

Reclaiming Futures

Screening Brief Intervention &
Referral to Treatment

Trainers Guide

Version 1

December, 2015

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Acknowledgements, Disclaimer, and Citation

Acknowledgements

The authors would like to acknowledge the Reclaiming Futures National Office staff, training consultants, and participating site staff for their efforts to develop the Reclaiming Futures Screening, Brief Intervention & Referral to Treatment (RF SBIRT) trainer's guide.

Disclaimer

This guide was developed with assistance from funding provided the Conrad N. Hilton Foundation. The views expressed here are the authors, and do not necessarily represent the official policies of the Conrad N. Hilton; nor does mention of trade names, commercial practices, individuals, or organizations imply endorsement by the funding entities.

Recommended Citation

Portland State University (2015). Reclaiming Futures Screening, Brief Intervention & Referral to Treatment: Trainer's Guide version 1. Portland, OR: Reclaiming Futures National Office, Portland State University.

Reclaiming Futures Screening, Brief Intervention & Referral to Treatment: Trainers Guide

Introduction

The purpose of the Reclaiming Futures Screening Brief Intervention & Referral to Treatment (RF SBIRT) training is to provide attendees with the foundations for implementing RF SBIRT. More specifically, the trainings covers: (1) key elements in the RF SBIRT implementation manual, (2) basic Motivational Interviewing skills and techniques, and (3) application of training material through practice-based and operational mapping activities. The overarching learning objectives are:

- (1) Describe the RF SBIRT skills, procedures, and techniques
- (2) Determine the practical implementation considerations
- (3) Demonstrate efficacy with implementing the RF SBIRT

Initial and ongoing trainings are delivered in-person and web-based. This guide, developed for trainers, is divided into two sections. Section 1 provides information about the types of trainings available is provided. Section 2 of the guide walks through the key components for planning, conducting and evaluating RF SBIRT trainings.

Section 1: Types of Trainings

There are several types of trainings offered including: (1) basic introductory, (2) initial RF SBIRT, (3) Foundational Elements of Motivational Interviewing, (4) operational mapping, (5) train-the-trainer, (6) booster sessions, and (7) Learning Collaborative chalk-talks. Table 1 provides the basic elements of each type of training which is followed by a brief description of each training and its possible homework assignments.

Table 1: RF SBIRT Training Types.

Type	Length of Training	Format	# of Trainers	# of Attendees	Level of Interaction
Basic Introductory	90 minutes	In-person or web-based	1-2	Up to 30	Low
Initial RF-SBIRT training	8 hours	In-person or web-based	2	Up to 15	High
Foundational Elements of Motivational Interviewing	8 hours	In-person or web-based	2	Up to 15	High
Operational Mapping	5 hours	In-person or web-based	1	Up to 10	High
Train-the-trainer	8 hours	In-person or web-based	2	Up to 15	High
Booster Sessions	90 minutes	In-person or web-based	1-2	Up to 30	Medium
Learning Collaborative Chalk-Talks	10-15 minutes	Web-based	1	Up to 30	Medium

Note: As the level of interaction increases so does the number of trainers plus it lowers the number of attendees that can be accommodated. **Level of Interaction:** Low = mostly didactic instruction; Medium = a mix of didactic instruction and interactive exercises; High = a high level of interactive instruction and exercises.

Basic Introductory

The purpose of the basic introductory training is to provide an overview of the RF SBIRT model, how Motivational Interviewing is incorporated, and assign attendees homework in preparation for the Initial RF SBIRT training. Attendees should leave the training with a basic understanding of the RF SBIRT foundation. Possible homework assignments include:

- ✓ Read the RF SBIRT manual
- ✓ Watch Motivational Interviewing training videos
- ✓ Query colleagues and project staff about their knowledge of SBIRT and recommendations for the best place to situate RF SBIRT

Initial RF-SBIRT training

The purpose of the initial RF SBIRT training is to provide interactive instruction on the four sessions and practical applications of Motivational Interviewing. Attendees should leave the training with at least a moderate amount of confidence for implementing the RF SBIRT. Possible homework assignments include:

- ✓ Implement the RF SBIRT screening and session one with one participant
- ✓ Discuss implementation issues with local team
- ✓ Devise strategies for overcoming implementation barriers and identification of additional technical assistance

Foundational Elements of Motivational Interviewing

The purpose of the Foundational Elements of Motivational Interviewing is to provide attendees additional training on Motivational Interviewing. The basic introductory and initial RF SBIRT training provides an introduction to Motivational Interviewing. Some sites may need additional training. As such, this training is offered to provide additional instruction and practice opportunities on the basic fundamental of Motivational Interviewing. Attendees should leave the training with at least a moderate amount of confidence for using Motivational Interviewing during RF SBIRT sessions. Possible homework assignments include:

- ✓ Practice using an open-ended question during RF SBIRT youth session one
- ✓ Implement the Elicit-Provide-Elicit technique during RF SBIRT caregiver session
- ✓ Bring one case study to a team meeting to discuss the successes and challenges with implementing Motivational Interviewing

Operational Mapping

The purpose of the operational mapping training is to provide sites with concrete ways the RF SBIRT can be implemented within the current agency/organizational structure(s). Training will walk the team through the participant flow. For example, discussions about how are youth identified as in need of screening? What are the primary roles of staff that interact with youth and how do they describe all services and the RF SBIRT? What are the referral considerations? Attendees should leave this training with a substantial level of confidence in knowing where and how to situate RF SBIRT in the current agency/organizational structure. Possible homework assignments include:

- ✓ Identify local services and supports for youth and families
- ✓ Develop a flow chart of how youth move through the various components
- ✓ Identify gaps in operations and create plans for overcoming or accommodating

Train-the-Trainer

The purpose of the train-the-trainer training is to provide practiced and skilled individuals the fundamentals for providing RF SBIRT training on a local level. This highly interactive training provides individuals with an overview of adult learning and opportunities to practice training. Attendees should leave the training with a substantial amount of confidence for training local staff on the RF SBIRT model. Possible homework assignments:

- ✓ Using the training guide - plan, implement and evaluate a local training with one to five attendees
- ✓ Identify areas for improvement and discuss with RF National Office about additional training or troubleshooting
- ✓ Identify areas of success and discuss with RF National Office about ways these might be incorporated into the training guide and other relevant documents

Learning Collaborative Chalk-Talks

The purpose of the Learning Collaborative Chalk-Talks are to provide a quick review of one specific technique and gain a sense of what individuals perceive are the most important aspects of the technique. Using the white board features of Webinar platform the trainer provide basic information and asks attendees to write what their understanding of this particular technique. Attendees should leave with a greater sense of clarity for the techniques purpose and practical application. Possible homework assignments include:

- ✓ Within one week implement the specific technique discussed and confirm your understanding
- ✓ Share information learned with other RF SBIRT staff who were not on the Learning Collaborative call
- ✓ Volunteer to lead a chalk-talk during subsequent Learning Collaborative call(s)

Booster Sessions

The purpose of the booster sessions are to provide training on the RF SBIRT for sites that have already been through the initial training. A booster session is held based on these criteria (1) a site request, (2) two or three months has passed since beginning implementation, and/or (3) it appears the site is in need of training based on the monthly check-in calls (e.g., communicating inaccurate information about the intervention). Booster sessions review of core elements, discuss site specific cases and site specific implementation issues. Attendees should leave the training with a renewed sense of the purpose and application of RF SBIRT. Possible homework assignments include:

- ✓ Local trainer observes session to provide ways for improvement and preservation
- ✓ Provide five to ten minute local chalk talk on one technique
- ✓ Find someone unfamiliar with RF SBIRT and attempt to explain the model in five minutes or less

Section 2: Key Components for Implementing RF-SBIRT Training

This section is divided into the tasks and activities that should be completed during the planning, implementation, and post phases of training. It is relevant to note that depending on the type of training (e.g., introductory, initial) timelines and activities will need to be adjusted. For the purpose of this guide, the timelines for the initial training is provided.

Planning for RF SBIRT Trainings

Planning for RF-SBIRT trainings should begin early. There are a number of tasks and activities that must be completed prior to the training date. Below please find an example of the key tasks and activities.

90-days before the training date

- ✓ Identify trainers
- ✓ Host meeting/call with trainers to orient them to the site(s) for which training will be provided
- ✓ Host meeting/call with site inclusive of trainers to orient them to the RF-SBIRT model, set training date, and communicate planning expectations
- ✓ Host planning meeting(s)/calls with trainers to determine roles/expectations and key curriculum material
- ✓ Set training date and location and share training agenda.

60-days before the training date

- ✓ Confirm the number of training attendees
- ✓ Conduct Basic Introductory training to provide preliminary information and assign homework.
- ✓ Communicate with personnel from training location to determine the training room set-up, equipment availability, and any security considerations (particularly if the training is at a juvenile justice location)
- ✓ Communicate with attendees about the logistical issues
- ✓ Host trainer meeting/call to review training materials and travel plans (if necessary)

30-days before the training date

- ✓ Trainer meeting/call to finalize training plans
- ✓ Communicate with site to finalize training plans
- ✓ Prepare materials (e.g., handouts; videos)

7-days before training date

- ✓ Review trainer materials to make sure everything is complete
- ✓ Final communications with trainers to make sure everything is complete
- ✓ Ensure any web-based systems are operational (if necessary)

Suggested materials

There are numerous materials that can be shared with attendees or used to support training activities (see examples in Appendix 1). More specifically:

- RF SBIRT manual
- Frequently Asked Questions
- PowerPoint slides on the RF SBIRT model and Motivational Interviewing
- Demonstration of the Global Appraisal of Individual Needs Short Screener Reclaiming Futures Strength-Based Survey (GAIN SS RF SBS). A copy of the GAIN SS RF SBS Administration, Scoring, and Intervention Starters guide. Sample Participant Feedback Report (PFR)

- Handouts, worksheets, or other visual aids:
 - Youth SBIRT talking points
 - Goal planning diagram
 - Goals and impact worksheet
 - Planning for change worksheet
 - Motivational Interviewing package
 - Reflection teaching tool
 - Strategies for evoking change talk
 - Videos or podcasts on RF SBIRT and Motivational Interviewing
 - Desk reference cards
 - Session checklists
 - National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care – Fact Sheet and Standards
- Demonstration of the Reclaiming Futures SBIRT section of the website
- Certificates of Attendance

Conducting the RF SBIRT Training

The day of the training it is important that the trainer(s) arrive at least 10-30 minutes early. This ensures that the trainers have all the appropriate materials, time to check the various electronic devices, and greet attendees when they arrive. At the start of the training the trainers should briefly introduce themselves, ask attendees to introduce themselves, review the agenda for the day, and hand out the sign-in sheet and pre-knowledge quiz (see Appendices 2-4). Next - training should begin staying attuned to time and the attendee's energy levels. Never forfeit a break if the training is running behind. Here are some key tasks and skills for conducting the training.

Tasks:

- ✓ Make introductions and communicate the purpose and plan for the training
- ✓ Distribute and collect sign-in sheet or attendance gathering
- ✓ Distribute and collect pre-post knowledge quiz and satisfaction
- ✓ Record questions and responses that arise so we can update Frequently Asked Questions

Skills:

- ✓ Build rapport with attendees
- ✓ Stay on time and allow breaks
- ✓ Keep the group focused. A lot of information has be covered - there is little time for side conversations
- ✓ Be familiar and practiced in delivering the training content
- ✓ Refrain from multi-tasking. If you want attendees to pay attention - make sure you do as well.
- ✓ If energy levels drop (including the trainers), take a quick stretch or conduct an interactive exercise.

Evaluating the RF SBIRT Training

At the end of the training, hand out the post knowledge quiz and satisfaction evaluation. The forms should be gathered and sent to the National Office. The National Office will input data and prepare the results to share with the trainers. This information will be used for future training planning and reporting to our funders.

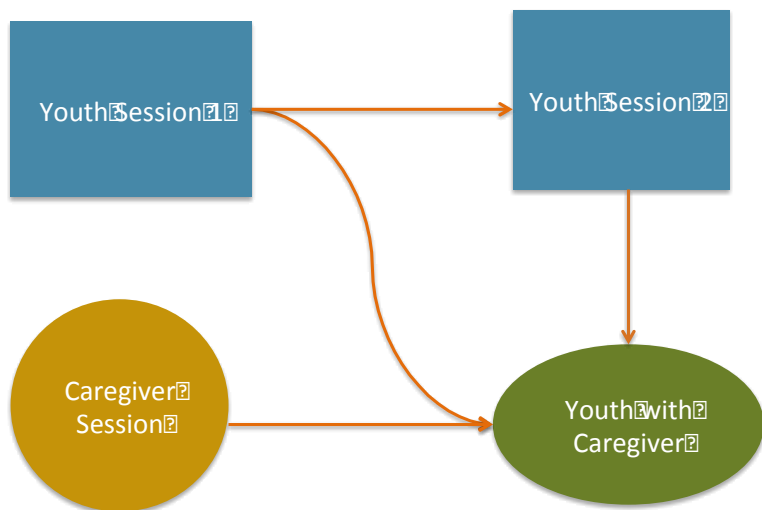
Summary

The RF SBIRT trainers guide provides an overview of the types of training available and the key components for planning, conducting and evaluating RF SBIRT trainings. Trainers are encouraged to use their own skills and expertise to adjust as necessary while maintaining focus of agenda. If questions or concerns arise about the training content, skills of trainers, and/or logistical issues please report these to the National Office. This feedback is important for the planning and implementation of subsequent trainings.

Appendix 1: Examples of Training Materials

Reclaiming Futures: SBIRT-JJ Interventionist's Guide

Brief Intervention Sequence



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Youth BI Sessions

BI Session 1: Youth – Engage, Screen, Goals, Change Talk

Getting Started: Screening

Note to Interventionist: In getting started, the goal is to convey key information about confidentiality and the SBIRT sequence of activities, but more importantly to set a respectful, positive and warm tone with the young person. In spite of previously consenting to participate in the SBIRT program, many youth in diversion programs related to court, arrest or school discipline will feel powerless and mistrustful at the outset – and for good reason. The intro script is a critical opportunity to shift that dynamic by demonstrating your willingness be to upfront about the fact that the youth may be in some trouble and likely does not feel they are there by choice and, further, to express an interest their lives beyond just the problems they have or why they got in trouble. We recommend saying those things right up front. The italicized script below is a guide for how to do that.

In covering the introductory information and establishing this positive tone it's important to pause periodically as suggested below to elicit the youth's understanding, agreement and "permission" to proceed. This will help them to feel like active participants in the conversation with you from the outset

Thank you for agreeing to take part in this program. I hope you find it useful. I look forward to working with you, getting to know you and hearing what you have to say. I know you are here because...

(Examples: you got in some trouble, someone thought you might need some additional support, you are taking an opportunity to avoid further court/police involvement, a PINS petition was filed for you)

and I'm definitely interested in hearing your perspective on that, but I'm also interested in hearing who you are as a person and other important aspects of your life that may not directly relate to what got you here.

How does that sound to you?

The things you tell me and that we discuss are not going to get you into any further trouble and will remain confidential – meaning I won't tell anyone else what we discuss unless you ask me to, give me permission to or if you tell me something that suggests you are in danger.

Does this sound sensible to you?

This meeting might be the only time we talk or we may meet for one or more additional conversations after this if that seems like the right thing to do. After we meet once, I will have one meeting with your parent/guardian to cover some topics that we think parents find useful and that

can help to strengthening families. After that we have an option of meeting together with your parent/guardian and you will have a say in that decision.

In this first meeting I will start by asking you questions from a questionnaire that we call a “screener” and then the rest of our meeting or meetings will be a more open ended conversation between you and me.

When we finish with the screener, we’ll print out a summary report of the answers you gave me and that may suggest some topics that we may want to talk about.

If it’s okay with you, I’d like to get started with the screener...

START SCREENER

Moving from Screening to Brief Intervention

Note to Interventionist: Youth will have just completed the screening interview and the interventionist will have printed out the Personal Feedback Report. This script marks the transition from the screening to the brief intervention. We recommend a confidentiality reminder at this point as well since the youth will be encouraged to elaborate on the results of the screener and about their lives and difficulties that may involve struggles with their parents or teachers. Here you will let the youth know that you are printing out the PFR

This may seem repetitive, but I want to take this opportunity to remind you again about the confidentiality ground rules: that I will not be sharing information that we discuss in meetings with you or your parent/guardian nor will I be sharing any information discussed throughout this program with your school or others unless you give me permission to do so. I take confidentiality very seriously. One exception is that I am a mandated reporter so if I find out that someone is at risk then I will need to report that to authorities to make sure people are safe.

PFR Review

You just answered a number of questions about your strengths, social support, emotional health and choices you’ve made about substance use. I appreciate your willingness to share all of that information. I’m really interested now in looking at your answers along with you in a summary report that this screening survey generates called a Personal Feedback Report or PFR and getting your reactions to the report. What I’m most interested in is your own views on how the things you told me in the survey relate to goals you may have for your life, things you might want or need to address or change and seeing if I, or others, might be able to support your efforts. To start off with, let’s briefly review the PFR together then we’ll talk about goals

Review of Personal Feedback Report (PFR): A “reflective discussion”

Note to Interventionist: When the screening is complete, the SBIRT Interventionist runs the Personal Feedback Report and either prints out the report or makes the report screen

visible to the youth so that it can be reviewed together with the youth. The goal here is to do a brief review and reflection on each section of the report and the risk level scoring associated with each section and the report as a whole. The emphasis during the review should be on three key points:

- The report is a summary of the youth's own self-report
- The report includes "risk level" or "severity level" scoring based on what we know about many other kids who have taken similar screening surveys and on what doctors and counselors have learned about working with young people
- The risk level is a guideline and the understanding the youth's perspective and the context of their life is critical to really understanding

Throughout the review, the interventionist should use phrases like:

"you told me that..." "...you mentioned that..." "...you shared..."

