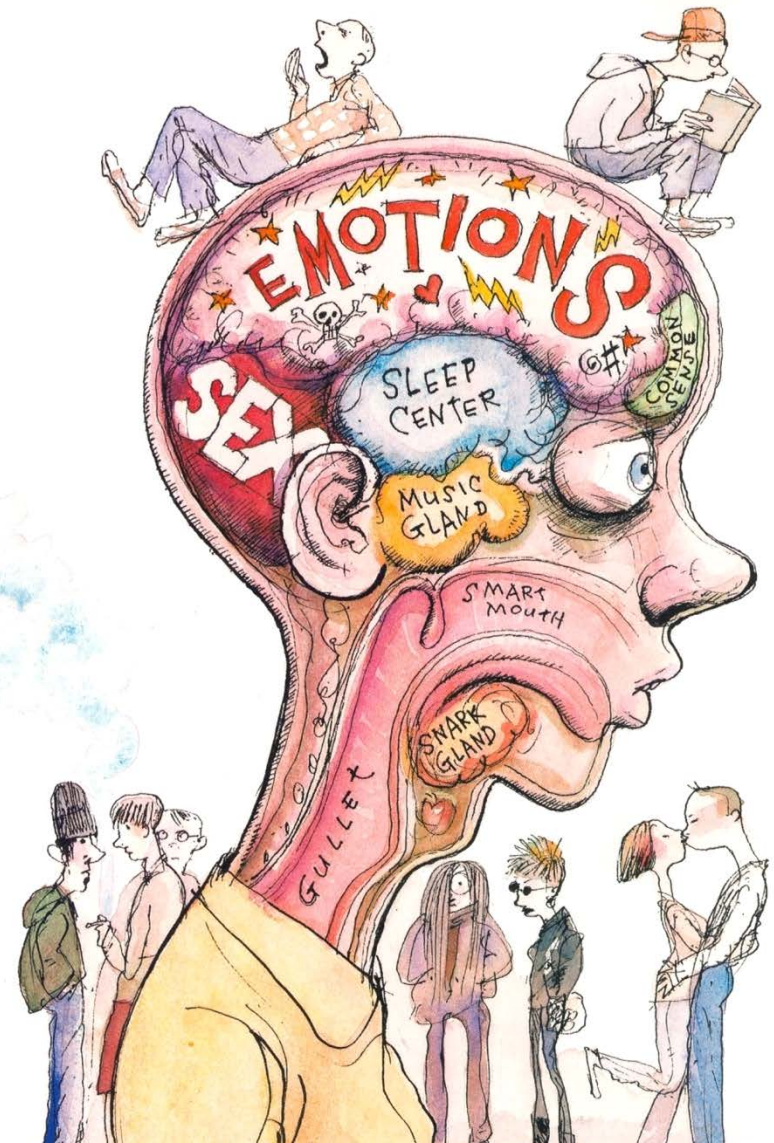


# SBIRT Deep Dive – Working with Youth

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**New Hampshire SBIRT**  
**Summit**  
**October 22, 2014**



# Resources

## Brief Interventions and Brief Therapies for Substance Abuse

TIPS #34, SAMHSA-CSAT

[www.samhsa.gov/csat/csat.htm](http://www.samhsa.gov/csat/csat.htm)

## Enhancing Motivation for Change in Substance Abuse Treatment

TIPS #35, SAMHSA-CSAT

[www.samhsa.gov/csat/csat.htm](http://www.samhsa.gov/csat/csat.htm)

## Motivational interviewing: Third Edition: Preparing people for change

The Guilford Press (2012)

[www.guilford.com](http://www.guilford.com)



# Resources

**Adolescents, Alcohol, and Substance Abuse: Reaching  
Teens through Brief Interventions**

The Guilford Press (2001)

[www.guilford.com](http://www.guilford.com)

**Motivational Interviewing for Adolescents and Young  
Adults** (Naar-King & Suarez, editors)

The Guilford Press (2010)

[www.guilford.org](http://www.guilford.org)



Evidence-based BI programs in NREPP  
[www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)

