
Teen-Intervene



Using Brief Intervention with Substance-Abusing Adolescents

From
HAZELDEN



A Research-based Program

What is *Teen-Intervene*?

Teen-Intervene is a tested, time-efficient, evidence-based program for teenagers (twelve to nineteen years old) suspected of experiencing mild to moderate problems associated with alcohol or other drug use. The program can also include the participation of teens' parents or guardians. The *Teen-Intervene* program integrates stages of change theory, motivational interviewing, and cognitive-behavioral therapy to help teens reduce and ultimately eliminate their chemical use. All the materials needed to implement the program are included in the *Teen-Intervene* binder.

Teen-Intervene can be administered in two or three one-hour sessions. The first two sessions are individual sessions with the adolescent. Session 3 is an individual counseling session with the parent or guardian of the teenager. This last session includes a brief wrap-up conversation with both the parent and the adolescent. A ten-day interval is recommended between sessions 1 and 2, and a ten-day interval between session 2 and 3.

Who Can Implement *Teen-Intervene*?

Teen-Intervene is designed for trained professionals, including teachers, school counselors, social workers, psychologists, and other youth-serving professionals who are working with substance-abusing teenagers. Users of the *Teen-Intervene* model should have formal training in basic counseling skills, as well as a basic understanding of the etiology, course, and treatment of adolescent alcohol and other drug addiction.

What is the Format of the *Teen-Intervene* Curriculum?

The facilitator guide, divided into five parts, provides a description of the uses of *Teen-Intervene*; an account of how this brief intervention curriculum was developed; step-by-step instructions for conducting each of the three sessions; and appendices for drug-specific information, frequently asked questions, resources, and references.

Forms and worksheets for the adolescent and parent/guardian sessions are provided at the end of the curriculum and can be copied. As an alternative to photocopying, all forms and worksheets are included as PDF files on a CD-rom disc, which can be printed out.

What Are the Goals of *Teen-Intervene*?

Abstinence is the long-term goal of adolescent drug treatment. However, to start in motion the process of abstinence, it stands to reason that harm reduction is a logical early-stage goal of *Teen-Intervene*. Any behavior change that reduces harm is a positive result. By taking on a more flexible approach toward goal attainment, defiant adolescent clients may be more receptive to the change process.



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The *Teen-Intervene* model also emphasizes that behavior change goals need to be individualized. This feature recognizes the variety and range of adolescent drug involvement. Each young person has his or her own reasons for substance use, and individual teens may differ greatly in terms of willingness to change and setting treatment goals. By using individualized goals and personalized feedback, the treatment can be more directly focused for each adolescent's specific needs.

The *Teen-Intervene* model integrates a variety of techniques to establish behavior change goals with the adolescent. To summarize, *Teen-Intervene* is designed to help the client

- understand the treatment approach
- use the treatment session(s) effectively
- learn new skills that promote healthier behaviors
- take responsibility for self-change

Which Clients Can Benefit from *Teen-Intervene*?

The *Teen-Intervene* model has been developed for application with teenagers who display the early stages of drug use problems. It is intended for teenagers who are displaying or exhibiting mild or moderate problems associated with alcohol or other drug use.

Teenagers who are not good candidates for *Teen-Intervene* include those that

- have a substance dependence disorder (for example, show loss of control of their drug use or have developed significant tolerance of drug use)
- are daily drug users
- suffer from an untreated psychiatric disorder, such as a major affective disorder or psychosis.

Why Was *Teen-Intervene* Developed?

The impetus for developing this model is based on five premises.

- First, the gap between treatment need and treatment availability appears to be significantly increasing for adolescents, particularly for those with mild to moderate substance abuse behaviors.
- Second, this gap in service access is most likely the result of tightening of treatment eligibility criteria by cost-conscious third-party users.
- Third, with some exceptions, brief and relatively inexpensive interventions (for example, three to four sessions) have recently been shown to be effective as stand-alone therapies for *adult* substance abusers. Early pilot work with young adults is promising.