Using phrases like this will reinforce the youth's ownership of the information in the report and help the youth to feel that the screening and review process is a more like a conversation between the youth and the interventionist rather than a "test" with right and wrong answers. Reviewing the report also allows the to elaborate or correct anything that may have been recorded inaccurately

In talking about the risk and severity level scores, the interventionist should intentionally present them in non-judgmental and thought-provoking ways that might trigger reflective discussion between you and the young person. It's often less threatening to use phrases that contrast the youths responses with other youth their age rather than saying "Your risk score here is"

"...this is a level of use that doctors and counselors sometimes get concerned about compared to other young people your age – what is your reaction to hearing that?"

"The answers you gave in this section, for some youth, might indicate higher than average level of concern, I'm curious to get your take on whether that might be true for you"

"For young people who answered this section in the way that you, we often want to be sure and explore further if there might be a need for some extra help or support"

Using phrases like this will reinforce A) that the risk scores and problem levels are not random, but based on the experience of experts and other kids and B) subjective and require an understanding the life circumstances of individual kids in order to know whether something should be done to help or support the youth and C) are not simply labels but jumping off points for problem solving.

It is very easy for the young person to feel defensive during the reflective discussion and therefore it is important for the interventionist to display an openness and curiosity, even if you think the youth may be minimizing or denying a problem that you think is present.

The key is to reflect what the youth says in a neutral way and ask for elaboration. Phrases like:

“I’m hearing that in your case you don’t think your use is particularly risky, I’m wondering if you could tell me a little more about why you think that?”

“In comparison to what the report says, you yourself aren’t as concerned about how you’ve been feeling – help me understand that a little more”

Conversely, for youth who reflect that the level of concern indicated in the PFR matches their own level of concern phrases like the ones below will affirm the youth’s awareness of potential problems and set the stage for a discussion later of how to prevent problems from getting worse:

“I’m hearing that you also have had some concern about how your marijuana smoking may be affecting you...is that fair to say?”

“Sounds like the concern I mentioned about how you’ve been feeling emotionally is something that makes a certain amount of sense to you, is that accurate?”

The Low or No Risk/High Functioning Youth: Transitioning from the screener to wrapping up SBIRT

Note to Interventionist: For youth whose screener and PFR indicate little or no substance use and no or only insignificant signs of behavioral health concerns the interventionist will conduct an open-ended wrap up conversation with the following elements: 1) Reflect and positively reinforce the youth’s current level of functioning 2) Talk to the youth about their goals and plans for the future 3) Engage in a brief exploration of whether there is anything that the youth has been interested in getting support or counseling for to help them reach their goals and suggest that the decision to seek counseling or ask for a referral is always an option for them and 4)

Reinforce and support the benefits of productive engagement with the diversion program that brought them into the SBIRT intervention 5) Offer the option of a joint session with their parent/caregiver. 6) Remind the youth that they have agreed to have someone contact them to do a brief follow up interview over the phone and that they will receive an incentive gift card for the interview.

Here is some useful sample language for this section:

“I just want to reflect back to you that in hearing your responses during the screener and in looking at your PFR that I’m impressed with how you are doing and that you are not using substances”

“What kinds of goals and plans for the future do you have?”

“Tell me what the future holds for you?...”

“Are there any supports you think you might need to help you reach your goals or get you where you want to go in life...”

“Have you ever had an interest in talking to a therapist or counselor about anything that bothers you or stresses you out that we didn’t discuss today”

“Some youth in our screening program wrap up the process by having a session/conversation together with their parent/guardian...is that something you might be interested in?”

Goals and Impact exercise: Talking about substance use and behavioral/emotional health signs and symptoms in the context of a youth’s goals

Note to Interventionist: Talking to youth about their substance use and/or the signs and symptoms of behavioral health problems out of the context of their personal goals and the things that are important to them can be too abstract for an adolescent and may lead to a vague and unproductive discussion. Conversely, starting with an appreciative and affirming discussion of a young person’s goals and values and the things that are meaningful to them can be a great way to tap into what might motivates them to make changes in their lives in order to live up to a life value, meet a particular goal or enhance an important and meaningful aspect of their life.

The following goals exercise is meant as the launch pad for a discussion that may uncover the motivation a youth may have to make some changes in their drug use or address behavioral and emotional health difficulties. The instructions for the exercise are:

- 1) Ask the youth to describe three goals, values or meaningful aspects of their life
- 2) Discuss each goal in detail - expressing curiosity and affirmation of the importance the goal and asking clarifying questions
- 3) For each goal, ask the youth to make “Impact ratings” on a 5-point Likert Scale describing how drug and alcohol use and/or behavioral health concerns impact that particular goal.

Very Positive	Somewhat Positive	Neutral	Somewhat Negative	or Very Negative
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If drug or alcohol use is reported:

- the youth first rates the impact of their use on their ability to achieve that goal or valued aspect of their life and
- second, rates what the impact would be of reducing their use.

If a behavioral health concern was flagged during the screening and PFR review process the youth would make a similar pair of ratings:–

- first, for the impact that behavioral health concern has on the goal or value and
- second, for the impact that addressing that concern would have on the attainment of that goal or value.

- 4) Engage in a reflective conversation about what emerged during the exercise. During this reflective conversation the focus should be on A) reinforcing the importance of the goals the young person described B) acknowledging and affirming instances where the youth recognized of the impact of drug/alcohol use or behavioral health issues.

Use the following language to introduce the Goals and Impact Exercise:

Now I want to shift gears a little bit and talk to you about some of the personal goals you have for yourself, the things that you value in life, that you find meaningful. We'll use this worksheet as a way of guiding the conversation. After we spend some time talking about your goals, we'll fill in some ratings on the worksheet.

So, tell me about an important goal in your life, something that you really want to achieve. You can also think in of something that you really value in your life or something that gives you a sense of meaning and happiness.

If the youth draws a blank or has great difficulty with this exercise, prompts like these can be helpful:

"How do you want to see yourself or your life in 5 years?"

"Imagine that you wake up one morning and by magic some aspects of your life that weren't the way you wanted them are suddenly going super well, describe that to me? What changes would happen?"

Example of completed worksheet for a single goal:

Goal or Value	Impact of Current Level of Use	Impact of Reducing Use	Impact of behavioral health concern	Impact of addressing behavioral health concerns
I want to feel closer to my family again	(daily marijuana use) Very Negative	Somewhat Positive	(Anxiety) Neutral	Somewhat Positive

After the youth has made impact ratings for each goal, review and explore the narrative for each impact scenario. Start with a reflection - for example, based on the example above, you might say to the youth:

"So, if it's okay with you, let's take a look at your goals and review your take on how your marijuana use and the anxiety you've been feeling impacts those goals. One of the goals you described is that you want to feel closer to your family again. That's a goal that you feel your marijuana use has had a "very negative" impact on because it seems to you that when you come home high that you have to hide in your room and even when you haven't been smoking your parents are suspicious and that often triggers an argument. You told me that reducing your use might have a "somewhat positive" impact on helping you change that pattern and spend more time with your family. Did I get that right?"

Testing the Water: Using a "readiness to change thermometer" and wrapping up BI Session 1

Note to Interventionist: The Second BI session will be focused on moving from a more open ended conversation to more goal-directed activity and making an action plan for change

which may include a discussion with the youth about following up on a referral for an assessment at a treatment clinic for one or more issues identified during BI session 1.

In order to transition effectively from the initial session to action-oriented second BI session, the interventionist will follow two steps:

- A) Summarize the work in the session highlighting and affirming instances of the youth’s recognition of the impact of substance use and behavioral health symptoms on their goals and values and**
- B) Ask the youth to take the first step in moving toward change by rating their “readiness for change”**

Summary

The summary is a great way to synthesize what has been discussed so far with youth, highlighting key moments in the session like: signs of ambivalence, awareness of impact substance use or behavioral health symptoms on their goals, interest in changing etc. At frequent intervals during a summary, the interventionist should pause to elicit feedback from the youth. Here’s an example of a summary:

“We’ve talked about a lot of different things, your marijuana use and the fact that you don’t think it really has any impact on your goals except maybe how close you are with your family because of the arguments that your use has caused at home...and you mentioned that that you feel that reducing your use somewhat might make things easier at home”

“Did I get that right?”

“We also talked about how you’ve been feeling nervous and anxious a lot and that there might be some positive benefit if you were able to reduce your anxiety”

Does that sound like an accurate description of what we talked about?”

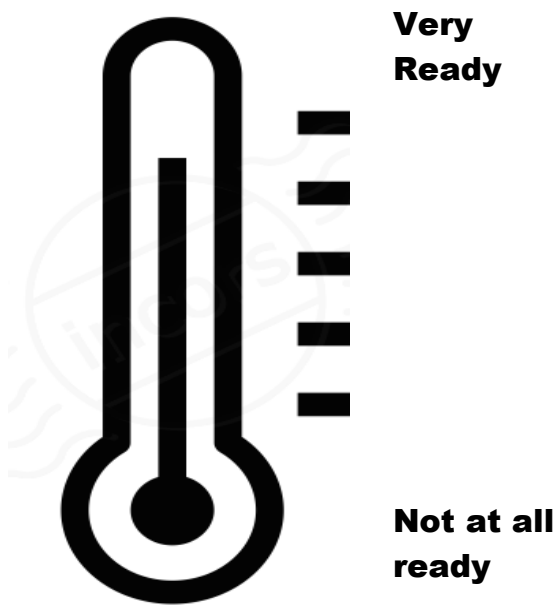
Readiness for Change Thermometer or Ruler

After summarizing the discussion, the interventionist will begin to test the waters of the youth's interest and readiness to make some changes in their use or address symptoms they've reported. Expressing open-ended curiosity about change readiness and Using a visual aid like a thermometer or a ruler can help the youth honestly appraise and communicate about that. The rating on the thermometer can be used as a reference point during the second BI session. The following examples of phrases can be useful here:

"I'm curious to know if this conversation about your marijuana use (or the anxiety you mentioned) and how it impacts that goals you have for your life has got you thinking at all about making some changes in your use..."

"You mentioned that earlier that you think reducing your beer drinking would help you to lose the weight you wanted to lose for wrestling...what do you think you might do about that?"

"Take a look at this thermometer here and tell me where you stand in terms of your readiness to make a plan to change your marijuana use"



BI Session 2 - Making an Action plan

BI Session 2 is largely focused on collaborating with the youth in setting and committing to specific goals and helping the youth to make a plan to achieve those goals.

The second session is also the time to plan for the parent-youth session if one is going to take place and to communicate about and plan specifically for any referral that may be on the horizon for the youth and family.

This session will pick up where the youth and interventionist left off at the end of BI session 1 and your first objective is to try to get the youth to reengage in the discussion about making changes that you initiated at the end of the previous session. The keys for the interventionist here are to use

- Open Ended prompts
- Affirming statements around signs of motivation to change
- Reflect where the youth is at even if they seem more ambivalent or discordant with where you were at the end of BI-1
- Move toward change

Open-ended discussion of youth's reflections on the first meeting, what they've been thinking and doing since you last saw them and how they might see possible next steps

Starting with an open-ended, informal chat with young person serves a number of important purposes. First, because it's very common after a fairly direct discussion of a youth's substance use, emotions or behavior - even if the youth seemed quite open to the discussion in BI-1 - that they may return to the conversation in a slightly more ambivalent or defensive state of mind. Second, adolescence being what it is, events like a fight with parents, a break up with a girlfriend can mean that the youth might be in a very different emotional state than he/she was during the first session. For this reason, treading lightly and taking some time to rebuild trust and get a sense of what the youth is feeling and thinking is critical.

"Good to see you again...what've you been up to since I last saw you?"

"I'm always curious to know what young people think about after an initial session in this program and I wonder if you could tell me your take on what we discussed last time"

Testing the water: Assessment of readiness to move into goal setting activity and readiness to change. Get an updated readiness to change thermometer reading

Moving from an open-ended intro to slightly more specific and directive language, the interventionist "tests the waters" here in terms of the youth's readiness to engage in some action planning toward change around the goals and impacts they identified in BI-1. The following language may be helpful as examples:

"I don't know if you remember, but at the end of our last conversation we started talking about some of ways that your marijuana use is impacting the goals you described...do you remember that?...well, where do you think you would like to go from there?"

"We talked about how your marijuana use is having a negative impact on your goal of getting along better with your parents and that reducing your use might have a positive impact. Have you thought about how you might do that?...is that something you want to chat about with me today?"

Encountering ambivalence and discord (what we used to call "resistance")

It is nearly guaranteed that in testing the waters, that you will encounter some ambivalence on the part of the youth and perhaps a strong resistance to continuing the discussion of making changes or addressing problems. This can feel frustrating for the interventionist who may feel pressure to see results in BI-2. It's critical in this instance not to react by being more directive or showing frustration, but rather to REFLECT the ambivalence:

"So last time we talked you were thinking about the impact of your marijuana use and felt somewhat ready to make some changes but today you are not so sure"

Transition to Planning for Change Exercise

"If you're interested, we can talk about some options and write down some steps"

"Some young people find it useful to make a plan or map out some options..."

Even if the youth does not express enthusiasm to begin planning for change, the interventionist can frame the Planning for Change exercise as a hypothetical framework that the youth can use later should they decide to make some changes later

Setting goals and making plans – Planning for Change Exercise (Use Planning for Change Worksheet)

Start the Planning for Change Exercise by working with the young person to choose a goal or target behavior to work on. The choice of goal or target behavior should be the youth's decision and you may work with the youth on more than one target behavior (using separate Planning for Change worksheets for each target behavior), but the interventionist should work collaboratively with the youth toward selecting a goal relevant to the reasons they've been referred to SBIRT and the diversion program using language like:

"Is there anything from our work together on identifying goals or something related to our discussions that you think you might want to work on changing or improving?"

"Given everything we've talked about and that's been happening for you, what do you think would be a good goal or a target for us to work on helping you change"

If the youth does not suggest working on a target related to substance use or managing behavioral health concerns, the interventionist should proceed with Planning for Change exercise for one target the youth suggests and then ask the youth directly if they are open to doing some change planning around one or more of the risk behaviors that emerged during the screening and BI sessions. If the youth agrees, repeat the exercise with separate worksheets for each target.

If the youth declines, explore with them some of the reasons for choosing not to do change planning at this time and some of the pros and cons of that decision.

Note: behavioral targets which are indirectly related to reducing substance use may also be excellent targets for change planning - meaning targeting a behavioral goal like pursuing pro-social activities where no drug use is taking place or socializing more frequently with non drug-using friends.

Planning for Change Worksheet

Goal or Change Target
Top 3 reasons to make this change
I plan to do these things to accomplish my Goal Specific Action and When?
Other people can help me in these ways Who? How?

These are some possible obstacles and how I will handle them:

The results I will see if my plan for change works:

Planning for youth-parent session

Note to Interventionist: We feel that it's important in the Reclaiming Futures SBIRT-JJ program for the Youth-Parent session to be optional for the youth and that with the exception of issues requiring mandated reporting or emergency measures that the content of the youth BI session remain confidential. The same is true for the content of the discussion between the interventionist and the parent in the Caregiver BI session. That said, we understand that the specific diversion program that brought the youth into contact with SBIRT-JJ may have different rules and constraints with regard to what is required in terms of other meetings involving youth and parent. Further, if a referral decision is made in collaboration with the youth during the youth BI sessions, it is important to inform the parent.

The goal for this section of the BI-2 is to determine with youth A) whether they are interested in having a final session with their parent and B) Collaborating on what information is to be conveyed to the parent

"Given that in this situation it's important for your parents to know that you have a plan, (or that we had different opinions on what the plan should be) do you think it makes sense for us to have a meeting with your parent to talk about what comes next"

Making decision in the context of the rules of the diversion program: How does the individual site deal with leverage if the recommendation doesn't align with the youth and parent's willingness to follow.

Wrapping up

Optional "Decision Making" Module

"I believe young people have to be trusted to make decisions because at a certain point, adults and others can't make them for you"

Optional Stress awareness/reduction module see Appendix B Page 31

Option Dealing with Triggers and Cravings

BI Session 3: Parent Session – Supporting Change

There are five goals the parent session:

- 1) Review what led their son/daughter to be involved in the SBIRT program and briefly review the core elements and purpose of the SBIRT program including the limits of confidentiality for the youth
- 2) Generate empathy and understanding on the part of the parent for their adolescent and talk about some basic challenges in parenting adolescents
- 3) Provide feedback (with youth's permission) on BI sessions that have taken place thus far and/or prepare parent for receiving youth-led feedback in the Parent-Youth session about results of the screening and the plan going forward
- 4) Discuss attitudes and rules around drug and alcohol use in the family
- 5) Discuss parent's commitment to support the youth's plan for change

Welcome and overview script: What is SBIRT and how did son/daughter get involved in the program?

This should be a script that interventionists will learn and give their own spin to, but not read. See below (and laminated interventionists reference card) for key bullet points to cover in the intro. A useful way to conduct this portion of the parent session is to say:

"Now we're going to go over some common questions that parents have about the SBIRT program"

How did my son/daughter get into the SBIRT program?

This portion of the intro script should be tailored for the specific program implementing SBIRT-JJ, but could sound something like this:

"Just to remind you that your daughter was recently invited to take part in a truancy prevention program designed to keep her in school and out of court. Part of the intake for that program is a new screening questionnaire for substance use and mental health symptoms that may also include a feedback and goal setting session with the youth, a referral for counseling if that's indicated as well as follow up sessions with parents like the one we're having now"

What is SBIRT?

"SBIRT is not treatment per se: It's a preventive intervention and bridge to a referral to further assessment and/or treatment if it is needed. It's not meant to replace treatment if there is a problem that requires treatment or counseling"

Why we do SBIRT?

