

WHAT'S MOTIVATION GOT TO DO WITH IT?

Using Teen Intervene as a Tool for
Tobacco Use, Vaping and
Substance Use Cessation



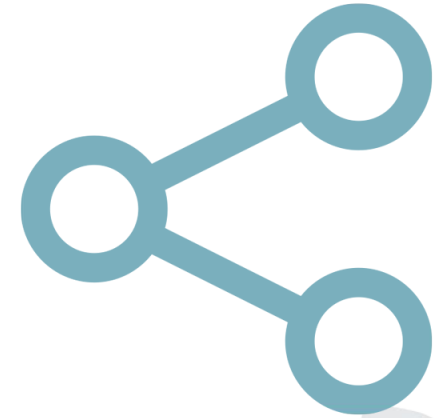


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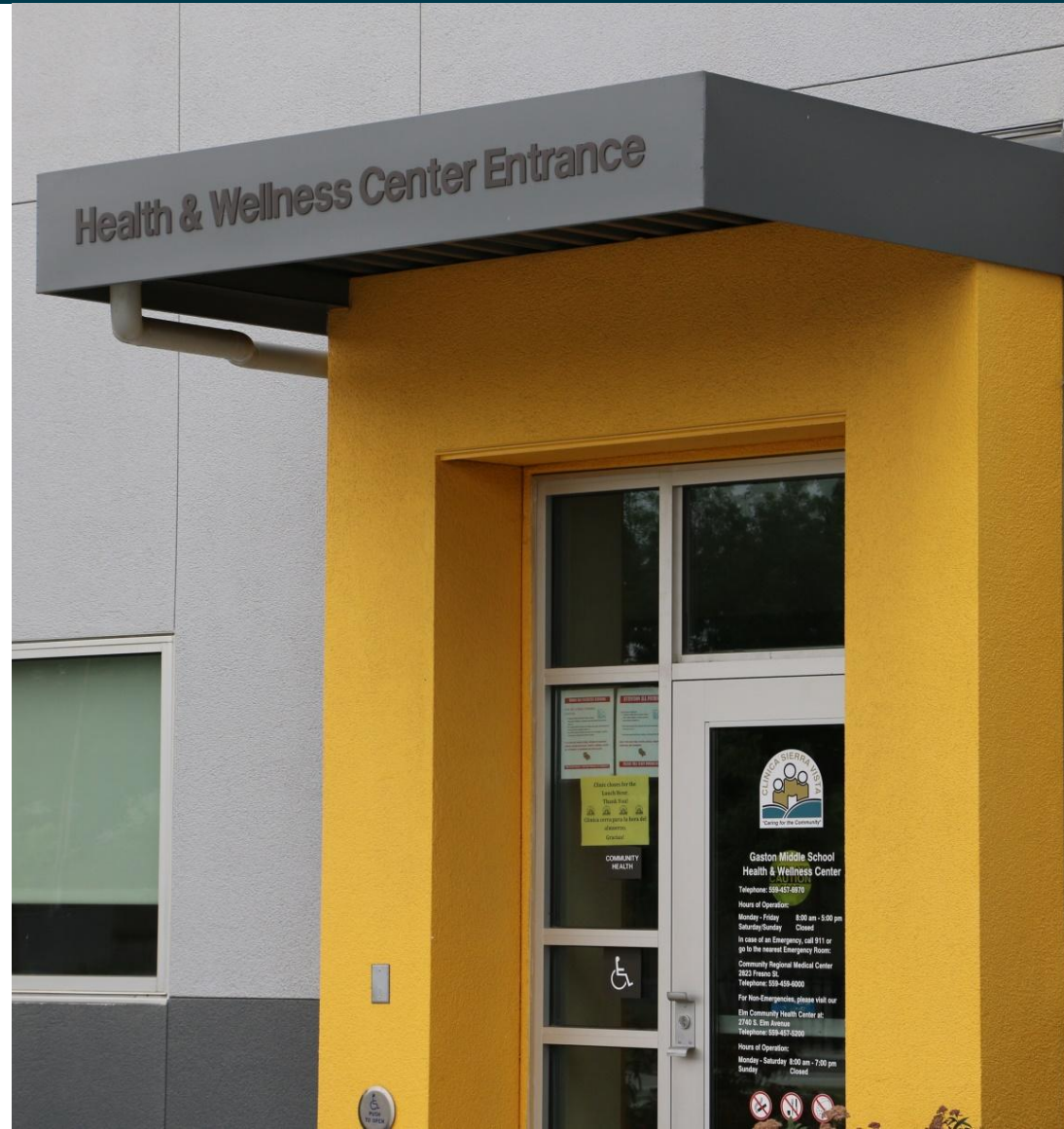


**Supporting
materials will be
shared**

Putting Health Care in Schools

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UPCOMING WEBINAR



Youth Making an Impact!

Elevating the Brilliance of

Youth-Led Peer Engagement Programs

Thursday, May 18, 3:00-4:00 pm Pacific



Ken Winters, PhD

Senior Scientist
Oregon Research
Institute



Jessica Dyer, LCSW


Somatic Therapist
School-Based Health
Center Practitioner



**Marina Quintanilla,
MPH**

Advocacy Manager
School-Based Health
Alliance

LEARNING OBJECTIVES

- Identify key components of the Teen Intervene brief intervention model
 - Identify best practices and lessons learned for TI implementation
 - Learn strategies to integrate non-punitive approaches to address student tobacco/vaping, alcohol, and other drug use on campus
- 

Brief Intervention with Alcohol and Drug Abusing Adolescents: Clinical Applications of *Teen Intervene*, 4th Edition

Screening, Brief Intervention and Referral to Treatment (SBIRT)

Name of Trainer: Ken C. Winters, Ph.D.

