

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





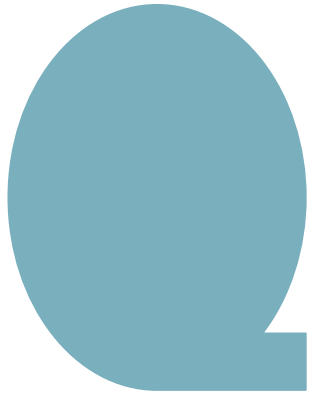
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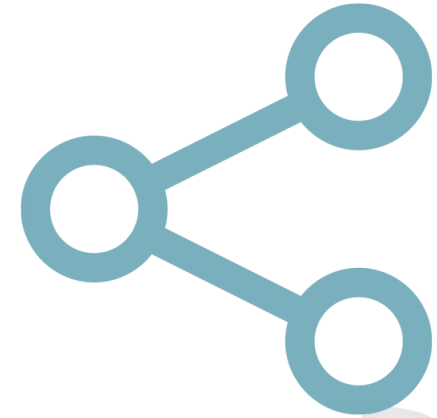
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Feel free to chat to ask questions and interact: select All Panelists and Attendees in the drop down menu



The webinar is being recorded



Supporting materials will be shared
www.schoolhealthcenters.org



Jessica Dyer

Behavioral Health Project Director,
California School-Based Health Alliance



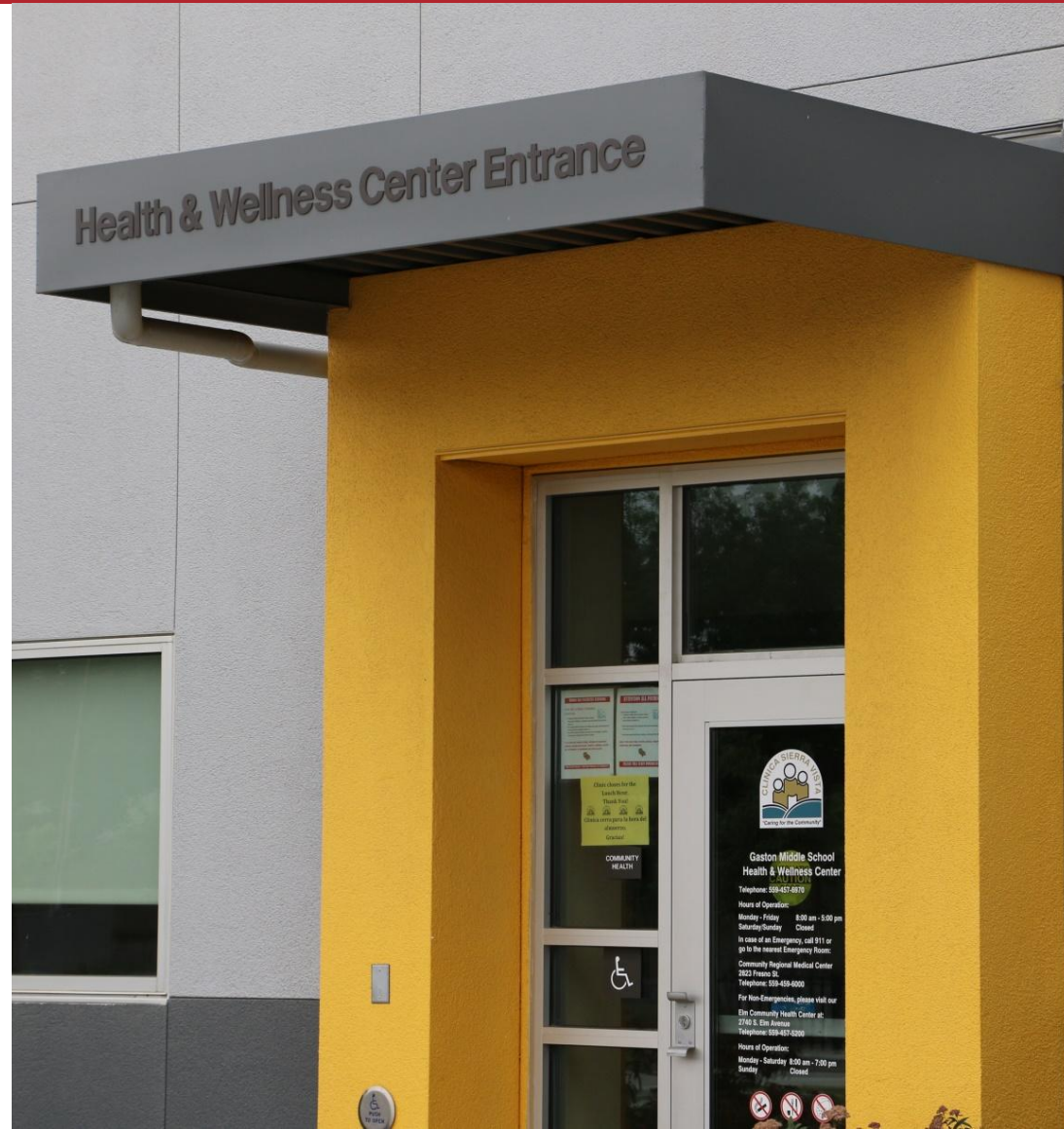
Elizabeth Peña

Youth Engagement Project Coordinator
California School-Based Health Alliance

Putting Health Care in Schools

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Learn more:
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SCHOOL-BASED
HEALTH ALLIANCE