“We do SBIRT because we have learned that a brief preventive intervention can catch problems before they get worse and can raise a youth’s awareness of how to manage and reverse difficulties on their own and with the support of their families before they get to the point of needing treatment”

“It can also be a great way to identify problems that do require treatment and to motivate youth to engage in counseling.”

What about confidentiality and what is the importance of a youth-driven process?

“Confidentiality is important for anyone who shares information with a counselor because it builds trust and increases the likelihood that youth will make difficult changes on their terms”

“A youth driven process does not mean keeping parents out of the loop, it just means that we believe that youth will be more honest and motivated if they have a say in what gets shared with others after their discussions with us”

What are the steps of SBIRT and what happens at the end?

Here the interventionist should briefly discuss the steps of **pre-screening** (if that step is involved in your local implementation) and **screening** and how SBIRT fits into the diversion program that brought the client and parent to you and the sequence of possible sessions.

Then, review the sequence of events that has already taken place and what to expect next. For example you can say:

“So, we completed the screening and met with your son once and now we are talking to you. Next we will have one more session with your son and if all parties agree, we’ll all meet together for a final session to wrap things up and discuss next steps if there are any”

What is my role in SBIRT as a parent?

“Your input and support is key”

“We don’t want to step on your authority or ability to parent your youngster in your own effective way”

“What was I like as an adolescent?” Exercise

This exercise is designed to break the ice and reduce the tension that usually accompanies a discussion with a parent about an adolescent who is in trouble. Many parents who find their youngster interfacing with the courts, school discipline proceedings, a status offender filing etc., will be very stressed out, often angry and frustrated with their adolescent and may really struggle to shift gears and adopt a supportive, trusting and problem solving perspective on what’s going on

with their son or daughter. They are looking for solutions but may have lost faith that any solutions lay within the relationship with their son or daughter.

This exercise functions to generate an attitude of empathy and hope toward the adolescent and offers the interventionist opportunities to highlight certain key universal development challenges in parenting and working with adolescent and to do so in a natural, conversational rather than lecturing way.

Here's a suggestion for how to introduce the exercise:

"Now we're going to have a conversation about adolescents, their strengths and the challenges they face in making changes and some of the challenges in parenting them...particularly supporting them in making changes in their problematic or risky behavior. To start with we're going to do an exercise...it involves asking you to reflect back on what you were like as an adolescent"

Start with these opening prompts for the exercise:

"What were you like as an adolescent when you were your son/daughter's current age?"

"What challenges, difficulties and strengths did you face?"

"What were your parents up against in dealing with you?"

After this opening section of the exercise, the next step is to bring the conversation back to the present:

"Tell me about one of those qualities from your X-year old self that you have successfully carried forward into your adult personality"

And finally the interventionist may ask:

"What qualities do you see in your adolescent that reminds you of yourself?"

Note to Interventionist: The interventionist should reflect instances of empathy toward the youth, hope that difficult qualities and behaviors can be transformed and made more adaptive as their son daughter matures and gently suggest to the parent that there is reason for hope for their young person to grow into a successful adult as they did.

The exercise will also provide smooth segues and grist for the mill to highlight and discuss some key points about adolescence and adolescent development. Some suggested key points to be prepared to make (in no particular order) as reflections on elements of the discussion in this exercise are:

- Developmental milestones like dating, sexual activity, become more independent are both highly desired by adolescents but also very stressful

- Emotional regulation is a great challenge for adolescence and the emotional roller coaster is a normal state – in fact it’s part of brain maturation
- Adolescents often don’t know when to stop...arguing, having fun, taking risks....not knowing limits is a normative state for adolescents
- The adolescent brain is not yet wired for planning, delayed gratification, empathy for others, predicting negative consequences (meaning assessing risk)
- Adolescents need and want autonomy, even when they are in trouble
- The adolescent brain IS wired for: thrill seeking, testing limits (theirs and others), experimentation, emotional volatility

Feedback and discussion of youth Screening, BI and report

The nature of the feedback will depend on the level of risk, whether there will be a youth-parent session, whether a referral seems to be in the plans, and whether the youth has given the interventionist permission to share information. Start by laying some ground rules for hearing and responding the feedback if any is going to be offered in this session the rule of thumb here is summed up in the phrase “listen and absorb vs. refute and dispute” The following are some examples of how to introduce the feedback depending whether a parent-youth session is planned as a next step, whether a referral for further assessment is indicated and what permission the youth has given the interventionist. In the examples will be self-evident which scenario applies:

“I’m going to tell you a little bit of feedback from the screening and discussion I had with your daughter including some of the goals she has set for herself. She has given me permission to share this information with you...then I’m going to ask you some questions about what you’ve heard and then we’ll prepare for what comes next”

“Next week we’ll be meeting together with your son and he has decided that he wants to be the one to share what we discussed and the goals he has set for himself”

After summarizing the appropriate feedback from the session the interventionist poses the following questions to help structure and guide the parent’s response:

“What is most encouraging and most concerning about what I’ve reported to you?”

“What are some ways you think you can support or help your son/daughter with her goals?”

1. Discussion of attitudes, rules and communication around substance use in the family (can also be applied to attitudes and history among family members around getting support for behavioral and emotional health issues)

The purpose of this section of the parent session is to raise the parent’s awareness of the role that parental attitudes and communication around the use of substances has on a youth’s motivation to address their own use. The goal here is not to judge or lecture the parent but to elicit examples of how their own attitudes and rules are communicated, highlight and affirm instances where communications are clear and consistent and gently

point out where discrepancies might be undermining the goals they have for their youngster.

The goal here is not to assess parental drug and alcohol use, but because research is clear on the relationship between parents who are openly intoxicated or high in the presence of their children and the risk that those young people will develop risky drinking substance use behavior, instances where parents volunteer that their son/daughter sees them drinking or using marijuana or other drugs, the interventionist can discuss the impact on

Note to Interventionist: Start with an introduction that communicates an openness to learning how drug and alcohol use are viewed talked about in the home but mention that research shows a strong connection between parental attitudes and messaging and youth substance use behavior. Some examples follow:

“Many parents find it challenging to communicate with their kids about drug use. I wonder how is that your son knows where you stand on the issue”

“Are there clear rules in your home about drinking and drug use or is it something that goes without saying”

“Are there ways you could communicate more clearly about your expectations?”

“Some parents inadvertently send mixed messages...does that ever happen in your home”

“Are things that get in the way of you getting your point across or undermine your message?”

The interventionist will conclude this section by engaging in a brief reflective discussion of the alignment parental rules and goals for their youth’s behavior with the ways they communicate about it. Some examples follow:

“You seem very motivated to send clear messages to your son that you would like to him to make good choices about drinking but sometimes you send a mixed message with your own drinking”

“You’re not as concerned about laying down strict rules because you feel your son knows where you stand and should make his own good decisions to avoid marijuana use”

2. Preparing for Parent-Youth Session (If one is planned) and soliciting a commitment to support the youth’s change efforts

This is the concluding section of the Parent Session and the goal here is to explore ways that the parent can support their young person in whatever goals they may have set

BI Session 4: Parent – Youth Joint Session – Opening Lines of Communication

The goals for the parent-youth session are to open lines of communication between the parent and the youth and provide an experiential lesson in working together and to encourage the parent to support the youth in working toward their goals for change on their terms.

There are three key elements to the parent session and for particularly argumentative parent-youth dyads, an optional discussion of the basic principles and ground rules for effective argument. These elements are:

1. A Change/Persuasion Exercise based in the principles of Motivational Interviewing
2. A review of the PFR, goals and plans from BI sessions lead by the youth
3. A shared goal and planning exercise (using the Planning for Change worksheet)
4. An Optional discussion of effective arguing principles

Change/Persuasion Exercise

The purpose of the change/persuasion exercise is to gently expose the nearly universal dynamic in parent-teen relationships where parents demand behavioral change and youth resist it. The exercise provides a first-hand experiential lesson in the importance of a person's own internal motivation as a driver for personal change and sets the stage as a segue for the youth to discuss the goals they came up with in the BI sessions. The exercise is intended to be carried out in a fun and somewhat playful manner. In the exercise, the youth is given the role of counselor and the parent the "client." The steps for the exercise are:

- 1) Ask parent to come up with a real goal for personal change or improvement that they have wanted to achieve. Something authentic but not embarrassing – like for example losing weight, exercising more etc.
- 2) The youth is then instructed to very assertively persuade the parent to achieve the goal making the strongest possible case they can, highlighting all the negative consequences associated with not achieving the goal, particularly how it will affect the teen if their parent does not achieve the goal
- 3) Debrief with the parent about how they experienced the interaction
- 4) Youth leads parent in a structured goals setting process around the same goal using the Planning for Change worksheet
- 5) Debrief

Youth-led PFR and goals review

The opening exercise sets the stage for next step in the youth-parent session: the process of bringing the parent into the loop about what was discussed in the BI sessions with the youth. The intent is for this to be led by the youth with the support and coaching by the interventionist wherever it is needed. The parent should be instructed to listen patiently and ask questions for clarification. If the youth

doesn't spontaneously indicate how the parent and others can support the steps the youth has laid out toward their goal, the interventionist will draw that element out with prompts like:

"What's the best way your mom can support you here?"

Shared Goal Setting Exercise

To wrap up the youth-parent session on a collaborative and positive note, the interventionist will briefly lead the youth and parent in coming up with a common goal, for example, to get along better, argue less, trust each other more, do more fun things together etc. The exercise follows the same steps as the Planning for Change exercise.

Referral to Assessment/Treatment

5. Wrapping up SBIRT and/or Making a successful referral connection (For cases where there is only to be a single youth session, the parent session is the last SBIRT contact).

Referr:

- Interventionist provides parent with any resources they might need or request
- Thanks parent for participation
- Keeps door open for advice and information if needed (and within reason)

If parent feels they need to continue the discussion:

- Local parent support resources can be shared
- Parent can be referred to others within the diversion program involved with the case
- One "extended" parent session can be offered if logistics permit

If referral is going to be made:

- Share information about the options and what to expect at each referral agency
- Discuss how to allow the youth to control as much of the logistics and planning as possible if a referral is being made
- If a Youth-Parent session is planned, the youth will take the lead in sharing the follow up/referral plan with the parent

This portion of the SBIRT program is guided by the interventionist's experience with the parent and youth participants and assessment information. It will be administered at the end of the final session (which will either be the parent session or session with youth and parent together). If the interventionist needs more time to consider next steps for the family, an additional follow-up phone session within a week of completing the final BI session.

In working with the family over the course of two to four sessions, some issues or concerns may have arisen that deserve further attention, outside the scope of this program. These issues may be derived directly from conversations with the parent or youth, or they may be guided by observations or other concerns by the interventionist and by assessment results.

There are other concerns when assisting a family with referral decisions. There can be a broad range of problems plaguing families, and the services available vary greatly by geographic region. It is challenging for an individual interventionist to be aware of every reasonable resource available for a given family. Another issue is that resources are continually evolving. Funding, research, and staffing all affect the lifespan of a referral resource. The fluidity of these resources mandates regular updating. The interventionist may benefit from taking some time to reflect upon the issues and needs of the family and have a conference call later in the week to discuss options for the family. Thus, the strategies outlined below attempt to assist in the creation of referral network that can be individualized to the participant's needs. Interventionists should take some time prior to utilizing this program to personalize the referral network, making it relevant to the specific geographic area, as well as update it at least annually to add new programs and resources as well as delete outdated or non-functioning programs and resources.

The SBIRT JJ program provides a structured decision making grid to help guide the interventionist's decision about whether to make referrals for further assessment or treatment, but our goal is to provide significant flexibility for "clinical" judgment and site-specific matters. The following pages include guidelines by which interventionists can determine appropriate next steps for the participant, as well as educational resources for them (reading and website recommendations). A community resource guide is also provided to help determine suitable resources for the participant. Resources focus on counseling services but also include services that may help the family with basic living needs (e.g., securing food and shelter, legal aid, obtaining employment, etc).

REFERRAL GUIDELINES

The Decision to refer the youth for further assessment and/or treatment should take into consideration the participant's level of functioning and individual needs, as well as the participant's engagement in the Brief Intervention sessions and his or her motivation to change. The results of the screening and the subsequent discussions with the youth as well as discussions with the family and clinical judgment should all be factored into the decision. The "Referral for Treatment Guidelines" worksheet below (Table 1) provides a general guide for the interventionist to inform referral recommendations and referral resources.

Table 1: Referral to Treatment Guidelines

Client Profile and Response to BI	Follow up Plan
<p style="text-align: center;">FAVORABLE</p> <ul style="list-style-type: none"> • Engaged during sessions • Worked on the goals • Made good progress with goals • Expressed intent to continue behavior change • No desire for a referral • Low drug use risk and low mental health risk 	<ul style="list-style-type: none"> • No additional services; support progress; reinforce importance of continuing to work on goals. • Psychoeducational materials as needed
<p style="text-align: center;">MINIMAL ENGAGEMENT & POOR RESPONSE</p> <ul style="list-style-type: none"> • Mixed engagement during sessions • Some or mixed progress with goals • Signs of intent to continue behavior change • Low to medium drug use and/or mental health risk 	<ul style="list-style-type: none"> • No additional services if no interest in more counselling; support what progress has been made; reinforce importance of continuing to work on goals. • Offer referral plan for problem areas the client has indicated more help is desired; options include youth or family counseling. • Psychoeducational materials as needed
<p style="text-align: center;">NO CHANGE OR WORSENING</p> <ul style="list-style-type: none"> • No engagement during sessions • Minimal or no progress with goals • Poor problem recognition • Medium to high drug use and/or mental health risk 	<ul style="list-style-type: none"> • Refer for follow up assessment to consider specialized services; additional substance use and/or mental health services may be needed.

Provided in Table 2 below is an additional guide for the interventionist in choosing services for youth and families. Even for youth with a favorable response, educational resources can be recommended. Table 2. Guidance for specific service responses based on level of drug use frequency (DUF) and mental health symptoms (MHS).

Table 2: Guide for Choosing Services

Baseline Assessment Data	Suggested Response
LOW Drug Use Frequency (DUF), LOW Mental Health Symptomology (MHS)	<ul style="list-style-type: none"> • Drug education & prevention • MH/coping skills development
LOW DUF, MEDIUM MHS	<ul style="list-style-type: none"> • Drug education & prevention • MH/coping skills development • Suggestion of MH counseling
LOW DUF, HIGH MHS	<ul style="list-style-type: none"> • Drug education & prevention • Referral to MH treatment
MEDIUM DUF, LOW MHS	<ul style="list-style-type: none"> • Recommendation of early intervention and/or continued Brief Intervention • MH/coping skills development
MEDIUM DUF, MEDIUM MHS	<ul style="list-style-type: none"> • Recommendation of early intervention and/or continued Brief Intervention • MH/coping skills development • Suggestion of MH counseling
MEDIUM DUF, HIGH MHS	<ul style="list-style-type: none"> • Recommendation of early intervention and/or continued Brief Intervention • Referral to MH treatment
HIGH DUF, LOW MHS	<ul style="list-style-type: none"> • Referral to more intensive drug treatment program • MH/coping skills development
HIGH DUF, MEDIUM MHS	<ul style="list-style-type: none"> • Referral to more intensive drug treatment program OR Dual Diagnoses treatment program • MH/coping skills development • Suggestion of MH counseling
HIGH DUF, HIGH MHS	<ul style="list-style-type: none"> • Referral to more intensive drug treatment program • Referral to MH treatment • OR Refer to Dual Diagnoses treatment

Youth and parents, regardless of response to the brief intervention, may benefit from providing the participants with educational handouts and websites. We provide a list in Appendix A, “Reading List and Resource Guide For Parents of Adolescents

FINAL THOUGHT

As this portion of the SBIRT JJ program comes to a close, thank the family for their time and willingness to share information with you, and (if applicable) invite them to contact you if they have further questions or concerns.

Appendix A: Reading List and Resource Guide For Parents of Adolescents Pertaining to Adolescents, Drug Use, Mental Health, & Parenting

Books

Adolescent Depression: A Guide for Parents (A Johns Hopkins Press Health Book)

by [Francis Mark Mondimore, MD](#)

In *Adolescent Depression: A Guide for Parents*, Johns Hopkins psychiatrist Francis Mondimore helps parents understand that serious depression in adolescents is an illness—an illness that can be effectively treated. He describes the many forms of depression and the many ways it can appear in young people—from intensely sad feelings to irritability, anger, and destructive rages. And he answers parents' questions, including: What are the danger signals of serious depression in teenagers? How are mood disorders diagnosed? How do medications work? What about talking therapies? How does depression relate to other problems, such as drug abuse, ADHD, and eating disorders and other self-injurious behaviors.

Age of Opportunity: Lessons from the New Science of Adolescence

by [Laurence Steinberg, PhD](#)

In *Age of Opportunity*, Steinberg leads readers through a host of new findings — including groundbreaking original research — that reveal what the new timetable of adolescence means for parenting 13-year-olds (who may look more mature than they really are) versus 20-somethings (who may not be floundering even when it looks like they are). He also explains how the plasticity of the adolescent brain, rivaling that of years 0 through 3, suggests new strategies for instilling self-control during the teenage years.

Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs

by [Dick Schaefer](#)

Choices & Consequences tells you precisely how you can help. Written for parents, teachers, family doctors, mental health professionals, school guidance counselors, social workers, juvenile justice workers, clergy, and anyone else who cares about teenagers, it describes a step-by-step process called “intervention” that you can use to stop a teenager’s harmful involvement with chemicals.

