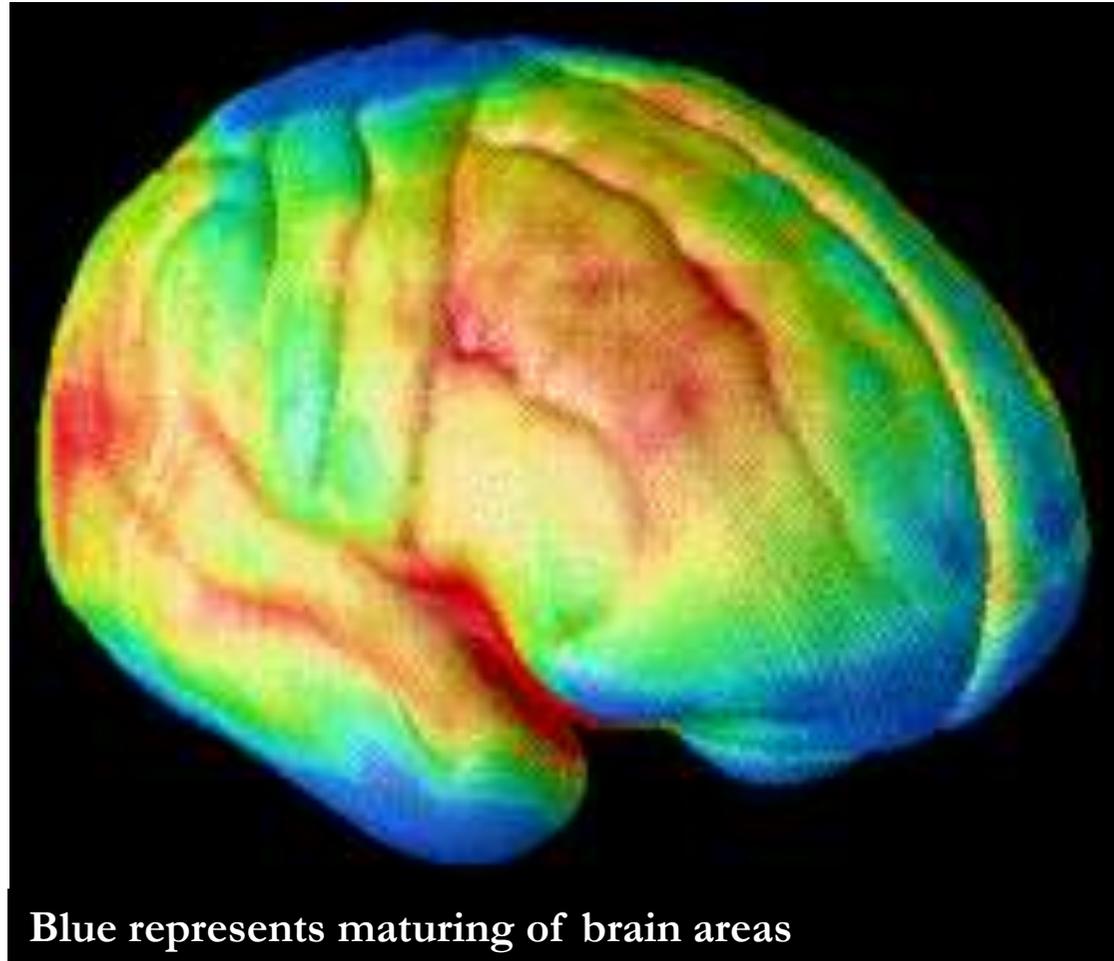


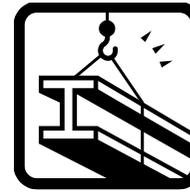
Maturation Occurs from Back to Front of the Brain

Images of Brain Development in Healthy Youth (Ages 5 – 20)

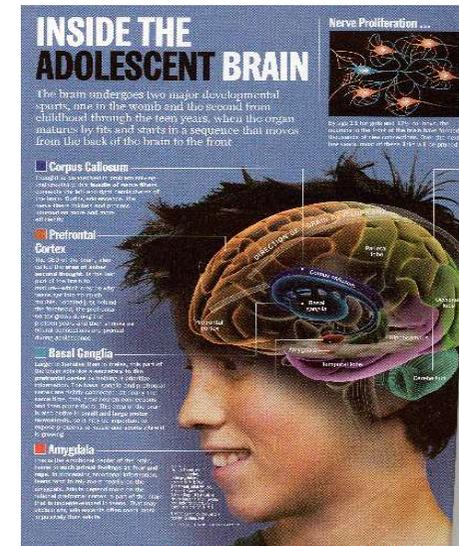
Earlier regions that mature:
Motor Coordination
Emotion
Motivation

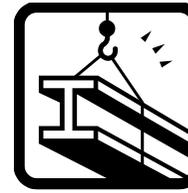
Later regions that mature:
Judgment





- Brain development may influence the behavior of a teenager in the following ways...
 - 1 sensory and physical activities may be favored over complex, cognitive-demanding activities
 - 2 activities with high excitement and low effort may be preferred
 - 3 poor modulation of emotions (hot emotions more common than cold emotions)

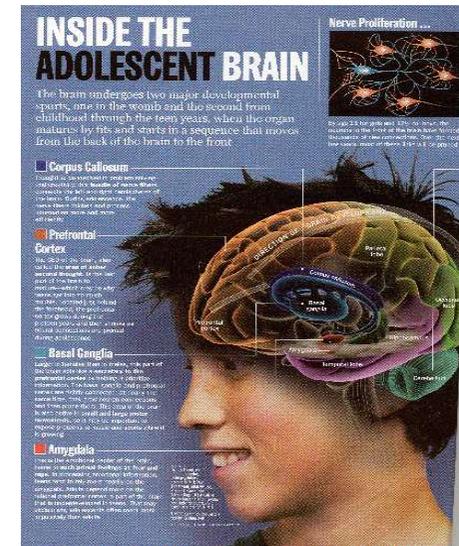




- Brain development may influence the behavior of a teenager in the following ways...

4 propensity toward risky, impulsive behaviors

5 poor planning and judgment



Possible use of BI's with youth

- To facilitate referrals for additional specialized treatment
- To bridge time while on a waiting list
- As a prelude to engagement and participation in more intensive treatment
- To facilitate change during intensive treatment
- As a “stand-alone” approach