SHARE OUT

- Name, role, site
- Favorite Summer Activity
- Experience and thoughts on Brief Intervention, Harm Reduction
- Concerns/challenges about using Teen Intervene

BACKGROUND

SBIRT

Screening, Brief Intervention and Referral to Treatment

TEEN INTERVENE

Brief Intervention for Mild to Moderate Substance Use

INTENDED PARTICIPANTS

SUBSTANCE USE DISORDER

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

Mild: 2 to 3

Moderate: 4 to 5

Severe: 6 or more

Ken C. Winters, PhD

- Senior Scientist at the Oregon Research Institute
- Faculty in the Department of Psychology, University of Minnesota
- Research focus: adolescent health with a primary focus of substance abuse and co-existing mental and behavioral disorders
- Founded and directed for 25 years the Center for Adolescent Substance Abuse Research

BRIEF INTERVENTION FACILITATOR SKILLS

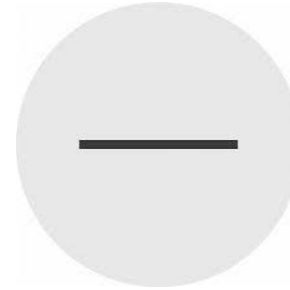
Reflective listening



Supportive



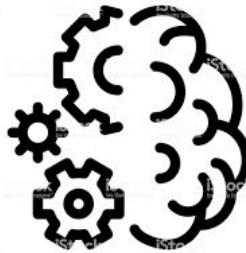
Non-punitive



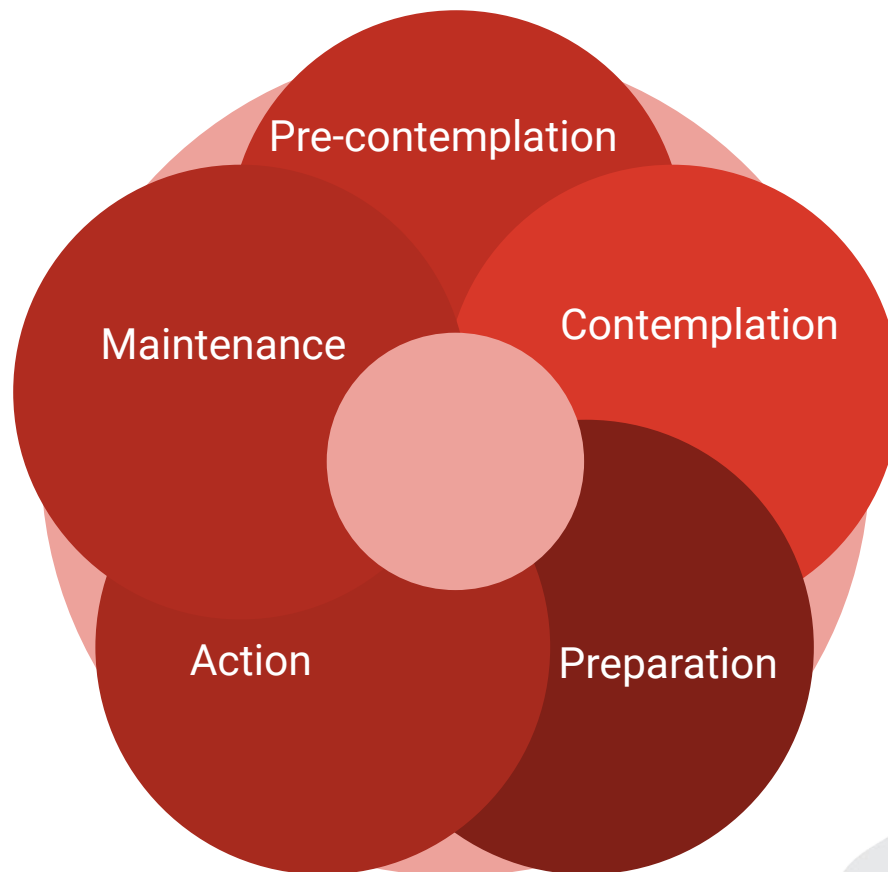
Ability to adjust to
resilience



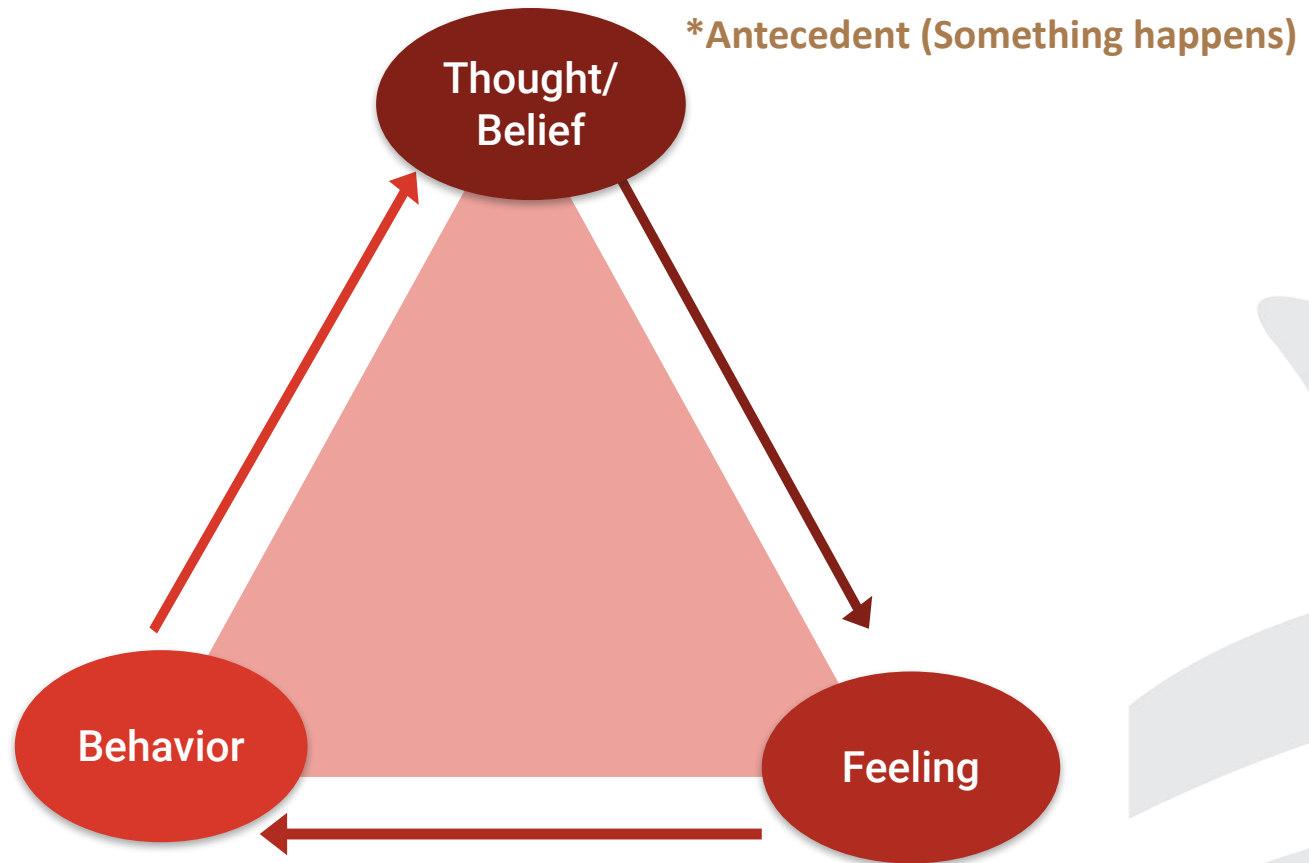
Ability to create
cognitive dissonance



STAGES OF CHANGE



COGNITIVE BEHAVIORAL THERAPY



MOTIVATIONAL INTERVIEWING



BREAK- 5 MIN

Stretch, Refuel, BIO Break :)

SCREENING

Preparation Needed

Familiarize yourself with the administration and scoring of the Screening Tool

Materials Needed

☐ Screening Tool

Session Length

10 minutes

Objectives

- Identify youth presenting a mild or moderate substance use disorder and recommend the *Teen Intervene* brief intervention
- Identify youth presenting a severe substance use disorder and recommend further assessment and referral to treatment

SCREENING TOOL

NAME/ID: _____

DATE: _____

This questionnaire asks about you and your experiences with alcohol and other drugs. Please read each question carefully. Circle the answer that is right for you and answer every question.

