

teen intervene

SCREENING, BRIEF INTERVENTION, AND
REFERRAL TO TREATMENT (SBIRT) FOR SUBSTANCE USE

THIRD EDITION

FACILITATOR GUIDE

Ken C. Winters, PhD

Hazelden Publishing
Center City, Minnesota 55012
hazelden.org/bookstore

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Second edition 2011. Third edition 2016.
Printed in the United States of America

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ISBN: 978-1-61649-683-8

Editor's note

The names, details, and circumstances may have been changed to protect the privacy of those mentioned in this publication.

This publication is not intended as a substitute for the advice of health care professionals.

20 19 18 17 16 1 2 3 4 5

Cover design by Theresa Gedig
Typesetting by Trina Christensen

Endorsements

“*Dr. Winters improves on this incredible curriculum that addresses an underserved but quickly growing population. Teen Intervene presents a straightforward program that we use to help many identify a greater understanding of their use and consequences. The vast information is educational for teens, parents, or professionals. It builds to a solution-focused quest that compels the teen to be their own change agent.*”

— **Ramsen Kasha**

Executive Director of Hazelden Betty Ford in Chicago

“*Teen Intervene is an excellent early intervention tool that integrates evidence-based modalities to support clients through the stages of change. I have seen the positive impact this program can have on individuals and families.*”

— **Anna Rauscher**

Marriage and Family Therapist

“ Our school district adopted Teen Intervene as an early intervention program for students with drug and alcohol-related school discipline issues. The program has been used with secondary students and we have seen terrific results. In the first year of district-wide adoption, 100 percent of the students who participated in Teen Intervene had zero repeat drug or alcohol infractions; as compared to a 50 percent repeat offense rate for those who did not participate in any type of counseling and a 16 percent repeat rate for those who participated in group counseling only. Teen Intervene allows students to engage significantly in the process of evaluating their drug and alcohol use without judgment in a caring and confidential setting. School administrators greatly appreciate the option of intervention versus straight suspension. As the district Prevention & Crisis Manager, I am continually impressed at the speed with which change can manifest because of the format, style, and accessibility. ”

— **Jen McNeil**

Prevention & Crisis Manager,
Davis Joint Unified School District, CA



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Acknowledgments

The author wishes to acknowledge funders and numerous individuals who contributed to the development and testing of *Teen Intervene*. This version of the program was developed and initially tested with a grant from the Robert W. Johnson Foundation, and with the valuable contribution provided by research assistant Willa Leitten. Colleagues Tamara Fahnhorst, Andria Botzet, and several research assistants who worked at the Center for Adolescent Substance Abuse Research, Department of Psychiatry, University of Minnesota, are acknowledged for their outstanding work in subsequent testing of the program. This subsequent research was funded by grants from the National Institutes of Health. Anna Rauscher and Elina Kala, Mental Health Professionals at the Hazelden Betty Ford youth center in Plymouth, Minnesota, and Jen McNeil, Prevention & Crisis Manager at the Davis Joint Unified School District in Davis, California, provided valuable feedback in the development of the third edition through usability studies.



How to Access the Program Handouts

Included with this manual are exercise packets and other materials you will need for the teen sessions and the parent/guardian session. Also included are informative articles written by the author of *Teen Intervene*. All the documents are in PDF format and can be printed and copied for your personal use.

Whenever you see this icon in this guide , it means that the digital files are either available on the print version's CD-ROM or available on Hazelden On Demand. An SP symbol  near the icon indicates that the document is also available in Spanish. To open the documents, you will need Adobe Reader®. If you don't have Adobe Reader, this software can be downloaded for free at www.adobe.com.

For a list of what these documents are and for further instructions, please see the Read Me First document on the CD-ROM or in your digital subscription.



INTRODUCTION

Welcome to *Teen Intervene: Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Substance Use*.

What Is *Teen Intervene*?

Teen Intervene is a tested, time-efficient, evidence-based program for teenagers (twelve to nineteen years old) suspected of experiencing a mild or moderate substance use disorder, covering all drugs but with a special focus on alcohol, marijuana, and tobacco use. The program is designed to include teens' parents or guardians. The *Teen Intervene* program incorporates the stages of change model, motivational interviewing, and cognitive-behavioral therapy and has been expanded to offer a full Screening, Brief Intervention, and Referral to Treatment (SBIRT) model.

The core *Teen Intervene* program can be administered in an initial screening, two one-hour sessions with the adolescent, and an additional optional session for the parent(s)/guardian(s) and the teenager together. While the parent/guardian session is a standard part of this evidence-based program, and empirical research shows increased program efficacy when the parent/guardian session is included, there are times when it is not feasible or clinically advisable to include this session. The parent/guardian session may present a barrier to adolescent participation, or parents/guardians may be unwilling to participate. Seventy-five minutes would be a more desirable length for each of the two teen sessions, which are individual sessions with the adolescent. Session 3, the parent/guardian session, is an individual counseling session with the parent(s) or guardian(s) of the teenager. This last session should include a brief wrap-up conversation with both the parent(s)/guardian(s) and the adolescent together. A seven- to ten-day interval is recommended between sessions 1 and 2, and a ten-day interval is recommended between sessions 2 and 3.

As an evidence-based program, the structure of *Teen Intervene* should be followed as closely as possible. However, the length of the sessions may be an issue for some (e.g., school environments with set class periods; clinical settings where insurance reimbursement includes requisite session length quotas), so the program can be broken down into an alternative four-meeting format. This format has three forty-five- to fifty-minute individual meetings with the youth, followed by a fourth parent/guardian meeting. The four-meeting version is as follows: Teen Session 1 is broken down into two meetings (Teen Session 1—Part 1 and Teen Session 1—Part 2), which can be administered separately; Teen Session 2 is retained as a single meeting; and Parent/Guardian Session 3 is also retained as a single meeting. Additionally, some facilitators may choose to implement teen or parent/guardian booster sessions after the core three- or four-session program is complete.