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- Fourth, low-cost treatment options for less-severe adolescent drug abusers are potentially attractive to cost-conscious managed-care systems.
 - Fifth, brief interventions make developmental sense given that (a) many drug-abusing youth are not “career” drug abusers and thus not very amenable to disease-oriented approaches, and (b) developmentally, young people are likely to be receptive to self-guided behavior change strategies, a cornerstone of brief intervention.

Is Teen-Intervene Research-based?

The core components of *Teen-Intervene* are based on the following research theories, techniques, and therapies:

- stages of change theory
- cognitive-behavioral therapy
- motivational interviewing

These components, also used in adult therapy, have been adjusted for adolescents. These adjustments include simplification of concepts, heavy emphasis on client engagement, and consideration of behavioral change goals likely to be relevant to an adolescent.



In addition, the *Teen-Intervene* program was evaluated with adolescents in a pilot study. The design of the pilot study was a randomized clinical trial in order to compare outcomes for two intervention conditions: brief intervention (2-sessions, youth only) versus brief intervention plus a parent component (2-sessions, youth only, plus a third parent session).

Fifty drug-abusing adolescents recruited from a local high school as a result of a drug-related incident were randomly assigned to one of the conditions (25 in each condition). Inclusion criteria required: (1) a score on the self-report Personal Experience Screening Questionnaire (PESQ) (Winters, 1992) reflecting a mild or moderate AOD problem, (2) absence of suicidal thinking or other mental or behavioral conditions that would prevent participation in the study, and (3) a signed consent from the parent and signed assent from the student.

Youth were evaluated at baseline and at a three-month follow-up. Measures included alcohol use behaviors (number of drinking days, number of binge drinking days) and drug behaviors as well (number of drug days), as measured by the Time-Line Follow-Back method; and alcohol and other drug use problems as measured by a continuous scale.

The primary hypotheses were that participants would show a significant reduction in drug behaviors at outcome compared to baseline, and that the adolescents in the 3-session intervention group would reveal greater intervention effects compared to those in the 2-session intervention group. For both intervention groups, all outcome measures showed statistically significant improvement when comparing baseline to 3-month outcome. Moreover, the magnitude of the outcome findings for all measures of drug use and problems were significantly larger for those in the 3-session group when compared to students in the 2-session group.



Curriculum Scope & Sequence

Session	Learner Outcomes	Therapeutic Strategies
	During this session, clients will:	The following strategies are used during this session:
Adolescent Session 1	<ul style="list-style-type: none"> • be introduced to the <i>Teen-Intervene</i> program • review his or her drug history and readiness to change • describe the pros and cons of his or her chemical use • evaluate how willing he or she is to change • set goals around reducing or eliminating his or her chemical use 	<ul style="list-style-type: none"> • administer and score client questionnaire that evaluates chemical use and readiness to change • fill out and discuss a worksheet identifying pros and cons of using chemicals • administer and discuss readiness to change and goal setting worksheets • help client identify triggers that affect his or her use and alternative solutions
Adolescent Session 2	<ul style="list-style-type: none"> • review his or her pros and cons of chemical use and goals • acquire new skills that will help client deal with peer pressure, enhance decision-making skills, and reinforce social support systems • evaluate again his or her readiness to change • set longer-term goals 	<ul style="list-style-type: none"> • review and discuss pros and cons and goal-setting worksheets • administer and discuss the readiness to change worksheet again • discuss and practice role-playing new skills to deal with peer pressure, decision-making and reinforcing social support
Parent/Guardian Session	<ul style="list-style-type: none"> • review the events that led their son or daughter to the brief intervention • be introduced to the <i>Teen-Intervene</i> program • discuss the topic of their alcohol and other drug use • learn how to talk to teens about drug and alcohol use • review family rules about drug use and learn their level of personal interest in helping their child change 	<ul style="list-style-type: none"> • discuss overview of program • have parents/guardians fill out and discuss worksheet describing their family life • discuss steps to talking to teens about alcohol and other drugs • fill out and discuss worksheet on setting family rules around alcohol and other drug use • administer questionnaire that measures parents' willingness to help their child change