Lead author, *Teen Intervene*

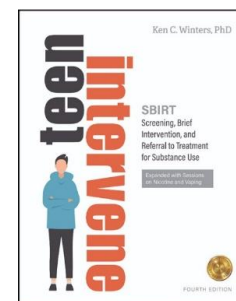
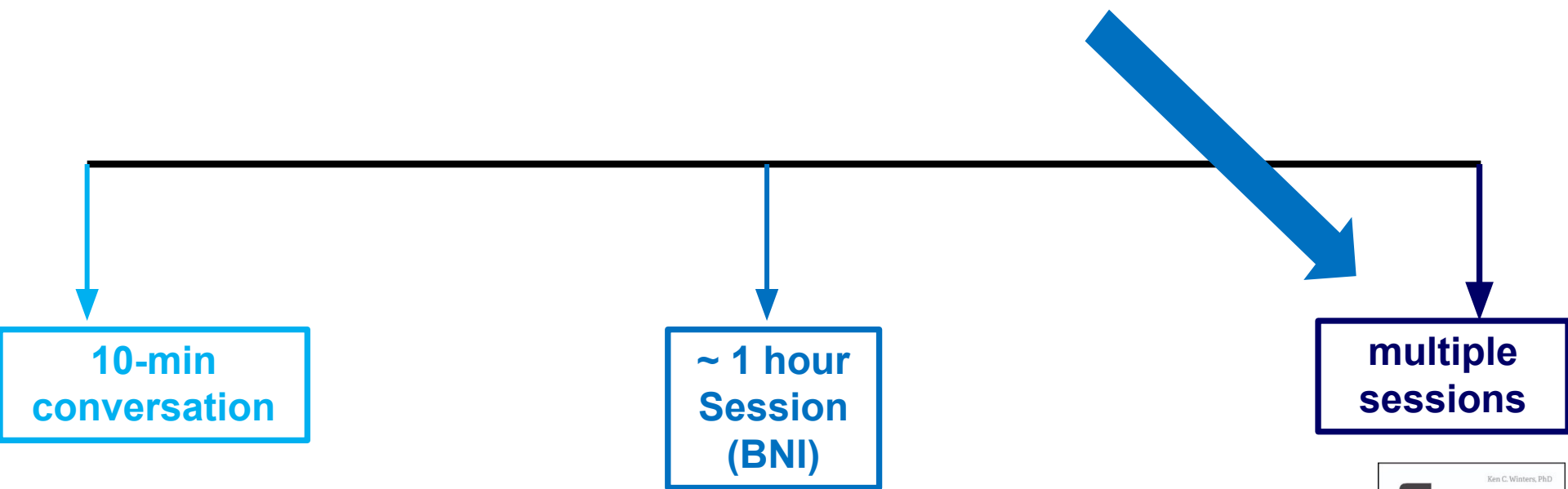
Affiliation: Oregon Research Center (MN location)

e-mail: winte001@umn.edu

2023



SBIRT Continuum



- Hazelden Press
- <https://www.hazelden.org/store/item/560322?Teen-Intervene-Fourth-Edition>
- All questionnaires, worksheets and handouts available on a jump drive for unlimited printing
- Many clinics/sites order a single manual for shared use

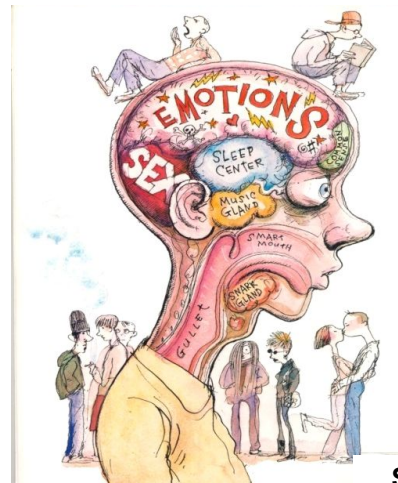
User Friendly Features

■ For service providers

- detailed manual
- adjustable
- easy to learn

■ For the teen

- client-centered
- low-level commitment
- activity-based



Source: US News & World Report, 2005

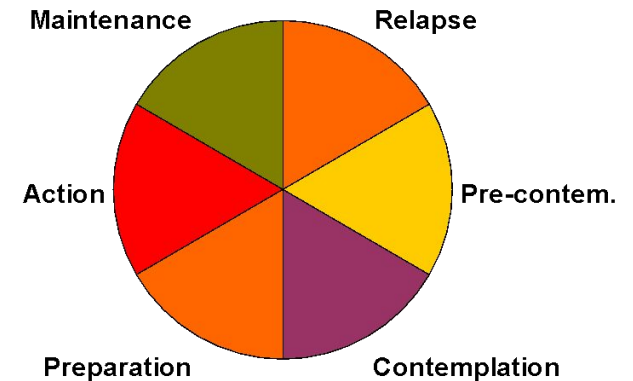
Building Blocks for *Teen Intervene*



MI: OARS

- **O** = Open Questions
- **A** = Affirmations
- **R** = Reflective Listening
- **S** = Summaries