What Is New in the Third Edition of *Teen Intervene*?

Although *Teen Intervene* has been a highly effective brief intervention program for teens, this third edition of the program has been greatly enhanced to meet the requirements of a full Screening, Brief Intervention, and Referral to Treatment (SBIRT) program. This includes the addition of guidance on implementing a screening tool to determine if the brief intervention sessions are warranted, and also information on how to refer teens to treatment if the brief intervention sessions indicate that a teen may benefit from treatment due to the severity of his or her use.

For adolescents who are current and frequent tobacco users (at least on a weekly basis), the third edition of *Teen Intervene* also includes an additional individual session (Teen Tobacco Use Session) that focuses on this topic. The screening tool will identify those teens who have issues with tobacco. It is recommended that this tobacco session be implemented after the sessions focused on alcohol and other drugs. It may be overwhelming for teens to try to address both issues at the same time. If a teen is only using tobacco, you can use the tobacco session as a stand-alone intervention.

What Constitutes the *Teen Intervene* Program?

Teen Intervene is divided into three main sections: the facilitator guide, the exercise packets, and other supplementary materials. The facilitator guide is divided into the following parts:

- Introduction (background information on the program's development, program scope and sequence, session descriptions and preparation, and guidance on program administration)
- Screening
- Teen Session 1
- Teen Session 2
- Parent/Guardian Session 3
- Referral to Treatment
- Teen Tobacco Use Session
- Appendices (Frequently Asked Questions, Resources, and References)

You will find the exercise packets and other ancillary materials needed for the adolescent and parent/guardian sessions, in the program's digital files. Print these reproducible materials for use with program participants. All the materials to be used with parents/guardians are also available in Spanish. These Spanish documents are also found in the program's digital files.

How Long Does It Take to Administer *Teen Intervene*?

The core *Teen Intervene* program can be administered in two or three sessions (Parent/Guardian Session 3 is optional, but encouraged), plus some time to administer the screening tool. There is one additional session to address youth tobacco use if needed. As stated earlier, the core program can be administered in three teen sessions plus the parent/guardian session, if seventy-five-minute sessions are not feasible.

Who Can Implement *Teen Intervene*?

Teen Intervene is designed for trained professionals, including teachers, school counselors, social workers, psychologists, youth treatment service providers, and other youth-serving professionals who are experienced in working with teenagers with substance use disorders. Facilitators of the *Teen Intervene* program should have formal training in basic counseling skills, as well as a basic understanding of the etiology, course, and treatment of adolescent substance use disorders. Also, it is desirable, but not required, that facilitators have a certified degree in addiction counseling or a license in a related field of behavioral science.

Which Teens Can Benefit from *Teen Intervene*?

The *Teen Intervene* program has been developed for application with teenagers who display the early stages of substance use problems. It is intended for teenagers who are displaying or exhibiting mild or moderate problems associated with alcohol or other drug use. Such early-stage users often meet *DSM-5* (American Psychiatric Association 2013) formal criteria for a substance use disorder at a mild or moderate level. That is, these youth show harmful or hazardous consequences from their substance use and may begin to show some signs of dependence (e.g., preoccupied with use). For example, the youth may be experiencing problems at school resulting from substance use or may be getting into arguments with his or her parents and friends as a result of substance use. Also, this third edition of *Teen Intervene* is applicable for teenagers who are regular users of a tobacco product (at least a weekly smoker or chewer).

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

- have a *DSM-5* severe level substance use disorder (e.g., they show loss of control of their substance use or have developed significant tolerance of substance use)
- are daily substance users
- suffer from an untreated psychiatric disorder, such as a major affective disorder or psychosis

Does *Teen Intervene* Address Marijuana and Opioid Use?

This third edition of *Teen Intervene* now addresses all drugs, including marijuana and opioids. The content of the program allows the facilitator to adjust discussions and goals of behavior change based on the drug or drugs relevant to teenagers' substance use disorders. In states with medical or recreational marijuana laws, a pro-marijuana culture may create additional challenges with a marijuana-using teenager. It is important to remind teenagers that most states do not have laws allowing recreational use of marijuana, and for those that do, the minimum age is twenty-one. Informational sheets on the main categories of drugs are available in the Ancillary Resources section of the digital files. The appropriate informational sheet(s) could be handed out to the teen and the parent(s)/guardian(s) during the sessions.



In What Settings Should *Teen Intervene* Be Used?

School Settings

Teen Intervene is appropriate for inclusion in school-based substance use programs that wish to add intervention services to supplement existing prevention and education programs. *Teen Intervene* sessions are a suitable response for students with mild or moderate substance use disorders with alcohol and all other drugs, including tobacco use.

Adolescent Treatment Settings

Teen Intervene could be a brief therapy service that treatment providers offer to teens in their community. If a teen is assessed for treatment, but it is found that he or she does not have a severe substance use disorder warranting treatment, the treatment center could implement *Teen Intervene* with the teen and his or her parent(s)/guardian(s) to reduce or eliminate the teen's use.

This type of brief therapy is reimbursable using the CPT codes 99408 and 99409. Treatment centers can also get reimbursed for providing brief therapy for tobacco use using CPT code 99407. Treatment centers could also provide these intervention services as a community service and as a tool to build a referral base for treatment. At times, after using *Teen Intervene*, it is determined that the teen should be admitted for treatment, and he or she could be transitioned into the organization's treatment program.

Juvenile Justice Settings

Abusing alcohol and other drugs is common among adolescent offenders, and yet treatment for these problems is not widely available in these settings. Thus, *Teen Intervene*, with its focus on reducing resistance to change and increasing participant engagement, can be a valuable tool in this setting.