How to Talk so Teens Will Listen and Listen so Teens Will Talk

by [Adele Faber & Elaine Mazlish](#)

Internationally acclaimed experts on communication between parents and children, Adele Faber and Elaine Mazlish “are doing for parenting today what Dr. Spock did for our generation” (*Parent Magazine*). Now, this bestselling classic includes fresh insights and suggestions as well as the author’s time-tested methods to solve common problems and build foundations for lasting relationships, including innovative ways to:

- ❖ Cope with your child's negative feelings, such as frustration, anger, and disappointment
- ❖ Express your strong feelings without being hurtful
- ❖ Engage your child's willing cooperation

- ❖ Set firm limits and maintain goodwill
- ❖ Use alternatives to punishment that promote self-discipline
- ❖ Understand the difference between helpful and unhelpful praise
- ❖ Resolve family conflicts peacefully

How to Talk With Teens about Love, Relationships, and Sex: A Guide for Parents

by [Charles Miron, PhD & Amy Miron](#)

The Miron, a husband and wife team of sex educators and certified sex therapists, have co-written a thoughtful, well-organized volume that covers most of the common topics for discussion and several you might not have thought of on your own. It also contains eye-opening facts from a teen sexuality survey and “Try This” assignments for parents and teens.

No: Why Kids--of All Ages--Need to Hear It and Ways Parents Can Say It

by [David Walsh, PhD](#)

Successful psychologist, bestselling author, and nationally known parenting expert Dr. David Walsh provides you with an arsenal of tactics, explanations, and examples for using “No” the right way with your kids. His memorable, affecting, and sometimes humorous anecdotes help you regain confidence in your own judgment and ability to say “No” as they remind you that you're not alone in your parenting struggles. With Dr. Walsh's down-to-earth advice, you can immediately assess and improve your relationship with your kids, set and enforce limits that make sense for different ages (from toddlers to teens), and otherwise make “No” a positive influence on kids' behavior and in your overall family life.

Reviving Ophelia: Saving the Selves of Adolescent Girls

by [Mary Pipher, PhD](#)

Crashing and burning in a “developmental Bermuda Triangle,” adolescent girls are coming of age in a media-saturated culture preoccupied with unrealistic ideals of beauty and images of dehumanized sex, a culture rife with addictions and sexually transmitted diseases. They are losing their resiliency and optimism in a “girl-poisoning” culture that propagates values at odds with those necessary to survive.

Told in the brave, fearless, and honest voices of the girls themselves who are emerging from the chaos of adolescence, *Reviving Ophelia* is a call to arms, offering important tactics, empathy, and strength, and urging a change where young hearts can flourish again, and rediscover and reengage their sense of self.

Taking Charge of ADHD: The Complete, Authoritative Guide for Parents (Revised Edition)

by [Russell A. Barkley, PhD](#)

From distinguished researcher/clinician Russell A. Barkley, this treasured parent resource gives you the science-based information you need about attention-deficit/hyperactivity disorder (ADHD) and its treatment. It also presents a proven eight-step behavior management plan specifically designed for 6- to 18-year-olds with ADHD. Offering encouragement, guidance, and loads of practical tips, Dr. Barkley helps you:

- ❖ Make sense of your child's symptoms
- ❖ Get an accurate diagnosis
- ❖ Work with school and health care professionals to get needed support
- ❖ Learn parenting techniques that promote better behavior
- ❖ Strengthen your child's academic and social skills
- ❖ Use rewards and incentives effectively
- ❖ Restore harmony at home

The Everything Parenting a Teenager Book: A Survival Guide for Parents

by [Linda Sonna, PhD](#)

This authoritative book, written by child psychologist Dr. Linda Sonna, helps parents navigate the emotional teen years, when "no" means "yes" and "I'm fine" means "help me." In reader-friendly language, Dr. Sonna offers advice on everything from establishing curfews and handing over the car keys to coping with the more serious issues, such as substance abuse and school violence.

Uncommon Sense for Parents with Teenagers, Third Edition

by [Michael Riera, PhD](#)

Since its initial publication in 1995, *Uncommon Sense for Parents with Teenagers* has ushered countless families through the trying years of adolescence. In this fully revised and updated edition, Riera tackles some of the newest issues facing parents and teens, and gives a second look to the old standbys—alcohol and drugs, academics, sex and dating, sports and extracurriculars, eating disorders, making friends, single parenting, divorce, and more. Riera channels his unpatronizing approach and two decades of experience working with teens into this optimistic and indispensable book.

Why Do They Act That Way?: A Survival Guide to the Adolescent Brain for You and Your Teen

by [David Walsh, PhD](#)

Why Do They Act That Way? was the first book to explain the scientific, brain-based reasons behind teens' impulsive behavior, lack of focus, self-consciousness, territoriality, fatigue, and their quickness to anger and take risks—to name just a few common teen problems. All these behaviors are linked to physical changes and growth in the adolescent brain. Ten years ago, there was no Facebook, Instagram, or Snapchat. Now every kid has a smartphone and a Twitter account. Award-winning psychologist Dr. David Walsh has now updated his 2004 classic with the most current research into the adolescent brain, and he's also updated his guidance for parents and teens on navigating the new challenges of the 24/7 online world.

With real-life stories and reassuring guidance, Walsh provides realistic solutions for dealing with every day and major challenges. Sample dialogues help teens and parents talk civilly and constructively with one another; behavioral contracts and Parental Survival Kits provide practical advice for dealing with issues like curfews, disrespectful language and actions, and bullying.

Wonderful Ways to Love a Teen: Even When It Seems Impossible

by [Judy Ford](#)

Wonderful Ways to Love a Teen is composed of 60 two-page essays, to help busy parents develop healthy parenting styles. Through practical suggestions and true-life stories, the book teaches readers how to shift the focus from the hardships and the mishaps to the joys and heartfelt

moments. With gentle wisdom, honesty, and a healthy dose of good humor, Judy Ford guides parents and teenagers through one of the most difficult times in their relationship.

You and Your Adolescent, New and Revised Edition: The Essential Guide for Ages 10-25
by [Laurence Steinberg, PhD](#)

“Relax! The horror stories you have heard about adolescence are false.” This is Dr. Laurence Steinberg’s reassuring message to parents in this newly revised edition of his classic book *You and Your Adolescent*, which *Publishers Weekly* says is “filled with solid advice for the parents of adolescents.” Among the new topics in this updated edition:

- ❖ An expanded definition of adolescence to age 25, recognizing that college graduates often remain dependent on their parents for an extended period, creating a new parent-child dynamic
- ❖ A discussion of social media that addresses whether parents of preteens and young teens should monitor use of these new communication tools
- ❖ What new research into the adolescent brain tells us about teenage behavior

Articles

What Makes Teens Tick? Time Magazine (163) pages 57-65, May 10, 2004
by [C. Wallis](#)

What Makes Teens Tick? provides some of the scientific details of brain development in humans from conception to the mid-20s. Parents/Guardians who understand the brain’s development will be better able to make wise decisions that will help keep their children safe.

Websites

howtoparentateen.wordpress.com (last updated March 2014)

How To Parent A Teen is a coaching and consulting business, founded by Karen Vincent, CEC, LICSW, that is designed specifically for parents of teenagers. Articles and postings assist parents of teens in resolving the most challenging issues they are experiencing with their teenager. Through individual and group coaching, as well as through the use of many free resources, parents of teenager get the support and guidance they need to improve communication with their teenager, effectively address their teenager’s behavioral issues, gain new ideas and tools for managing situations with their teenager, improve their relationship with their teenager and restore peace of mind during the teenage years.

www.Drugfree.org

A website dedicated to reducing teen substance use while supporting families that are impacted by substance use and addiction. Filled with information, statistics, and how-tos, this website is great for parents who are interested in learning more information about drug and alcohol use and obtaining help and support when they fear their child might be using (or is using).

www.mentorfoundation.org

Mentor International is the center of knowledge and information about effective policy and practice, and the access point and disseminator of this learning. Mentor provides a communication link for others working in prevention policy and practice. For those outside of prevention policy and

practice, Mentor International provides a glossary of types of drugs as well as the latest research findings related to substance use and abuse.

www.nida.nih.gov

___ The National Institute on Drug Abuse website provides the latest science-based information about the health effects and consequences of drug abuse and addiction and resources for talking with kids about the impact of drug abuse on health. Glossaries on drug types and consequences are provided as well as information regarding how to seek help (treatment).

www.pbs.org/wqbh/pages/frontline/shows/teenbrain/work/adolescent.html
(Article and Video)

It's the mystery of mysteries -- especially to parents -- the unpredictable and sometimes incomprehensible moods and behaviors of the American teenager. Generations of adults have pondered its cause. Hormones? Rock music? Boredom? Drugs? In *Inside the Teenage Brain*, FRONTLINE chronicles how scientists are exploring the recesses of the brain and finding some new explanations for why adolescents behave the way they do. These discoveries could change the way we parent, teach, or perhaps even understand our teenagers.

www.samhsa.gov/about/topics.aspx

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. The website itself provides information pertaining to substance use and abuse as well as challenging mental health concerns. How to obtain substance use treatment or other mental health services is shared as are the programs/campaigns currently funded by the administration.

www.talklineforparents.org

TALK Line Family Support Center offers a safe, respectful and comfortable place where parents and caregivers are supported. Parents and caregivers residing in San Francisco are welcome to use the services regardless of whether a child is present. The TALK Line operates round-the-clock (24 hours a day, 7 days a week, 365 days a year) and has provided service virtually uninterrupted for more than 30 years. Enhanced translation capacity allows the TALK Line to handle critical calls in more than 170 languages. The TALK Line is free of charge for all callers.

The TALK Line's trained volunteer counselors provide early interventions, referrals and support to every parent and caregiver who calls. TALK Line counselors and professional clinical staff provide counseling and support on any topic of concern for a parent or caregiver.

www.youtube.com/watch?v=Xelvtx6HHLg
(Adolescent Brain Development Video)

For more than twenty years, National Institute of Mental Health neuroscientist Dr. Jay Giedd has studied the development of the adolescent brain. Decades of imaging work have led to remarkable insight and a more than a few surprises. This five minute video presents Dr. Giedd's findings on the adolescent developing brain.

Appendix B: Stress Reduction Techniques

Stress & Stress Management *Ideas for relieving or decreasing stress*

➤ **Learn relaxation exercises (breathing and muscle relaxation techniques):**

- Take 10 deep, slow breaths before responding.
- Imagine a peaceful setting and focus on controlled, relaxing breathing.
- Focus on slowly tensing and then relaxing each muscle group.

➤ **Express your feelings in a polite but firm way; do not be overly aggressive ("I feel angry when you yell at me", "Please stop yelling.")**

➤ **Learn practical coping skills. For example, break a large task into smaller, easier tasks.**

➤ **Decrease negative self talk: challenge negative thoughts about yourself with alternative neutral or positive thoughts. "My life will never get better" can be transformed into "I may feel hopeless now, but my life will probably get better if I work at it and get some help".**

➤ **Learn to feel good about doing a "good job" rather than demanding perfection from yourself and others.**

➤ **Rehearse and practice situations which cause stress. Practice with someone you are comfortable with.**

➤ **Take a break when things get very stressful and do something that makes you happy: What are some things that make you happy?**

➤ **Other suggestions that might make you happy and relaxed:**

1. Take a long hot bath.
2. Exercise or go for a walk or bike ride.
3. Meditate.
4. Read a book.
5. Rearrange your room.
6. Cook.
7. Listen to music or play music.
8. Write in a diary or journal.
9. Spend time with a pet.
10. Draw, paint, or make crafts.
11. Do crossword puzzles, word searches, or Sudoku.

Appendix C: Respectful Arguing

Rules of Respectful Arguing

Stay on the topic

- No “kitchen sinking.” Stay on topic - do not bring everything but the kitchen sink into the argument.
- If another topic comes up, save it and state that you can discuss it at another time.
- Put boundaries around the subject matter so the argument doesn’t become a free-for-all.

Avoid character assassination

- No put downs/name calling/use of “shut up”.
- Use “I feel” statements. (“When you do ____, I feel ____.”).

Allow for retreat

- State that you need a break/space, if you need to calm down or rethink the situation.
- Agree to come back to discussion if needed at a later point.
- Retreat may not be used to “run away” from the conversation; agree on a reasonable time to return to the conversation.

Use good listening skills

- Listen intently and repeat what you understand the other person has said.
- Verify correctness of interpretation of what was said.
- Take turns – really.
- Don’t interrupt.

Keep your body in check

- Be aware of your body (how loud are you talking, what is your body posture).
- Take a few deep breaths.
- Count to ten to prevent an explosion.
- Respect physical boundaries/proximities.

Choose your battles

- You don’t need to have an argument over every little thing you don’t agree with about the other person’s behavior.
- Remember to look for the positive things too.
- Watch for clues of an escalating situation, such as rising voices, aggressive body postures, etc.
- Recognize if you’re “pushing buttons”.
- Try to deescalate the situation by talking slowly, quietly, and calmly.
- Agree to disagree.

Have a release when discussion is complete

- Engage in a healthy activity to help your body release the stress:
- Take a walk, play a video game, take a bath, listen to music, do something physical.

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) – JUVENILE JUSTICE

FREQUENTLY ASKED QUESTIONS

A. ASSENT/PERMISSION FORMS

A1. Q. When do we collect assents/permission forms to participate in JJ SBIRT evaluation?

A1. A. Each site will be different depending on its enrollment process. For participation in the study, assent/permission forms should be collected prior to the collection of any evaluation forms.

A2. Q. When do we get assent/permission forms to participate in JJ SBIRT follow-up interviews?

A2. A. Assent/permission forms are collected once at baseline and describes the entire study including follow up interviews. It is only necessary to collect it the assent and permission forms once at baseline.

A3. Q. Are there prepared materials that provide informed consent and information about benefits and potential risks? Are participants and their parents expected to sign off?

A3. A. Yes. Assent/permission forms and corresponding talking points are available via the Reclaiming Futures website. Yes, caregivers are expected to sign the permission form.

A4. Q. If a youth/caregiver does not want to participate in the evaluation component is he/she still eligible for services?

A4. A. Yes. The appropriate services for which the youth/family is eligible should always be provided.

A5. Q. Do all staff have to participate in human participants protection training?

Any staff member who will be administering the assent/permission forms or collecting data for the Conrad Hilton Foundation project must participate in human participant's protections. If the staff member is an affiliated with a university he/she may participate in the [Collaborative Institutional Training Initiative \(CITI\)](#). If not, project staff may participate in the [National](#)

[Institutes of Health](#) training program. The certificate of completion must be sent to the Reclaiming Futures National Office SBIRT Coordinator prior to the administration of any project forms.

B. SCREENING

B1. Q. We're trying to minimize duplication of screening questions. There are Diversion intake questions, YASI, and SBIRT

B1. A. We have minimized the screening and evaluation protocol to an estimated 20 minutes. This includes the GAIN-SS, Strength-Based survey, and Youth SBIRT survey.

B2. Q. What does the screening tool look like?

B2. A. (Coming Soon) Sites can download the screening tool from the website.

B3. Q. Is it possible to have a conversation, THEN enter it into screener?

B3. A. The screener is a semi-structured tool. It is important that project staff read the questions verbatim. If a young person is having difficulty understanding the questions the project staff can provide clarification and then re-read the question. As such, we would not expect sites to have having a conversation first then enter it into the screener.

B4. Q. Will the youth be aware of input into each question?

B4. A. Yes. The youth should be involved in the data collection and provide input into the Personal Feedback Report

B5. Q. Can 'interventionists' use a clipboard and record responses on paper rather than enter it directly into the tool?

B5. A. The preferred method is to enter it directly into the online system. This is preferred so that the Personal Feedback Report can immediately be generated and reviewed with youth. However, in the absence of the online system, interventionist can use a clipboard and record responses on paper.

B6. Q. We need to have a process to screen out of SBIRT. For Diversion, all youth will be offered YASI Pre-Screen. If youth has no indication of substance use, should they be screened out?

B6. A. Please remember that a youth may have other behavioral health issues (e.g., depression; trauma) that should be considered for inclusion. If a youth has no indication of substance use or mental health issue the

interventionist should positively acknowledge the young person and “screen them out.”

Each site should create a protocol for inclusion and exclusion criteria which is fair and consistent. Scores of 1+ on the one of the three GAIN SS should be considered for inclusion.

As previously mentioned, youth and families should be provided all the services for which they are eligible regardless of participation in the Conrad Hilton specific services.

B7. Q. If a site has an existing ABS account will they be able to run the aggregate data report within the system.

B7. A. Yes. A site will be able to run reports. Unfortunately, it will not be combined with other site specific data. Sites will be able request the data to merge with other data.

B8. Q. What types of administrative data will be collected?

B8. A. Sites participating in the Conrad Hilton project will receive an Excel file with administrative variables that will be necessary to collect. For other sites we recommend collecting these variables for each youth and caregiver that participates:

- Age
- Zip code
- Race/ethnicity
- Other racial/ethnic identities
- Sexual orientation
- Sex assigned at birth
- Gender identity
- Intake date
- Number of sessions completed (youth and caregiver separated)
- Number of hours in SBIRT sessions (youth and caregiver separated)
- Discharge date
- Youth referral to substance use assessment
- Youth attended substance use assessment referral
- Youth completed assessment
- Youth referral for individual counseling
- Youth attended referral for individual counseling
- Youth completed individual counseling
- Youth and caregiver referral for family counseling

- Family attended referral
- Family completed service

B9.Q. Do SBIRT strengths-based questions have to be asked consecutively or can we disperse within our own information gathering tool to sections where they flow/fit with other questions we are asking?

B9.A. No. We want sites to ask them in the order they are printed on the Global Appraisal of Individual Needs- Short Screener; Reclaiming Futures Strength-Based Survey (GAIN SS RF SBS).

B10.Q. What will we be doing with the SBIRT strengths-based question responses?

B10.A. The GAIN SS RF SBS will be used to start a discussion with a young person to determine if the RF SBIRT intervention or a referral for additional assessment is appropriate. Initially, this may have to be completed using the hard copy. However, once the GAIN SS RF SBS web-based service is complete a youth friendly participant feedback report will be generated that can help guide the discussion.