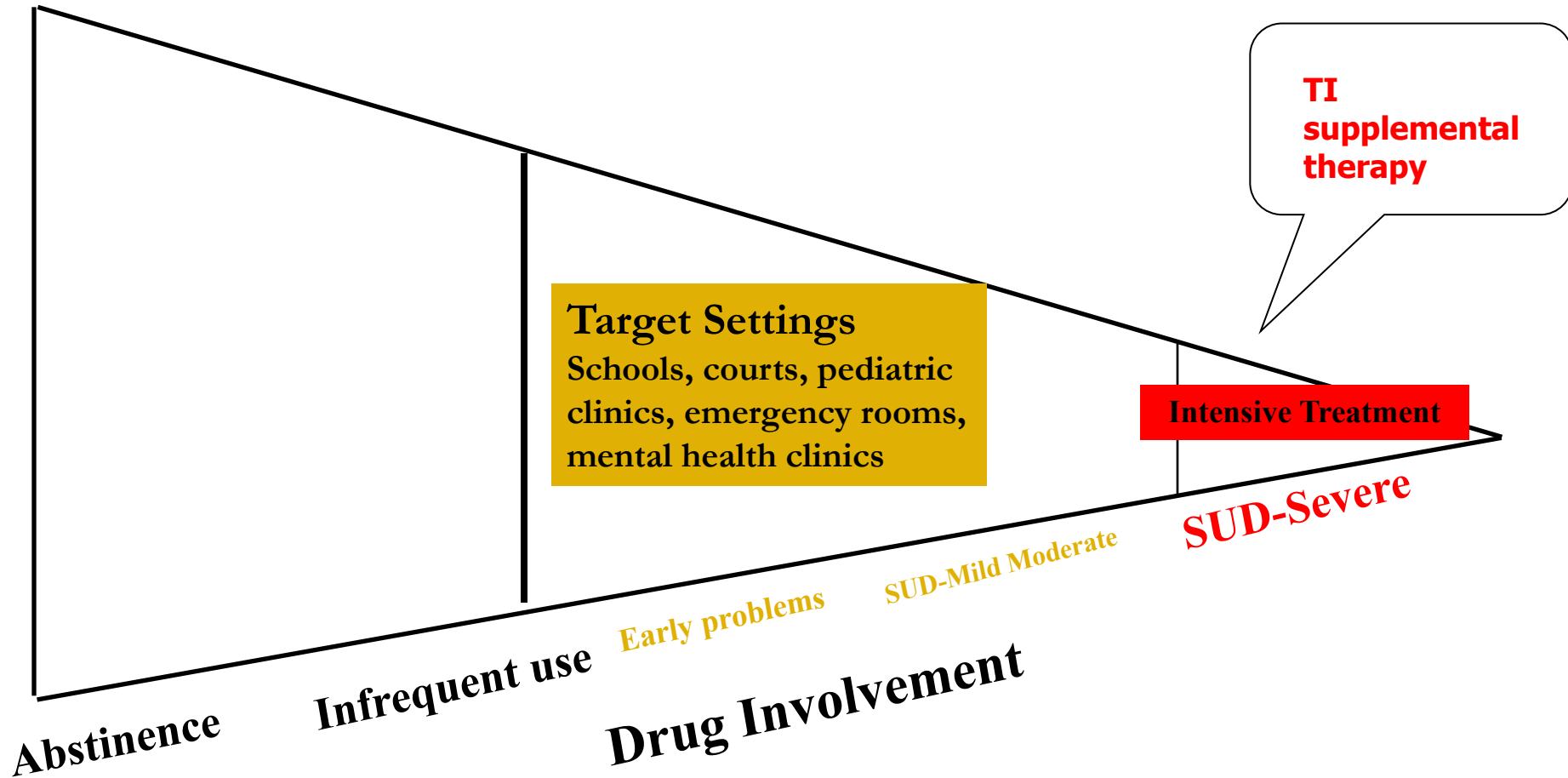
SOC



CBT

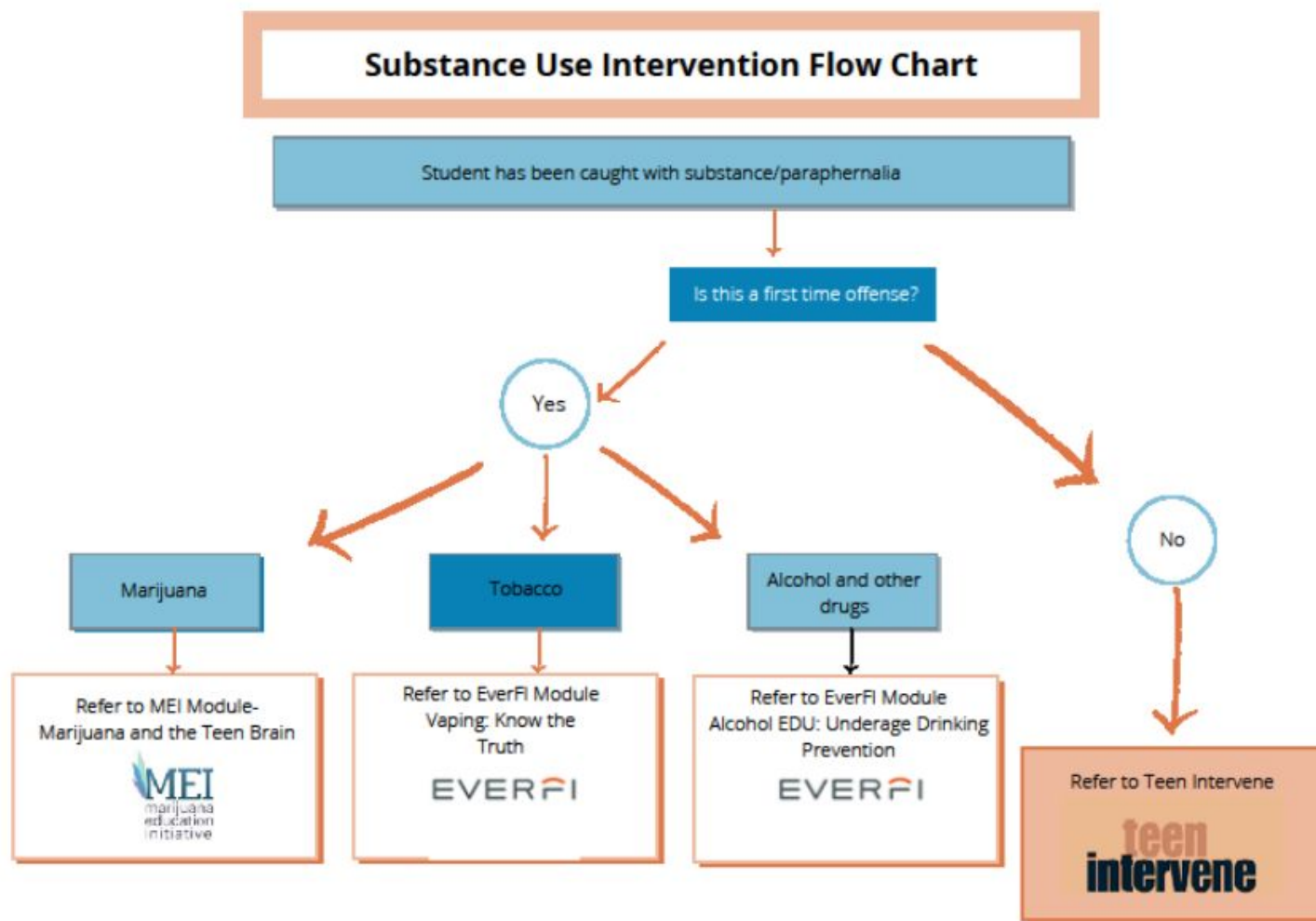
- Identify antecedents and change maladaptive behaviors and cognitions
- Goals are specific, realistic, attainable
- Goals can be abstain, harm reduction or risk reduction