**\$ Brief Strategic Family Therapy**

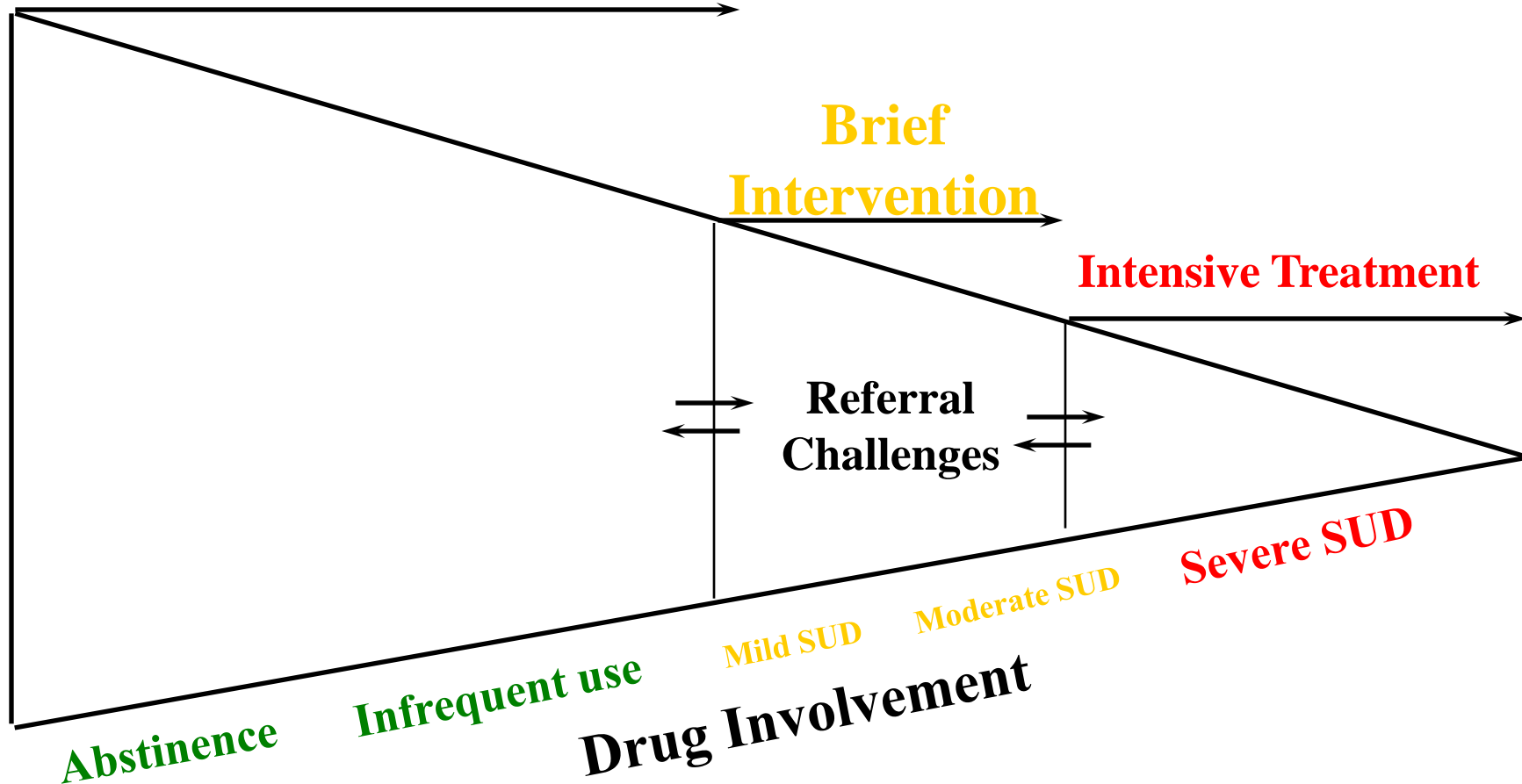
**\$ CBT/MET-5**

**\$ Teen Intervene**

# Brief Intervention and Response Options

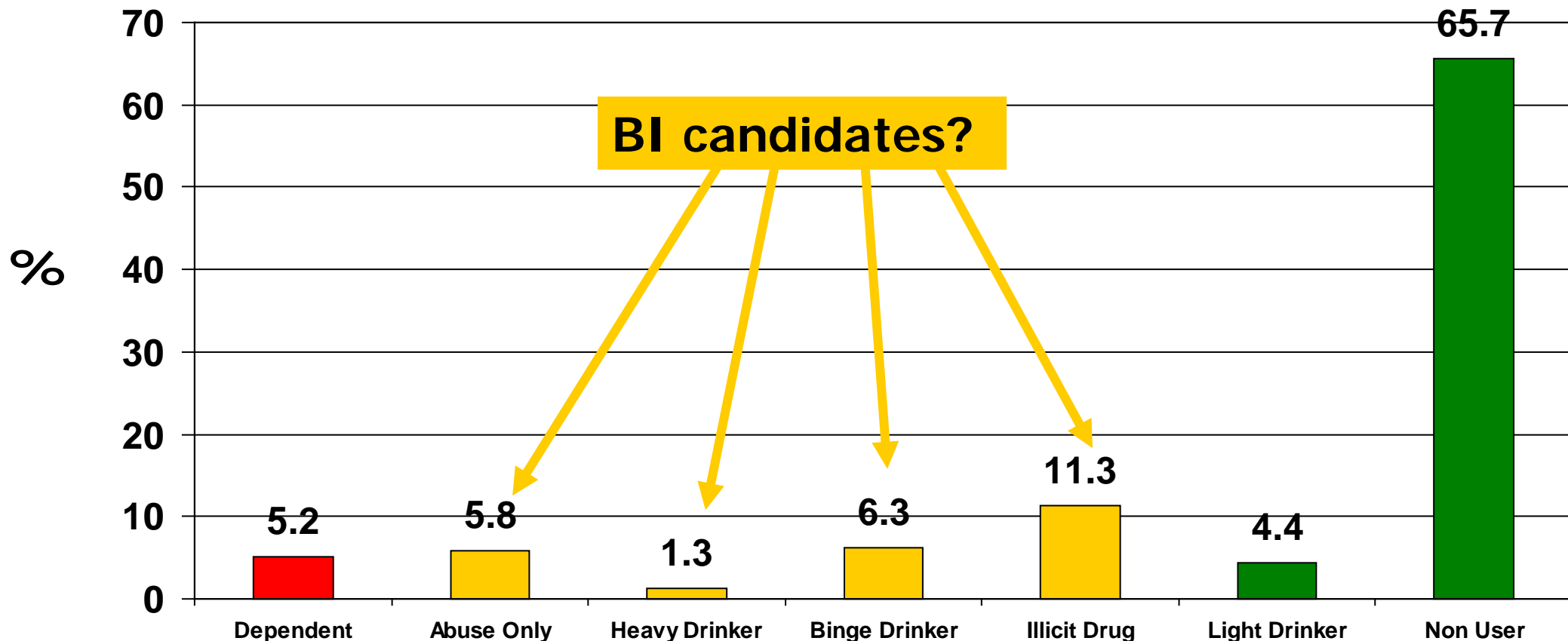
Adapted from Broadening the Base of Alcohol Treatment (IOM)

## Primary Prevention (Intensive for High Risk)



# Estimates of Mutually Exclusive Drug Abusing Adolescent Groups, Ages 12-18-year-old

(based on data from SAMHSA, 2005)



Heavy, Binge, and Light Drinkers: prior 30 days  
Dependence, Abuse only, Illicit Drug Use and No Drug Use: prior year

# How Brief is a Brief Intervention?



Source: Linda Sobell

# How Brief is a Brief Intervention?



- **Some have been a few minutes or a single session (usually during an opportunistic situation).**
- **Typical: 2-4 sessions.**



# Assumptions of Brief Intervention

## “Thinking Outside the Box”

- **Public health, not disease**
- **Harmful consequences on a continuum**
- **Recognize abstinence as ideal but open to alternatives**
  - **Does not have to enable addiction**

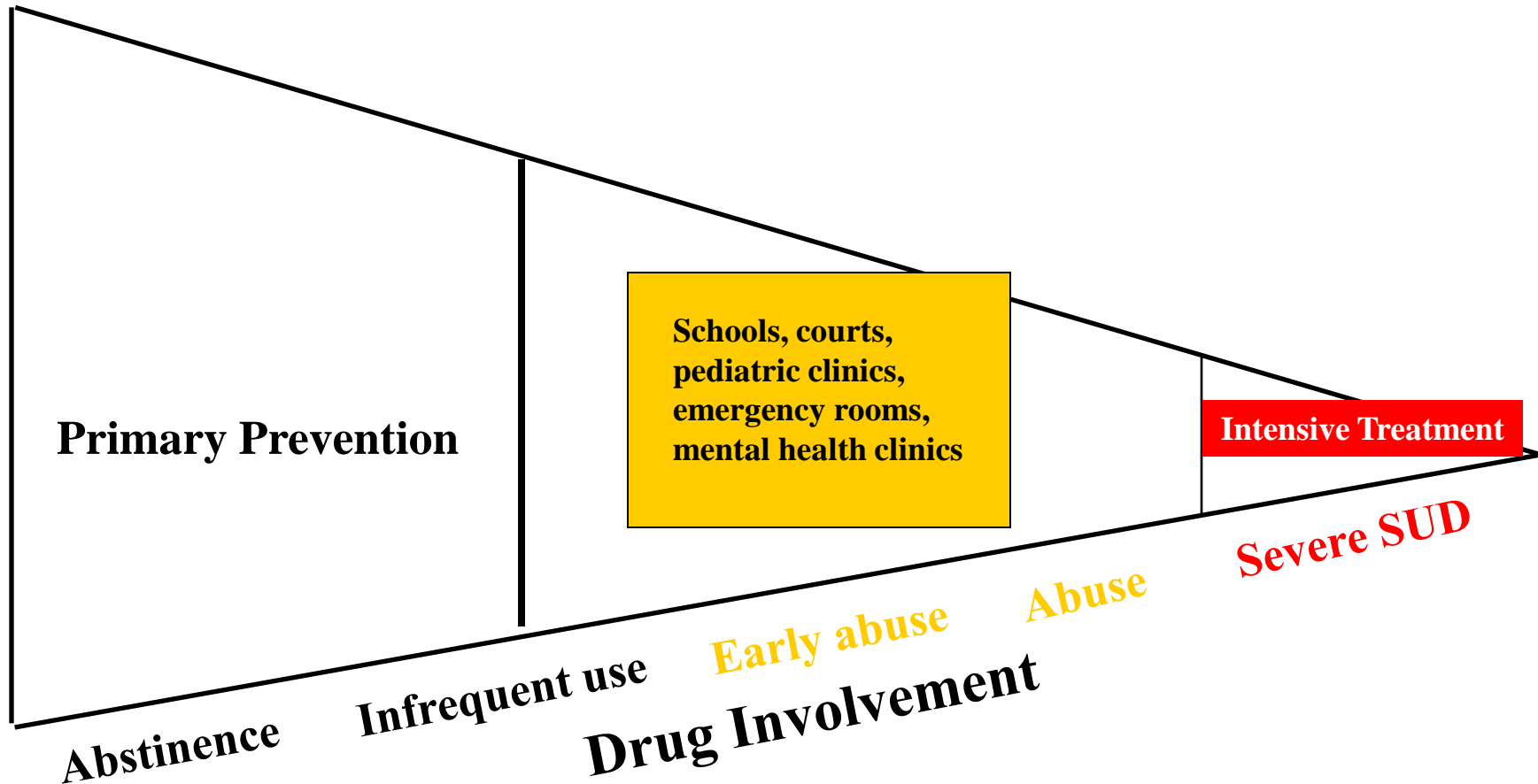
**Therapy as  
usual**

# Why Brief Interventions Makes Sense for Youth

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- **Person-centered approach is appealing to young people.**
- **Commitment to lengthy and intensive interventions can be difficult at this age.**
- **Multiple applications.**