Referral exercise

Long-term residential

Drug use: _____

Psychosocial: _____

Comorbidity: _____

Brief intervention

Drug use: _____

Psychosocial: _____

Comorbidity: _____

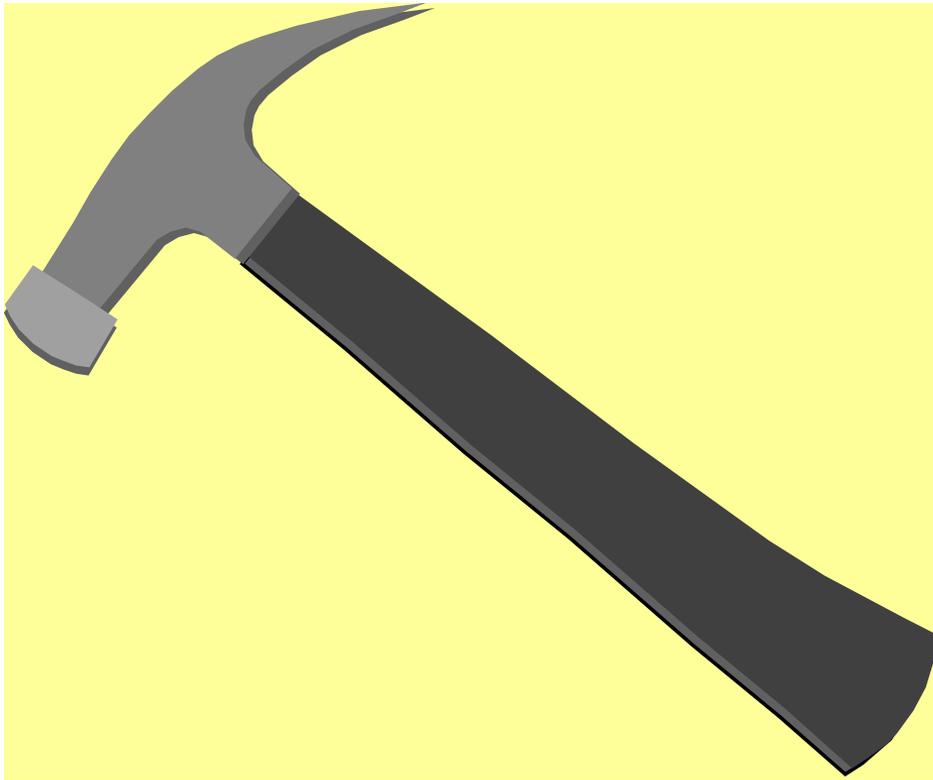
Cautions

- May not be appropriate for severe-end cases (e.g., dependence)
- Supplement treatment is warranted to address co-existing conditions
- Non-abstinence goals common to brief interventions (e.g., harm reduction, risk reduction) may not be suitable for some settings and for some counselors' clinical orientation

Unit - 2

Brief intervention: Basic Tools

Tools

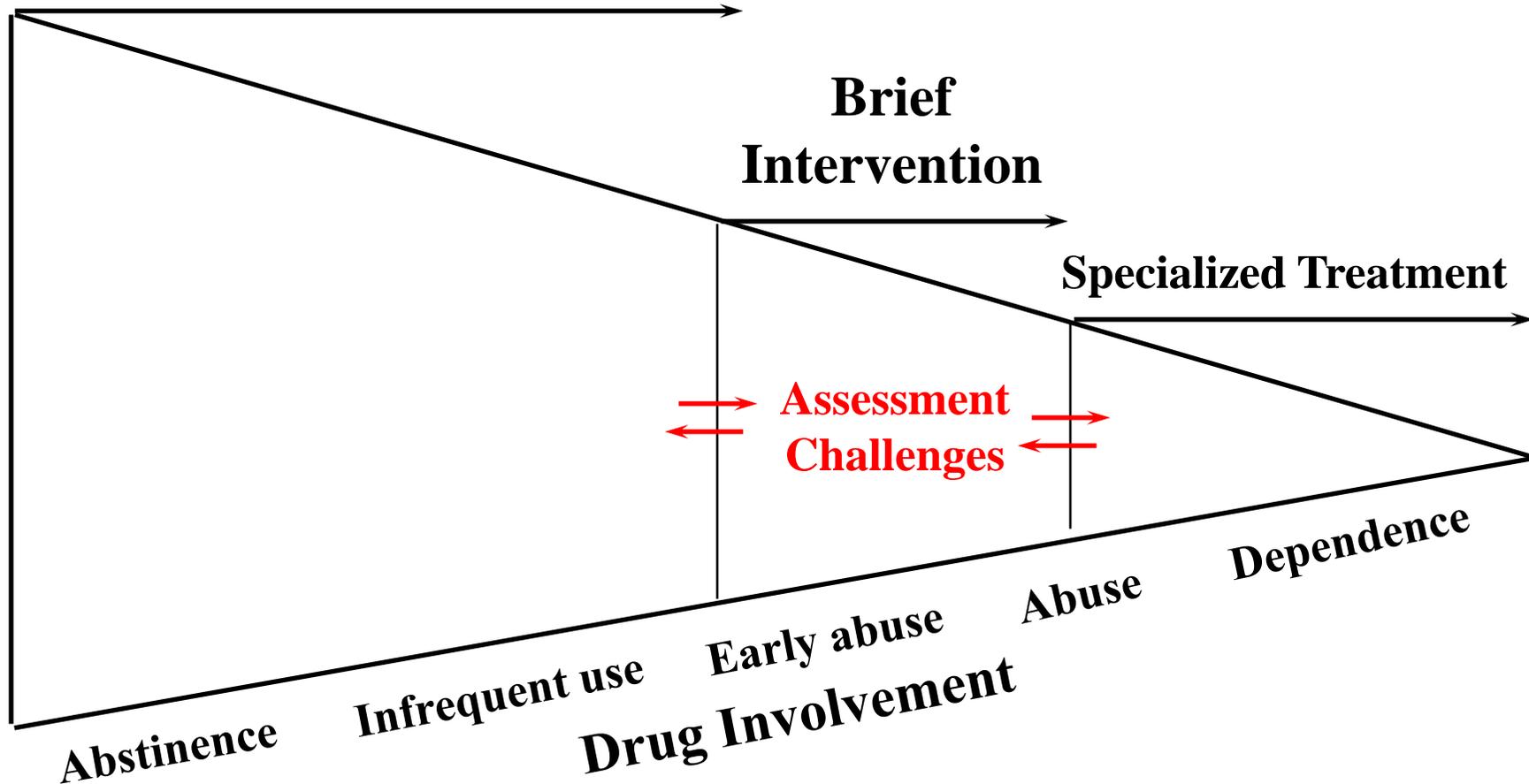


Assessment

Brief Intervention as a Response Option

Adapted from Broadening the Base of Alcohol Treatment (IOM)

Primary Prevention (Intensive for High Risk)



Assessment Model

Evaluation	Methods	Sources	Content
<u>Brief Screening</u> (5-10 min.)	Short Questionnaire	Client	Drug use severity
<u>Screening</u> (30-60 min.)	Short Questionnaire Brief Interview	Client Parent	Drug use severity Biopsychosocial Urinalysis
<u>Comprehensive</u> (2-3 hours)	Comprehensive Qx Detailed Interview Observation	Client Parent	Drug use severity Biopsychosocial Comorbidity Problem Recognition Distorted Self-report