◀ PART 1 ▶

Alcohol and Other Drug Use History

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

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40+ times
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 (weed, 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

SCREENING TOOL

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**. Do not include if a doctor told you to take it.

- _____ cocaine (*coke, crack, rock*)
- _____ amphetamines (*not prescribed by a doctor, such as uppers, pep pills, speed*)
- _____ methamphetamines (*meth, crank, crystal meth, ice*)
- _____ barbiturates (*not prescribed by a doctor, such as downs, downers*)
- _____ heroin (*smack, horse, skag*)
- _____ other narcotics (*not prescribed by a doctor, such as methadone, opium, morphine, codeine, Demerol, OxyContin, Percocet*)
- _____ tranquilizers or sedatives (*such as Librium, Valium, Xanax, Tuinal*)
- _____ psychedelics (*such as LSD, acid, PCP, mescaline, shrooms, peyote*)
- _____ inhalants (*such as sniffing glue, aerosol cans, gases, correction fluid*)
- _____ club drugs (*Ecstasy, MDMA, special K, GHB, roofies*)
- _____ synthetic marijuana (*Spice, K2*)
- _____ performance-enhancing drugs (*steroids, Andro, Creatine*)

SCREENING TOOL

◀ PART 2 ▶

The CRAFFT Interview: Part B*

	No	Yes
1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

* Two or more **YES** answers on the CRAFFT suggest a serious problem and need for further assessment.

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For more information, contact ceasar@childrens.harvard.edu

Tobacco Use Questions

The next set of questions refers to your possible use of tobacco or other nicotine products.

1. Have you smoked cigarettes, cigars, a pipe, chewed tobacco, or used e-cigarettes **in your lifetime?** No Yes

If yes, continue with these questions.