# Possible Applications - Setting



Adapted from Broadening the Base of Alcohol Treatment (IOM)

# Brief Interventions are Evidence-Based



- **Favorable outcomes of BI's with teenagers and college students, when compared to control or assessment-only conditions.**
  - **Recent meta-analysis by Tanner-Smith & Lipsey (in press).**
    - **185 studies with alcohol outcomes**
    - **"On average, brief alcohol interventions resulted in significant reductions in alcohol consumption and alcohol related problems among adolescents and young adults."**

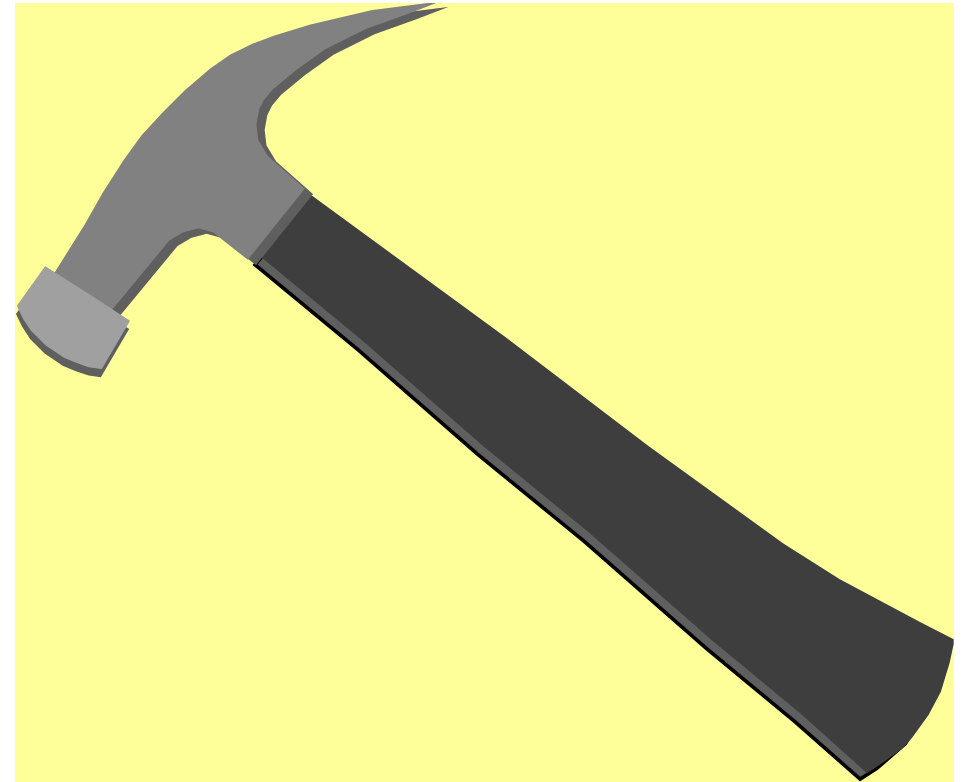
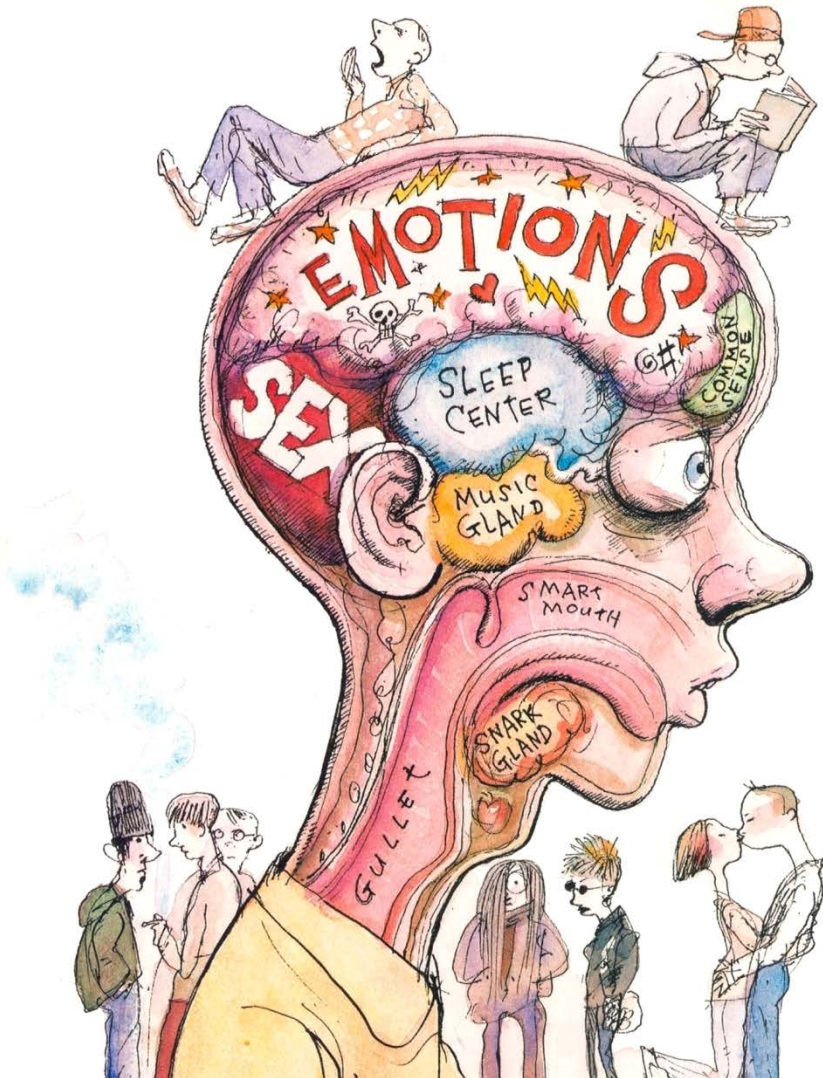
# Cautions



- **May not be appropriate for severe end cases (e.g., dependence)**
- **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**
  - **Abstinence via shaping (“reduction to abstinence”)**

# Brief Intervention Tools

## Counseling skills



## Point 1. Developmental Considerations

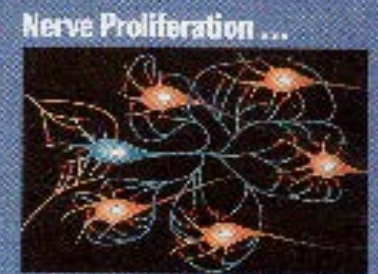


**Be keenly aware of the unique challenges for most adolescents when trying to stay sober.**

- Adolescence is a period of profound brain maturation.
- We *thought* brain development was complete by adolescence.
- We now know maturation is not complete until about age 25!
- Lead to insights about why teenagers....
  - take risks
  - vulnerable to substance abuse

# INSIDE THE ADOLESCENT BRAIN

The brain undergoes two major developmental spurts, one in the womb and the second from childhood through the teen years, when the organ matures by fits and starts in a sequence that moves from the back of the brain to the front.