Treatment Improvement Protocol (TIP) Series

www.samhsa.gov/csar

TIP #31: Screening and Assessing Adolescents for Substance Use Disorders

Select Screening and Assessment

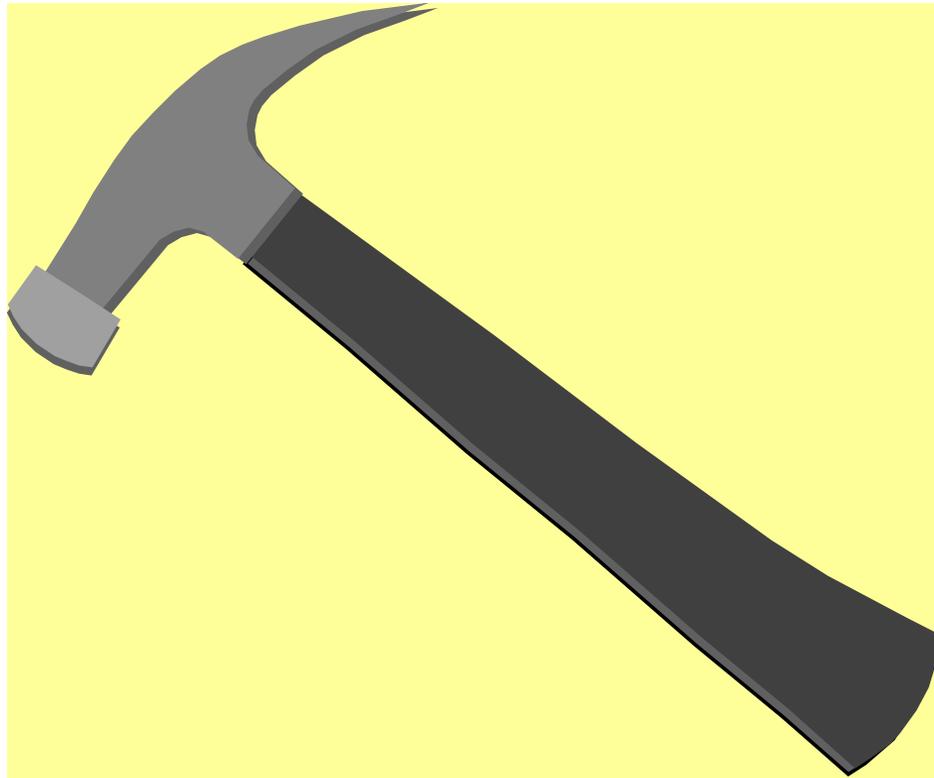
- Brief screening
 - **CRAFFT**
- Screening
 - **ADI**
 - **DAST-Adolescent**
 - **PESQ**
 - **SASSI-adolescent**
 - **POSIT**
 - **GAIN-Quick Screen**
- Comprehensive questionnaire
 - **ASAP**
 - **PEI**
- Interviews
 - **ADI**
 - **CASI**
 - **GAIN**

CRAFFT Questions

(Knight et al., 2002)

- C Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?”
- R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- A Do you ever use alcohol/drugs while you are by yourself or ALONE?
- F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- F Do you ever FORGET things you did while using alcohol or drugs?
- T Have you gotten into TROUBLE while you were using alcohol or drugs?

2+ endorsements = suggests need for a brief intervention



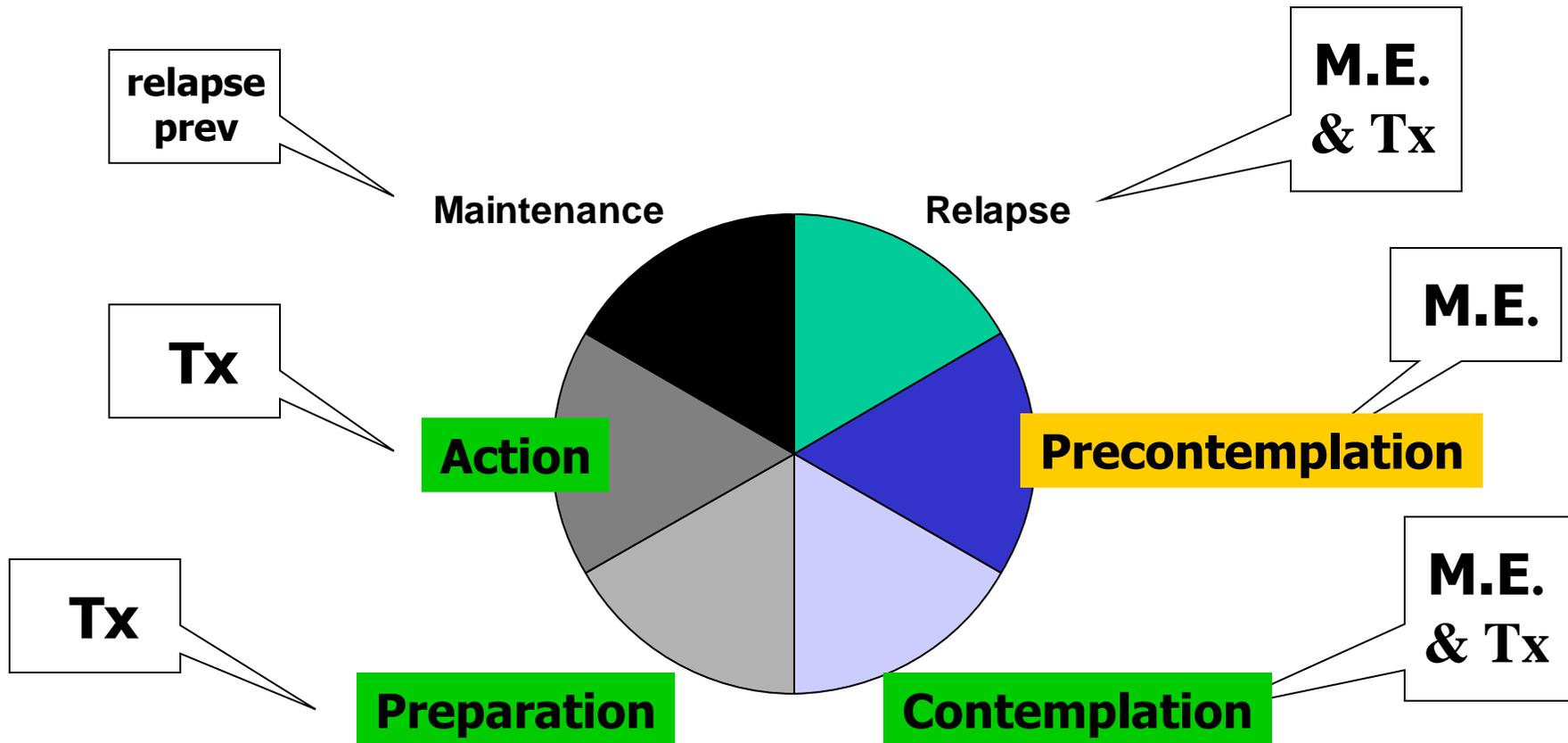
Assessment

**Motivational
Enhancement**

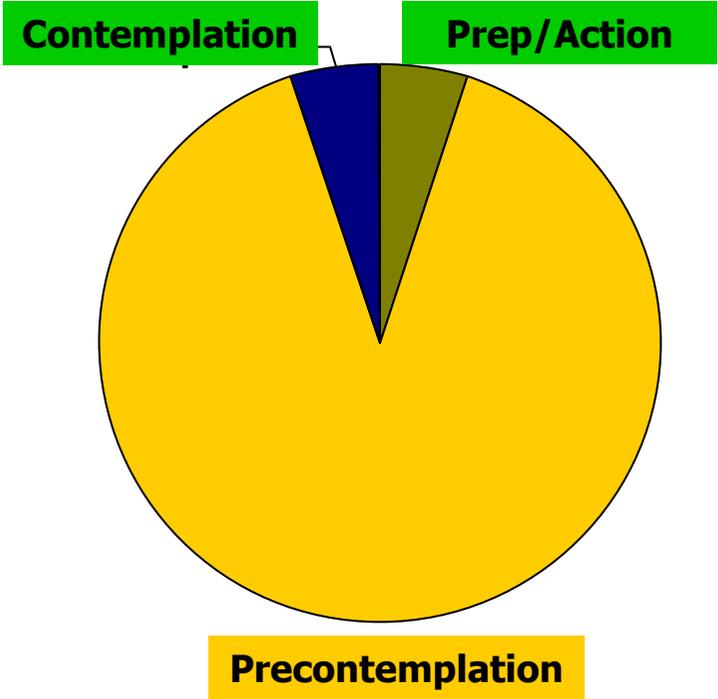
1. Gauge your client's stage of change; respond accordingly
2. Non-confrontational interviewing
3. Five principles of motivational interviewing

Stages of Change

Prochaska and DiClemente



Stages of Change for most youth



Stages of Change and Therapist's Tasks

Client Stage

Therapist's Motivational Tasks

Low (Precontemplation)

Raise doubt; increase client's perception of risks/consequences

Moderate (Contemplation)

Tip the balance; evoke reasons to change; strengthen self-efficacy

High (Prep/Action)

Help client take steps towards change

Maintenance

Help client take steps toward relapse prevention

Relapse

Help client renew processes of contemplation and action; diffuse discouragement due to relapse

Contributors to low motivation



Contributors to better motivation

- **Personal risk factors**
- **Environmental risk factors**
- **Drugs = solution**
- **Developmental**

- **Empowerment**
- **Substitution**
- **Persuasion**
- **Consequences**
- **Personal crisis**
- **Pharmacological**
- **Developmental**

Ready to Change Worksheet

Here is a scale that will help us determine how ready you are to change your use of drugs. Place a number on the scale that indicates how you feel right now about this.

