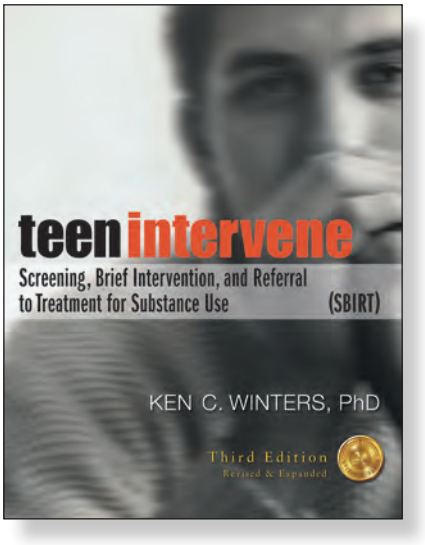
TEEN INTERVENE

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

Third Edition



SCOPE AND SEQUENCE

An Evidence-Based Program

from

Hazelden Publishing

For more information about this program,
visit hazelden.org/bookstore or call 800-328-9000.

January 2016

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, as well as being updated for compliance with the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (*DSM-5*). 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. CPT coding information is included for reimbursement purposes. Program language has also been updated to apply to all drugs.

Some environments call for shorter meetings than the sessions recommend, so the program now includes a 4-meeting format. Using this version will ensure that meetings do not run longer than 50 minutes while still covering all of the content. Additionally, drug-specific information has been updated, as has the information on efficacy research.

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.

The complete *Teen Intervene* collection now includes *Youth and Drugs of Abuse,* a two-disc set which consists of a DVD featuring firsthand video accounts discussing drugs of abuse across the continuum of care: prevention, intervention, treatment, and recovery; as well as a CD-ROM containing a facilitator guide and fact sheets for teens and parent(s)/guardian(s).

How Does *Teen Intervene* Use the 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 detailed later, 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*. 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 on employing a full SBIRT service model.

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.

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.

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 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

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

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; Hettema, 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 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. The 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.

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.

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 a person's awareness about how social experiences affect the way we act. CBT is based on the principles of the social learning theory. CBT focuses on the importance of overcoming skill deficits and increasing the adolescent's existing coping skills by providing a means of 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

(behavior) in frustration by using substances on campus. As a result, the student may incur punishment by school officials (consequences). By applying specific therapeutic steps, 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

Teen Intervene is considered an evidence-based intervention, based on standards from the National Registry of Evidence-based Programs and Practices (NREPP) (see www.nrepp.samhsa.gov). *Teen Intervene* is summarized by NREPP on their website.

The small but growing empirical evidence for the effectiveness of the three-session program offered by *Teen Intervene* is encouraging. Two separate studies indicate that this intervention is associated with significant improvement on the basis of pre-post comparisons and when compared to an assessment-only control group (Winters and Leitten 2007; Winters et al. 2012; Winters et al. 2014). However, the magnitude of effects were greater at 6-months outcome compared to 12-months outcome (Winters et al. 2014). Also both studies provide support that clinical improvement can be achieved if only the two youth sessions are administered. Finally, preliminary indications are that a consistent active ingredient of *Teen Intervene* is that the program is associated with utilization of additional counseling services for the adolescent after completion of the program.

Session	Goals
Screening	• assess for risky substance use • 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
Teen Session 1	• summarize the basic principles of the *Teen Intervene* program • distinguish between the pros and cons of substance use • evaluate readiness for change • identify goals for reducing or eliminating substance use
Teen Session 2	• 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

Session	Goals
Parent/Guardian Session 3	• summarize the events that led the teen to the brief intervention • summarize the *Teen Intervene* 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
Referral to Treatment	• 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
Teen Tobacco Use Session	• 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

References

American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5),* 5th ed. Washington, D.C.: American Psychiatric Publishing, Inc.

Babor, T. F., B. G. McRee, P. A. Kassebaum, P. L. Grimaldi, K. Ahmed, and J. Bray. 2007. "Screening, Brief Intervention, and Referral to Treatment (SBIRT) toward a public health approach to the management of substance abuse." *Substance Abuse,* 28 (3): 7–30.