Possible Applications *Teen Intervene*



Adapted from Broadening the Base of Alcohol Treatment (IOM)

Sample Flow Chart (Thanks to NY's Mary Alice Kovatch)

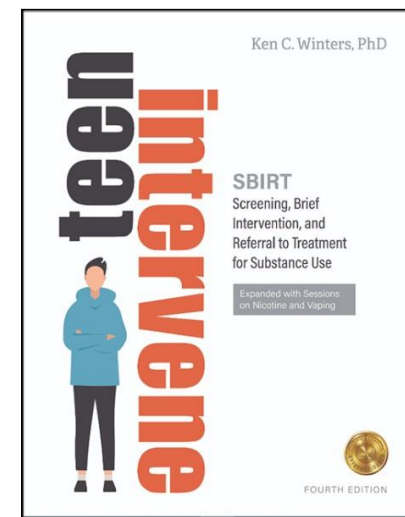


Cautions When Applying *Teen Intervene*

- Not indicated as a stand-alone program for severe-end cases
- Supplemental treatment is warranted to address co-existing conditions
- Non-abstinence goals common to brief interventions (e.g., harm reduction, risk reduction) may not be suitable for some settings and for some counselors' clinical orientation

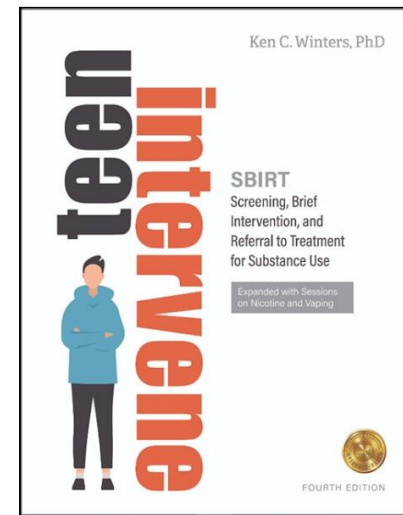
Review of *Teen Intervene* – 4th edition- Core Content

- Teen Intervene Module: Same 3-session module as 3rd edition, with some minor changes
- Teen Nicotine Module: New 3-session program to address nicotine use, including vaping
- User-friendly features for each module
 - 1-page overview of each session
 - instructions for how to administer each “activity”
 - suggested script
 - digital worksheets and related materials for activities (jump drive)
 - Spanish version of family materials



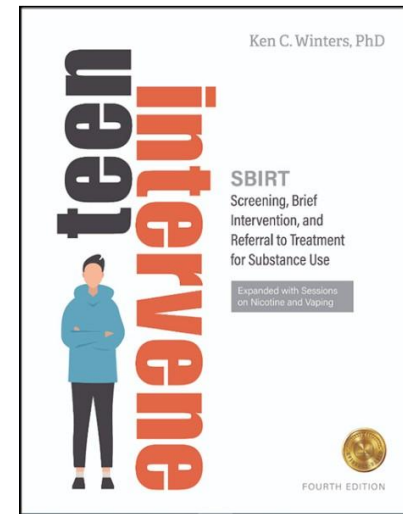
Review of *Teen Intervene* – 4th edition – Core Content

- What are the minor changes in the 4th edition to the Teen Intervene Module?
 - Screening tool has been updated to reflect newer drug trends, including vaping
 - Several worksheets have new formats to make them easier to use
 - Guidance for use in group and virtual format
 - Gender-neutral language used throughout



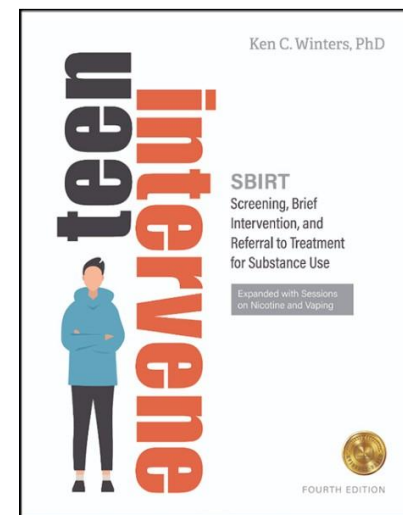
Review of *Teen Intervene* – 4th edition – Ancillary Content

- **Appendices**
 - A: FAQ
 - B: Research
 - C: Resources
 - D: References
- **Other digital materials (on jump drive)**
 - Teen Brain Development
 - Drug-Specific Information
 - Vaping Information
 - Self-Ratings for Evaluating Therapist Implementation Fidelity



Focus on the Teen Intervene Module

- **Session Content**
 - Screening Tool
 - Teen Session 1
 - Teen Session 2
 - Family Session 3 (includes RT)
- **Ideal administration plan:**
 - Kick-off with Session 1
 - 7-10 days later, Session 2
 - 7-10 days later, Session 3 (parent only)
 - Desirable to conclude Session 3 with teen joining the parent for closure, including plans for RT



Prior to Session 1

Intake Screening

Screening Tool (try to administer prior to Session 1)

- Introduction
- Tool components
 - Alcohol and Other Drug Use History
 - prior 12 months
 - 6-item CRAFFT
 - score of 2-5 yesses is the 'sweet spot' for *Teen Intervene*
 - Nicotine Use, including vaping

CRAFFT Questions

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

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

Suggested CRAFFT Cut Points

0 – 1: No services

2 – 5: *Teen Intervene*

6: Several options

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Nicotine Use Questionnaire

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

Nicotine Use

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

If yes, continue with the remaining questions.