**Not
ready**

**Very
ready**

1

2

3

4

5

6

7

8

9

10

1. Gauge your client's stage of change; respond accordingly
2. **Non-confrontational interviewing**
3. Five principles of motivational interviewing

Exercise: Confrontational Interviewing

- How many years have you been abusing alcohol? Abusing marijuana?
- The screening test indicates that you are probably chemically dependent.
- The test says that you use on a weekly basis, yet you are denying that you are chemically dependent.

Exercise: Motivational Interviewing

- The screening test indicated that your use has increased recently. What specific changes have you noted?
- What are some of the benefits that you get from using?
- What are some of the negative things about using?
- What concerns do you have about your current pattern of use?

Contrasts Between Confrontational and Motivational Approaches

Miller & Rollnick, 1991

Confrontational

Heavy emphasis on self as having a problem and acceptance of diagnosis

Emphasis on personality pathology, which reduces personal choice and control

Therapist presents evidence of problems

Resistance is seen as “denial” which is confronted

Goals of treatment and strategies, prescribed, client assumed to be incapable of sound decisions

Motivational

De-emphasis on labels

Emphasis on personal choice and responsibility

Therapist focuses on eliciting the client’s own concerns

Resistance is met with reflection, non-argumentation

Treatment goals and strategies are negotiated; client involvement vital

- A more confrontational interviewing approach may be indicated in some instances. What are clinical situations when it may be appropriate to use a more direct or confrontational interview style?

1. Take stock of client's stage of change; respond accordingly
2. Non-confrontational interviewing
3. **Five principles of motivational interviewing**

5 Principles

EE - Express Empathy

AA - Avoid Argumentation

RR - Roll with Resistance

SS - Support Self-Efficacy

DD - Develop Discrepancy

Express Empathy

- **Attitude of “acceptance”
(≠ approval !!)**
- **Understanding the client’s perspective**
- **Reflective listening**

I can understand that it is tempting to use alcohol and drugs given that you do not like school.

Avoid Argumentation

- Arguments are counter-productive
- May promote defensiveness
- Try “light confronting”

Okay. It looks like we do not agree on this issue.

Let's move to another topic.

Roll with Resistance

- In the face of arguing, reframe
- Offer different perspective
- “Yes, but.....”
- Invite new view, but do not impose

It sounds like there are individuals in your life that really care about you, that are very concerned.

Support Self-Efficacy

- **Client is responsible for change**
- **Instill faith that client can do it**
- **Change is more self-rewarding when its source is internalized**

If you want to change, it really comes down to you wanting to make changes. I will help.

Develop Discrepancy

- Amplify discrepancy between the present and future (aim short-range future with youth)
- “where he/she is; where he/she wants to be”
- Explore important goals; emphasize how continued drug use will interfere

If you keep driving while under the influence, you risk being injured and getting into legal problems.

Part 2 of 3

Unit - 3

Clinical Applications: *Teen Intervene*

teen-intervene

www.Hazelden.org

- Organized around these strategies:
 - Motivational interviewing
 - Stages of change
 - Cognitive-behavioral
- Modeled after existing evidence-based approaches (see the manual for details)

■ Efficacy Research – 2 studies

- Follow-up assessments at 6- and 12-months post-intervention on showed significant improvement on drug use and related variables for adolescents in a 2-session (adolescent only) and 3-session (parent included) conditions compared to the assessment only group.
- Youth in the 3-session group had consistently better outcomes compared to adolescents the 2-sessions.
- The most significant mediators of positive effects at 6-months were improved problem solving and use of community services after the intervention. At 12-months outcome, improved problem solving continued to show a mediation effect.

Abstinence rates at 6-months post-intervention for each of the 3 groups

Variable	BI-Y	BI-YP	Control
Alcohol abstinence, prior 90 days at 6 month follow-up	50%	59%	29%
Marijuana abstinence, prior 90 days at 6 month follow-up	59%	68%	22%

Source: Winters (CPDD, 2008).

Notes. Groups: BI-Y = BI-Youth only; BI-YP = BI-Youth and Parent; CON = Control, assessment only.

- **Key references**

Winters, K.C., & Leitten, W. (2007). Brief interventions for moderate drug abusing adolescents. *Psychology of Addictive Behaviors, 21*, 151-156.

Winters, K.C., Fahnhorst, T., Botzet, A., Lee, S., & Lalone, B. (in press). Brief intervention for drug abusing adolescents in a school setting: Outcomes and mediating factors. *Journal of Substance Abuse Treatment*.

- **Reviewed in NREPP**

www.nrepp.samhsa.gov

type Teen Intervene in search window

- **To purchase:**

www.hazelden.org/web/public/teenintervene

Overview

- 3 sessions:
 - 2 with the adolescent
 - Followed by 1 with the parent
 - Number of sessions will depend upon length of sessions
- Each session: 60-75 minutes
- 7 – 10 day interval between sessions
- End this last session with a few minutes for a concluding discussion with parent and adolescent client
- Time saver: administer beforehand...
 - *Client Questionnaire* to adolescent before Session 1
 - *Parent Questionnaire* to parent before Session 3

Session 1 - Youth

Session 1-Youth - Overview

- Introduce the program
- Complete/review alcohol and drug use history
- Discuss pros/cons of alcohol and drug involvement
- Evaluate willingness to change
- Set goals
- Wrap-up

Step 1: Introduce the program

- Goals are negotiated
- Learn new skills
- Take responsibility for self change
- Discuss issues of confidentiality

Step 2: Administer the *Client Questionnaire* (CQ) (Consider administering and scoring prior to session)

- CQ is self-administered
- Part 1: alcohol and drug use history section
- Part 2: measures problem recognition
- To be discussed later
- (Score it later if administered during session)

Questionnaire

Teen-Intervene

CLIENT QUESTIONNAIRE

NAME/ID: _____

DATE: _____

- ✓ This questionnaire asks about you and your experiences. Some questions ask how often you have used alcohol and other drugs. Others ask how much you agree with a statement.
- ✓ Please read each question carefully. Circle the answer that is right for you.
- ✓ Please answer every question.

Part 1 of Client Questionnaire

During the past twelve months, how many times (if any)

	Never	1-2	3-5	6-9	10-19	20-39	40+
1. Have you had alcoholic beverages (including beer, wine, and liquor) to drink?	1	2	3	4	5	6	7
2. Have you used marijuana (grass, pot) or hashish (hash, hash oil)?	1	2	3	4	5	6	7
3. Have you used drugs other than alcohol and marijuana?	1	2	3	4	5	6	7

continued on other side

Questionnaire

... CLIENT QUESTIONNAIRE ...