2. How old were you when you first started smoking/chewing? _____

3. During the past six months, how frequently have you smoked or chewed?

	Not at All	Less than Monthly	About Monthly	About Weekly	About Daily
a. Smoked cigarettes/tobacco	1	2	3	4	5
b. Chewed tobacco	1	2	3	4	5
c. Smoked e-cigarettes	1	2	3	4	5

Communicating Screening Scores

- **0-1 on CRAFT:** The Teen Intervene program is not recommended for you at this time, but it could be useful later if things change. If there are still concerns that motivated you to take this screening, we can focus on looking at those concerns without going through the whole program
- **2-5 on CRAFT:** This score suggests that you are already experiencing some negative consequences because of your use of alcohol and other drugs. Taking part of the Teen Intervene program could help you to explore your use, but it is up to you if you want to change, would you be okay to try this?
- **6 on CRAFT:** This score suggests that your use of alcohol and other drugs has led to negative consequences and is a cause for significant concern. Taking part in Teen Intervene may help you begin to explore ways to change your use, but it is also a good idea to have you take some further assessments to see if you need a more intensive treatment program. Can we talk about some next steps?

TEEN SESSION 1

Preparation Needed

Familiarize yourself with all of Teen Session 1 and review the completed screening tool

Materials Needed

- ☐ Parent/Guardian Consent Form (not needed but encouraged)
- ☐ Session 1 Exercise Packet
- ☐ Teen's Screening Tool

Session Length

40-50 minutes

Objectives

- Summarize the basic principles of *Teen Intervene*
- Distinguish between pros and cons of substance use
- Evaluate readiness for change
- Identify goals for reducing or eliminating substance use

Reflective Listening Skills

6 KEY ACTIVE LISTENING SKILLS



1. PAY ATTENTION.



2. WITHHOLD
JUDGEMENT.



3. REFLECT.



4. CLARIFY.



5. SUMMARIZE.



6. SHARE.



Center for Creative Leadership®

SESSION 1 CLIENT QUESTIONNAIRE



EXERCISE 1: TEEN QUESTIONNAIRE

NAME/ID: _____

DATE: _____

Read each statement below and decide whether you strongly disagree, disagree, agree, or strongly agree with the statement. Make a check mark in the appropriate blank.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My use of alcohol and other drugs has caused many problems in my life.	_____	_____	_____	_____
2. I know why people are upset about my use of alcohol and other drugs.	_____	_____	_____	_____
3. I can control my use of alcohol and other drugs.	_____	_____	_____	_____
4. I can quit using alcohol and other drugs on my own.	_____	_____	_____	_____
5. I need help for my use of alcohol and other drugs.	_____	_____	_____	_____
6. I am glad to be talking to someone about my substance use.	_____	_____	_____	_____
7. I was forced into coming to talk to someone.	_____	_____	_____	_____
8. I believe I have an addiction.	_____	_____	_____	_____

Adapted from the Problem Recognition Questionnaire in Cady, M., K. C. Winters, D. A. Jordan, K. R. Solberg, and R. D. Stinchfield. 1996. "Measuring Treatment Readiness for Adolescent Drug Abusers?" *Journal of Child and Adolescent Substance Abuse* 5:73-91.

TEEN QUESTIONNAIRE

	Strongly Disagree	Disagree	Agree	Strongly Agree
9. My use of alcohol and other drugs has hurt others.	_____	_____	_____	_____
10. I want to change my life and get away from alcohol and other drugs.	_____	_____	_____	_____
11. There are many good reasons for me to stop using alcohol and other drugs.	_____	_____	_____	_____
12. I have a serious problem with alcohol and other drugs.	_____	_____	_____	_____
13. I need help to stop using alcohol and other drugs.	_____	_____	_____	_____
14. It will be a struggle for me to stop using alcohol and other drugs.	_____	_____	_____	_____
15. I am willing to give up my old friends so I can stop drinking and using other drugs.	_____	_____	_____	_____
16. I think some type of intervention is a good thing for me.	_____	_____	_____	_____

Adapted from the Problem Recognition Questionnaire in Cady, M., K. C. Winters, D. A. Jordan, K. R. Solberg, and R. D. Stinchfield. 1996. "Measuring Treatment Readiness for Adolescent Drug Abusers." *Journal of Child and Adolescent Substance Abuse* 5:73-91.

Reflection From Video

Large Group Conversation Questions:

- What did you like or dislike about the way the facilitator guides the conversation?
- What would you do differently?

SESSION 1A PROS AND CONS



EXERCISE 2: PROS AND CONS

NAME/ID: _____ DATE: _____

Using a guided interview approach, record the teen's responses in the appropriate section.

	Pros	Cons
USING ALCOHOL AND OTHER DRUGS	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
REDUCING/QUITTING ALCOHOL AND OTHER DRUGS	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Reflection From Breakout

Large Group Conversation Questions:

- What do you anticipate to be challenging about going over the pros and cons with youth and having these conversations?
- What do you think is helpful to remember and think about as a facilitator in these conversations?
- What do you think the experience is like for young people to be filling out these questions and having this conversation?

LUNCH BREAK- 20 Minutes

Get Some Food, Water, Move Your Body :)

We'll be back from break at 1:15pm

SESSION 1B TRIGGERS AND CRAVINGS



EXERCISE 3: TRIGGERS AND CRAVINGS

NAME/ID: _____

DATE: _____

Reasons People Decide to Use

Circle the reason/reasons for the teen's alcohol or other drug use
and record discussion notes on the next page.

To escape

To feel more
comfortable with myself

To make it easier to talk with people

To lift me from the blues/a funk

To unwind

To meet new people

To ease frustration

To feel happier

Because people will
like me better

To feel more
comfortable with friends

To feel cool

For excitement

To help me forget about trying to quit

To relax

To forget

To sleep

Adapted from U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, 1995, *Cognitive-behavioral coping skills therapy manual. Project MATCH Series*, vol. 3. NIH publication number 94-3724.