Mental Health Settings

Several adolescent studies indicate a strong co-association between psychiatric disorders and substance use disorders (National Institute on Drug Abuse 2014). During mental health treatment, brief interventions for substance use disorders based on *Teen Intervene* are valuable because such treatments are focused and can be easily integrated into a general mental health regimen for the teen.

Waiting Lists

Adolescents who are on waiting lists for intensive treatment may be suitable candidates for *Teen Intervene*. *Teen Intervene* could provide a therapeutic bridge for the teen as he or she awaits more intensive treatment. The *Teen Intervene* facilitator can begin the process of increasing the teen's readiness to change and building awareness of the benefits of reducing or stopping substance use.

Administering Teen Intervene in a Group Format

Teen Intervene was developed and field-tested as a program for use in an individual counseling setting. Yet there may be instances in which a facilitator is interested in administering the program in a group setting. It is advisable to proceed cautiously given that there are no published data as to the program's effectiveness while applied with a group of youth. Given that warning, the following are guidelines for administering *Teen Intervene* in a group setting:

- The facilitator should be skilled in conducting group therapy.
- Limit the group size—no more than six teens is advisable.
- Avoid mixing genders—same-sex groups are best.
- Plan for more group sessions—the three youth sessions will likely take four or five group sessions.

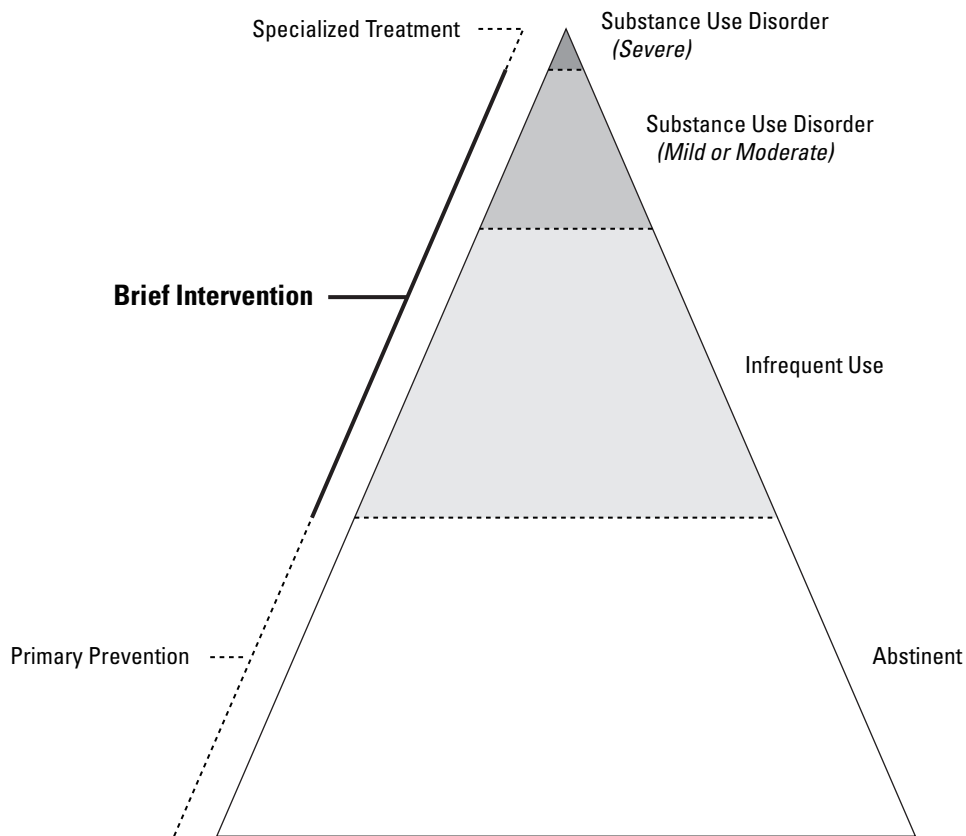
Why Use *Teen Intervene* for Youth with Substance Use Disorders?

The development of effective, cost-efficient, and time-efficient interventions for adolescents with substance use disorders is important, and yet it is an understudied priority in the health care delivery field. Pressures for shorter forms of substance use treatment are emerging from several sources (National Institute on Drug Abuse 2014). Examples of these sources include the following:

- historic developments in the field that encourage the use of such approaches within a comprehensive, community-based continuum of care for a broad range of substance use problems
- cost-containment policies in the managed-care sector
- the expansion of community-based detection systems, such as in-school health clinics

Furthermore, research has indicated that SBIRT-based brief interventions can be effective when treating individuals with a substance use disorder (Tanner-Smith and Lipsey 2015). Whereas brief interventions have many forms and vary in length (ranging from a onetime ten-minute session to several one-hour sessions), the approach described here is organized around a two- to three-session model that integrates developmentally adjusted components of motivational interviewing, cognitive-behavioral therapy, and the stages of change model. Key behavior change features of this model include the adolescent taking an active role in determining therapy goals, personalizing feedback to the teen in the form of identifying costs and benefits of substance use, and establishing specific action steps that will facilitate the change process.

Figure 1.
Substance Use Continuum of Care*



This figure represents a model for exploring how a continuum of care can be applied to treat a variety of substance use problems. The range of substance use problems is indicated on the right; responses to these problems are illustrated on the left. In general, specialized treatments, such as intensive outpatient and residential treatment, are appropriate referrals for youth with severe substance use problems, such as a severe substance use disorder (as defined by *DSM-5*). However, brief interventions, such as those employed in *Teen Intervene*, are viewed as an appropriate response for mild to moderate users—that is, youth with a mild to moderate substance use disorder (as defined by *DSM-5*).