By age 13 for girls and 15 for boys, the neurons in the front of the brain have formed thousands of new connections. One 100 red line equals more than 100,000 synapses.

## Corpus Callosum

Thought is an electrical circuit and the corpus callosum is the bundle of nerves fibers that connects the left and right hemispheres of the brain. During adolescence, the nerve fibers thicken and increase in number, making them more efficient.

## Prefrontal Cortex

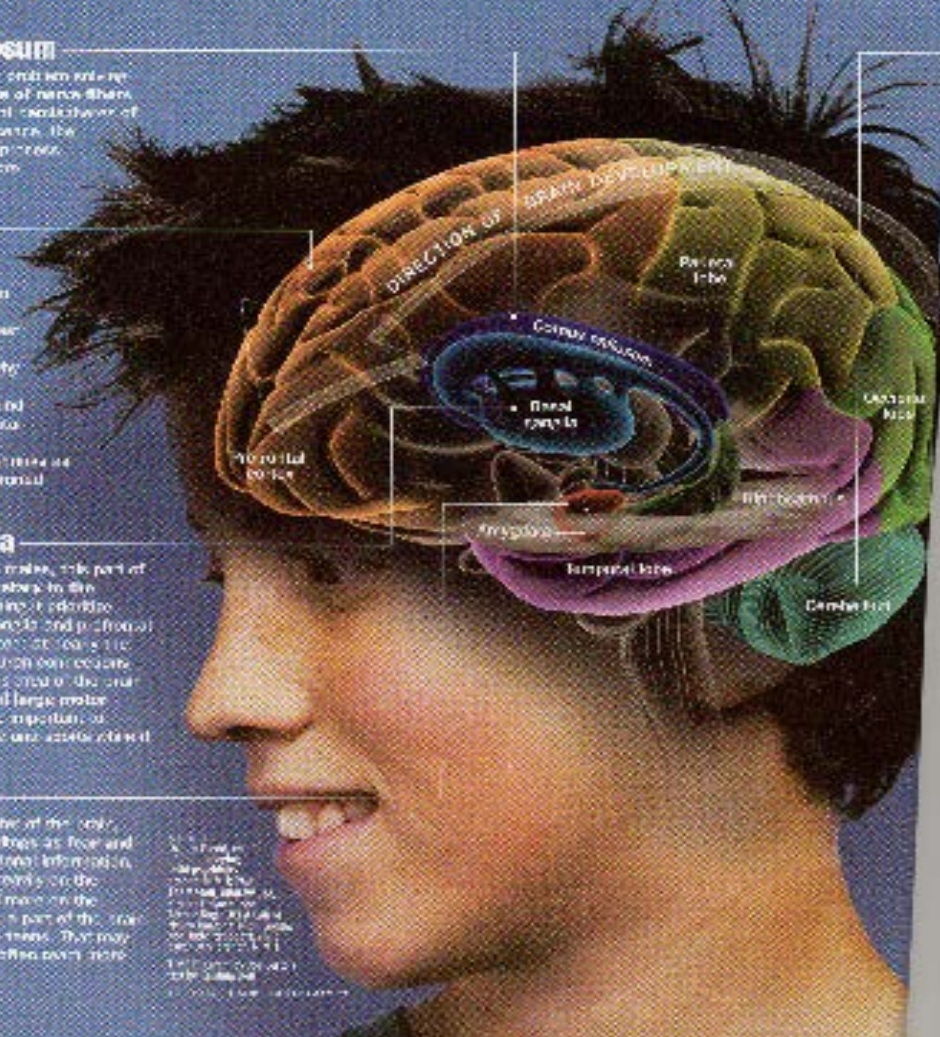
The CEO of the brain, also called the area of higher-level thought, is the last part of the brain to mature—probably why teenagers get into so much trouble. Instead of getting the feedback the prefrontal cortex gets during the previous years, and then a time of neural pruning, it's pruned during adolescence.

## Basal Ganglia

Larger in females than in males, this part of the brain acts like a switchboard in the prefrontal cortex by helping it organize information. The basal ganglia and prefrontal cortex work together to control attention, mood, and learning. With some research on cocaine and teen brain development, this area of the brain is also linked to small and large motor networks, so it's an important response processor in making and adjusting to growing.

## Amygdala

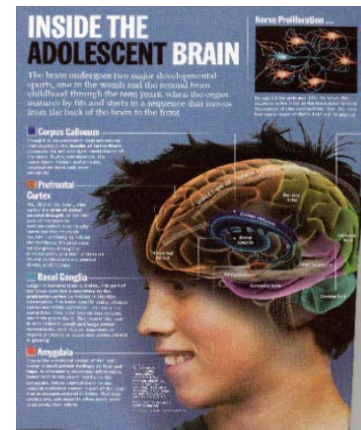
This is the emotional center of the brain, home to such primal feelings as fear and rage. In processing emotional information, it works with the neocortex in the neocortex. This is a part of the brain that is still developing in teens. They may act on the amygdala's signals before they've fully processed their thoughts.





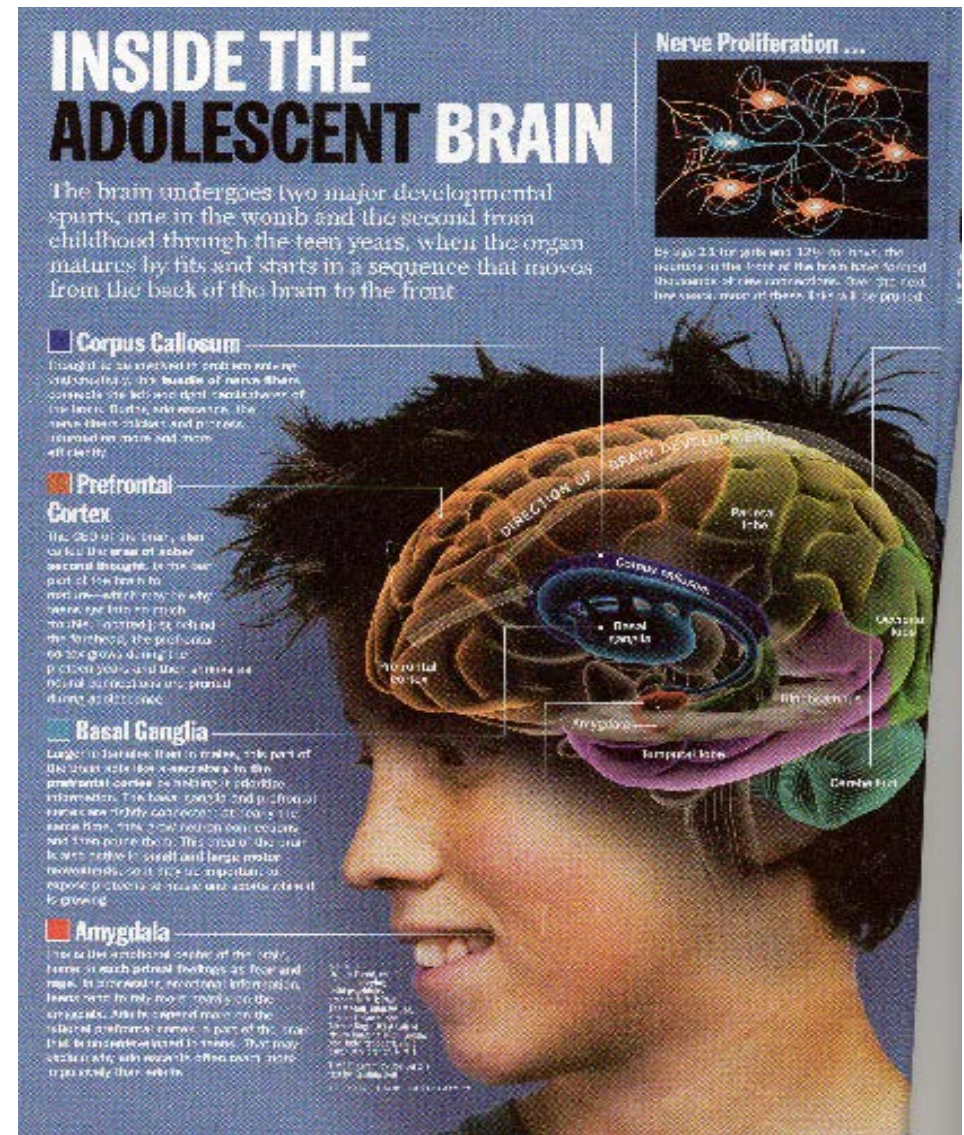
# Implications of Brain Development for Adolescent Behavior