TRIGGERS AND CRAVINGS

Record discussion notes below:

Use one of the reasons circled or one of the others identified in your discussion to build a scenario where the teen might be tempted to use alcohol and other drugs. Try role-playing the situation, and ask the teen what he or she could do instead. Write his or her ideas below:

Adapted from U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, 1995, *Cognitive-behavioral coping skills therapy manual. Project MATCH Series*, vol. 3. NIH publication number 94-3724.

Reflection From Breakout

Large Group Conversation Questions:

- What do you think is helpful to remember and think about as a facilitator in these conversations?
- What do you think the experience is like for young people to be filling out these questions and having this conversation?

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



SESSION 1C READY TO CHANGE



EXERCISE 4: READY TO CHANGE

NAME/ID: _____

DATE: _____

Ask the teen to rank how ready he or she is to change.

Ready to Change Scale

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

Ready to Change Statement

Have the teen choose the statement below that best fits him or her right now.

1. "I don't want to quit or cut down my use of alcohol and other drugs."
2. "I am thinking about stopping my use of alcohol and other drugs."
3. "I have definitely decided that I want to stop using alcohol and other drugs."
4. "I have already stopped using alcohol and other drugs."

SESSION 1D ESTABLISH GOALS



EXERCISE 5: ESTABLISH GOALS

NAME/ID: _____ DATE: _____

In the space below, write down goals regarding the teen's alcohol or other drug use that he or she will work on during the next seven to ten days.

Goal #1: _____

Goal #2: _____

Goal #3: _____

List people or activities that might provide support for these goals:

ESTABLISH GOALS

Goal #1 Obstacles: _____

Alternative: _____

Goal #2 Obstacles: _____

Alternative: _____

Goal #3 Obstacles: _____

Alternative: _____

SESSION 1E WRAP UP



ADVANTAGES OF NOT USING ALCOHOL AND OTHER DRUGS

Below are some advantages of not using alcohol or other drugs. How many apply to you? (Underline the ones that apply.)

- keep your head clear
- better relationship with family
- feel better physically
- save money
- would not have to hide substance 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 or why you did the things you did the night before
- no more hangovers
- self-confidence from overcoming the urge to use
- wouldn't have a bad reputation
- wouldn't regret things
- better health
- improved communication skills
- better sleep
- not so worried about others knowing
- improved relationships with others
- more time for yourself, family, and friends
- able to plan your future more clearly

Reflection From Breakout

Large Group Conversation Questions:

- What are your thoughts on Teen Session 1?
- Are there challenges you anticipate in being able to implement this with youth in your site?
- What are the ways you see being able to put this into practice at your site?
- What do you feel you need support with to be able to implement this at your site? (MI skills, provider buy in, etc.)
- Any questions to make sure we cover tomorrow?

Teen Session 2

Preparation Needed

Familiarize yourself with all of Teen Session 2 and review the Exercise 2: Pros and Cons/Exercise 5: Establish Goals activities and the teen's answers from the Session 1 Exercise Packet.

Materials Needed

- ❑ Completed Session 1 Exercise Packet
- ❑ Session 2 Exercise Packet

Session Length

50-75 minutes

Objectives

- Recall reasons for alcohol and drug use from session 1
- Evaluate progress on goals from session 1
- Identify supportive individuals within a social network
- Plan strategies for saying no and dealing with peer pressure
- Re-evaluate readiness for change

SESSION 2A

- ✓ Review goal and achievement
 - ✓ Encourage discussion by reviewing pros and cons and considering additions
 - ✓ **Review and Administer second readiness to change worksheet**
- **Encourage discussion by reviewing the Pros and Cons Worksheet**
 - **Review youth's progress on achieving goals and overcoming triggers**

EXERCISE 1: READY TO CHANGE

NAME/ID: _____

DATE: _____

Ask the teen to rank how ready he or she is to change.

Ready to Change Scale

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

Ready to Change Statements

Have the teen choose a statement that best fits him or her right now.

1. "I don't want to quit or cut down my use of alcohol and other drugs."
2. "I am thinking about stopping my use of alcohol and other drugs."
3. "I have definitely decided that I want to stop using alcohol and other drugs."
4. "I have already stopped using alcohol and other drugs."

SESSION 2B

- ✓ Problem solve potential barriers and teach skills
- ✓ Peer pressure, decision making and social support

- **Acquiring New Skills:** dealing with Peer Pressure, Enhancing Decision Making Skills and Reinforcing Social Support Systems.
- **Dealing with Peer Pressure:** beyond the “just say no”, without “losing face”; role play real scenarios from youth.
- **Enhancing Decision Making Skills:** guide youth through real or hypothetical problems using the five step plan.
- **Reinforcing Social Support Systems:** prepare youth to fill out the Social Support Worksheet, discuss each one and record youth’s answer.
- **Conclusion:** summarize the session and congratulate youth for finishing intervention.

EXERCISE 2: DEALING WITH PEER PRESSURE

NAME/ID: _____

DATE: _____

Ask the teen which statement(s) he or she might use if pressured to use alcohol or other drugs. Circle the responses.