* Figure adapted from Institute of Medicine, *Broadening the Base of Treatment for Alcohol Problems*.

How Do You Deal with Teen Resistance?

Facilitators of *Teen Intervene* may encounter teenagers who are reluctant or unwilling to discuss their possible use of alcohol and other drugs. This is not surprising, given the circumstances under which an adolescent assessment may be conducted. Defiance, fear, and apprehension can influence the willingness of a teenager to disclose substance use. Listed below are several approaches a facilitator can take to build rapport and optimize the willingness of an adolescent to be open and honest about his or her use:

- Act as the teenager's advocate.
- Be a good listener.
- Display interest and concern.
- Establish confidentiality (with limitations).
- Reinforce the personal benefits and relevance of the assessment.
- Roll with resistance.
- Do not let denial prevent you from implementing the program.
- Agree on goals for which the teenager is ready (e.g., health-promotion behaviors).

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 or moderate substance use disorders. Low-end severe cases are estimated to represent about 30 percent of adolescents who present for a substance use disorder evaluation in Minnesota (Winters 2000).
- Second, this gap in service access is most likely the result of a tightening of treatment eligibility criteria by cost-conscious third-party payers.

- Third, with some exceptions, brief and relatively inexpensive interventions (for example, three to four sessions) have been shown to be effective as stand-alone therapies for adults with an alcohol problem (see reviews by Bien, Miller, and Tonigan 1993; Hetteema, Steele, and Miller 2005; Lundahl, Kunz, Brownell, Tollefson, and Burke 2010; U.S. Department of Health and Human Services 2000), although the picture is mixed when treating illicit-drug-using adults (see Saitz et al. 2014). Also, other brief intervention work with youth has been shown to be promising (Breslin et al. 2002; Erickson, Gerstle, and Feldstein 2005; McCambridge and Strang 2004; Monti, Colby, and O’Leary 2001; Tanner-Smith and Lipsey 2015; Wachtel and Staniford 2010; Walker, Roffman, Stephens, Berghuis, and Kim 2006; Walker, Stephens, Roffman, Demarce, Lozano, Towe, and Berg 2011).
- Fourth, lower-cost treatment options for adolescents with less severe substance use disorders are potentially attractive to cost-conscious managed-care systems.
- Fifth, brief interventions make developmental sense given that (a) many youth with substance use disorders have not been struggling with their use long enough to think that a disease-oriented approach makes sense, and (b) developmentally, young people are likely to be receptive to self-guided behavior change strategies, a cornerstone of brief interventions (Miller and Sanchez 1993; Winters, Tanner-Smith, Bresani, and Myers 2014).

What Are the Goals and Objectives of *Teen Intervene*?

Abstinence is usually the long-term goal of substance use disorder 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 adolescents may be more receptive to the change process.

The *Teen Intervene* program also emphasizes that behavior change goals need to be individualized. This feature recognizes the variety and range of adolescent substance use involvement. Each young person has his or her own reasons for substance use, and individual teens may differ

greatly in terms of their willingness to change and their treatment goals. By using individualized goals and personalized feedback, brief interventions can be more directly focused for each adolescent's specific needs.

The *Teen Intervene* program integrates a variety of techniques to establish behavior change goals with the adolescent. One strategy is to engage the adolescent in discussion of the pros and cons of substance use. This method helps the individual recognize that while use may have short-term personal benefits for the individual, it can also affect school performance and increase health risks.

The facilitator using *Teen Intervene* is instructed to be nonjudgmental, nonlabeling, and nonconfrontational. To put this another way, the facilitator's job is to act as a teacher or coach in order to help the adolescent progress through the stages of change. The intent is to move the teen from low problem recognition and little willingness to change, to the "action" stage in which specific steps of positive behavior change are identified and implemented by the youth.

To summarize, *Teen Intervene* is designed to help the teen

- decide for himself or herself the pros and cons of use
- identify the reasons why he or she uses
- learn new skills that promote healthier behaviors
- take responsibility for self-change

Who Fills Out the Worksheets?

This *Teen Intervene* program includes a screening tool and session exercise packets to use in the adolescent sessions. With the exceptions of the Screening Tool, the Teen Questionnaire, and the Parent/Guardian Questionnaire, all the worksheets should be filled out together by the facilitator and the adolescent. Following the model of a guided interview, the facilitator is encouraged to record the teen's responses in the appropriate spaces on the worksheets. This will create rapport and a more cooperative environment, encourage adolescents who are reluctant to write, and enhance the teen's motivation.

Using *Teen Intervene* in an SBIRT Model

In recent years, there has been attention focused toward expanding and improving clinically related services in order to address individuals involved with alcohol and other drugs. Clinically, Screening, Brief Intervention, and Referral to Treatment (commonly referred to by the acronym SBIRT), is a comprehensive, integrated public health approach to the delivery of early intervention and treatment services for persons with a mild or moderate form of a substance use disorder, as well as for those who are at risk of developing these disorders (Babor et al. 2007). **Screening** quickly assesses for the presence of risky substance use. For those with a mild to moderate substance use problem, a brief intervention is recommended. Further assessment and possibly treatment are needed for those who show a more severe substance use problem. **Brief intervention** focuses on increasing insight and awareness regarding problems associated with substance use and motivation and guidance toward behavioral change. **Referral to treatment** provides those identified as needing more extensive treatment after the brief therapy sessions with access to specialty care.

The research on the efficacy of SBIRT for youth has not yet gone past the SBI portion of the model (screening and brief intervention). As noted earlier, studies have found that brief interventions (BIs) are associated with positive outcomes when applied to adolescents, and this includes research on the efficacy of *Teen Intervene* (see Ancillary Resources for a review of published reports on *Teen Intervene*). Of note is that BIs have significantly outperformed control or comparison conditions, which include education- and assessment-only groups. As many experts have observed, the referral to treatment (RT) element of SBIRT is very understudied and, thus, guidance for applying RT can only be based at this time on clinical judgment.