- **Preference for ....**
  1. physical activity
  2. high excitement and rewarding activities
  3. activities with peers that trigger high intensity/arousal
  4. novelty
- **Less than optimal..**
  5. control of emotional arousal
  6. consideration of negative conseq.
- **Greater tendency to...**
  7. be attentive to social information
  8. take risks and show impulsiveness



# General Views When Counselling Teenagers

- Appreciate the developmental context individuation and separation.



# Challenges of Adolescent Recovery



- **Adolescents generally can not choose where to live after treatment; they often return to pretreatment home & school.**
- **These environments can pose several difficulties....**

# Challenges of Adolescent Recovery



- **home occupied with parents and/or siblings who use**
- **home may be source of conflict**
- **school a source of drugs and drug-using friends**
- **community a source of drugs and drug-using friends**

# Point 2. Use Teen-Friendly Treatment Strategies

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- **Cognitive – Behavioral Therapy (CBT)**
- **Motivational Interviewing (MI)**



# Characteristics of CBT

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- **Focus on immediate, relevant and specific problems**
- **Solutions are realistic, concrete, specific**




# Characteristics of MI

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- **De-emphasize labels**
- **Emphasis on personal choice and responsibility**
- **Therapist focuses on eliciting the client's own concerns**
- **Resistance is met with reflection and non-argumentation**
- **Treatment goals are negotiated; client's involvement is seen as vital**



# Characteristics of Motivational Interviewing (we will return to this)



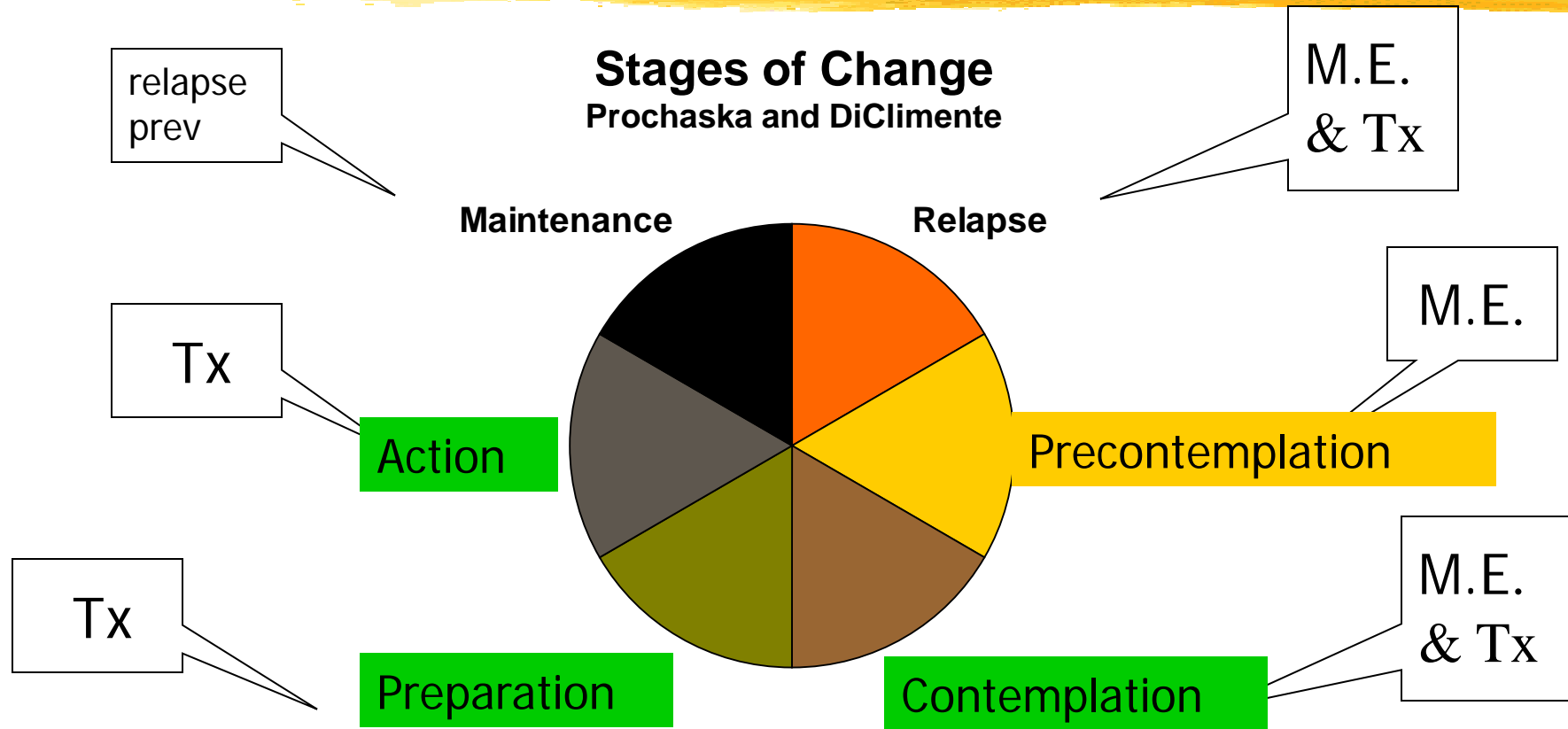
**Express empathy**  
**Develop discrepancy**  
**Roll with resistance**  
**Support self-efficacy**

(Miller and Rollnik)



# Joint Value of CBT and MI

## a. Promotes Motivation



# Joint Value of CBT and MI

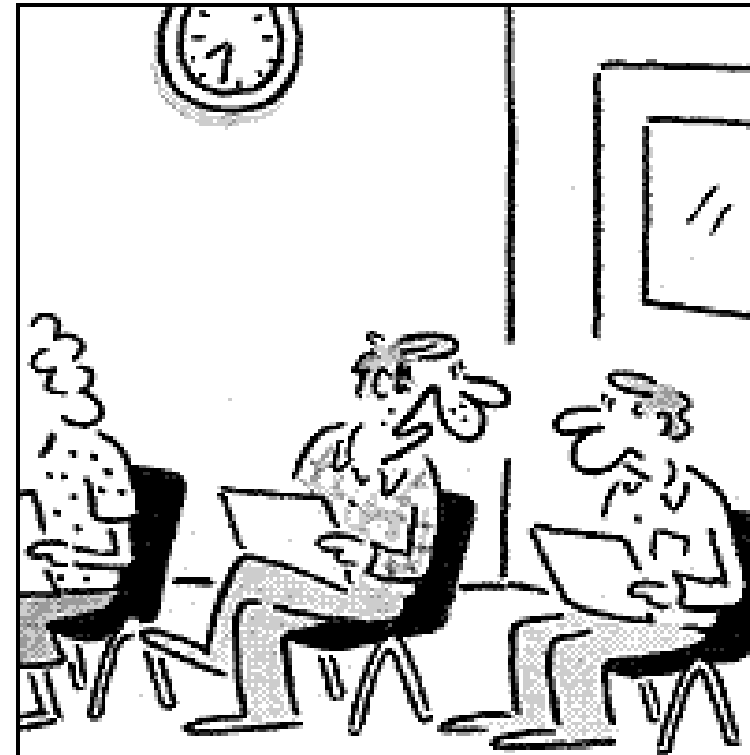
## b. Skill Building



- Teach important skills that are “under construction” during brain development
  - impulse control
  - “second” thought processes
  - social decision making
  - dealing with risk situations
  - taking healthy risks