C. HANDLING CONFIDENTIAL INFORMATION AND RECORDS PROTECTION

C1. Q. What do we do with information disclosed that indicates regularly risk behavior (driving under influence)? Are there liability issues? Does this necessitate more upfront clarity around confidentiality?

C1. A. Each site will handle this issue based on its state, agency, and/or organizational policies and procedures. Each site should know what types of forms are necessary to collect and the questions that may be considered a liability and discuss with National Program Office. The Crime and Victimization scale has been eliminated from the GAIN SS. We have also applied for a Certificate of Confidentiality which, if approved, will provide an extra layer of protection for those youth and caregivers who agree to participate.

D. REFERRAL TO TREATMENT

D1. Q. Is there any guidance on the SBIRT process around referral to treatment and/or assessment?

D1. A. If a youth scores a 1+ on any of the three GAIN SS scales it is recommended that he/she is eligible for the brief intervention. The GAIN SS manual provides additional information about decision considerations based on scores (see here: http://www.gaincc.org/data/files/Instruments%20and%20Reports/Instruments%20Manuals/GAIN-SS_Manual_3_0.pdf). Each site should create a decision matrix or protocol so it's clear to project staff how and when to make a referral to treatment and assessment.

E. BRIEF INTERVENTION

E1. Q. It's clear that Motivational Interviewing (MI) informs this approach but MI is not named and the MI specific language is not used in the manual. What drives the decision?

E1.A. While the intervention draws heavily from Motivational Interviewing, the RF SBIRT JJ is not considered a clinical intervention. It is designed to provide a structured way to have a conversation with a youth and his/her caregiver about alcohol, drugs, and mental health issues. It was designed so that it could be delivered by a wide range of individuals with varying levels of professional experience (e.g., juvenile justice, case managers, and clinicians).

E2.Q. How do we handle if a caregiver wants to participate in the youth session and/or a youth would like his/her caregiver to participate in the youth session?

E2.A. Each site will handle this differently based on its own unique policies and procedures. However, we encourage project staff to adequately inform caregivers about the general types of content that will be discussed during the brief intervention session. We also encourage that project staff ask the caregiver to consider not attending the youth session to provide their child an opportunity to share information with the project staff. The project staff should suggest that, if the youth agrees, the youth and interventionist will discuss the session with the caregiver.

E3.Q Reclaiming Futures – SBIRT and Motivational Interviewing. What are the similarities and differences?

E3.A. While the Reclaiming Futures SBIRT draws heavily from Motivational Interviewing (MI) - it is not MI. The Reclaiming Futures SBIRT is a structured conversation to identify behavioral health concerns to either (a)

offer a brief intervention or (b) provide referral for additional assessment, services and/or supports. The Reclaiming Futures SBIRT uses the spirit of MI to engage in conversations that are youth/family centered, non-judgmental, and seek to empower the youth/family to identify goals and develop strategies for achieving these goals.

E4.Q. How do you handle discrepancies between what youth and caregiver reports in terms of youth's substance use?

E4.A. Ultimately, we want to hear the young person's story from his/her perspective. We want to provide encouragement and guidance for creating safe spaces for being honest (both youth and caregiver), and how this might help the youth achieve his/her goals. Obviously, there is an issue of risk and severity that always has to be considered. There may be times when providing a referral is the most appropriate intervention. Evan will be adding a new chapter to the manual.

F. ADMINISTRATIVE

F1.Q. What is the guidance on incentives for follow up?

F1.A. A youth is eligible to receive a \$20 gift card after the completion the 3 and 6 month follow up (possible total of \$40). Once the follow up interview is complete the youth should be provide the gift card and the incentive tracking form completed and signed. The incentive tracking forms should be maintained for a minimum of three years after the grant is completed in the unlikely event of an audit.

G. Tools and Resources:

G.1.Q Is there a brochure or one pager of sorts that briefly explains SBIRT?

G.1.A. It isn't a brochure per se, but a recruitment script. It describes our version of SBIRT.

Screening Brief Intervention and Referral to Treatment (SBIRT):

Reclaiming Futures model

Evan Elkin
Executive Director
Reclaiming Futures



Objectives for the Booster Training

- Review the principals at the foundation of our version of SBIRT
- Review elements of the RF SBIRT model:
 - Screening
 - Youth BI
 - Parent BI
 - Youth/Parent Session
 - Referral

Foundations of RF adaptation of SBIRT

Motivational Interviewing

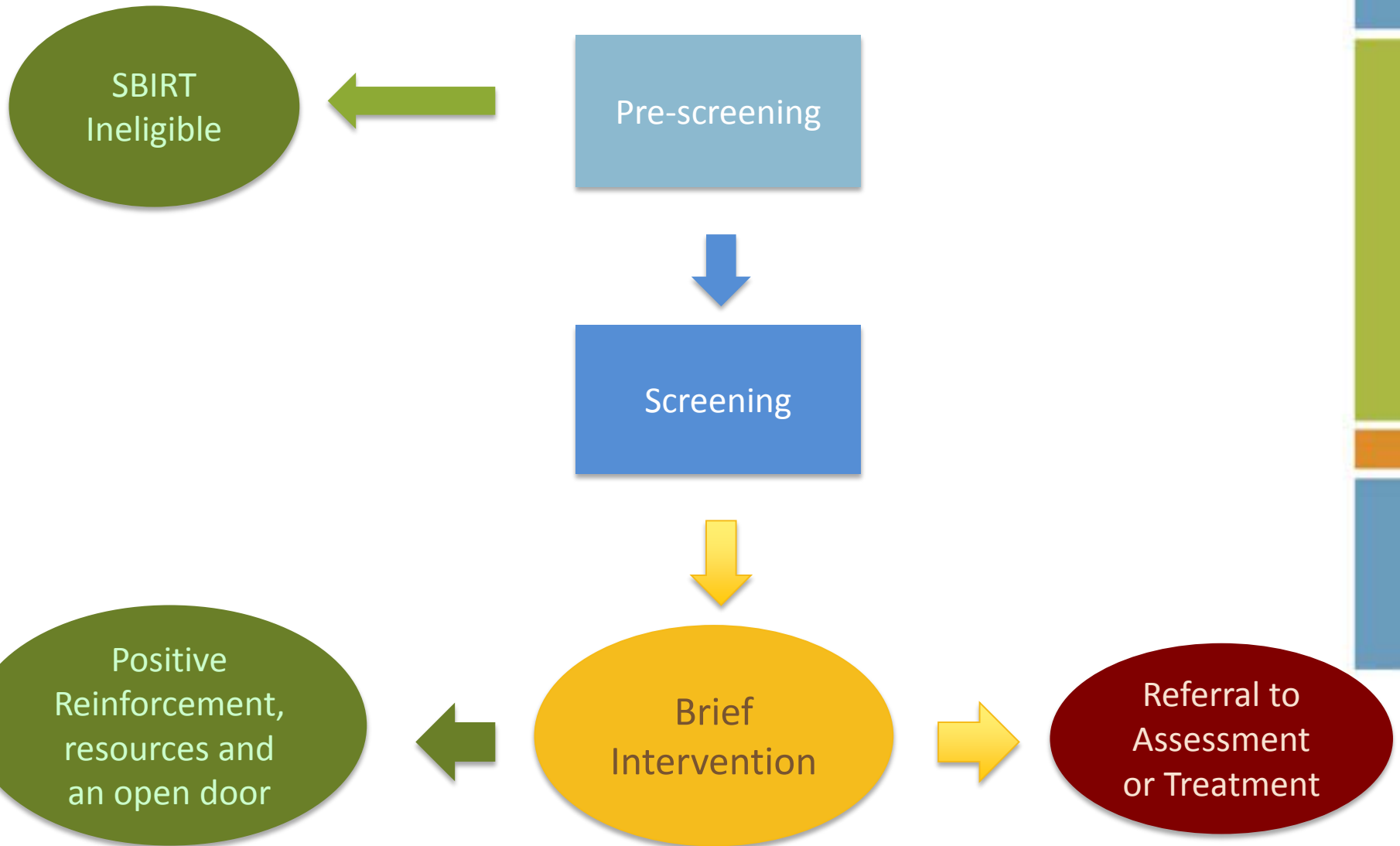
Principal of Positive Youth Development

Strength-Based

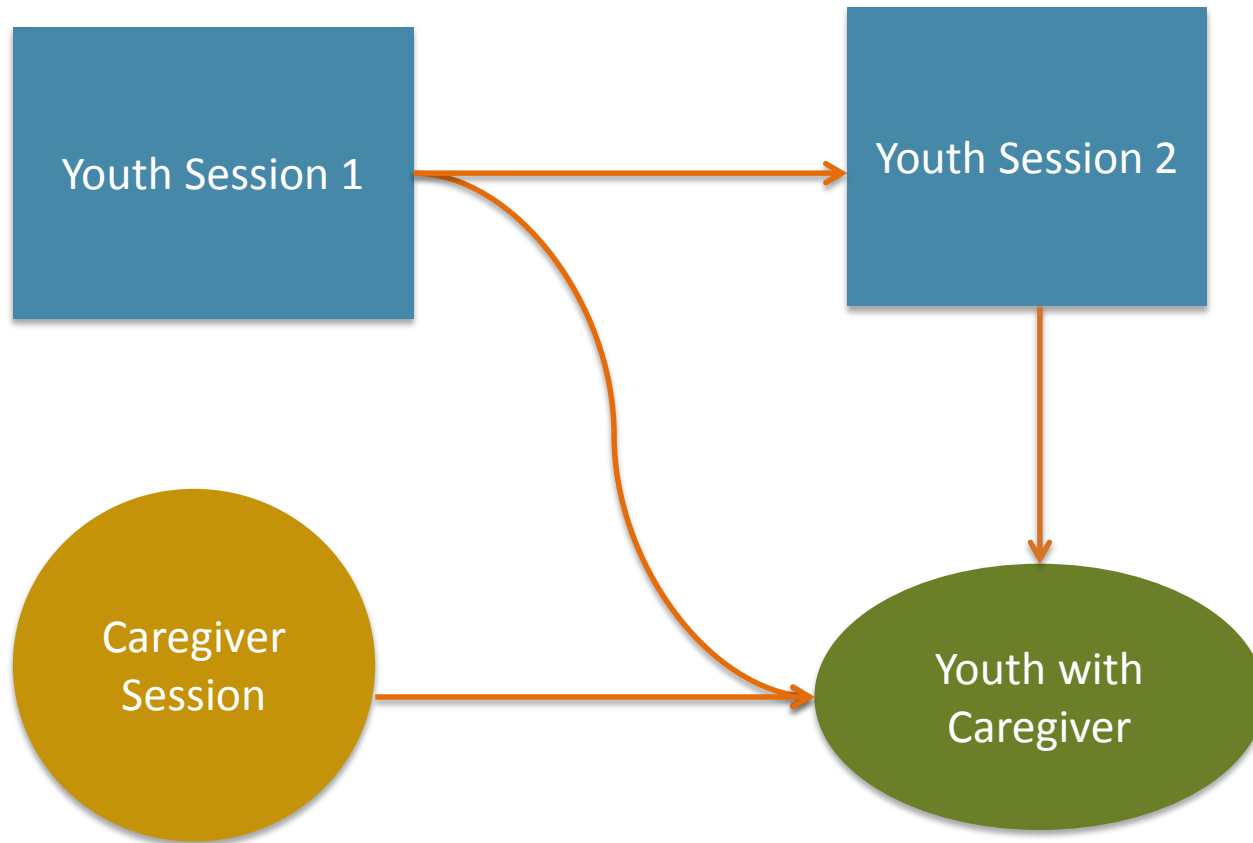
Family-informed

A preventive intervention

SBIRT Workflow



Brief Intervention Sequence



Scoring the Screener

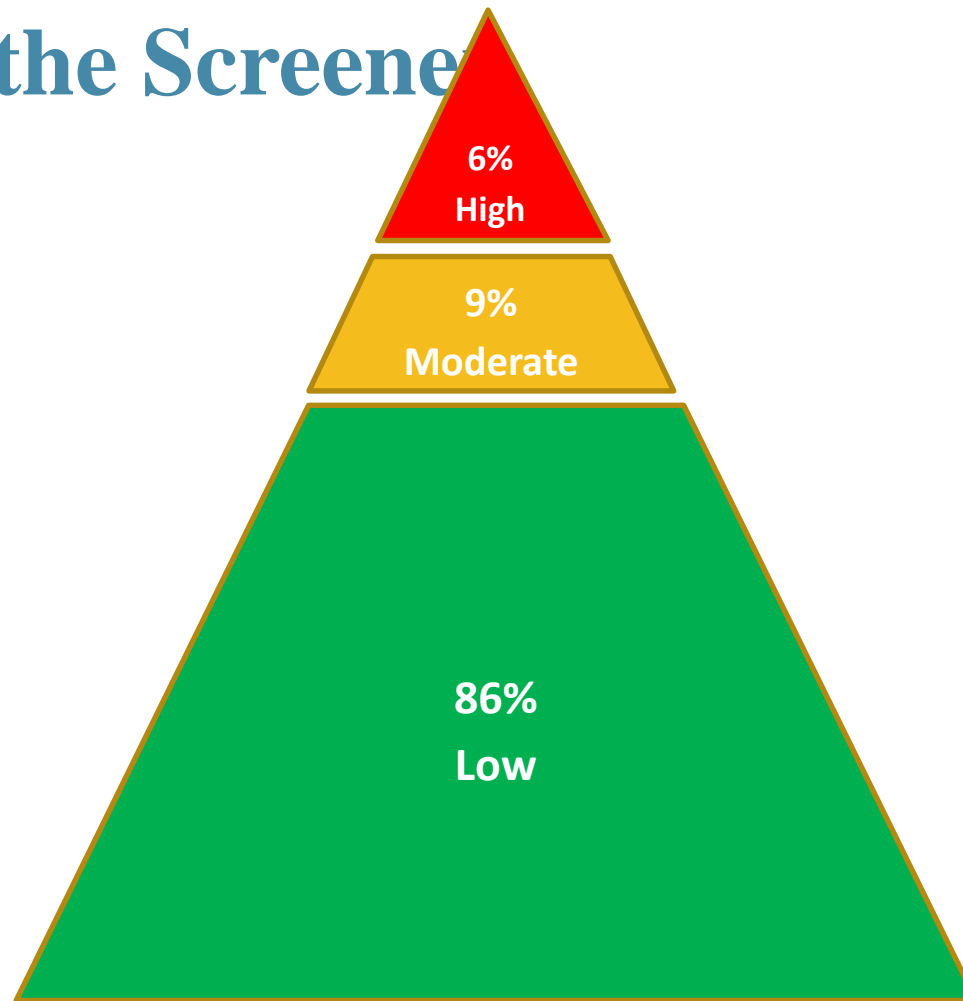


Figure 2. Substance Disorder Screener groups for Adolescents age 12-17: Michael Dennis et al, still in draft

Screening Basics

- Administered by SBIRT Interventionist
- Web hosted
- Covers MH, Substance use domains as well as strengths
- Produces a summary report to be shared and discussed with youth
- Provides material for brief intervention
- Forms the core of the follow up assessment tool

Personal Feedback Report (PFR) Review

- Summary of the youth's own self report
- Understanding the context of youth's life
- Raises symptomatic and drug use red flags
- But, requires the practitioner to listen and follow up on symptoms

General Goals for Youth Session(s)

- Setting a tone of respect and a level playing field
- Follows the Spirit and techniques of MI
- Reflection on youth responses to the screener
- Respects youth as a decision maker (albeit one who may be in some hot water)
- Considers symptoms and use in life context
- Raise consciousness about possible problems and motivate action toward solutions
- Discuss the choice to opt for a session with caregiver
- Preparing plan for session with caregiver

Phrases

“you told me that ...”

“you mentioned that ...”

“you shared that ...”

Talking About Red Flags

“...this is a response that counselors sometimes get concerned about compared to other young people your age – what is your reaction to hearing that?”

“The answers you gave in this section, for some youth, might indicate higher than average level of concern, I’m curious to get your take on whether that might be true for you”

“For young people who answered this section in the way that you, we often want to be sure and explore further if there might be a need for some extra help or support”

Wrapping Up with Low Risk Youth

What to do when the screener, PFR and your knowledge of the youth's life circumstances indicate no substance use and low or no signs of behavioral health concerns:

1. Reflect and give positive reinforcement
2. Discuss goals and plans for the future
3. Brief exploration of other support or counseling needs

Sample language for low risk/higher functioning youth

“I just want to reflect back to you that in hearing your responses during the screener and in looking at your PFR that I’m impressed with how you are doing and that you are not using substances”

“What kinds of goals and plans for the future do you have?”

“Tell me what the future holds for you?...”

“Are there any supports you think you might need to help you reach your goals or get you where you want to go in life...”

“Have you ever had an interest in talking to a therapist or counselor about anything that bothers you or stresses you out that we didn’t discuss today”

“Some youth in our screening program wrap up the process by having a session/conversation together with their parent/guardian...is that something you might be interested in?”

Moving into Brief Intervention

Session 1

Goals and Impact Exercise

Talking about substance use and behavioral/emotional health signs and symptoms in the context of a youth's goals

- 1. Ask the youth to describe three goals**
- 2. Discuss each goal in detail**
- 3. For each goal, ask the youth to make "Impact ratings"**
- 4. Engage in a reflective conversation**

How to introduce the goals exercise:

“Now I want to shift gears a little bit and talk to you about some of the personal goals you have for yourself, the things that you value in life, that you find meaningful. We’ll use this worksheet as a way of guiding the conversation. After we spend some time talking about your goals, we’ll fill in some ratings on the worksheet.”

If the youth draws a blank:

“How do you want to see yourself or your life in 5 years?”

“Imagine that you wake up one morning and by magic some aspects of your life that weren’t the way you wanted them are suddenly going super well, describe that to me? What changes would happen?”