The third edition of *Teen Intervene* provides guidance for the facilitator who is employing a full SBIRT service model. A summary of the revised *Teen Intervene* format specific to the SBIRT process follows.

Screening (SBIRT)

SBIRT begins with **screening**. A good screening tool is short, easy to use, and accurate. There are some existing adolescent screenings that could facilitate identification of youth with a substance use disorder. These include the ten-item Alcohol Use Disorders Identification Test (AUDIT) (Babor, Biddle-Higgins, Saunders, and Monteiro 2001), the ten-minute Global Appraisal of Individual Needs Short Screener (GAIN-SS) (Dennis, Chan, and Funk 2006), a forty-one-item Personal Experience Screening Questionnaire (PESQ) (Winters 1992), and a six-item CRAFFT (an acronym derived from question keywords) (Knight, Sherritt, Harris, Gates, and Chang 2003).

The CRAFFT is particularly useful for an SBIRT program, given that it is brief, easy to use, empirically based, and developmentally appropriate. Additionally, a CRAFFT score reflects substance use severity using *DSM-5* criteria. The CRAFFT's six items can be self-administered as a questionnaire or assessed through an interview.

The screening tool used in *Teen Intervene* is the CRAFFT, and its reporting structure helps indicate whether the full *Teen Intervene* program should be administered. The number of affirmative answers reported by the adolescent on the CRAFFT determines the next step. A CRAFFT scoring rubric as it relates to *Teen Intervene* is as follows:

- 0-1: No services are needed at this time; consider assessing again at a later date.**
- 2-5: A mild to moderate substance use disorder is indicated; administer *Teen Intervene*.**
- 6: A severe substance use disorder is indicated; consider administering *Teen Intervene* or consider moving directly to a referral for a comprehensive assessment to determine the need for a more intensive treatment program.**

The scores outlined on page 13 are intended as general guidelines, but other information should also be considered when deciding whether to administer *Teen Intervene*. For example, *Teen Intervene* may be advisable for a teenager with a CRAFFT score of 1 but who also reports frequent drinking or use of illicit drugs. Alternately, a CRAFFT score of 6 may not signify an immediate need for a more intensive assessment; rather, administering *Teen Intervene* could offer a way to increase the teenager's recognition that a problem may exist and that a longer-term commitment to treatment is needed.

Brief Intervention (SBIRT)

Based on the information gathered in the screening, *Teen Intervene* is administered to youth for whom a **brief intervention** is indicated.

Referral to Treatment (SBIRT)

At the completion of the *Teen Intervene* brief intervention sessions, the facilitator should consider whether a **referral to treatment** is warranted. Figure 2 illustrates these possible next steps.

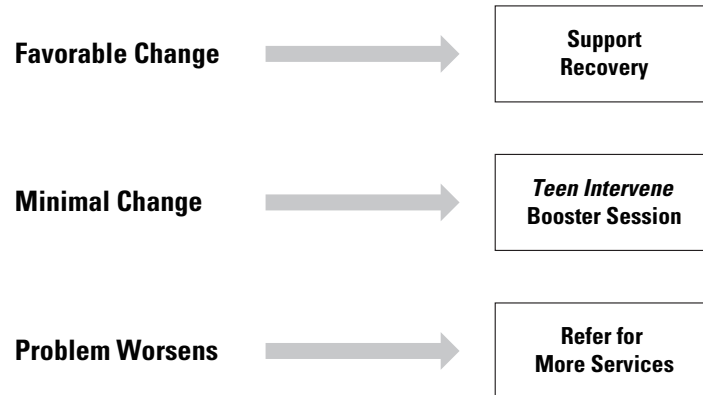
For youth who show a *favorable* change at the conclusion of the *Teen Intervene* sessions (e.g., reduced or no substance use is achieved; favorable progress with the goals), the facilitator will want to support the adolescent's progress and healthier decision making. No additional services are most likely needed in this instance.

For youth who show a *less-than-favorable* response to the program (e.g., no change in substance involvement or no progress with goals), here are two recommendations.

- If *minimal* change: Using session 2 as a guide, administer an additional booster session. Review progress with the goals once again, troubleshoot barriers to progress, repeat administration of the Ready to Change worksheet, and repeat at least one of the skill-building exercises (i.e., Dealing with Peer Pressure; Enhancing Decision-Making Skills; or Reinforcing Social Support Systems).
- If *no change* or the *problem worsens*: Suggest a referral for more services, which may include further assessment and admission to an intensive treatment program.

The following figure shows the three possible outcomes and responses a facilitator could take with a teen.

Figure 2:
***Teen Intervene* Outcome and Next Response by the Facilitator**



What Research-Based Theories Were Used to Develop *Teen Intervene*?

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

- stages of change model
- 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 teen engagement, and consideration of behavioral change goals likely to be relevant to an adolescent. Following is a summary of these components.

Stages of Change Model

The stages of change model, as described by Prochaska, DiClemente, and Norcross (1992), provides a framework to understand the motivational state of a person with respect to changing health behaviors. The primary five stages of change can be readily adapted to apply to a young person examining his or her substance use behaviors. The chart on page 17 offers a description of how the stages of change model can be applied to a young person (U.S. Department of Health and Human Services 1999).

Many adolescents in therapy are likely in the pre-contemplation or contemplation stage. The facilitator should recognize that this status need not be a barrier to change. Rather, the facilitator should focus on ways to help the young person progress to the next stage. One should not assume that a teenager in the pre-contemplation or contemplation stage is at a therapeutic dead end. Thus, the facilitator should consider the teen's ambivalence about change as normal and not necessarily permanent.