# Point 3. Parent Involvement Important

- **Parents are part of the solution**
- **Target communication skills and monitoring**



*'I attend as many parenting classes as I can - anything to get away from my children'*

# Parents as a Recovery Agent

**P**romote activities that capitalize on the strengths of the developing brain

**A**ssist your child with challenges that require planning

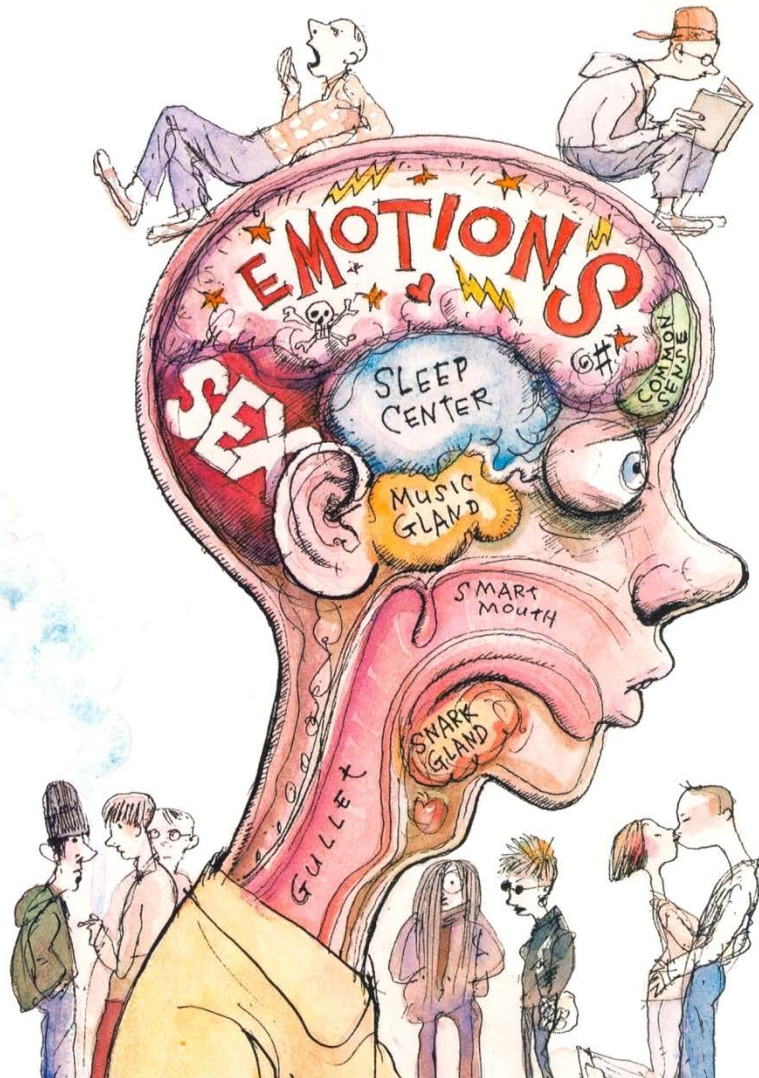
**R**einforce their seeking advice from you and other adults

**E**ducate about risk taking and negative consequences

**N**ever underestimate drug effects on developing brain

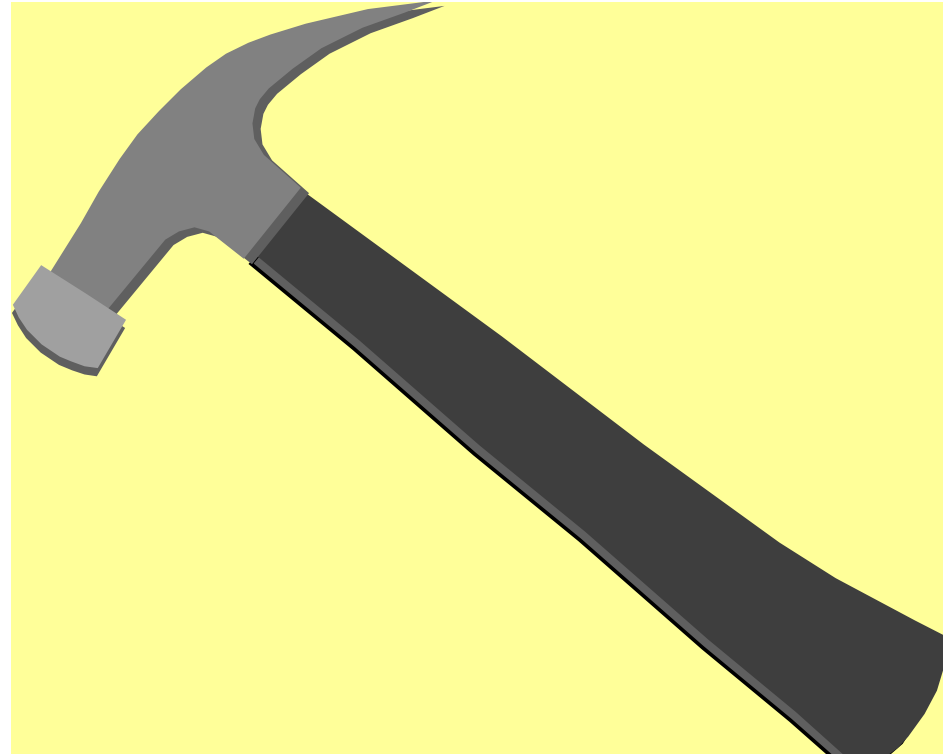
**T**olerate “oops” behaviors common during the teens

# Brief Intervention Tools



Counseling skills

**Screening**



# Assessment Resources



## Screening and Assessing Adolescents for Substance Use Disorders (1999)

TIPS #31, SAMHSA-CSAT

[www.samhsa.gov/csatsat.htm](http://www.samhsa.gov/csatsat.htm)

## Assessing Alcohol Problems: A Guide for Clinicians and Researchers (2004)

NIAAA Treatment Handbook, Series 4

[www.nih.gov/silk/niaaa1/publication](http://www.nih.gov/silk/niaaa1/publication)

# My Favorites

- **Brief screening**
  - **CRAFFT**
- **Screening**
  - **ADI**
  - **DAST-Adolescent**
  - **PESQ**
  - **SASSI-adolescent**
  - **GAIN-screen**