2. How old were you when you first started using nicotine, either by smoking, chewing or vaping? _____ years old
3. During the **past twelve months**, how frequently have you used nicotine in the following ways? (Circle correct answer)

| | Not at All | Less than Monthly | About Monthly | About Weekly | About Daily |
|---|------------|-------------------|---------------|--------------|-------------|
| a. Smoked cigarettes/cigars/pipe | 1 | 2 | 3 | 4 | 5 |
| b. Chewed tobacco | 1 | 2 | 3 | 4 | 5 |
| c. Vaped nicotine or smoked e-cigarette | 1 | 2 | 3 | 4 | 5 |

4. How many times, if at all, have you tried to quit using nicotine? By quitting, that means you tried to stop using all nicotine products. (mark with an X)
- ___ never
- ___ once or twice
- ___ three or more times

If you have tried to quit at least once, continue with the next question.

5. How many times, if at all, were you able to successfully quit using for **one month or longer**? (mark with an X)
- ___ never
- ___ once or twice
- ___ three or more times

Teen Session 1, Part 1 (time constraint issue)

Purpose: Get to know the teen and evaluate his or her substance abuse.

- Session Length: 40-50 minutes
- Introduction
- Exercise 1: Teen Screen and Questionnaire
- Exercise 2: Pros and Cons
- Exercise 3: Triggers and Cravings

teen intervene

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

- “Change isn’t easy and cravings to use alcohol or other drugs are a normal part of the change process. This exercise will help show you how triggers or cravings to use come about”

AFTER REVIEW OF TRIGGERS

- “Which one feels like the most common reason or trigger?”
- “Please describe a recent situation where you experienced this trigger?”

Teen Session 1, Part 2

(soon after Part 1, ideally the next day)



Purpose: Take steps toward the decision to quit using.

- Session Length: 30-40 minutes
- Exercise 4: Ready to Change
- Exercise 5: Establish Goals
- Advantages of Not Using Alcohol and Other Drugs (handout)

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."

Setting Goals



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

Teen Session 2

Purpose: Help teen evaluate his or her substance use and take steps toward decision to stop using.

- Session Length: 50-75 minutes
- Review
- Exercise 1: Ready to Change
- Exercise 2: Dealing with Peer Pressure
- Exercise 3: Enhancing Decision-Making Skills
 - Five-Step Plan Wallet Cards
- Exercise 4: Reinforcing Social Support Systems
- Conclusion

FIVE-STEP PLAN WALLET CARDS

Print out these wallet cards on card stock and give one to the teen at the beginning of Exercise 3 in Teen Session 2 of the *Teen Intervene* program. If the teen wants more than one, you can offer as many as he or she would like. Otherwise, save the remainder of the cards and use them when you administer the program with other teens. Print them in color, if possible.



FIVE-STEP PLAN

- Stop
- Think
- Choose
- Act
- > Evaluate

FIVE-STEP PLAN

- Stop
- Think
- Choose
- Act
- > Evaluate

FIVE-STEP PLAN

- Stop
- Think
- Choose
- Act
- > Evaluate

Family Session 3

Purpose: Promote healthy change by teaching parenting behaviors that are backed by research.

- Session Length: 30-70 minutes
- Breaking the Ice
- Exercise 1: Family Questionnaire
- Exercise 2: Family Worksheet
- Exercise 3: Six Steps
- Exercise 4: Family Rules on Alcohol and Other Drug Use
- Exercise 5: Family Goals
- Conclusion



General Aim of This Session

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



Exercise 5: Family Rules

- Focuses on family rules on alcohol and drug use.
- Seek agreement that raising a child with drug-free expectations is the best plan.
- Rules about legal use of alcohol by adults in the home can be included.
- Consider Home Plan (expectations, consequences and privilege)

Referral to Treatment Options

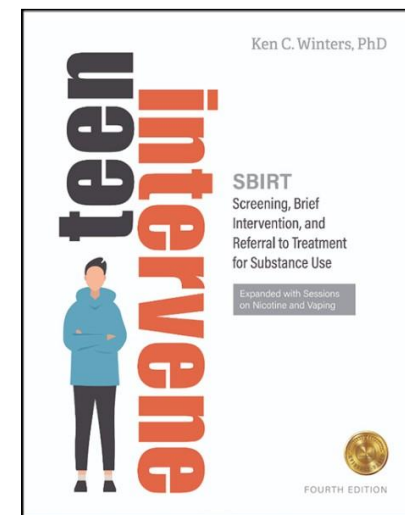


1. What internal service options (warm hand-off) are available?
2. What community-based internal service options are realistically available?
3. Do you want to conduct a booster session?



Focus on the Teen Nicotine Module

- Evidenced-informed; not formally tested
- Session Content
 - Teen Session 1
 - Teen Session 2
 - Parent Session 3 (includes RT)
- The 3 sessions parallel much of the content in the *Teen Intervene* program
- New activities focus on addressing vaping attitudes and myths
- Same administration guidance as for the TI Module



Teen Session 1, Part 1 (time issue)

Purpose: Get to know the teen and evaluate their nicotine use.