Completed Worksheet for a Single Goal:

Goal or Value	Impact of Current Level of Use	Impact of Reducing Use	Impact of behavioral health concern	Impact of addressing behavioral health concerns
I want to feel closer to my family again	(daily marijuana use) Very Negative	Somewhat Positive	(Anxiety) Neutral	Somewhat Positive

Testing the Water

Readiness to change thermometer or ruler

A) Summarize the session

B) Ask about readiness to change



Summary

We have talked a lot of different things....

BI Session 2: Mobilizing Action

- Re-Engage
- Re-assess readiness for change
- Set goals and make plans

Re-engage using an open-ended discussion

Open-ended discussion of youth's reflections on the first meeting, what they've been thinking and doing since you last saw them and how they might see possible next steps

Transition to Planning for Change

“If you’re interested, we can talk about some options and write down some steps”

“Some young people find it useful to make a plan or map out some options...”

Re-Testing the Water

“This is where you were last time...where are you today?”



Setting Goals and Making Plans

“Is there anything from our work together on identifying goals or something related to our discussions that you think you might want to work on changing or improving?”

“Given everything we’ve talked about and that’s been happening for you, what do you think would be a good goal or a target for us to work on helping you change”

Encountering Ambivalence and Discord

- Reflect the Ambivalence



“I hear that you have mixed feelings about looking at your weed smoking...”


- Don't tackle it head on:

“Last week you seemed on board with looking at your marijuana smoking, what happened?”


Planning for Change Worksheet


Planning for Change Exercise

What is your goal or change target?  


What the top three reasons you want to achieve this goal 

--	--	--



I plan to do these specific actions to accomplish my Goal by these dates. 


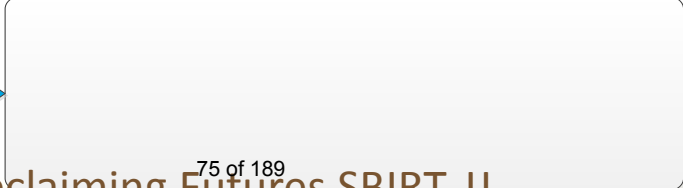
These people can help me achieve my goal. 

--	--	--	--

This how these people can help me achieve my goal. 

--	--	--	--

These are some possible obstacles and how I will handle them   27

These results I will see if my plan for change works  

Planning for Youth Parent Session

Determine with youth:

- A) whether they are interested in having a final session with their parent and
- B) Collaborating on what information is to be conveyed to the parent

“Given that in this situation it’s important for your parents to know that you have a plan, (or that we had different opinions on what the plan should be) do you think it makes sense for us to have a meeting with your parent to talk about what comes next”

Summary

We have talked a lot of different things....

BI-3 Parent Session

- Review and answer questions
- Generate empathy for youth (Adolescent development exercise)
- Discuss attitudes and rules
- Discuss Parent's commitment to support
- Plan for Parent/Youth session
- Provide feedback on youth's sessions if appropriate

What will parent's want to know or review?

What is SBIRT?

How did my kid get involved?

Why do we do SBIRT?

What about confidentiality?

What are the steps of SBIRT and what happens at the end?

What is my roll in SBIRT as a parent?

“What was I like as an adolescent?” exercise

“Now we’re going to have a conversation about adolescents, their strengths and the challenges they face in making changes and some of the challenges in parenting them...particularly supporting them in making changes in their problematic or risky behavior. To start with we’re going to do an exercise...it involves asking you to reflect back on what you were like as an adolescent”

Reflecting on my Adolescent Self

- Think of yourself at the age your son/daughter is now...
- What is one quality that you had that got you in hot water, stressed out adults, drove people crazy?
- How has that quality carried forward into your adult life/personality?
- How have you made it work for you or dealt with it?
- Use parents story to highlight one or two challenges/features of adolescent development

Adolescent Development Key Points to Highlight:

- Developmental milestones like dating, sexual activity & becoming more independent are both highly desired by adolescents but also very stressful
- Emotional regulation is a great challenge for adolescence and the emotional roller coaster is a normal state – in fact it's part of brain maturation
- Adolescents often don't know when to stop...arguing, having fun, taking risks....not knowing limits is a normative state for adolescents
- The adolescent brain is not yet wired for planning, delayed gratification, empathy for others, predicting negative consequences (meaning assessing risk)
- Adolescents need and want autonomy, even when they are in trouble
- The adolescent brain IS wired for: thrill seeking, testing limits (theirs and others), experimentation, emotional volatility

Attitude Toward Use

“Many parents find it challenging to communicate with their kids about drug use. I wonder how is that your son knows where you stand on the issue”

“Are there clear rules in your home about drinking and drug use or is it something that goes without saying”

“Are there ways you could communicate more clearly about your expectations?”

“Some parents inadvertently send mixed messages...does that ever happen in your home”

“Are there things that get in the way of you getting your point across or undermine your message?”

Summarize

“You seem very motivated to send clear messages to your son that you would like to him to make good choices about drinking but sometimes you send a mixed message with your own drinking”

“You’re not as concerned about laying down strict rules because you feel your son knows where you stand and should make his own good decisions to avoid marijuana use”

Feedback and planning for youth parent session

- Will there be a youth-parent session?
- Will there be a referral?
- Level of risk?
- Confidentiality/permissions to share?

“I’m going to tell you a little bit of feedback from the screening and discussion I had with your daughter including some of the goals she has set for herself. She has given me permission to share this information with you...then I’m going to ask you some questions about what you’ve heard and then we’ll prepare for what comes next”

“Next week we’ll be meeting together with your son and he has decided that he wants to be the one to share what we discussed and the goals he has set for himself”

Summarize, answer questions, talk about parental support

After summarizing the appropriate feedback from the session the interventionist poses the following questions to help structure and guide the parent's response:

“What is most encouraging and most concerning about what I've reported to you?”

“What are some ways you think you can support or help your son/daughter with her goals?”

Preparing for the Youth/Parent Session

- Be clear with both youth and parent that the goal is to gain parental support for youth's goals
- Prepare the parent that the youth will take the lead and explain the rationale behind that
- Ask parent to anticipate conflict or disagreement (particularly in the perception of the problems under discussion)

BI Session 4 – Joint Session

Goal: Open lines of communication and catalyze support

Key Elements:

- A Change/Persuasion Exercise based in the principles of Motivational Interviewing
- A review of the PFR, goals and plans from BI sessions lead by the youth
- A shared goal and planning exercise (using the Planning for Change worksheet)
- An Optional discussion of effective arguing principles

Change Persuasion Exercise

1. Ask parent to come up with a real goal for personal change or improvement that they have wanted to achieve. Something authentic but not embarrassing – like for example losing weight, exercising more etc.
2. The youth is then instructed to very assertively persuade the parent to achieve the goal making the strongest possible case they can, highlighting all the negative consequences associated with not achieving the goal, particularly how it will affect the teen if their parent does not achieve the goal
3. Debrief with the parent about how they experienced the interaction
4. Youth leads parent in a structured goals setting process around the same goal using the Planning for Change worksheet
5. Debrief

Youth Led PFR and Goals Review

- Goal is to bring the parent into the what was discussed in the youth BI sessions
- Led by the youth with support and coaching
- Ask the parent to listen – **ask any clarifying questions**
- Discover how the parent and others can support the change plan... prompt if need be with
 - *“What’s the best way your mom can support you here?”*

Shared Goal Setting Exercise

Planning for Change Exercise steps can be used
Goal is a common goal for both to work for

E.g.,

- to get along better,
- argue less,
- trust each other more,
- do more fun things together

Summary

We have talked a lot of different things....

See Referral and Treatment Guidelines in SBIRT Manual

Referral to Treatment Guidelines Page 24

Guide for Choosing Services Page 25

Referral to Assessment/Treatment

- SBIRT is only as good as the referral process you establish
- Decision to refer is guided by severity but is collaborative with the youth and supported by parent
- “Extended BI sessions” could be a site-specific option as an intermediate or alternative to a referral
- Interventionists should be well-briefed on referral network and options



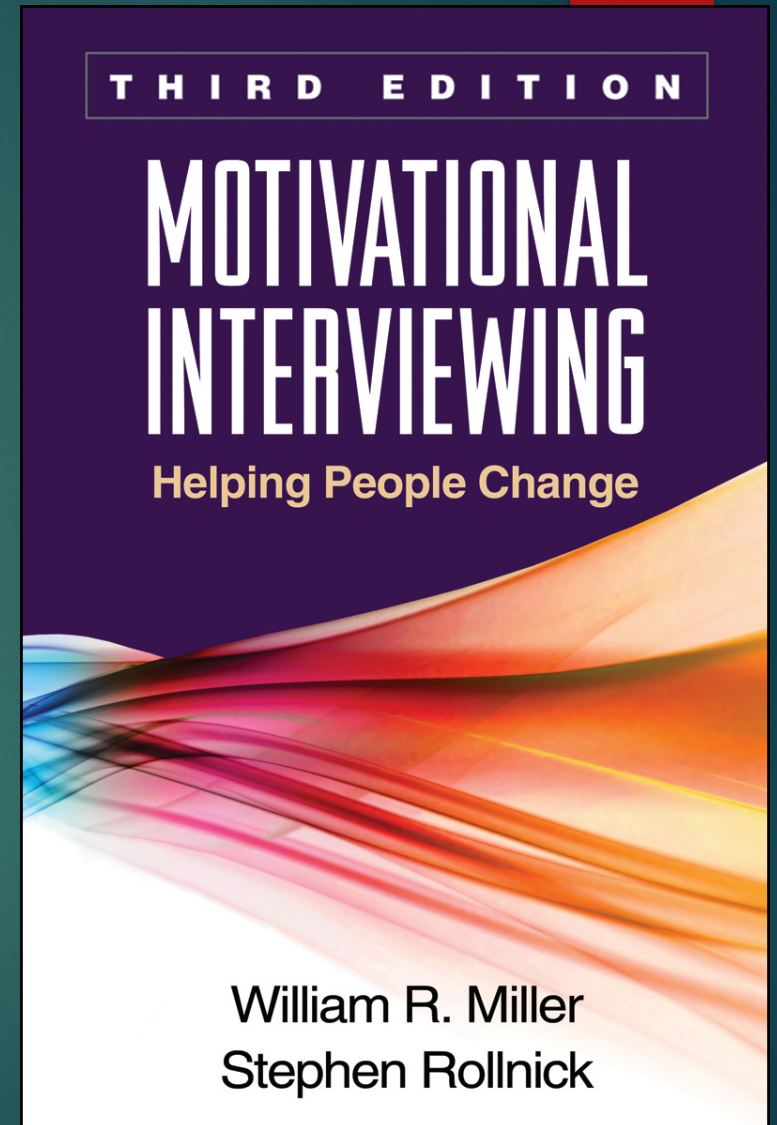
Foundational Elements of Motivational Interviewing

Portland, Oregon

MARGARET SOUKUP, MA

FEBRUARY 3, 2015

***Motivational Interviewing:
Helping People Change: Third
Edition (2013) by William
Miller & Stephen Rollnick.***



INTRODUCTIONS

- ⇒ Name
- ⇒ Site & Role
- ⇒ Share a personal strength you bring to your work



IDEAS FOR REAL PLAYS

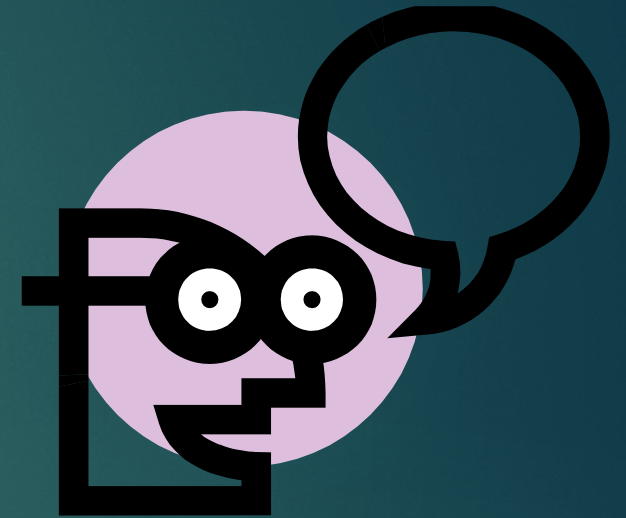
- ⇒ Make a list of 2-3 things you may want to change, but haven't yet.
- ⇒ Stick to topics you would feel comfortable sharing with your supervisor or co-workers.

PERSUASION EXERCISE: SPEAKER'S TOPIC

⇒ Something about yourself that you:

- Want to change
- Need to change
- Should change
- Have been thinking about changing
- **But you have not changed yet.**

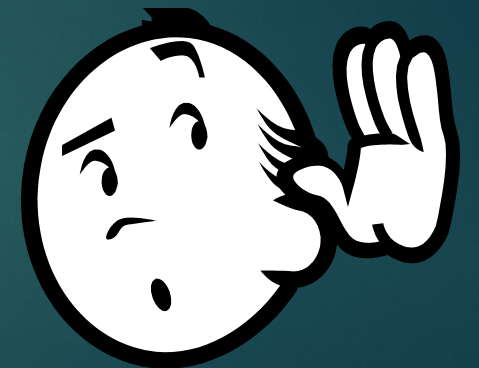
⇒ In other words, something about which you are ambivalent and willing to talk.



PERSUASION EXERCISE: LISTENER'S TASK

➔ Find out what the speaker is thinking about changing and:

1. Explain why the person should make this change,
2. Give 2 specific benefits for the making the change,
3. Tell the person how they should change, and
4. Emphasize how important it is to change.
 - If you meet resistance, persuade.



➔ **NOTE: This is NOT Motivational Interviewing.**

PERSUASION EXERCISE: DEBRIEF

- ⇒ Speakers: What was it like to hear someone tell you why and how you should make the change?
- ⇒ Listeners: What was it like to tell someone why and how you think they should change?

COMMON REACTIONS TO RIGHTING REFLEX

Angry

Afraid

Agitated

Helpless

Overwhelmed

Oppositional

Ashamed

Trapped

Defensive

Disengaged

Justifying

Uncomfortable

Ignored

Not understood

Discounting of ideas

Unlikely to come back

A TASTE OF MI

- ⇒ Speaker: Same topic: Something you are thinking about changing, need to change, want to change, but haven't yet.
- ⇒ Listener's goal: Listen with interest; give no advice:
 - “What have you been thinking about changing?”
 - “What are the 3 best reasons to do it?”
 - “On a scale from 0-10, how important is it for you to change?”
 - “Why are you ____, and not a 0?”
 - “How would you make this change?”
 - “What do you think you'll do?”

A TASTE OF MI: DEBRIEF

⇒ Speakers: How was this experience different from the first one?

- What did you notice about your motivation to change?

⇒ Listeners: How was this different for you?

- What did you notice?

COMMON REACTIONS TO FEELING HEARD

Understood	Engaged
Want to talk more	Able to change
Like the counselor	Safe
Open	Empowered
Accepted	Hopeful
Respected	Comfortable
Interested	Cooperative
Confident	Likely to return

YOU WOULD THINK...



YOU WOULD THINK...



...and yet it is not enough.

FOUR POPULAR NOTIONS: “THE PROBLEM WITH THEM IS...”

“They don’t see it.”

“They don’t know.”

“They don’t know how.”

“They don’t care.”

WHAT DOES IT TAKE?

FOUR COMMON SOLUTIONS

Insight

- If you can just make people see, then they will change.

Knowledge

- If people just know enough, then they will change.

Skills

- If you can just teach people how to change, then they will do it.

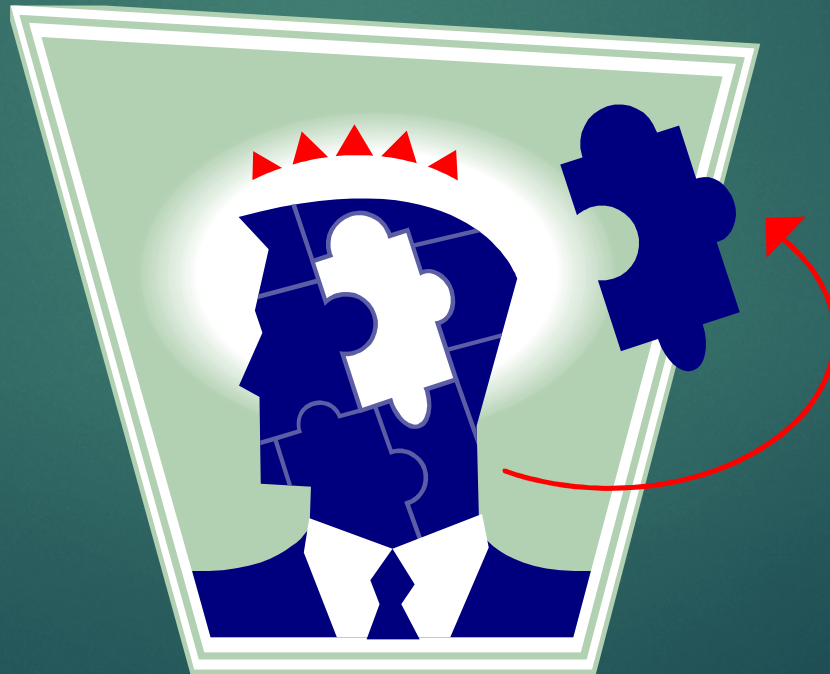
Hell

- If you can just make people feel bad or scared enough, then they will change.

WHY DON'T PEOPLE CHANGE?

Motivation...

a central puzzle in behavior change.



BETTER QUESTIONS...

Why do people
change?

And, what can
we do to help?