4. If you have used other drugs, put an X in the space next to each drug that you have used at least **once during the past twelve months.**

- _____ cocaine (coke, crack)
- _____ amphetamines (such as uppers, speed, bennies)
- _____ barbiturates (such as downs, goofballs, yellows, blues)
- _____ heroin (smack, horse, skag)
- _____ other narcotics (such as methadone, opium, morphine, codeine, demerol)
- _____ tranquilizers (such as Librium, Valium)
- _____ psychedelics (such as LSD, PCP)
- _____ inhalants (such as glue, aerosol cans, gases, white-out)
- _____ club drugs (meth, Ecstasy, MDMA, special K, GHB, roofies)

Part 2 of Client Questionnaire (PRQ)

This part asks whether you disagree or agree with these statements. Make a check mark in the appropriate blank.

	Strongly Disagree	Disagree	Agree	Strongly Agree	FOR FACILITATOR USE ONLY
1. My use of alcohol or other drugs has caused many problems in my life.	_____	_____	_____	_____	<input type="checkbox"/>
2. I can quit using alcohol or other drugs on my own.	_____	_____	_____	_____	<input type="radio"/>
3. I am glad to be in treatment.	_____	_____	_____	_____	<input type="checkbox"/>

Questionnaire

... CLIENT QUESTIONNAIRE ...

	Strongly Disagree	Disagree	Agree	Strongly Agree	FOR FACILITATOR USE ONLY
4. My problems are caused by alcohol or other drugs.	_____	_____	_____	_____	<input type="checkbox"/>
5. I believe I am chemically dependent.	_____	_____	_____	_____	<input type="checkbox"/>
6. My use of alcohol or other drugs has hurt others.	_____	_____	_____	_____	<input type="checkbox"/>
7. I want to change my life and get away from alcohol and other drugs.	_____	_____	_____	_____	<input type="checkbox"/>
8. There are many good reasons for me to stop using alcohol or other drugs.	_____	_____	_____	_____	<input type="checkbox"/>
9. I know why people are so upset about my alcohol or other drug use.	_____	_____	_____	_____	<input type="checkbox"/>
10. I need help for my chemical problems.	_____	_____	_____	_____	<input type="checkbox"/>
11. Using alcohol or other drugs is a real problem in my life.	_____	_____	_____	_____	<input type="checkbox"/>
12. I can control my alcohol or other drug use.	_____	_____	_____	_____	<input type="radio"/>
13. I have a bad alcohol or other drug problem.	_____	_____	_____	_____	<input type="checkbox"/>

Questionnaire

... CLIENT QUESTIONNAIRE ...

	Strongly Disagree	Disagree	Agree	Strongly Agree	FOR FACILITATOR USE ONLY
14. It will be a struggle for me to stop using alcohol or other drugs.	_____	_____	_____	_____	<input type="checkbox"/>
15. It's okay for me to use alcohol or other drugs now and then.	_____	_____	_____	_____	<input type="radio"/>
16. I need to stop using alcohol or other drugs completely.	_____	_____	_____	_____	<input type="checkbox"/>
17. I have more important things to do than to go to treatment.	_____	_____	_____	_____	<input type="radio"/>
18. I need help to stop using alcohol or other drugs.	_____	_____	_____	_____	<input type="checkbox"/>
19. I am willing to give up my old friends so I can stop using drugs or drinking.	_____	_____	_____	_____	<input type="checkbox"/>
20. I was forced into coming to treatment.	_____	_____	_____	_____	<input type="radio"/>
21. I think some type of intervention is a good thing for me.	_____	_____	_____	_____	<input type="checkbox"/>

Step 3: Administer the *Pros and Cons Worksheet*

- Guided interview
- Allows discussion of perceived negative and positive experiences/consequences
- Record answers on worksheet

Pros & Cons of using/drinking

Pros

- “What do you like about using drugs and alcohol?”
- What are the good things about using/drinking?
- What else?”
- What positive effects of using matter the most to you?”

Cons

- “What don’t you like as much about using/drinking?”
- What are the not-so-good things about using/drinking?
- What else?
- Which negative effects of using matter the most to you?”

Pros & Cons of using/drinking

More Probing

- What would be the good things if you reduced or stopped using?
- What would be the not so good things you reduced or stopped using?
- “What do you think will happen if you continue to use the same way?”
- “What do your friends think about your using? How does this affect your decision to use?”
- What about your parents? Do their attitudes affect your decisions about using?”

PROS AND CONS WORKSHEET

NAME/ID: _____

DATE: _____

In the space below, write down some of the *positive reasons* for your client's continued substance use. Be specific.

1. The *pros* of my client's using are

A.

B.

C.

D.

In the space below, write down some of the *negative reasons* for your client's continued substance use. Be specific.

2. The *cons* of my client's using are

A.

B.

C.

D.

Worksheet

... PROS AND CONS WORKSHEET ...

Think of some of the *positive and negative outcomes* if the client *changes* his or her substance use. Write some ideas below.

3. The **pros** of my client choosing to change his or her substance use are

A.

B.

C.

D.

4. The **cons** of my client choosing to change his or her substance use are

A.

B.

C.

D.

Step 4: Administer the *Triggers and Cravings Worksheet*

- Helps to explore what contributes to the client's continued drug use.
- Discuss and review common triggers and get client to identify which ones apply to them.
- Read aloud items on page 1 of the worksheet and circle those that your client identifies.
- Inquire if there are others that apply.
- Select and read scenarios on page 2; review as many scenarios as possible/relevant.

Worksheet

 ■ ■ ■ TRIGGERS AND CRAVINGS WORKSHEET ■ ■ ■

NAME/ID: _____ DATE: _____

Circle the reason or reasons for your client's drug or alcohol use.

- **Escape:** to avoid uncomfortable situations, arguments, memories, or actual physical pain. Some people want to escape from their pain and use drugs and/or alcohol to make themselves feel numb or to forget.
- **Relaxation:** to unwind and reduce tension. Some people do not know how to relax without using drugs.
- **Socialization:** involves social settings such as a party or family gathering. Many people who are shy or uncomfortable in these situations use alcohol and/or other drugs to help reduce uncomfortable feelings in themselves and to help relax in this type of situation.
- **Improved self-image:** to make one feel like he or she looks better in his or her own eyes.
- **Romance:** when someone is bored or unhappy with his or her life and feels he or she needs excitement or wants the feeling of being in love.
- **To hell with it:** when a person has just given up trying to reach any worthwhile goal. This is a person who feels that nothing matters, and there is no reason for trying.
- **No control:** a person who gives up trying to control himself or herself. People who feel like this think they just do not want to make any more effort to fight the urge to drink or use other drugs.
- **Other:** please describe: _____

 Alternative suggestions: _____

continued on other side

Worksheet

1. You are standing in your kitchen, and you are watching your parent take a beer out of the refrigerator. In the past, you have taken one secretly for yourself. This time you don't want to. What do you do?

2. You are at a party with your friends, and someone passes you a joint. You don't feel like smoking it just now. What can you do?

3. You have had a really hard day. You got an F on your test, your best friend has turned on you, and you are really frustrated. What can you do instead of using drugs and/or alcohol?

4. You have a big presentation in front of the entire school tomorrow. You are really nervous and are having a hard time falling asleep. What do you do?

Step 5: Give feedback from the *Client Questionnaire*

- Guided interview
- This provides personalized feedback; helps promote the change process.
- Part 1: “What do you think of all this? Can you tell me more about your use of alcohol and other drugs? What else was going on in your life?”
- Part 2: Review total score (if known) or review select items; solicit the client’s reactions.
 - Example: items 7, 10, 12, 18 and 19.