Bien, T. H., W. R. Miller, and J. S. Tonigan. 1993. "Brief Interventions for Alcohol Problems: A Review." *Addiction* 88:315–36.

Breslin, C., S. Li, K. Sdao-Jarvie, E. Tupker, and V. Ittig-Deland. 2002. "Brief Treatment for Young Substance Abusers: A Pilot Study in an Addiction Treatment Setting." *Psychology of Addictive Behaviors* 16:10–16.

Erickson, S. J., M. Gerstle, and S. W. Feldstein. 2005. "Brief Interventions and Motivational Interviewing with Children, Adolescents, and Their Parents in Pediatric Health Care Settings." *Archives of Pediatric Adolescent Medicine* 159:1173–80.

Hettema, J., J. Steele, and W. R. Miller. 2005. "Motivational Interviewing." *Annual Review of Clinical Psychology* 1:91–111.

Institute of Medicine. 1990. *Broadening the Base of Treatment for Alcohol Problems.* Washington, D.C.: National Academy Press.

Lundahl, B. W., C. Kunz, C. Brownell, D. Tollefson, and B. L. Burke. 2010. "A Meta-Analysis of Motivational Interviewing: Twenty-Five Years of Empirical Studies." *Research on Social Work Practice* 20:137–60.

Miller, W. R., and S. Rollnick. 2007. *Motivational Interviewing: Preparing People to Change Addictive Behavior.* 2nd ed. New York: Guilford Press.

Miller, W. R., and V. C. Sanchez. 1993. "Motivating Young Adults for Treatment and Lifestyle Change." In *Issues in Alcohol Use and Misuse by Young Adults.* Edited by G. Howard. Notre Dame, IN: University of Notre Dame Press.

Monti, P. M., S. M. Colby, and T. A. O'Leary. 2001. *Adolescents, Alcohol, and Substance Abuse: Reaching Teens through Brief Interventions.* New York: Guilford Press.

Prochaska, J. O., C. C. DiClemente, and J. C. Norcross. 1992. "In Search of How People Change: Applications to Addictive Behaviors." *American Psychologist* 47:1102–14.

Tanner-Smith, E. E., and M. W. Lipsey. 2015. "Brief Intervention Effects on Adolescent and Young Adults' Alcohol Consumption: A Systematic Review and Meta-Analysis." *Journal of*

Substance Abuse Treatment 51:1–18.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. 2000. *Enhancing Motivation for Change in Substance Abuse Treatment.* Treatment Improvement Protocols (TIPs), no. 35: Order no. BKD342.

Wachtel, T., and M. Staniford. 2010. "The Effectiveness of Brief Interventions in the Clinical Setting in Reducing Alcohol Misuse and Binge Drinking in Adolescents: A Critical Review of the Literature." *Journal of Clinical Nursing* 19:605–20.

Winters, K. C. 2000. "Monitoring Access to Treatment for Adolescent Drug Abusers." Poster presentation at the annual convention of the College on Problems of Drug Dependence. San Juan, Puerto Rico.

Winters, K. C., and W. Leitten. 2007. "Brief Interventions for Moderate Drug Abusing Adolescents." *Psychology of Addictive Behaviors* 21:151–56.

Winters, K. C., E. Tanner-Smith, E. Bresani, and K. Myers. 2014. "Current Advances in the Treatment of Adolescent Substance Use." *Adolescent Health, Medicine and Therapeutics* 5:199–210.

Winters, K. C., S. Lee, A. Botzet, T. Fahnhorst, and A. Nicholson. 2014. "One-year Outcomes of a Brief Intervention for Drug Abusing Adolescents." *Psychology of Addictive Behaviors* 28:464–74.

Winters, K. C., T. Fahnhorst, A. Botzet, S. Lee, and B. Lalone. 2012. "Brief Intervention for Drug Abusing Adolescents in a School Setting: Outcomes and Mediating Factors." *Journal of Substance Abuse Treatment* 42:279–88.