THE STAGES OF CHANGE MODEL		
STAGE	EXAMPLE	RESPONSE
<p>Pre-contemplation. The teenager has no intention of changing his or her behavior any time soon, regardless of possible negative consequences.</p>	<p><i>An alcohol-using youth who limits his or her drinking to social situations and has experienced only minimal alcohol-related consequences.</i></p>	<p>Provide information about the connection between possible problems and consequences of continued alcohol use. Include information about the harmful effects of alcohol on judgment, driving skills, etc.</p>
<p>Contemplation. The youth has begun to recognize some negative consequences related to his or her drug use. Change has not been affirmed or committed to.</p>	<p><i>A teenager who has several negative consequences as a result of his or her use. The individual understands some of the dangers of using but has not made a decision to cut down or stop using.</i></p>	<p>Examine indecisiveness by helping the young person recognize the costs of his or her drug use.</p>
<p>Preparation. The adolescent has decided to change his or her drug-using behavior and has made preparations for this change.</p>	<p><i>The teenager has decided to reduce or stop using and makes a commitment to get help with this choice.</i></p>	<p>Improvement of the intentions toward change is needed. A brief intervention can be useful in providing options for change.</p>
<p>Action. The adolescent puts forth the effort to continue a plan for change. Some signs of progress are observed in terms of attitude and behavior.</p>	<p><i>The youth receives counseling or therapy. Thoughts of continued use may still be present, so relapse prevention is important.</i></p>	<p>Develop and maintain a plan of action. Brief interventions can be used to support positive change, prevent relapse, and connect the adolescent with recovery-supporting resources.</p>
<p>Maintenance. New, healthier behaviors are in place. Long-term objectives are being considered and planned.</p>	<p><i>A teenager who is receiving counseling or self-help on a regular basis, has found a sponsor, has made new sober friends, and has found replacement activities that revolve around sobriety.</i></p>	<p>Prevention of a relapse is the main objective. A brief intervention can be used to help provide encouragement to maintain sobriety.</p>

Cognitive-Behavioral Therapy

Cognitive-behavioral therapy (CBT) is a therapeutic technique used to change one's perceptions, thoughts, and feelings about his or her behavior and to increase awareness as to how social experiences affect the way we act. CBT is based on the principles of the social learning theory. It focuses on the importance of overcoming skill deficits and increasing the adolescent's existing coping skills by providing a means to obtaining social support.

The "ABC" principles of CBT are included in *Teen Intervene* in order to facilitate the change process. The ABC model refers to an *antecedent* that is responded to by various *behaviors* or *beliefs* and that is followed by *consequences*.

For example, a teen may receive a low score on a test (antecedent). This student may believe that he or she cannot be successful in school (belief) and then act out in frustration (behavior) by using substances on campus. As a result, the student may incur punishment by school officials (consequences). By applying specific therapeutic steps outlined in this facilitator guide, such as assessing high-risk situations and identifying errors in thinking that may contribute to poor decisions, the facilitator helps the young person choose attitudes and behaviors that are alternatives to substance use.

Motivational Interviewing

Motivational interviewing or motivational enhancement is a therapy technique designed to enhance the adolescent's motivation to change some specified behavior. The *Teen Intervene* program has incorporated many features of motivational interviewing.

Miller and Rollnick (2007) have identified key elements that are important to the successful application of motivational interviewing. An intervention that contains even some of these elements has been proven effective in instigating change and reducing substance use (Bien, Miller, and Tonigan 1993). These elements are

- personalizing feedback about the adolescent's problems and willingness to change
- emphasizing the point that change is the adolescent's responsibility

- providing specific and action-oriented recommendations on how to change, including a list of alternative behaviors
- conducting oneself as an empathetic facilitator
- encouraging self-efficacy or optimism in the adolescent

Descriptions of each of these central elements of effective motivational interviewing follow.

PERSONALIZED FEEDBACK

Personalized feedback should be offered in a way that shows respect as well as cultural and individual sensitivity. The facilitator who maintains a nonconfrontational and nonlabeling approach will guide this process. Feedback is not to be used to “prove” that the adolescent has a substance use problem; rather, it assists the young person in recognizing that change is needed. In the *Teen Intervene* model, the teen along with the facilitator completes various assessments and worksheets to encourage the feedback process.

PARTICIPANT’S RESPONSIBILITY

The model emphasizes that the adolescent is ultimately responsible for choosing what to do about his or her substance use behaviors. Thus, the facilitator’s goals are not forced upon the teen. In this light, the facilitator offers information, provides guidance and suggestions, and seeks a commitment from the teen about what changes he or she will make.

For example, in Teen Session 1, one of the initial statements from the facilitator to the teen is this: “I am not going to tell you what to do; only you can decide what you will do. But together, I would like to discuss what you think about using alcohol and other drugs and maybe see if together we can come up with some ways to avoid problems in the future. You are the only one who will decide what happens with your use of alcohol and other drugs. If you choose, you can continue using the way that you have been. Or you can think of ways to change. The choice is yours.”

When the adolescent is permitted to make his or her own choices about change, several positive expectations for change are set in motion, including that the teen sees that change is primarily his or her responsibility, and if change occurs, self-efficacy is enhanced.

RECOMMENDATIONS AND ALTERNATIVES FOR CHANGE

Recommendations for change within the *Teen Intervene* program are offered as advice to the teen, not as rigid prescriptions of change that reflect the facilitator's philosophy. Of course, the facilitator can ask the young person if he or she is interested in hearing the facilitator's suggestions, but such information should be communicated in a nondogmatic manner.

A list of alternative behaviors to substance use is provided in this facilitator guide. The idea is to offer the adolescent a variety of choices that can replace former patterns of behavior in specific situations. For example, an exercise is described to help the teen think of specific alternatives to "just saying no" to alcohol or other drugs.