Questionnaire

... CLIENT QUESTIONNAIRE ...

	Strongly Disagree	Disagree	Agree	Strongly Agree	FOR FACILITATOR USE ONLY
4. My problems are caused by alcohol or other drugs.	_____	_____	_____	_____	<input type="checkbox"/>
5. I believe I am chemically dependent.	_____	_____	_____	_____	<input type="checkbox"/>
6. My use of alcohol or other drugs has hurt others.	_____	_____	_____	_____	<input type="checkbox"/>
7. I want to change my life and get away from alcohol and other drugs.	_____	_____	_____	_____	<input type="checkbox"/>
8. There are many good reasons for me to stop using alcohol or other drugs.	_____	_____	_____	_____	<input type="checkbox"/>
9. I know why people are so upset about my alcohol or other drug use.	_____	_____	_____	_____	<input type="checkbox"/>
10. I need help for my chemical problems.	_____	_____	_____	_____	<input type="checkbox"/>
11. Using alcohol or other drugs is a real problem in my life.	_____	_____	_____	_____	<input type="checkbox"/>
12. I can control my alcohol or other drug use.	_____	_____	_____	_____	<input type="radio"/>
13. I have a bad alcohol or other drug problem.	_____	_____	_____	_____	<input type="checkbox"/>

Questionnaire

... CLIENT QUESTIONNAIRE ...

	Strongly Disagree	Disagree	Agree	Strongly Agree	FOR FACILITATOR USE ONLY
14. It will be a struggle for me to stop using alcohol or other drugs.	_____	_____	_____	_____	<input type="checkbox"/>
15. It's okay for me to use alcohol or other drugs now and then.	_____	_____	_____	_____	<input type="radio"/>
16. I need to stop using alcohol or other drugs completely.	_____	_____	_____	_____	<input type="checkbox"/>
17. I have more important things to do than to go to treatment.	_____	_____	_____	_____	<input type="radio"/>
18. I need help to stop using alcohol or other drugs.	_____	_____	_____	_____	<input type="checkbox"/>
19. I am willing to give up my old friends so I can stop using drugs or drinking.	_____	_____	_____	_____	<input type="checkbox"/>
20. I was forced into coming to treatment.	_____	_____	_____	_____	<input type="radio"/>
21. I think some type of intervention is a good thing for me.	_____	_____	_____	_____	<input type="checkbox"/>

Step 6: Administer the *Ready to Change Worksheet*

- Guided interview
- “Let’s see how you feel about changing at this time. We’ve reviewed the pros and cons of using, triggers and cravings, and what changing your use pattern would mean to you.
- Let’s explore how ready you feel to change at this time.”
- Record client’s answer on the 1 to 10 scale. Comment on his or her response.
- Bottom half of worksheet: have client identify which best describes them self.

--- READY TO CHANGE WORKSHEET 1 ---

NAME/ID: _____ DATE: _____

Here is a scale that will help you to determine how ready your client is to change his or her use of alcohol or other drugs. Circle a number on the scale that indicates how your client feels about this right now.

1 2 3 4 5 6 7 8 9 10
NOT READY SOMEWHAT READY VERY READY

You have marked a _____.

This means your client is _____ ready to change.

Please circle one of the following statements that best describes your client right now.

1. "I don't want to quit using drugs and/or alcohol."
2. "I don't really like to use drugs and/or alcohol, but I don't want to stop right now."
3. "I am thinking about stopping my use of drugs and/or alcohol."
4. "I have definitely decided that I want to stop using drugs and/or alcohol."
5. "I have already stopped using drugs and/or alcohol."

Step 7: Administer the *Establish Goals Worksheet*

- Guided interview
- Use negotiation process
- Goals need to be attainable and specific
- Goals can be drug-use related and health promotion
- Record goals on a worksheet

Setting Goals

Establishing Goals Looking for Therapeutic Entry Points

- Abstinence
- Risk/harm reduction
 - Reduce frequency/quantity/drug choice
 - Alter setting
 - Alter administration
- Monitor use if abstinence or risk/harm reduction rejected

Setting Goals

Establishing Goals Looking for Therapeutic Entry Points

- Replacing functional value of drug use
 - social benefits
 - psychological benefits
 - coping benefits
- Restoring privileges
- Reducing hassles
- Promoting personal growth

• • • ESTABLISH GOALS WORKSHEET • • •

NAME/ID: _____

DATE: _____

In the space below, write down some of the goals regarding your client's drug or alcohol use that he or she will work on during the next week.

- 1.
- 2.
- 3.
- 4.

What might get in the client's way of trying to reach these goals?

- 1.
- 2.
- 3.
- 4.

Where does this leave us now? What can your client do to prevent these obstacles?

- 1.
- 2.
- 3.
- 4.

Step 8: Administer the *What Sets Off Your Drug Use Worksheet*

- Guided interview
- Identify possible obstacles to achieving goals (draw-in Triggers & Cravings worksheet)
- “What might get in the way?”
- “What might make it hard to change?”

WHAT SETS OFF YOUR DRUG AND/OR ALCOHOL USE? WORKSHEET

NAME/ID: _____ DATE: _____

In the first column, list the reasons/triggers that set off your client's drug and/or alcohol use. In the second column, list several alternatives to prevent or control these causes and influences.

TRIGGER	ALTERNATIVE
1. _____ _____ _____ _____	1. _____ _____ _____ _____
2. _____ _____ _____ _____	2. _____ _____ _____ _____
3. _____ _____ _____ _____	3. _____ _____ _____ _____
4. _____ _____ _____ _____	4. _____ _____ _____ _____

Step 9: Conclusion

- Review worksheets. Place emphasis on working on goals.
- Give client a copy of *Advantages of Not Using Worksheet*.
- Set date for next appointment – in about 7 -10 days.

• • • ADVANTAGES OF NOT USING DRUGS • • •

Below are some advantages of not using drugs. How many apply to you?

- keep your head clear
- better relationship with family
- feel better physically
- save money
- would not have to hide drug use anymore
- feel better about yourself
- more time to enjoy hobbies, sports, etc.
- better able to control moods and feelings
- good for your weight (fewer calories)
- don't have to worry about making a fool of yourself at parties
- don't wake up wondering what happened the night before
- no more hangovers
- self-confidence from overcoming the urge to use
- wouldn't have a bad reputation
- wouldn't regret things
- health reasons
- improved communication skills—not so snappy
- better sleep
- not so worried about others knowing
- improved relationships with others, including family
- more time for yourself, your family, and your friends
- able to plan for your future more clearly

Part 3 of 3

Session 2 - Youth

Session 2-Youth Overview

- Review progress
- Trouble-shoot and problem solve
- Focus on skill building
- Establish longer-term goals
- Wrap-up

Step 1: Review Session-1

- Guided interview
- Reward progress (support self-efficacy)
- “What was it like for you to use less (or not at all? Advantages? Disadvantages?”
- Where do we stand with your goals?
- What, if anything, got in the way of meeting your goals?”

Step 2: Administer *Ready to Change* *Worksheet-2*

- Compare to prior score
 - Support improvement
 - Remind that change is difficult

Worksheet

READY TO CHANGE WORKSHEET 2

NAME/ID: _____ DATE: _____

Is your client seriously thinking about changing his or her drug and/or alcohol use within the next six months?

YES MAYBE NO

Is your client seriously thinking about changing his or her drug and/or alcohol use within the next month?

YES MAYBE NO

Here is the same scale that you have seen before. This will help you determine how ready your client is now to change his or her use of drugs and/or alcohol. Circle a number on the scale that indicates how your client feels about this today.