# CRAFFT Questions

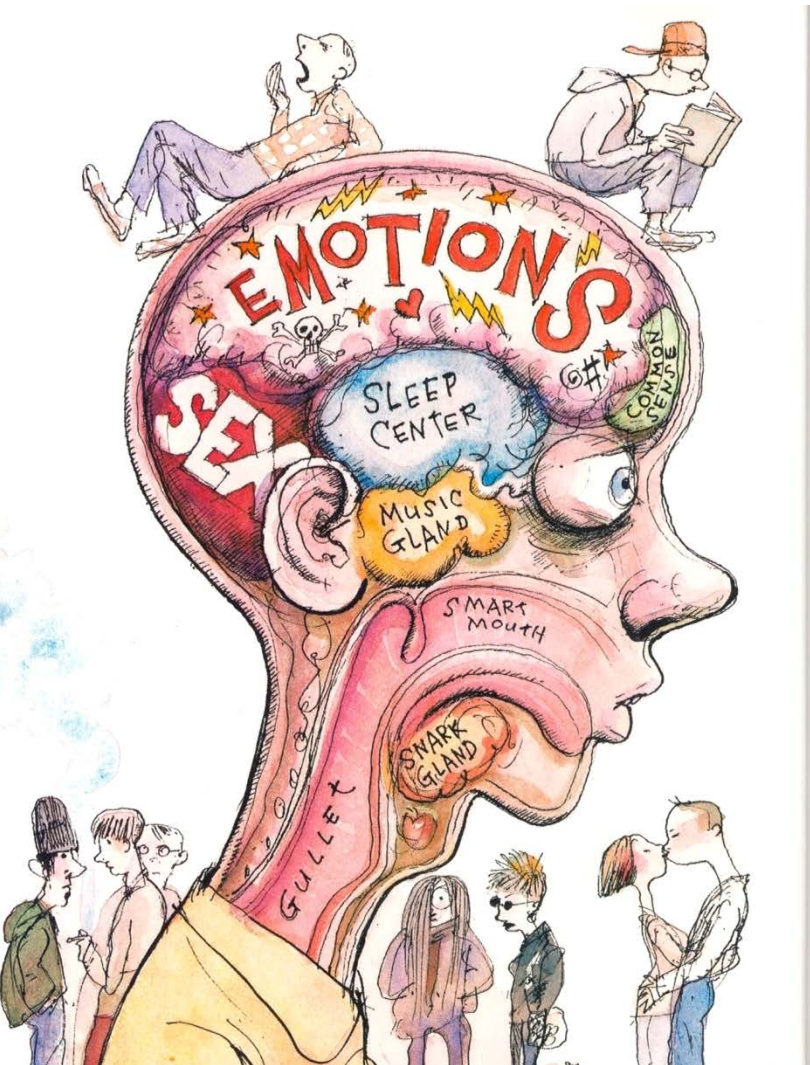
(Knight et al., 2002)

- 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/drugs while you are by yourself, **ALONE**?
- F** Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- F** Do you ever **FORGET** things you did while using alcohol or drugs?
- T** Have you gotten into **TROUBLE** while you were using alcohol or drugs?