- Simply say, “No, thank you.”
- Say, “Not now, I’m not ready.”
- Give a reason or excuse (e.g., “No thanks, I have a test/ big game tomorrow”).
- Be a broken record—keep saying no over and over again.
- Walk away—ignore the person and the situation.
- Avoid the situation—if you know there will be alcohol and other drugs involved, don’t go.
- Change the subject—start talking about something else.
- Find strength in numbers—be with friends you can trust who won’t pressure you.
- Use humor—make light of the situation with a joke.
- Use your health as an excuse (e.g., “I’m allergic to smoke,” or “I have a stomachache”).
- Reverse the pressure (e.g., “If you want a beer so badly, get one yourself”).
- Be honest and tell them you don’t want to (e.g., “I don’t feel like it,” “I don’t want to,” or “It’s not really my thing”).
- Suggest an alternative/try something else to do.

Other Examples: _____

Role-playing Scenario: _____

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

EXERCISE 3: ENHANCING DECISION-MAKING SKILLS

NAME/ID: _____ DATE: _____

Ask the teen to describe a real-world situation where he or she has been asked or tempted to use. Record the answers to create a role-playing scenario.

Stop Think Choose Act Evaluate

Situation #1: _____

Situation #2: _____

EXERCISE 4: REINFORCING SOCIAL SUPPORT SYSTEMS

NAME/ID: _____

DATE: _____

Ask the teen to list people who might support
him or her in not using drugs or alcohol.

1. Who can provide support?

(List people who might provide support and the ways they can help):

2. In what ways can these people be supportive?

(List ways these people can be supportive of the teen):

REINFORCING SOCIAL SUPPORT SYSTEMS



3. Are there ways to get help at the right time and in the right way? *(List ways):*

4. Are there people who need support? In what ways can this support be provided?
(List people the teen can support and the ways he or she can do so):

Reflection From Breakout

Large Group Conversation Questions:

- What do you think is helpful to remember and think about as a facilitator in these conversations?
- What do you think the experience is like for young people to be filling out these questions and having this conversation?

LUNCH BREAK- 20 Minutes

Get Some Food, Water, Move Your Body :)

We'll be back at 12:55pm

Parent(s)/Guardian(s) Session 3

Preparation Needed

Familiarize yourself with the content in this session and wait 10 days after Teen Session 2 before facilitating this session. See if adolescent is willing to share Exercise 2: Pros and Cons from Session 1 Exercise Packet with their parent/guardian

Materials Needed

- ☐ Session 3 Exercise Packet
- ☐ Teen Intervene Parent Guide (optional)
- ☐ teen's Session 1 and Session 2 Exercise Packet



Session Length
30-70 minutes

Objectives

- Summarize the events that led the teen to the brief intervention
- Summarize the *Teen Intervention* program
- Identify the alcohol and other drug use of parent(s)/guardian(s)
- Analyze and create family communication method 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

CAREGIVER SESSION

This session should be conducted after the 2 sessions with youth after 10 days.

- ✓ Review events that led youth to the brief intervention
- ✓ Introduce Teen Intervene Program
- ✓ Learn how to talk to youth about use of alcohol/drugs
- ✓ Review family rules about use of alcohol/drugs
- ✓ Determine family's level of interest to help youth in a positive direction

Session 3 Exercise Packet

EXERCISE 1: Breaking the Ice	See Facilitator Guide
EXERCISE 2: Parent/Guardian Questionnaire	1
EXERCISE 3: Parent/Guardian Worksheet	3
EXERCISE 4: Six Steps	5
EXERCISE 5: Family Rules on Alcohol and Other Drug Use	9
EXERCISE 6: Parent/Guardian Goals	11

EXERCISE 2: PARENT/GUARDIAN QUESTIONNAIRE

NAME/ID: _____

DATE: _____

Read each statement below and decide if you strongly disagree, disagree, agree, or strongly agree with the statement. Make a checkmark in the appropriate blank.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. As a parent/guardian, I have great concerns about my child's use of alcohol and other drugs.	_____	_____	_____	_____
2. I want my child to receive help for alcohol and other drugs.	_____	_____	_____	_____
3. I want my child to quit using alcohol and other drugs.	_____	_____	_____	_____
4. I want my child to reduce his or her usage of alcohol and other drugs.	_____	_____	_____	_____
5. As a parent/guardian, I am willing to do whatever it takes to help my child stop using.	_____	_____	_____	_____
6. I believe that my child has a problem with alcohol and other drugs.	_____	_____	_____	_____
7. My child's use of alcohol and other drugs is just "typical teenage behavior."	_____	_____	_____	_____

PARENT/GUARDIAN QUESTIONNAIRE

	Strongly Disagree	Disagree	Agree	Strongly Agree
8. I think it's okay for my child to use alcohol and other drugs every now and then.	_____	_____	_____	_____
9. My alcohol and other drug use is not a problem.	_____	_____	_____	_____
10. I tried to help my child change his or her alcohol and other drug use, but it didn't work out.	_____	_____	_____	_____
11. I believe my child can change his or her alcohol and other drug use without help.	_____	_____	_____	_____
12. I will make time to help my child with his or her alcohol and other drug use problems.	_____	_____	_____	_____

EXERCISE 3: 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. How do your family members get along?

What types of things does the family do together?

2. How would you describe your relationship with your son/daughter?

3. What types of things do you like to do with your son/daughter?

PARENT/GUARDIAN WORKSHEET

4. Let's turn to the situation with your son/daughter. What do you think are some factors that may have contributed to your son's/daughter's alcohol or other drug use?