1	2	3	4	5	6	7	8	9	10
NOT READY			SOMEWHAT READY				VERY READY		

You have marked a _____.

This means your client is _____ ready to change.

Please circle one of the following statements that best describes your client right now.

1. "I don't want to quit using drugs and/or alcohol."
2. "I don't really like to use drugs and/or alcohol, but I don't want to stop right now."
3. "I am thinking about stopping my use of drugs and/or alcohol."
4. "I have definitely decided that I want to stop using drugs and/or alcohol."
5. "I have already stopped using drugs and/or alcohol."

Step 3: Acquiring new skills

- Guided interview; each with worksheet
- Three exercises are offered:
 - Dealing with peer pressure
 - Enhancing decision-making skills
 - Reinforcing social support systems

Worksheet

Refusal Techniques

Tell me what you think about the following ways to refuse effectively.

“Not now, I’m not ready.”

Just say “no thank you” and leave it at that.

Give a reason or excuse (e.g., “No thanks, I have a test/big game tomorrow”).

Broken record – keeping saying “no” over and over again.

Walk away – ignore the person and the situation.

Avoid the situation – if you know there will be drugs/alcohol at the party don’t go.

Change the subject – start talking about something else.

Strength in numbers – be with friends that you can trust.

Use humor – make a joke of the situation.

Use your health as an excuse – (e.g., “I’m allergic to smoke”).

Reverse the pressure - (e.g., “If you want a beer so badly get one yourself”).

Be honest- tell them you are not into it (e.g., “It’s just not my thing”).

Suggest an alternative – try something else to do.

(Adapted from A Parent & Community Handbook, 4th Edition, Parents Against Drugs (PAD) Toronto, Canada, 1999).

E2. Enhancing Decision-Making Skills

- “Let’s think about how people use effective skills to make good decisions. Here is a 5-step plan that can help when making decisions.
- Read each step on the worksheet.
 - Stop
 - Think
 - Choose one
 - Act
 - Evaluate
- Optional: read and discuss fictional situations on the other worksheet

Worksheet

Enhancing Decision-Making Skills

Let's think about how people use effective skills to make good decisions when faced with unclear situations in life.

“Stop! Ask yourself, ‘Do I really want to use in this situation? Maybe you could do something other than using.

“Think! What are some ways you can decide to get out of using? List at least three.”

“Choose one.”

“Act! Do it.”

“Evaluate! Ask yourself, How did it work?”

Worksheet

Two Fictional Situations

The following are two examples of a fictional situation in which a person could apply these five steps. I will read the situation and we can discuss how to use the steps.

1.. Your boyfriend/girlfriends parents are going away for the weekend. The older brother of your friend throws a party at the house. You decide to attend and many of your friends are there drinking. But your boyfriend/girlfriend is concerned about the party. You start to drink but you have second thoughts. You do not want to lose your boyfriend/girlfriend. What could you do?" .

Review the five steps with the client

2. You are on a baseball team. A team member has been performing well above average lately. The player confides in you that he/she is taking pills to enhance his/her game. He/she asks if you want to try some. What could you do?

Review the five steps with the client

E3. Reinforcing Social Support Systems

- Social Supports
 - “Who can you turn to for support?”
 - “Who supports your choice to not use.
 - Is there someone who
 - Listens? Gives you good ideas? Will help when you ask?”
 - Probe for examples
 - “Are there individuals you can support? Help out?”

Worksheet

... SOCIAL SUPPORT WORKSHEET ...

NAME/ID: _____

DATE: _____

Answer the following questions to the best of your ability.

1. Who may be able to offer my client support?

Suggestions:

- Think of people who have been helpful to the client in the past, such as friends, family members, or other people that he or she knows.
- Find people who are not biased, those who will not pick sides.
- If you can't think of people who can be of help to the client now, think of those who may be helpful later on.

2. Think of ways that these supportive people can help the client. List at least three.

continued on other side

Step 4. Conclusion

- Summarize session.
- Longer-term goals? Include abstinence.
- Discuss/consider the need for and interest in a booster session (e.g., in 3 months).
 - If so, follow structure of Session 2
- Referral needed?
- End with a respectful thank-you.

Session 3 - Parent

Session 3-Parent Overview

- Introduce the program
- Talk about the parent's drug attitudes and behavior
- Skills for talking to the child
- Review family rules
- Helping promote the child's goals
- Wrap-up
- (Consider administering the *Parent Questionnaire* prior to the session.)

Session 3-Parent

		DISCIPLINE	
		+	-
SUPPORT	+	desired	<desired
	-	<desired	worse

Step 1. Breaking the ice

- Guided interview
- “What do you hope your child will gain from this program?”
- Review goals of the teenager. Emphasize long-term goal is abstinence. Note that short-term goals are working toward abstinence.
- Perhaps move discussion to topic of the parents’ alcohol and other drug use. (Proceed cautiously here; some parents will not want to discuss this issue.)

Step 2. Administer the *Parent Worksheet*

- Guided interview
- This highlights the parent-child relationship.
- “These questions will help us discuss how you can help encourage and support your son/daughter’s goals.”
- Focus on....
 - “What is the family like?
 - How do you get along with him/her?
 - What do you think may have caused your son/daughter’s drug use?”

Worksheet

--- PARENT/GUARDIAN WORKSHEET ---

NAME/ID: _____ DATE: _____

"These first questions are about your family and especially your son/daughter. Be honest and feel free to ask any questions that you may have as we go along."

1. "Describe your family life. Is it warm and friendly? Do your family members get along? Or is there conflict among family members?"

 2. "Is there a family member who abuses alcohol or other drugs other than your son/daughter?" If yes, ask, "Do you see the importance of having that family member stop abusing in order to help your son/daughter?" If no, move on to question 3.

 3. "Let's turn to the situation with your son/daughter. What do you think has caused his/her problem with drugs?"

 4. "Have you discussed with any friends or other family members what to do about your son's/daughter's use?"

 5. "What steps, if any, have you taken already to try to prevent or reduce your son's/daughter's use?" (Reinforce positive steps.)
-

Step 3. Administer the *Six Steps Worksheet*

- Guided interview
- This focuses on skills for talking about drug use to the child.
 - “Let’s spend some time on the topic of how to talk to your son/daughter about alcohol and other drug use.
 - Here are six steps to help you tell your child that you are concerned about his/her well-being and that you are concerned that he/she not use alcohol and other drugs.”
- Give worksheet to parent as a take-home.

Worksheet

SIX STEPS: TALKING TO KIDS ABOUT ALCOHOL AND OTHER DRUGS

Step 1 — “I care”

Tell your child that you care about him or her. Attempt to build upon your relationship to help reduce the potential defensiveness in your child. An example of this approach is “I care about you, and I don’t want you to get hurt.”

Step 2 — “I see”

In this step, you need to tell your child what he or she has done that has caused you concern. Just give the facts, not your opinion, based upon what you have seen or found. An example of this is “When you came in last night, you were three hours late and smelled like alcohol.”

Step 3 — “I feel”

This is where you tell your child about how this behavior or discovery has made you feel. Be sure to take away any blame from this step. For example, “I am really worried that you might get hurt or killed.”

Step 4 — “Listen”

This step has to be one of the most important. You will need to listen to what the adolescent has to say about his or her drug use or drinking behaviors. Some may not say anything at all at this point, but it is useful to allow this opportunity for the young person to tell his or her side. It is possible that your child is not ready to talk. You can tell him or her that you are available to listen to what he or she has to say at another time.