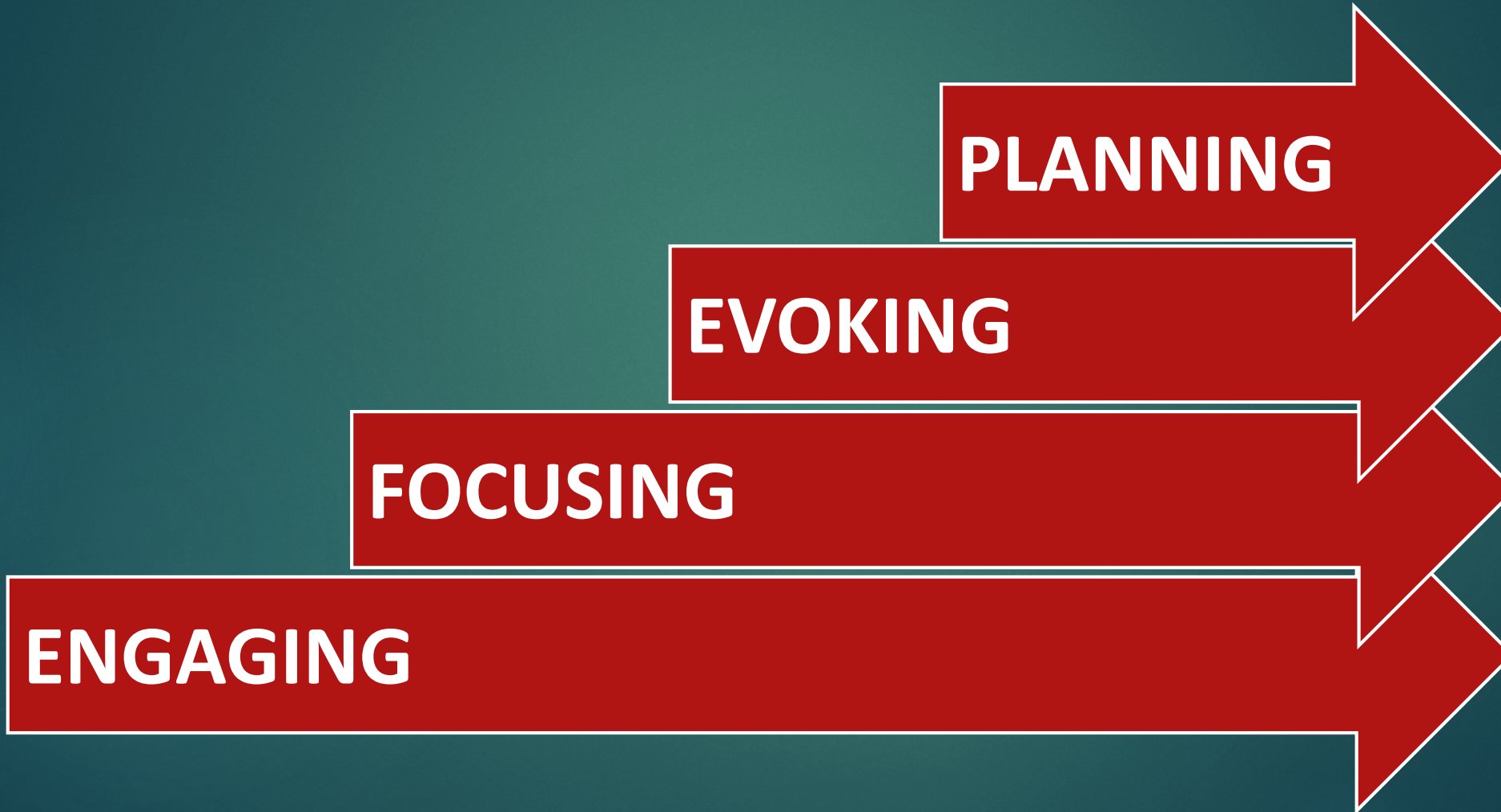
CHANGE IS BROADER THAN BEHAVIOR.

It is also influenced by:



...and other aspects of the human experience.

FOUR PROCESSES OF MI



CHANGE TALK

DESIRE

- “I wish I could quit smoking.”
- “I want to find a job.”

ABILITY

- “I quit before; I can do it again.”
- “I could go back to school.”

REASON

- “My PO would get off my back.”
- “I could graduate this year.”

NEED

- “I can’t lose my leg; I need to take care of my wife.”
- “I have to take my meds.”

WHAT'S NEXT?

⇒ DARN statements by themselves do not trigger change.

▶ COMMITMENT is missing:

- ▶ “I will...”
- ▶ “I plan to...”
- ▶ “I intend to...”
- ▶ “I am ready to...”
- ▶ “I will think about...”
- ▶ “I will consider...”



CHANGE TALK

Preparatory

- ➔ Desire
- ➔ Ability
- ➔ Reason
- ➔ Need

Mobilizing

Commitment



- ★ Activation
- ★ Taking Steps

Behavior Change

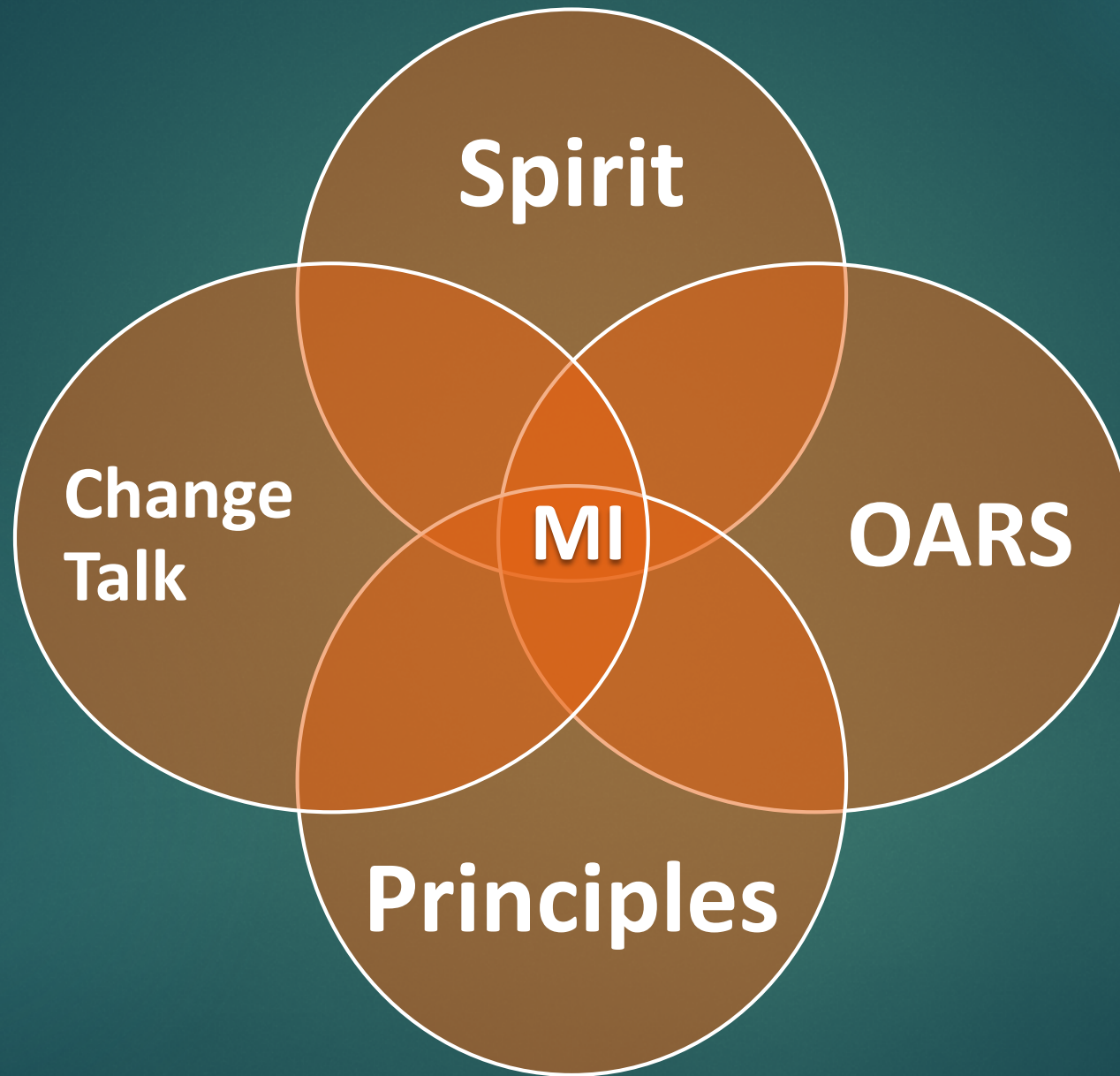


SELF-PERCEPTION THEORY AND CHANGE TALK

“...in situations where people are unsure, having them talk in favor of a position causes their attitudes to shift in line with their arguments. In short, we come to believe that for which we argue.”

DAVID ROSENGREN DESCRIBING DARRYL BEM'S SELF-PERCEPTION THEORY

Therefore, the client, not the counselor, should argue in favor of change.



WHAT IS MI?

- ➔ Conversation about change
- ➔ Particular purpose:
Strengthen personal motivation for change
- ➔ Collaborative & person-centered
- ➔ Uses specific skills
- ➔ Honors autonomy and self-determination
- ➔ Attends to specific forms of speech
- ➔ Responds to resistance and Sustain Talk in specific ways
- ➔ Responds to Change Talk in specific ways
- ➔ Evocative
- ➔ Goal-oriented: Explores, and sometimes creates, ambivalence



“MI is a person-centered counseling style for addressing the common problem of ambivalence about change.”

MILLER & ROLLNICK, 2013, P. 29

A definition of Motivational Interviewing

WHAT MI IS NOT...

- ⇒ A panacea
- ⇒ A way of tricking people into changing
- ⇒ A simple technique that is easy to learn
- ⇒ The stages of change
- ⇒ A form of Cognitive Behavioral Therapy
- ⇒ Just client-centered therapy
- ⇒ Practice as usual
- ⇒ A technique

PRINCIPLES OF MI

Express
Empathy

Develop
Discrepancy

Roll with
Resistance

Support
Self-Efficacy

AMBIVALENCE ABOUT CHANGE IS NATURAL

- ⇒ Most people who need to make a change are ambivalent about doing so.
 - People see reasons to change, and reasons to stay the same.
 - Or, maybe the pressure is coming from others, in which case, *developing* ambivalence is the next step.

**A person who is ambivalent
is one step closer to change.**

AMBIVALENCE

- ➔ Two kinds of talk within an ambivalent person:
 - Change Talk: Person's own statements in favor of change.
 - Sustain Talk: Person's own arguments for *not* changing.



**Both happen naturally within a conversation.
In MI, the counselor selectively evokes and
reflects Change Talk.**

SUPPORTING SELF-EFFICACY

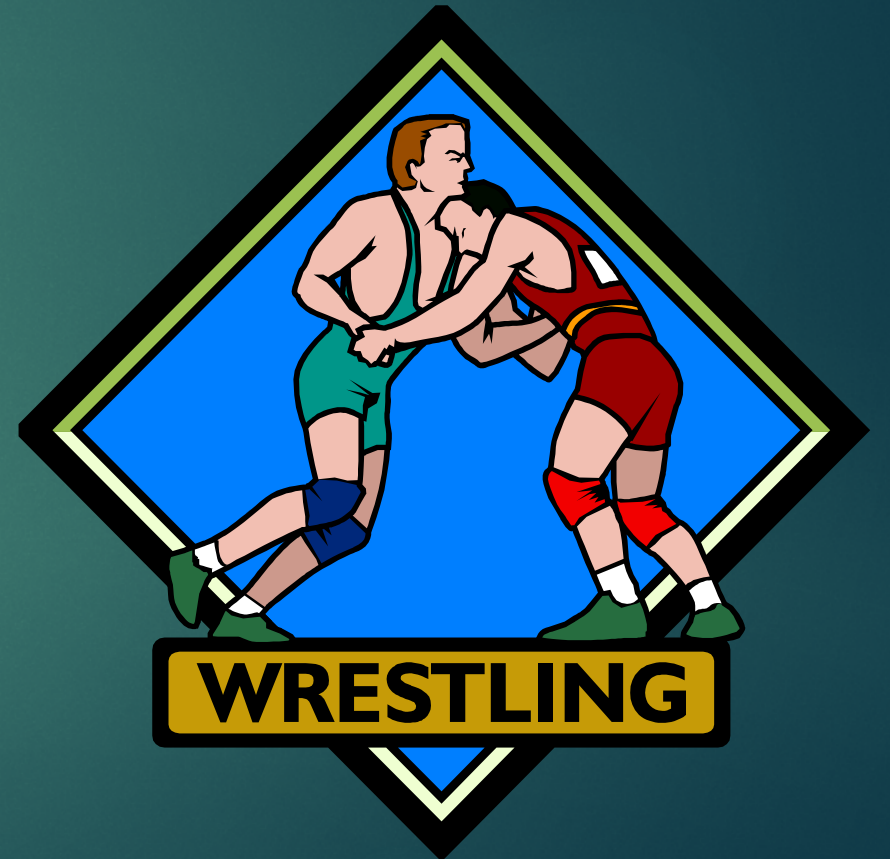
- ⇒ Self-efficacy is our belief in our own ability to succeed at a specific task.
- ⇒ This encourages hope and the possibility of change.
- ⇒ Our expectations have a powerful effect on outcome (self-fulfilling prophecy).

**We want to enhance our clients' confidence
in their capacity to change.
The client is responsible for choosing and carrying out change.**

SPIRIT OF MI



NOT

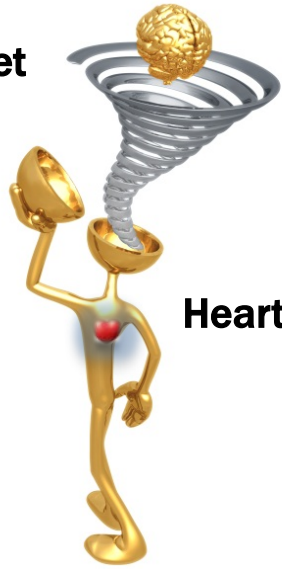


BEING

Partnership
Acceptance
Compassion
Evocation

MI Spirit

Mind-Set



Heart-Set

Principles



DOING

DD - Developing
Discrepancies
EE - Expressing
Empathy
SS - Supporting
Self Efficacy
RR - Rolling with
Resistance

WORKING

O-OEQ
Affirmations
Reflections
Summaries

E-P-E

Skills



Path



GOING

Engaging
Focus
Evoking
Planning

MI PACKAGE

Reference: David Jefferson

OARS: THE CORE SKILLS



- ⇒ Open-ended questions
- ⇒ Affirmations
- ⇒ Reflections
- ⇒ Summaries

Use open-ended questions to elicit:

- ⇒ Client perspective
- ⇒ Personal goals & values
- ⇒ Discrepancies
- ⇒ Ambivalence
- ⇒ Possible solutions
- ⇒ Change Talk



OARS: AFFIRMATIONS

- ⇒ Use affirmations to support Self-Efficacy.
- ⇒ Affirm the client's efforts and comment on how they cope effectively.
- ⇒ A good affirmation is:
 - Specific
 - Change-oriented
 - Relevant to the conversation
 - Related to the client's strengths, skills, abilities, or values
 - ***More like a fact than an opinion.***
 - Genuine
 - Meaningful to the client

AFFIRMATIONS

“Your honesty is commendable.”

“Caring for your children is important to you.”

“You’ve given this a lot of thought, and you have some solid ideas about how you can quit smoking.”

“You got really discouraged this week and you still came back. You are persistent.”

“You’re feeling bad you didn’t stick to your plan to apply to 5 jobs; yet you still turned in 2 applications. Progress!”

OARS: SUMMARIES

- ⇒ Communicate to the client you are listening.
- ⇒ Organize the client's experience.
- ⇒ Structure the session so neither the client nor the counselor get too far away from the focus.
- ⇒ Provide an opportunity to emphasize certain elements of what the client said.

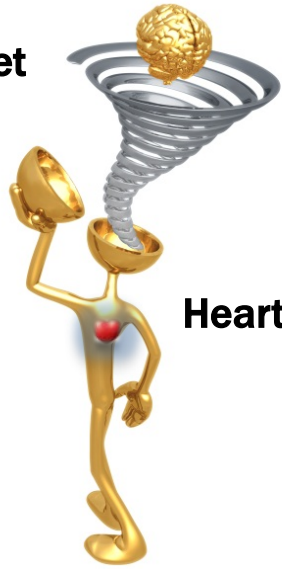


BEING

Partnership
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DOING

DD - Developing
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WORKING

O-OEQ
Affirmations
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Summaries

E-P-E

Skills



Path



GOING

Engaging
Focus
Evoking
Planning

MI PACKAGE

Reference: David Jefferson

RESOURCES

- ⇒ *Motivational Interviewing, 3rd Edition*, (2013), Miller & Rollnick
- ⇒ *TIP 35: Enhancing Motivation to change in Substance Abuse Treatment*, SAMHSA National Clearinghouse
 - www.samhsa.gov
- ⇒ MINT Network (Training tapes, articles, bibliographies, training opportunities)
 - <http://www.motivationalinterviewing.org/>
- ⇒ ATTC Network MI: Resource webpage
 - www.motivationalinterview.com

CONTACT INFORMATION

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Modified GAIN Short Screener (GAIN-SS) with Strength-Based Survey
Version [GVER]: GAIN-SS RF SBS x.x

Pre-Filled Identification Information:

1. Participant Identification: _____ (4 digits)
2. What is today's date? (MM/DD/YYYY) |__|__| / |__|__| / 20 |__|__|
3. What is your gender? (If other, please describe below) 1 – Male 2 – Female 99 - Other
v1. _____
4. How old are you today? |__|__| Age

[Interviewer Say] Introduction:

Thank you for agreeing to take part in this screening. I hope you find it useful. I look forward to getting to know you and hearing what you have to say. I know you are here because...