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

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

EXERCISE 4: SIX STEPS

NAME/ID: _____

DATE: _____

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."

Notes of discussion: _____

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."

Notes of discussion: _____

SIX STEPS

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."

Notes of discussion: _____

Step 4—"I 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 drinking behaviors or drug use. 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.

Notes of discussion: _____

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 alcohol and other drugs at all." Reinforce that you "want" him or her to continue seeing the *Teen Intervene* program facilitator if the problem does not get better.

Notes of discussion: _____

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 and other drugs. You will need to find a place to talk where you won't be interrupted. The time to talk is not while your child is still under the influence of alcohol and other drugs. If the problem persists, encourage your child to make an appointment with the *Teen Intervene* program facilitator.

Notes of discussion: _____

**EXERCISE 5:
FAMILY RULES ON ALCOHOL AND OTHER DRUG USE**

NAME/ID: _____ DATE: _____

Read items 1, 2, and 3 aloud and have the parent(s)/guardian(s) share their responses while you write the answers in the spaces provided.

1. 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? (*List rules below.*)

2. If you were to have a family meeting to discuss household rules about alcohol and other drugs, who do you think should be there? Participants may include extended family members or others, such as relatives, family friends, or anyone else whom you think of as being helpful and supportive in the life of your family. (*List the names of these people below.*)

3. What family rules about alcohol and other drug use would you discuss?

Adapted from Roger Svendsen. 2001. *Walking the Talk: A Program for Parents about Alcohol, Tobacco, and Other Drug Use and Nonuse*. 2nd ed. Anoka, MN: Minnesota Institute of Public Health.

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Home Plan Example

ISSUE #1	ISSUE #2	ISSUE #3
Expectation:	Expectation:	Expectation:
Consequence:	Consequence:	Consequence:
Privilege:	Privilege:	Privilege:

EXERCISE 6: PARENT/GUARDIAN GOALS

NAME/ID: _____

DATE: _____

Write down some of the goals for the parent(s)/guardian(s) to work on to support the child's goals.

Goal #1: _____

Goal #2: _____

Goal #3: _____

Parent/Guardian Discussion

Activity #3 Parent/Guardian Session 3

Large Group Conversation

What are challenges you anticipate in parent/guardian sessions?

What are things you find helpful in having challenging conversations with caregivers?

What do you think would be helpful about TI parent sessions?

What do you feel you would need to be able to implement TI parent sessions?

Referral to Treatment

Preparation Needed

Consider progress of teen and parent(s)/guardian(s), If the teen has decided not to involve parent(s)/guardian(s), you will need to get permission from the teen to involve the parent(s)/guardian(s) in exploring referral options

Materials Needed

- ❏ Referral Options Worksheet

Session Length

10 minutes

Objectives

- 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

REFERRAL OPTIONS WORKSHEET

TEEN PROGRESS	RESPONSE
Minimal Change (one or more of these features) <ul style="list-style-type: none"> • mixed level of participation during sessions • little or mixed progress with homework assignments • signs of intent to continue behavior change 	Booster session(s). Seek interest in additional sessions; consider 1–2 more sessions over the next 4–6 weeks; options include youth alone, parent alone, or family session(s).
No Change or Worsening (one or more of these features) <ul style="list-style-type: none"> • no engagement during sessions • no progress with behavior change goals • poor problem recognition 	Refer for specialized services; additional substance use disorder and/or mental health services may be needed; consider services that have a good reputation working with youth and families.
Record the teen's progress and referral response and details: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	



Teen Tobacco Use Session

Preparation Needed

Familiarize yourself with the Teen Tobacco Use Exercise Packet and review part 3 of teen's Screening Tool responses

Materials Needed

- ☐ Parent/Guardian Consent Form (if session is being conducted independently)
- ☐ Teen Tobacco Use Session Exercise Packet

Objectives

- 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 Length

40-50 minutes

Teen Tobacco Use Session Exercise Packet

EXERCISE 1: Pros and Cons	1
EXERCISE 2: Triggers and Cravings	3
EXERCISE 3: Dealing with Peer Pressure.....	5
EXERCISE 4: Ready to Change	7
EXERCISE 5: Establish Goals	9

EXERCISE 1: PROS AND CONS

NAME/ID: _____

DATE: _____

Using a guided interview approach, record the teen's responses in the appropriate section.

	Pros	Cons
USING TOBACCO OR OTHER NICOTINE PRODUCTS	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
REDUCING/QUITTING TOBACCO OR OTHER NICOTINE PRODUCTS	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

EXERCISE 2: TRIGGERS AND CRAVINGS

NAME/ID: _____

DATE: _____

Reasons People Decide to Use

Circle the reason/reasons for the teen's tobacco use
and record discussion notes on the next page.

To relax

To be a part of the group

To talk with others

To look more like an adult

To unwind

To feel cool

To improve my image

To feel better

To ease frustration

To be social at parties

To help me forget about trying to quit

To calm down

To relieve disappointment

Adapted from U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, 1995, *Cognitive-behavioral coping skills therapy manual. Project MATCH Series*, vol. 3. NIH publication number 94-3724.

TRIGGERS AND CRAVINGS

Record discussion notes below:

Ask the teen if there are any reasons he or she uses that are not listed.

Record responses below:

Adapted from U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, 1995, *Cognitive-behavioral coping skills therapy manual. Project MATCH Series*, vol. 3. NIH publication number 94-3724.

