

Vignette #1 Teen/Provider Script

16 yo teen checking in (for yearly SBHC visit, or visit with school nurse or counselor)

Teen:

Psychosocial history (brief):

Was a passenger in a car accident 1 year ago, had broken arm, father was driver. Arm healed well, however dropped out of track after injury, did not return when healed. Grades slipping lately (down from GPA of 4.0 to 2.8). Lives with parents, paternal grandmother, all smoke cigarettes, parents smoke cannabis. Teen doesn't talk much with parents. History of smoking cannabis frequently, now almost every day, no history of possessing cannabis or being high at school. Difficulty sleeping lately, states cannabis helps him sleep and focus on schoolwork. No bullying at school or safety issues at home, uses seat belts 100%. Attracted to both identified males and females, no history of sexual activity. [can do role play as any gender, cis, nonbinary or trans]

Behavior change issue: cannabis use, impact on schooling

Areas to explore:

1. Pros/cons of using cannabis, use ruler scale. [teen should be somewhere around 4-6]
2. Reasons for motivation level, barriers to higher motivation?
3. Willingness to explore other coping skills?

Instructions for clinician/counselor: Don't expect teen to jump all the way to readiness (8-10_

Instructions for teen: Don't be overly difficult, be interested in talking about issue, remain ambivalent

Vignette #2 Teen/Provider Script

14 yo teen has been referred to the Coordination of Services Team (COST) meeting because of chronic absenteeism. At COST meeting, decision is made to refer teen to the school-based health center before taking other action.

Provider/Counselor: You can be in any role in which you might be talking with the teen.

Teen:

14 yo with chronic asthma and frequent night awakening, many family issues: transportation, sick grandmother, younger sibling with severe behavioral issues who is very connected to you. You have always struggled with reading, but like science and math, would like to go to college. You would like to attend school more regularly. No substance use issues.

Areas to explore:

1. Use affirmations, reflections and open-ended questions to figure out context
2. Use a ruler scale for CONFIDENCE that attendance could change, explore barriers, higher lower
3. Alternate approach: fast forward six months, have teen imagine they are in school every day, what would have changed in 6 months to make that possible.

Instructions for clinician/counselor: Don't get overly stuck in the asthma issue (find out if any other reasons for night awakening, focus on other barriers to attendance). Goal in this encounter is to find out barriers from teen's point of view, identify next steps, communicate hope and partnership

Instructions for teen:

You are grateful that someone is paying attention to this issue and might be willing to help, but pretty discouraged about possibilities for changes