The pros and cons exercise is a primary technique described in the model to assist with the process of establishing specific goals. This exercise involves encouraging the teen to examine the pros and cons of his or her substance use. It is from the cons list that the facilitator, with the adolescent, can develop specific action goals for change.

FACILITATOR EMPATHY

Reflective listening skills are an important part of motivational interviewing. The facilitator is encouraged to create a safe environment that allows the young person to feel comfortable talking about personal matters. Statements such as "I understand what you are saying and I am not going to judge you on this" or "What do you see as the next step for yourself?" are effective empathetic statements. Other examples are included in each of the adolescent sessions.

SELF-EFFICACY SKILLS

Self-efficacy refers to the feeling of accomplishment within the adolescent. The change process is enhanced when teens feel that self-improvement is based on their accomplishments. The *Teen Intervene* program incorporates several features that encourage the young person's self-efficacy, such as having the facilitator acknowledge positive change—no matter how small—and reminding the adolescent that the therapy goals are his or her responsibility.

What Concerns Should I Be Aware Of?

As in any counseling setting with a young person, it is important that the adolescent be fully advised that if he or she discloses being a victim of physical or sexual abuse, or reports that he or she may harm himself or herself, or another, the facilitator is required to report such information to the proper authorities.

The facilitator is also highly encouraged to obtain written consent from the parent(s)/guardian(s) prior to implementing *Teen Intervene* when working with teenagers younger than eighteen years old. The consent form should describe the *Teen Intervene* procedures and the goals of the counseling sessions, and it should state that the facilitator is mandated to report to proper authorities any disclosure by the youth of physical or sexual abuse. A sample Parent/Guardian Consent Form is included in the digital files for your use. Some jurisdictions allow teens to receive addiction services without parental knowledge or consent. If this is the case, keep in mind that it would be difficult to maintain confidentiality if a referral to an outside treatment agency is made. (If *Teen Intervene* is used with a youth age eighteen or older, this form can be adapted accordingly.)

This final caution is a reminder of the limitations of *Teen Intervene*. The program described in this manual is not appropriate as a stand-alone therapy for teenagers with a severe substance use disorder (as defined in *DSM-5* as presenting six or more of the eleven symptoms of a substance use disorder). Such youth are likely to require a more intensive treatment program. Also, when abstinence is the only goal, *Teen Intervene* may not be an appropriate choice. This is not to say that *Teen Intervene* cannot strive for an abstinence goal. Having all teenagers abstain from substances is the ultimate goal. But *Teen Intervene* is designed for short-term goals that include risk elimination, risk minimization, and harm reduction, in the context that abstinence is a long-term goal.

Tips When Using the *Teen Intervene* Program

1. A screening process is recommended to determine if *Teen Intervene* is a suitable program for the teenager. We suggest using the Screening Tool alongside other pertinent information about the youth's alcohol and other drug use.
2. *Teen Intervene* includes three questionnaires, which are to be completed by either the adolescent or the parent/guardian. It is desirable to have the Screening Tool (for youth) completed during the initial interview (or at intake), when determining the need for *Teen Intervene*. For youth who are going to receive the *Teen Intervene* program, it saves time to have the youth complete the Teen Questionnaire prior to the beginning of Teen Session 1, and have the parent/guardian complete the Parent/Guardian Questionnaire prior to Parent/Guardian Session 3.
3. The program includes several worksheets compiled in exercise packets; these are to be completed by the facilitator in conjunction with the teen.
4. The digital files include reproducible forms of the screening tool, questionnaires, exercise packets, and ancillary materials for *Teen Intervene*.
5. The alcohol and other drug informational sheets included in the Ancillary Resources section of the digital files can be used with both teens and parents/guardians. They can be handed out to young people and parents/guardians during the sessions as needed.

PROGRAM SCOPE AND SEQUENCE					
SCREENING	TEEN SESSION 1	TEEN SESSION 2	PARENT/GUARDIAN SESSION 3	REFERRAL TO TREATMENT	TEEN TOBACCO USE SESSION
<ul style="list-style-type: none"> • assess for risky substance use • identify youth presenting a mild or moderate substance use disorder and recommend the <i>Teen Intervene</i> brief intervention • identify youth presenting a severe substance use disorder and recommend further assessment and referral to treatment 	<ul style="list-style-type: none"> • summarize the basic principles of the <i>Teen Intervene</i> program • distinguish between the pros and cons of substance use • evaluate readiness for change • identify goals for reducing or eliminating substance use 	<ul style="list-style-type: none"> • recall reasons for alcohol and other drug use discussed in session 1 • evaluate progress on goals established in session 1 • analyze and apply decision-making techniques in real-world situations with high risk for substance use • distinguish supportive individuals within a social network and determine other support options • plan strategies for saying no and dealing with peer pressure • re-evaluate readiness for change • identify long-term goals around reducing or eliminating substance use 	<ul style="list-style-type: none"> • summarize the events that led the teen to the brief intervention • summarize the <i>Teen Intervene</i> program • identify the alcohol and other drug use of the parent(s)/guardian(s) • analyze and create family communication methods regarding alcohol and other drug use • apply family rules about alcohol and other drug use and implement support strategies for helping the teen change in a positive direction 	<ul style="list-style-type: none"> • recognize any unfavorable changes in the teen's substance use and progress toward goals • explain options for referral if next steps are needed • select the appropriate options for next steps 	<ul style="list-style-type: none"> • analyze the pros and cons of tobacco and other nicotine product use • evaluate readiness for change • identify goals for reducing or eliminating tobacco and other nicotine product use