EXERCISE 3: DEALING WITH PEER PRESSURE

NAME/ID: _____

DATE: _____

Ask the teen which response(s) he or she might use to refuse tobacco.

Circle the responses.

- Simply say, “No, thank you.”
- Find strength in numbers—be with friends who don’t smoke/chew.
- Say, “Not now, I’m not ready.”
- Use humor—make light of the situation with a joke.
- Give a reason or excuse (e.g., “No thanks, I am trying to quit”).
- Use your health as an excuse (e.g., “I’m allergic to smoke,” or “I have a stomachache”).
- Be a broken record—keep saying no over and over again.
- Be honest and tell them you don’t want to (e.g., “I don’t feel like it,” “I don’t want to,” or “It’s not really my thing”).
- Walk away—ignore the person and the situation.
- Change the subject—start talking about something else.

Other ways to refuse tobacco or other nicotine products: _____

Role-playing scenario: _____

EXERCISE 4: READY TO CHANGE

NAME/ID: _____

DATE: _____

Ask the teen to rank how ready he or she is to change use of tobacco.

Ready to Change Scale

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

EXERCISE 5: ESTABLISH GOALS

NAME/ID: _____

DATE: _____

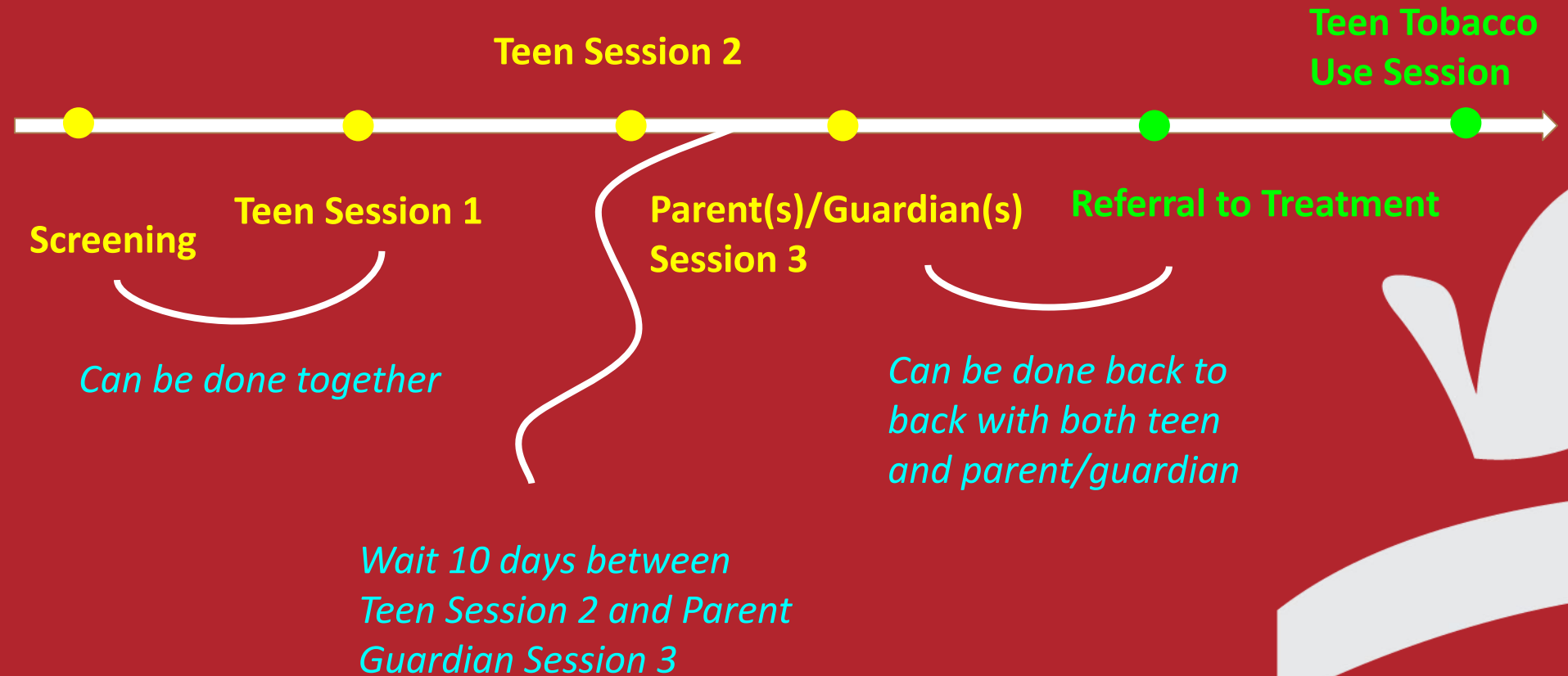
In the space below, write down goals regarding the teen's use of tobacco or other nicotine products that he or she will work on going forward. These can be short- or long-term goals, and they can focus on reduction or cessation of use.

1. _____
2. _____
3. _____

People or activities that could offer support:

Possible obstacles and how you will handle them:

Teen Intervene Timeline



DEBRIEF/IMPLEMENTATION

- After all of this, what do you think about using TI at your site?
- What concerns do you have?
- What kind of support do you need to be able to use this program?
- What players/stakeholder do you want to include?
- Are there changes to the way you are currently using it you want to think about?
- What do you think about using this as alternative to punitive discipline/suspension?

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Gracias

謝謝

Thank you

Cảm ơn

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