- Session Length: 40-45 minutes
- Introduction
- Exercise 1: Teen Nicotine Questionnaire
- Exercise 2: Pros and Cons
- Exercise 3: Triggers and Cravings

Teen Session 1, Part 2 (soon after Part 1, ideally the next day)

Purpose: Take steps toward the decision to quit using.

- Session Length: 40-45 minutes
- Exercise 4: Vaping Attitudes
- Exercise 5: Ready to Change
- Exercise 6: Establish Goals
- Advantages of Not Using Nicotine (handout)

Sample of a Teen Session 1 Nicotine Activity

Please use the scale below and rank how harmful to your health you think your current use of vaping is.

How Harmful is Vaping?

| | | | | | | | | | |
|--------------------|---|---|------------------|---|---|---|--------------|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at All Harmful | | | Somewhat Harmful | | | | Very Harmful | | |

- *Here is some information about vaping I would like to share with you. Would that be okay?*
- *Vaping is safer than smoking cigarettes to some degree. But it is still harmful to your lungs. Vaping is similar to inhaling an aerosol. Doing this damages the linings of your lungs. It can lead to asthma and other lung problems.*
- *Many teens get addicted to vaping because it has nicotine in it. Nicotine affects your brain development in a bad way. And long-term expose to nicotine is linked to heart disease and other health problems.*
- *And here is one more: A large percentage of teens who vape eventually shift to smoking cigarettes and getting addict to smoking cigarettes is a very hard habit to break and bad for your health.*
- *What do you think about all of this?*

Teen Session 2

Purpose: Help the teen evaluate their nicotine use and take steps toward the decision to stop using.

- Session Length: 50-85 minutes
- Review
- Exercise 1: Another Look at Vaping
- Exercise 2: Ready to Change
- Exercise 3: Dealing with Peer Pressure
- Exercise 4: Enhancing Decision-Making Skills
 - Five-Step Plan Wallet Cards
- Exercise 5: Reinforcing Social Support Systems
- Conclusion

Sample of a Teen Session 2 Nicotine Activity

Another Look at Vaping

We talked about vaping during our last session. Let's return to this topic. I will read some statements about vaping nicotine and you tell me if you "agree" or "disagree" (circle teen's response).

1. Vaping can be bad for my health. Agree Disagree

2. Vaping is a bad habit that can lead to getting addicted to nicotine.
Agree Disagree

3. Many youth who vape eventually move on to smoking cigarettes.
Agree Disagree

4. Vaping devices can deliver high potent levels of nicotine that make it easier to get addicted. Agree Disagree

5. A vaping habit can get expensive. Agree Disagree

After the teen has responded to the set of 5 questions, seek more comment from the questions that received an "agree" answer. ("Agree" answers suggest that the youth holds views that vaping is unhealthy and a bad habit.) Support these answers with affirmations. Examples:

You see that vaping can lead to health problems.

Your answer suggests that you see a down-side to vaping.

Does your answer mean that you are questioning your use of vaping?

For answers that received a "disagree," also follow-up by seeking more comment. Supporting the teen's answer is acceptable. But attempt to steer the teen to more anti-vaping viewpoint. Examples:

What would it take for you to "agree" with that statement? _____

Some youth agree with that statement. Why do you think this is so?

Family Session 3

Purpose: Promote healthy change by teaching parenting behaviors that are backed by research.

- Session Length: 30-80 minutes
- Breaking the Ice
- Exercise 1: Family Questionnaire
- Exercise 2: Family Worksheet
- Exercise 3: Six Steps
- Exercise 4: Teen Triggers and Cravings
- Exercise 5: Family Rules on Nicotine Use
- Exercise 6: Family Goals
- Conclusion

Sample of a Teen Session 3 Nicotine Activity

Addressing Teen Triggers

Situations and Reasons Youth Decide to Use Nicotine

Circle the situations/reasons that the parent/guardian thinks may trigger or elicit the teen's nicotine use

And record discussion notes below.

Someone in the home is using nicotine

A friend is using nicotine

There is a cigarette or vape pen in the home

Smoking or vaping is allowed in the home

Someone in the home asks the teenager for a cigarette or another nicotine product

An adult buys nicotine with the teen is present

A discussion in the home promotes the safety of vaping nicotine

A parent asks the teen to buy a nicotine product for someone in the family

Notes on how the parent/guardian can address triggers:

Summary



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- *Teen Intervene* is an SBIRT-based resource
 - at the “large end” of the SBIRT continuum
- Primarily aimed at mild-moderate substance using adolescents
- Includes a family component, unlike other SBIRT programs
- Many friendly features for service providers and adolescents
- Contact: Ken Winters, Ph.D. winte001@umn.edu

Teen Intervene Implementation

How one SBHC used Teen Intervene



In Clinic Practice

SBIRT

Screen with CRAFFT in Medical Visit

Brief Intervention with Medical Provider

Referral to TI with Positive Score

Teen Intervene in Session

Meet Clients where they are at

Respectful

Goal Oriented (not use at school)

Open Door (student came back when life
changes occurred)