**2+ endorsements = red flag**



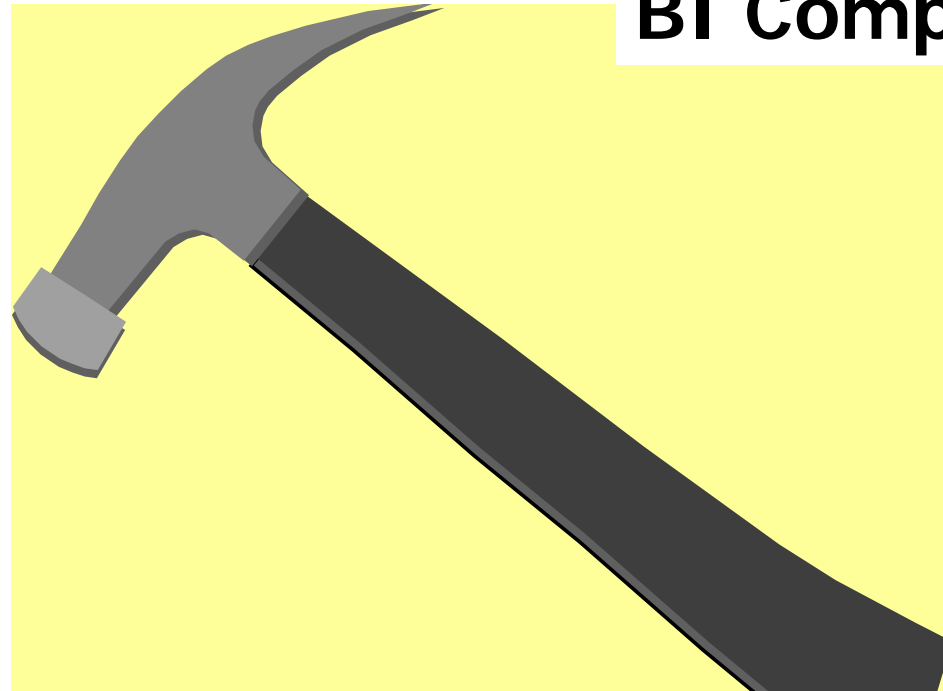
# Brief Intervention Tools



Counseling skills

Assessment

**BI Components**



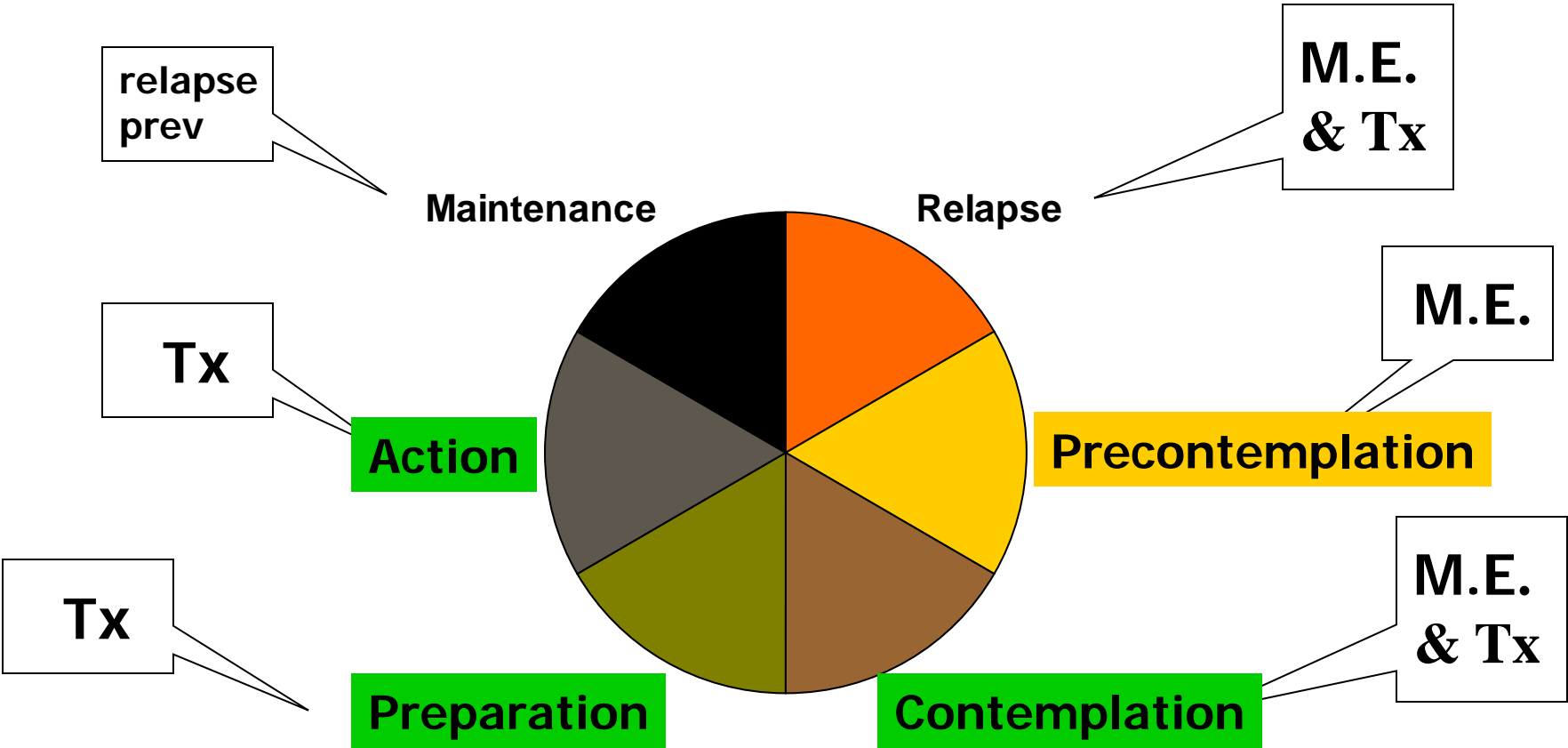
# BI Components



- **Take stock of client's stage of change; respond accordingly**

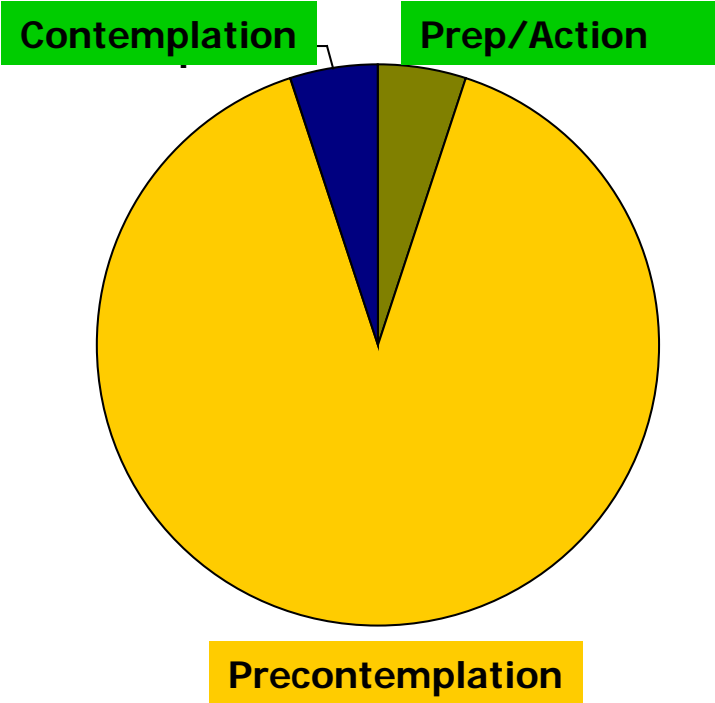
# Stages of Change

## Prochaska and DiClemente



# Stages of Change

for most youth



# Stages of Change and Therapist's Tasks

## Client Stage

**Low (precontemplation)**

**Moderate (Contemplation)**

**High (Prep/Action)**

**Maintenance**

**Relapse**

## Therapist's Motivational Tasks

**Raise doubt; increase client's perception of risks/consequences**

**Tip the balance; evoke reasons to change; strengthen self-efficacy**

**Help client take steps towards change**

**Help client take steps toward relapse prevention**

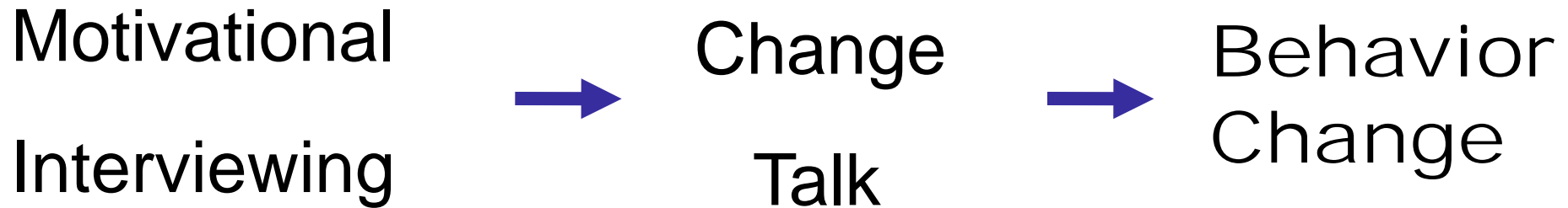
**Help client renew processes of contemplation and action; diffuse discouragement due to relapse**

# BI Components



- Take stock of client's stage of change; respond accordingly
- **Use motivational interviewing**

# Predicted Causal Chain



# Interviewing Techniques

**Confrontational**

**vs.**

**Motivational**



# Confrontational Style

- **How many years have you been abusing alcohol? Abusing marijuana?**
- **The screening test indicates that you are probably chemically dependent.**
- **The test says that you use on a weekly basis, yet you are denying that you are chemically dependent.**

# Motivational Style

- **The screening test indicated that your use has increased recently. What specific changes have you noted?**
- **What are some of the benefits that you get from using?**
- **What are some of the negative things about using?**
- **What concerns do you have about your current pattern of use?**

# Characteristics of Motivational Interviewing



**Express empathy**  
**Develop discrepancy**  
**Roll with resistance**  
**Support self-efficacy**

(Miller and Rollnick, 2012)

# Express Empathy



- **Therapist empathy repeatedly shown to be predictor of client success in changing addictive behavior**
- **The operational definition of empathy is reflective listening**
- **Empathy indicates that the speaker has been understood**

# Develop Discrepancy



- **The discrepancy between client values and current behavior is the location of fruitful therapeutic work**
- **Weighing pros and cons in nonjudgmental fashion will facilitate this discrepancy**
- **The client, not the therapist, must verbalize arguments for change**

# Roll with Resistance



- **Reluctance and ambivalence are to be acknowledged (and even respected) and not confronted directly**
- **Questions and problems may be turned back to the client for solution**
- **Explicit permission is given to disregard what the interviewer is saying**
- **Resistance supplies energy which can be used therapeutically**

# Support Self-efficacy



- **Efficacy is the belief that a person can make a specific change**
- **Robust predictor of outcomes with a variety of clinical problems**
- **Interviewers may search for optimism in client's previous successes**

**When is a “respectful” confrontational style indicated?**

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# BI Components



- Take stock of client's stage of change; respond accordingly
- Use motivational interviewing
- **Assess readiness to change**

# Assess Ready to Change

Here is a scale that will help us determine how ready you are to change your use of drugs. Place a number on the scale that indicates how you feel right now about this.

Not  
ready

Very  
ready

1 2 3 4 5 6 7 8 9 10

# BI Components



- Take stock of client's stage of change; respond accordingly
- Use motivational interviewing
- Assess readiness to change
- **Decisional Balance exercise**

# Decisional Balance

## Pros and cons of using/drinking

### *Pros*

What do you like about drug use?

What are the good things about using/drinking?

What else? *(Ask again until nothing else.)*

## Decisional Balance

### Pros and cons of using/drinking

#### *Cons*

What don't you like as much about using/drinking?

What are the not-so-good things about using/drinking?

What else? *(Ask again until nothing else.)*

# Decisional Balance

## Pros and cons of using/drinking

### *Comparison*

Which matters the most to you?

### *Envision Change and the Future*

What do you think would happen if you stopped using so much? What do you think your best friend would say if you stopped using so much?

How would the pros change?

How would the cons change?

How do you see yourself in the future if you continue to use the same way?

# Should parent involvement be part of the Brief Intervention?



- **Plusses: parent involvement may promote effectiveness.**
- **Negatives:**
  - **parents can be a barrier**
  - **Teenager reluctant to involve parents**

THANK YOU!

winte001@umn.edu

[www.psychiatry.umn.edu/research/casar/home.html](http://www.psychiatry.umn.edu/research/casar/home.html)