SESSION DESCRIPTIONS AND PREPARATION		
SESSION TITLE	SESSION DESCRIPTION	PREPARATION NEEDED
Screening	<p>It is advisable to use a substance use screening procedure to indicate whether <i>Teen Intervene</i> is an appropriate response. We recommend using the Screening Tool provided in this program. This tool consists of three parts:</p> <ul style="list-style-type: none"> • a substance use frequency screen • a six-item CRAFFT screen • a tobacco use screen 	<ul style="list-style-type: none"> • Familiarize yourself with the administration and scoring of the Screening Tool (parts 2 and 3). • From the digital files, locate and print the Screening Tool (one copy for use with each teen).
Teen Session 1	<p>The purpose of Teen Session 1 is to get to know the teen, to evaluate his or her substance use, and to help him or her take steps toward the decision to quit using. Establishing rapport with the participant at the outset of the program is vital to the change process. Building rapport can be accomplished by</p> <ul style="list-style-type: none"> • employing the use of reflective listening skills • being nonjudgmental • asking questions to help investigate the positive and negative consequences of the teen's substance-abusing behavior 	<ul style="list-style-type: none"> • Read through all of Teen Session 1 so you are comfortable presenting it to the teen. • From the digital files, locate, print, and staple together the Session 1 Exercise Packet. • It is highly encouraged to have parent(s)/guardian(s) fill out, sign, and return the Parent/Guardian Consent Form before you conduct this first session with the teen. • Review part 1 of the teen's Screening Tool for insight into which substances to focus on during the <i>Teen Intervene</i> program. Make a note about which substances the teen identified using in Part 1: Alcohol and Other Drug Use History of the Screening Tool, and review his or her frequency of use for those substances. Use that knowledge to tailor this session and the rest of the <i>Teen Intervene</i> program to the substance use concerns of the teen.

SESSION DESCRIPTIONS AND PREPARATION		
SESSION TITLE	SESSION DESCRIPTION	PREPARATION NEEDED
Teen Session 2	<p>The purpose of Teen Session 2 is to further help the teen evaluate his or her substance use and to help him or her take steps toward the decision to quit using. Continue to use the methods of building rapport with the teen that were used in Teen Session 1 and employ problem-solving techniques to help the teen</p> <ul style="list-style-type: none"> • deal with peer pressure • enhance decision-making skills • reinforce social support systems 	<ul style="list-style-type: none"> • Read through all of Teen Session 2 so you are comfortable presenting it to the teen. • From the digital files, locate, print, and staple together the Session 2 Exercise Packet. (The Five-Step Plan Wallet Card worksheet in Exercise 3 contains reproducible cards; each teen only needs one wallet card for this session.) • Review the Exercise 2: Pros and Cons and Exercise 5: Establish Goals activities and the teen's answers from the Session 1 Exercise Packet. • The facilitator should follow a guided interview model and record the teen's responses in the appropriate spaces in the exercise packet, showing the exercise to the teen when asked or when the activity requires interaction with the worksheet material.

SESSION DESCRIPTIONS AND PREPARATION		
SESSION TITLE	SESSION DESCRIPTION	PREPARATION NEEDED
Parent/ Guardian Session 3	<p>The purpose of Parent/Guardian Session 3 is to promote healthy change in the teen by teaching and encouraging parenting behaviors that incorporate principles backed by research in both family therapy and alcohol and other drug prevention fields. Those principles include</p> <ul style="list-style-type: none"> • adequate monitoring of the adolescent’s whereabouts • consistent disciplining • fostering a supportive interpersonal relationship with the adolescent • exhibiting personal behavior that communicates a healthy relationship with legal substances 	<ul style="list-style-type: none"> • Complete Teen Sessions 1 and 2 of <i>Teen Intervene</i> with the teen prior to this session. • Wait about ten days after Teen Session 2 to facilitate this session. • Review and have the teen’s Session 1 and 2 Exercise Packets on hand. • From the digital files, locate, print, and staple together the Session 3 Exercise Packet. • Read through this session to be comfortable presenting it to the parent(s)/guardian(s). • See if the adolescent is willing to share Exercise 2: Pros and Cons from the Session 1 Exercise Packet with his or her parent(s)/guardian(s).
Referral to Treatment	<p>For youth who show a less-than-favorable response to the <i>Teen Intervene</i> program, where there is no change or the problem worsens, suggest a referral for more services, which may include further assessment and admission to an intensive substance use disorder treatment program. This part of the program should be conducted with the teen and the parent(s)/guardian(s) together and can be done at the end of Parent/Guardian Session 3.</p>	<ul style="list-style-type: none"> • Consider the progress of the teen and parent(s)/guardian(s) prior to this referral process. • From the digital files, locate and print the Referral Options Worksheet. • Have information on referral options available to give to the parent(s)/guardian(s). • If the teen has decided not to involve the parent(s)/guardian(s) in the <i>Teen Intervene</i> program, you will need to get permission from the teen to involve the parent(s)/guardian(s) in exploring referral options.

SESSION DESCRIPTIONS AND PREPARATION		
SESSION TITLE	SESSION DESCRIPTION	PREPARATION NEEDED
Teen Tobacco Use Session	The purpose of the Teen Tobacco Use Session is to help the teen evaluate his or her use of tobacco, e-cigarettes, or other nicotine products; assess willingness to change; and set goals toward reducing or eliminating use of tobacco, e-cigarettes, or other nicotine products.	<ul style="list-style-type: none"> • Read through all of the Teen Tobacco Use Session so you are comfortable presenting it to the teen. • From the digital files, locate, print, and staple together the Teen Tobacco Use Session Exercise Packet. • It is highly encouraged to have parent(s)/guardian(s) fill out and return the Parent/Guardian Consent Form. • Review the teen's responses to the tobacco section (Part 3) of the Screening Tool.