Teen Intervene in Groups



Overflow of Referrals

Student Support each other

Modules - Group Brainstorm,

Individual Reflection, Group Share

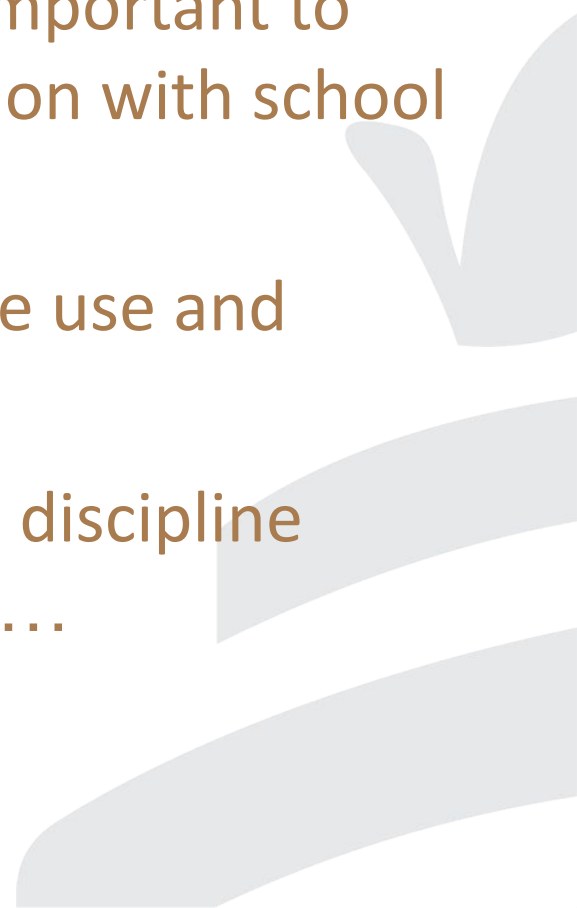
Referral to Treatment

Positive Scores Indicate more Severe
Substance Use and higher level of care
Create relationships
Outreach and support



Youth Substance Use & School Discipline Policies

I'm going to cover...

- **Why**, as school-based providers, it's important to consider clinical practices in conjunction with school policies...
 - **What** we know about youth substance use and educational outcomes...
 - **How** important it is to re-think school discipline policies... and **how** you can advocate...
- 

School practices & policies

Relationships
between
students &
adults

School climate
practices

Discipline
policies

SBHC/ health providers



STUDENTS AND SUBSTANCE USE



Substance use is linked to lower grades, student absenteeism, and higher rates for high school dropout¹



In California, **15%** of 9th graders and **23%** of 11th graders used alcohol or drugs at least once in the last month²

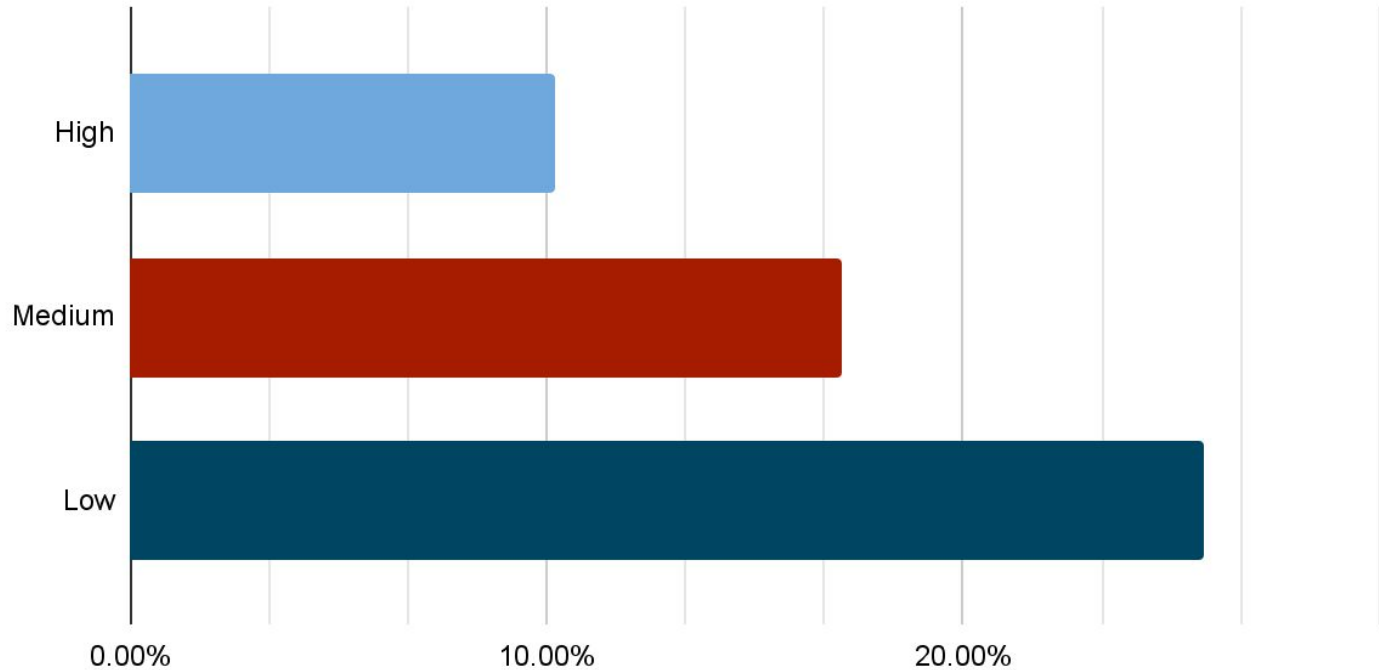
ADDRESS student substance use,
DON'T punish it

(1) D'Amico, E.J., et al. (2016). Alcohol and Marijuana Use Trajectories in a Diverse Longitudinal Sample of Adolescents: Examining Use Patterns from Age 11 to 17. *Addiction*, 111(10), 1825–1835; Engberg J., Morral A.R. (2006). Reducing substance use improves adolescents' school attendance. *Addiction*, 101(12), 1741-1751.

(2) California Healthy Kids Survey. (2020). Alcohol/drug use in past month, by grade level [data file]. Retrieved from www.kidsdata.org.