Step 5 — “I want”

After hearing your child’s side, you need to tell him or her what you want to happen next and what you want your child to do. For example, “I don’t want you to use drugs at all.” Reinforce that you “want” him or her to continue seeing the therapist if the problem does not get better.

Step 6 — “I will”

This final step is where you tell your child what you will and will not do in order to help him or her with this problem. Some may choose to be available to just listen when the young person chooses to discuss the issue. Other parents may choose to make an appointment with a chemical health counselor. The best time to talk is when you have calmed down from the initial shock of learning about your child’s use of alcohol or other drugs. You will need to find a place to talk where you can’t be interrupted. The time to talk is not while your child is still under the influence of alcohol or other drugs. If the problem persists, encourage your child to make an appointment with the therapist.

Step 4. Administer *Family Rules about Alcohol and Other Drug Use* worksheet

- Guided interview
- This brings attention to the family and the kinds of rules in the household about drug use.
 - “I would like you to answer some questions about how your family sets rules regarding drug use.”

Worksheet

- - - FAMILY RULES ABOUT ALCOHOL AND OTHER DRUG USE - - -

NAME/ID: _____ DATE: _____

1. Studies have shown that it can be helpful to include your child or children in creating your household rules. I have some questions for you regarding your family rules about using alcohol and other drugs. Do you have rules about this in your household? If so, would you be willing to share them with me?

2. When you have your family meeting to make up these rules, who do you think should be there? List the names of these people below. This list can include extended family members or others, such as a grandparent, aunt or uncle, neighbor, friend, priest or rabbi, counselor or therapist, or anyone else whom you think of as being helpful and supportive in the life of your family.

3. Set a date, time, and place to have this family meeting. Think about where you can all meet and not be interrupted or distracted. List a date, time, and meeting place in the space below. No matter what, don't miss your date. Rescheduling can be difficult.

Step 5. Administer (or review) the *Parent Questionnaire*

- This measures their readiness to help their child change.
- No need to score it; review their answers to items.
 - Focus on select items
 - example: items 5, 7 and 10.

Questionnaire

... PARENT/GUARDIAN QUESTIONNAIRE ...

NAME/ID: _____ DATE: _____

Please answer whether you disagree or agree with these statements about your child by making a check in the appropriate blank. Your answers will be kept confidential.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. As a parent/guardian, I have great concerns about my child's use of alcohol and/or other drugs.	_____	_____	_____	_____
2. I want my child to receive help for alcohol and/or other drugs.	_____	_____	_____	_____
3. I want my child to quit using alcohol and/or other drugs.	_____	_____	_____	_____
4. I want my child to reduce his or her usage of alcohol and/or other drugs.	_____	_____	_____	_____
5. As a parent/guardian, I am willing to do whatever it takes to stop my child from using.	_____	_____	_____	_____
6. I believe that my child has a problem with alcohol and/or other drugs.	_____	_____	_____	_____
7. My child's use of alcohol and/or other drugs is just "typical teenage behavior."	_____	_____	_____	_____
8. I think it's okay for my child to use alcohol and/or other drugs every now and then.	_____	_____	_____	_____
9. My alcohol and/or other drug use is not a problem.	_____	_____	_____	_____
10. I tried to help my child change his or her alcohol and/or other drug use, but it didn't work out.	_____	_____	_____	_____
11. I believe my child can change his or her alcohol and/or other drug use without help.	_____	_____	_____	_____
12. I will make time to help my child with his or her alcohol and/or other drug use problems.	_____	_____	_____	_____

Step 6. Conclusion

- Review issues pertaining to...
 - parental discipline
 - positive and supportive behaviors
 - personal attitudes and behaviors regarding drug use
- Emphasize what the parent needs to do..
 - more of, less of, or keep doing

Step 7. Closure and Combined Session

- Bring the adolescent into the parent session
 - review goals and role of parents to help
 - review how each will problem solve if lack of progress
 - discuss....
 - booster session?
 - referral?

Booster?

- Consider a “booster” session (in –month? 3-months?)
 - Revisit pros and cons exercise.
 - Revisit success with goals and address possible barriers.
 - Review future goals.

Referral?

- **No progress; problem may be getting worse**
 - **Consider referral for specialized assessment**
 - **More intensive individual or family treatment may be needed**

Unit 4 – Case Example

Lynette

Please pause the video and read the case example provided.

Unit 5 - Implementation Issues

- Remember: try to administer *Client Questionnaire* and *Parent Questionnaire* prior to respective sessions.
- Think ahead about session length and time you have for each session.
- Let's consider using Teen Intervene in schools. Here are some factors that can promote successful implementation of a brief intervention (BI) in this setting.

Can BI be Conducted as Group Therapy?

- The strategies can be adapted to group.
- Ideally, size of group should be no more than 5. Minimize gender mix.
- Each group session should be about 2 hours.
- Do not rotate-in new members (too disruptive).

- Consent and confidentiality
 - your state's and organization's requirements
 - emancipated minor issues
 - circumstances that negate a confidential relationship
 - harm to self
 - state mandated reporting (STI, sex/physical abuse)
 - harm to others - duty to warn

Duty to Warn

- Has a duty to take precautions when:
 - A client or patient expresses specific and immediate threat
 - That entails serious bodily injury or death
 - To an identifiable or easily identifiable person
 - And the provider believes that the client has the ability to carry out the threat imminently

Unit 6 - Learning *Teen Intervene*

Learning Teen Intervene

1. Study the manual
2. Rehearse with self; imagine a client and responses you might get
3. Practice with a colleague in a role playing situation

Learning Teen Intervene

4. Conduct with 2-3 clients
 - Audio-tape sessions and review
 - Discuss with an experienced colleague
5. Use supervision to monitor continued application
6. Contact me for follow-up training needs or supervision

For more information, please go to the main website and browse for more videos on this topic or check out our additional resources.

Additional Resources

Online resources:

1. National Registry of Evidence-based Programs and Practices: www.nrepp.samhsa.gov
2. SAMHSA/CSAT Treatment Improvement Protocols: <http://www.ncbi.nlm.nih.gov/books/NBK14119/>
3. SCCAP: Society of Clinical Child & Adolescent Psychology: <http://effectivechildtherapy.com>

Books:

1. Miller, W. R. & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York, NY, US: Guilford Press.
2. Monti, P.M., Colby, S.M., & O'Leary, T. A. (2001). *Adolescents, Alcohol, and Substance Abuse: Reaching Teens Through Brief Interventions*. New York, NY: Guilford Press.
3. Svendsen, Roger & Center for the Application of Prevention Technologies, Center for Substance Abuse Prevention, & Substance Abuse and Mental Health Services Administration. (2001). *Walking the Talk: A program for parents about alcohol, tobacco and other drug use and nonuse*. Second Edition. Anoka, MN: Minnesota Institute of Public Health.

Peer-reviewed Journal Articles:

1. Bien, T., Miller, W. R. & Tonigan, J. S. (1993). Brief interventions for alcohol problems: A review. *Addiction*, 88(3), 315-335.
2. Center for Substance Abuse Treatment. (1999). Screening and assessing adolescents for substance use disorders. *Treatment Improvement Protocol (TIP) Series #31*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
3. Winters, K.C., Fahnhorst, T., Botzet, A., Lee, S., & Lalone, B. (2012). Brief intervention for drug abusing adolescents in a school setting: Outcomes and mediating factors. *Journal of Substance Abuse Treatment*, 42 (3), 279–288.
4. Winters, K.C., Leitten, W., Wagner, E., & O'Leary Tevyaw, T. (2007). Use of brief interventions in a middle and high school setting. *Journal of School Health*, 77, 196-206.