SCHOOL CONNECTEDNESS HELPS

Percentage of students who used alcohol or drugs in the past month, by level of school connectedness, 2017-2019



School connectedness = a measure based on student responses to five questions on the California Healthy Kids Survey about feeling safe, close to people, and a part of school, being happy at school, and about teachers treating students fairly

RE-THINKING SCHOOL DISCIPLINE

In California during the 2021-2022 school year³:



There were 3,200 drug-related suspensions, making up about 20% of all suspensions



Nearly 75% of drug related suspensions are of socioeconomically disadvantaged students and 59% are youth of color

A student who was suspended or expelled is **twice** as likely to repeat their grade and nearly **three times** as likely to be in contact with the juvenile justice system the following year⁴

(3) California Department of Education. Expulsion Data 2021-2022.

(4) Council of State Governments Justice Center. (2011). Breaking Schools' Rules: A Statewide Study on How School Discipline Relates to Students' Success and Juvenile Justice Involvement. New York, NY: Tony Fabelo, Michael Thompson, and Martha Plotkin.

CALIFORNIA ED CODE

| Greatest school discretion |
|--|
| <p>A student <i>may</i> be suspended or recommended for expulsion if they:</p> <ul style="list-style-type: none">• Unlawfully possessed, used, furnished, or been under the influence of a controlled substance, alcoholic beverage, or intoxicant (48900(c))• Unlawfully offered, arranged, or negotiated to sell a controlled substance, alcoholic beverage, or intoxicant (48900(d))• Possessed or used tobacco or tobacco products (48900(h))• Unlawfully possessed, offered, arranged, or negotiated to sell drug paraphernalia (48900(j)) <p>For discipline cited above, a superintendent or principal may use their discretion to provide alternatives to suspension or expulsion that are designed to address the student's specific behavior (48900(v)).</p> |
| Some school discretion |
| <p>A student <i>must</i> be recommended for expulsion for the following act, <i>unless</i> an alternative means of correction would address the conduct:</p> <ul style="list-style-type: none">• Unlawful possession of any controlled substance, except for the first offense of less than an ounce of marijuana (48915(a)(1)(C)) |
| No school discretion |
| <p>A student <i>must</i> be immediately suspended and recommended for expulsion for the following act:</p> <ul style="list-style-type: none">• Unlawfully selling a controlled substance (48915(c)(3)) |

“May” vs. “Must”

“Unless an alternative means of correction would address the conduct”

“Suspensions should be imposed only when other interventions fail”

Resource Available: School Discipline & Student Substance Use: A guide for school-based health providers, <https://bit.ly/SUDdiscipline>

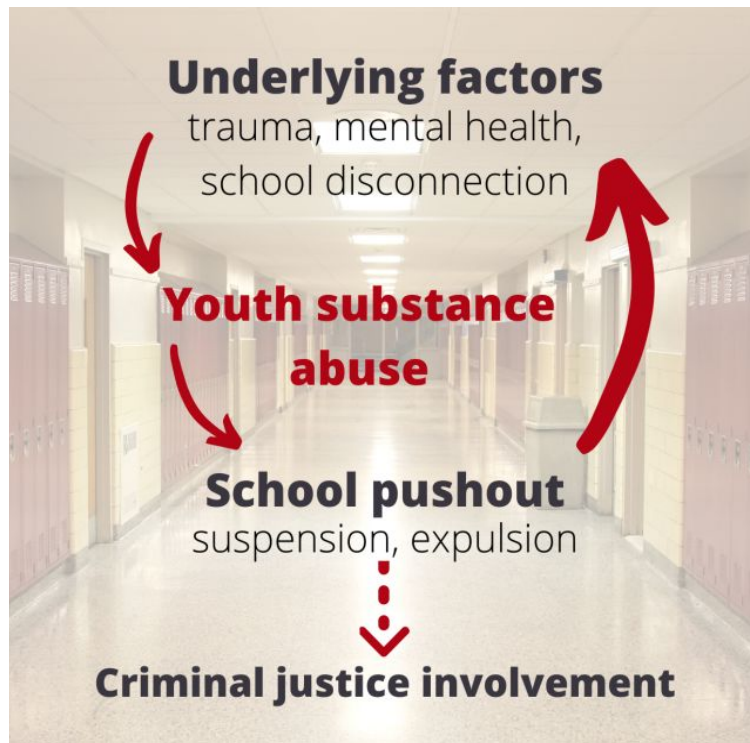
2023 Legislation

AB 599 (Ward): Tobacco Use Suspension/Expulsion Policies

- AB 599 **removes having possessed or used tobacco,** or products containing tobacco or nicotine products from the list of acts for which a pupil, regardless of their grade of enrollment, may be suspended or recommended for expulsion for.

RE-THINKING SCHOOL DISCIPLINE

Instead of...



... Do These:

- ✓ Change school discipline policies
- ✓ Refer to SBHCs or other health providers
- ✓ Provide mental health services
- ✓ Incorporate comprehensive substance use info in health education
- ✓ Engage students!

Case Study: SAN FERNANDO HS

- Students with an on-campus minor substance use violation
- Can attend four sessions of substance use counseling in lieu of suspension
- Counseling provided by on site SBHC

**64% decrease
in suspensions
in first year**



Northeast Valley Health Corporation

a californihealth⁺ center

MAKING THE CASE



CA state law is clear that **other means of correction** that address the student's conduct should be implemented instead of suspension or expulsion (Education Code 48900.5).



Punitive school policies **do not address the underlying issues** contributing to substance use.

The **most effective approaches** to helping youth reduce tobacco use are through counseling, restorative and trauma-informed practices, peer mediation and education.

School connectedness can have a positive impact on whether a student uses tobacco or other substances. Exclusionary discipline responses decrease a student's school connectedness.



Resource: [Alternatives to Suspension: Student Tobacco and Substance Use](#)

QUESTIONS?



STAY CONNECTED



schoolhealthcenters.org



info@schoolhealthcenters.org



[sbh4ca](https://twitter.com/sbh4ca)



[sbh4ca](https://www.instagram.com/sbh4ca)



Gracias

謝謝

Thank you

Cảm ơn

Salamat

Amy Blackshaw

ablackshaw@schoolhealthcenters.org