(Interviewer Insert Examples: you got in some trouble, someone thought you might need some additional support, you are taking an opportunity to avoid further court/police involvement, and a PINS petition was filed for you)

and I'm interested in hearing your perspective on that, but I'm also interested in hearing who you are as a person and other important aspects of your life that may not directly relate to what got you here. The things you tell me and that we discuss are not going to get you into any further trouble and will remain confidential – meaning I won't tell anyone what we discuss else unless you ask me to and give me permission if you tell me something that suggests you are in danger.

[Interviewer Say] This first section will focus on your strengths, your goals, the things you like to do and are good and about your experience in school and in your social life.

5. How are things going for you at school/community? (write key words that will appear in the report)

5v. _____

5a. Interviewer Rating School/Community Engagement (Check one):

- 0 = reports negative experience, poor school/community adjustment, disengagement, conflict etc.
- 1 = reports neutral (not positive or negative school/community experience)
- 2 = positive school/community experience in one or more areas
- 3 = very positive school/community connection in one more areas (peers, academics, teacher relationships, extracurricular etc.)

5b. Interviewer Code If 5a is coded as 2 or 3 please categorize primary (**one**) type of school/community engagement

People

- 1=Older friends, family, and mentor
- 2=Friends, social
- 3=Leisure/relax
- 4=Supportive

Activities

- 5=Academics (reading, writing, arithmetic)
- 6=Exercise and sports
- 7=Writing and reading
- 8=Technology
- 9=Cultural and artistic activities (theater, dance, art, music, crafts)
- 10=Agriculture, gardening, nature interest
- 11=Civic engagement
- 12=Club involvement (such as scouting, games)
- 13=Domestic animal care

Attributes

- 14=Faith, religion, spirituality
- 15=Personality / behavioral (fun, humorous, nice, outgoing)
- 16=Athletic and physical abilities
- 17=Other (specify)_____

6. Tell me about the people in your group of friends or people you hang with – the people who have your back, share your interests support you and/or who you can be yourself with. (write key words that will appear in the report)

6v. _____

6a. Interviewer Rating Social Connectedness (Check one):

- 0 = Socially disconnected, identifies no support from a social network

- 1 = One or more friends but still communicates little support from social network
- 2 = Has one or more friends and communicates moderate level of support from social network
- 3 = Has multiple friends and communicates high level of support from social network

6b. Interviewer Code If 6a is coded as 2 or 3 please categorize primary (**one**) types of social connectedness

People

- 1=Older friends, family, and mentor
- 2=Friends, social
- 3=Leisure/relax
- 4=Supportive

Activities

- 5=Academics (reading, writing, arithmetic)
- 6=Exercise and sports
- 7=Writing and reading
- 8=Technology
- 9=Cultural and artistic activities (theater, dance, art, music, crafts)
- 10=Agriculture, gardening, nature interest
- 11=Civic engagement
- 12=Club involvement (such as scouting, games)
- 13=Domestic animal care

Attributes

- 14=Faith, religion, spirituality
- 15=Personality / behavioral (fun, humorous, nice, outgoing)
- 16=Athletic and physical abilities
- 17=Other (specify)_____

7. When things are tough or stressful, what kinds of things get you through the tough times? (**write key words that will appear in the report**)

7v. _____

7a. Interviewer Rating Coping/Resilience (Check one):

- 0=reports no coping strategies or qualities of resilience
- 1=reports one coping strategy or resilient quality but may be unhealthy
- 2=reports one or more healthy coping strategies or qualities
- 3=reports multiple or seemingly effective and healthy coping strategies or resilient qualities

7b. Interviewer Code If 7a is coded as 2 or 3 please categorize primary (**one**) types of coping strategies

People

- 1=Older friends, family, and mentor
- 2=Friends, social
- 3=Leisure/relax
- 4=Supportive

Activities

- 5=Academics (reading, writing, arithmetic)
- 6=Exercise and sports
- 7=Writing and reading
- 8=Technology
- 9=Cultural and artistic activities (theater, dance, art, music, crafts)
- 10=Agriculture, gardening, nature interest
- 11=Civic engagement
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- 13=Domestic animal care

Attributes

- 14=Faith, religion, spirituality
- 15=Personality / behavioral (fun, humorous, nice, outgoing)
- 16=Athletic and physical abilities
- 17=Other (specify)_____

8. What have others told you are your strongest qualities (self-concept)? What are you good at (self-efficacy)? What makes you proud about yourself (self-esteem)? (write key words that will appear in the report)

8v. _____

8a. Interviewer Rating Strength/Asset (Check one):

- 0=could not identify a strengths/asset today
- 1=identified at least one external/internal strength/asset
- 2=identified two or more external/internal strength/assets
- 3=identified three or more external/internal strength/asset

8b. Interviewer Code If 8a is coded as 2 or 3 please categorize primary (**one**) type of Strength/Asset**People**

- 1=Older friends, family, and mentor
- 2=Friends, social
- 3=Leisure/relax
- 4=Supportive

Activities

- 5=Academics (reading, writing, arithmetic)
- 6=Exercise and sports
- 7=Writing and reading
- 8=Technology
- 9=Cultural and artistic activities (theater, dance, art, music, crafts)
- 10=Agriculture, gardening, nature interest
- 11=Civic engagement
- 12=Club involvement (such as scouting, games)

- 13=Domestic animal care

Attributes

- 14=Faith, religion, spirituality
 15=Personality / behavioral (fun, humorous, nice, outgoing)
 16=Athletic and physical abilities
 17=Other (specify)_____

9. What are things you like to do for fun? (write key words that will appear in the report)

9v. _____

9a. Rate prosocial involvement (Check one):

- 0=No prosocial involvement or couldn't articulate
 1=Involved in very few prosocial or fun activities and they don't seem important or central
 2=Has some prosocial or fun activities
 3=Very involved in prosocial activities and they seem important or central

9b. Interviewer Code If 9a is coded as 2 or 3 please categorize primary (**one**) type of fun activity.

People

- 1=Older friends, family, and mentor
 2=Friends, social
 3=Leisure/relax
 4=Supportive

Activities

- 5=Academics (reading, writing, arithmetic)
 6=Exercise and sports
 7=Writing and reading
 8=Technology
 9=Cultural and artistic activities (theater, dance, art, music, crafts)
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Attributes

- 14=Faith, religion, spirituality
 15=Personality / behavioral (fun, humorous, nice, outgoing)
 16=Athletic and physical abilities
 17=Other (specify)_____

10. Tell me about your goals and plans: What do you want to be doing in 3 months (provide some examples of what will be going on in 3-months - summer vacation; holidays)?

10v. _____

10a. Rate Goal Directedness: (Check one)

0=Does not articulate goals and plans

1=Articulates one or more goals or plans but shows apathy or little or no motivation

2=Articulates one or more goals or plans and mild to moderate motivation or planning

3=Articulates one or more goals or plans and a high level of motivation and specific planning

11. How about in 1 year?

11v. _____

11a. Rate Goal Directedness: (Check one)

0=Does not articulate goals and plans

1=Articulates one or more goals or plans but shows apathy or little or no motivation

2=Articulates one or more goals or plans and mild to moderate motivation or planning

3=Articulates one or more goals or plans and a high level of motivation and specific planning

<p>The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.</p> <p>After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.</p>	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

IDSscr 12. **When was the last time** that you had **significant** problems with...

a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	4	3	2	1	0
b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	4	3	2	1	0
c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?.....	4	3	2	1	0
d. becoming very distressed and upset when something reminded you of the past?	4	3	2	1	0
e. thinking about ending your life or committing suicide?.....	4	3	2	1	0
f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?.....	4	3	2	1	0

EDScr 13. **When was the last time** that you did the following things **two or more times**?

a. Lied or conned to get things you wanted or to avoid having to do something	4	3	2	1	0
b. Had a hard time paying attention at school, work, or home.	4	3	2	1	0
c. Had a hard time listening to instructions at school, work, or home.	4	3	2	1	0
d. Had a hard time waiting for your turn.	4	3	2	1	0
e. Were a bully or threatened other people.....	4	3	2	1	0
f. Started physical fights with other people.....	4	3	2	1	0

SDScr 14. **When was the last time** that...

a. you used alcohol or other drugs weekly or more often?.....	4	3	2	1	0
b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	4	3	2	1	0
c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?..	4	3	2	1	0
d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?	4	3	2	1	0
e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? ...	4	3	2	1	0

15. Do you have other **significant** psychological, behavioral, or personal problems Yes No
 that you want treatment for or help with? (**Please describe**)1 0

v1. _____

Strength-Based Scoring (items 5-9)

Staff Use Only					
Column A	Column B	Column C	Column D	Column E	Column F
	Possible Key Words	High=3	Med=2	Low=1	No=0
5. How are things going in the community?	Good [tell me more about that], I get good grades, I fight with my teachers, I do not like school, I play sports, I play an instrument, write, or draw, I dance, I like a [certain subject], I'm good in math, My family helps me with homework				
6. Tell me about the people in your group of friends...	They're cool [tell me more about that] we kick it after school, we play sports, I tell them everything, we use drug and alcohol, we skip school, we listen to music/go to concerts, we are always texting				
7. When things are tough or stressful, what kinds of things get you through a hard time.....	Hanging out, talking with my friends, exercise, listening to music, using drugs, fighting, running away, talking with my family,				
8. What have others told you are your strong qualities, what you're good at, what makes you proud	I'm nice, funny, athletic, reliable, friendly, someone that others seek out, nothing, selling drugs, committing crimes, my siblings, my art/music/sports, playing video games				
9. What do you like to do for fun?	Sports, family events, hanging out with friends, nothing, animals				
Total Sum Columns C-F					
Total Score					

Staff Use Only	
9. Site ID: _____	
10. Staff ID: _____	
11. Mode: 1 - Administered by staff 2 - Administered by other 3 - Self-administered	
12. Referral: MH___ SA ___ None ___ Other ___	14. Referral codes: _____
13. Referral comments: v1. _____	

Scoring					
 Screener	 Items	 Past month (4)	 Past 90 days (4, 3)	 Past year (4, 3, 2)	 Ever (4, 3, 2, 1)
IDScr	12a – 12f				
EDScr	13a – 13f				
SDScr	14a – 14e				
TDSCr	12a - 14e				

GAIN-SS copyright © Chestnut Health Systems. For more information on this instrument, please visit <http://www.gaincc.org> or contact the GAIN Project Coordination Team at (309) 451-7900 or GAINInfo@chestnut.org.



Thank you for taking the time to complete this screening. It provides some great information about you, and ways we can work together to help achieve your goals. Now, I want us to look at the results together.

The report is divided into three areas - things you are good at, some areas that we might work on together, and your goals.

YOUR STRENGTHS

Here are some things you said you were good at:

- Science (Applied Physics) • Math • Computers
- confident • smart • strong
- Star Wars Battlefront • Terraria • skateboarding



Looking at these images, let's discuss the things you said you are good at.

IDENTIFYING GOALS and CHALLENGES

Here are some ways we might be able to work together to help you identify or achieve your goals:

- You shared that you don't have a lot of social support or people that have your back, can you tell me more about this?
- You shared that when things are tough or stressful you don't have a lot of things to help you cope with the situations, can you tell me more about this?

The reason these areas are listed is because your answers could be at a level that doctors and counselors sometimes get concerned about. What are your thoughts when you hear this?

YOUR GOALS

A lot of young people when put on the spot have a hard time coming up with short and long term goals. We will have a chance to talk more about this later.

**Modified GAIN Short Screener (GAIN-SS) with Strength-Based Survey
GAIN-SS RF SBS**

Administration, Scoring and Intervention Discussion Starters

Version 1.0

November, 2015

Acknowledgements and Disclaimer

The development of the Global Appraisal of Individual Needs – Short Screener and Reclaiming Futures Strength-Based Survey (GAIN SS RF SBS) included personnel from Portland State University, School of Social Work, Regional Research Institute – Reclaiming Futures and Chestnut Health Systems, Lighthouse Institute. Additionally five sites across the country piloted the use of screener including personnel from Vermont, New York, North Carolina, Oregon and Washington.

Funding for this project was provided by the Conrad N. Hilton Foundation grant number 20140113. The mention of trade names or products do not necessarily provide endorsement from the funder.

Suggested Citation

Portland State University (2015). Modified GAIN Short Screener (GAIN-SS) with Strength-Based Survey GAIN-SS RF SBS: Administration, Scoring, and Intervention Discussion Starters. Reclaiming Futures National Office, Portland State University: Portland, OR.

Modified Global Appraisal of Individual Needs - Short Screener (GAIN-SS) with the Reclaiming Futures Strength-Based Survey (RF SBS) (GAIN-SS RF SBS)

Background

The Reclaiming Futures version of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) was developed in 2014 through funding provided by the Conrad N. Hilton Foundation. As part of the “S” in the Reclaiming Futures SBIRT intervention, we modified the Global Appraisal of Individual Needs – Short Screener (GAIN-SS) to reduce the number of items on the GAIN SS and incorporate six strength-based questions developed by Reclaiming Futures (RF SBS) (additional information provided in the RF SBS and GAIN SS sections). This version is named GAIN SS RF SBS (see Appendix 1 for full screener).

The GAIN SS RF SBS generates a Participant Feedback Report (PFR). The purpose of the PFR is to have a tool, based on the youth’s responses, to begin a conversation with young person about his/her strengths and some areas in which he/she may need help and support.

Purpose of This Document

Chestnut Health Systems, Lighthouse Institute provides a web-based Assessment Building System (ABS) for which a youth’s responses are entered and the PFR automatically generated. Sites funded by the Reclaiming Futures SBIRT initiative can access the ABS system through a portal on the Reclaiming Futures password protected portion of its website. However, if a site does not have access to ABS it will be necessary to know how to score and interpret the screening information.

As a reminder, the Reclaiming Futures version of SBIRT is not a clinical assessment or intervention. It is a structured way to collect and discuss information that might call for additional assessment or a brief intervention as decided by a youth, his/her caregiver, and trained interventionist. The GAIN SS RF SBS does not provide enough information to make a diagnosis. It provides enough information to (1) offer a brief intervention for low to moderate behavioral health issues, and/or (2) make a referral.

This document is organized by starting with how to administer and score the questions for the Strength-Based portion then moves to the GAIN SS, and finally provide a sample ways to discuss the results with youth.

A. Strength-Based Survey (questions 5 – 11)

Oftentimes youth who use alcohol or drugs or have been in trouble with the law hear a lot about their mistakes or provided advice on how to make changes. The Strength-Based Survey was designed to provide the youth an opportunity to share what he/she thinks his/her strengths are in areas such as: school, friends/social, coping, self-concept, self-esteem, self-efficacy, and fun. The goal is for the interventionist to acknowledge and expand on these strengths during the intervention (if indicated).

Intent of the Questions:

Here is information on the intent of each question:

Question 5

The intent of this question is to determine the positive aspects of a youth's experience at school. In the instance that a youth is not in school, the intent is to determine if a youth is involved in any type of educational and/or vocational program (e.g., home schooling; GED; Job Corp).

Question 6

The intent of this question is to determine some of the positive supports and/or experiences the youth has among his/her peer group.

Question 7

The intent of this question is to determine the extent to which youth report healthy and effective coping strategies

Question 8

The intent of this question is to determine if the youth identify external or internal strengths/assets related to self-concept, self-efficacy, and self-esteem.

Question 9

The intent of this question is to determine if the youth identifies pro-social activities that he/she is involved.

Administering and Scoring the Survey

To administer items 5-9 ask the youth each question and record his/her response. Each item also has two sub-items that are coded by the interventionist (see Figure 1).

To score items 5-9, record the best number that reflects the youth's response on questions 5a, 6a, 7a, 8a, and 9a. For example, question 5 asks: "How are things going for you at school/community?" Based on the youth's response a rating should be coded in both 5a and 5b as illustrated in Figure 1.

Responses recorded from 5b, 6b, 7b, 8b, and 9b are only used in the web-based version and not included in this document. General information is included in section X.

Figure 1: Example 1 of Strength-Based Survey

[Interviewer Say] This first section will focus on your strengths, your goals, the things you like to do and are good and about your experience in school and in your social life.

5. How are things going for you at school/community? (write key words that will appear in the report)

5v. It's good – I'm getting help with math

5a. **Interviewer Rating** School/Community Engagement (Check one):

0 = reports negative experience, poor school/community adjustment, disengagement, conflict etc.

1 = reports neutral (not positive or negative school/community experience)

2 = positive school/community experience in one or more areas

3 = very positive school/community connection in one more areas (peers, academics, teacher relationships, extracurricular etc.)

Similar to items 5-9, items 10 and 11 the interventionist asks the youth the question and records his/her answer. Once the response has been provided code 10a and 11a based on the youth's response (see Figure 2).

Figure 2: Example 2 of Strength-Based Survey

10. Tell me about your goals and plans: What do you want to be doing in 3 months (provide some examples of what will be going on in 3-months - summer vacation; holidays)?

10v. I want to finish 9th grade

10a. Rate Goal Directedness: (Check one)

0 = Does not articulate goals and plans

1 = Identifies one goal or plan but shows apathy or little or no motivation

2 = Identifies one or more goals and mild to moderate motivation or planning

3 = Identifies one or more goals, notable motivation and concrete planning

ABS Version Only: Images Representing Strengths

The ABS version of the GAIN SS RF SBS displays an image that represents one of the strengths that the youth reported for each item. On the survey the interviewer will code one category for one strength that the youth reported (see list below). The image associated with the category will be displayed on the report.

Since this document was developed the non-ABS version we have intentionally excluded information about coding the strengths. However, here are the categories that can be selected for each item and the image that will appear.

People

- Older friends, family, and mentor
- Friends, social
- Leisure/relax
- Supportive

Activities

- Academics
- Exercise and sports
- Writing and reading
- Technology
- Cultural and artistic activities
- Agriculture, gardening, nature interest
- Civic engagement
- Club involvement (such as scouting, games)
- Domestic animal care

Attributes

- Faith, religion, spirituality
- Personality / behavioral (fun, humorous, nice, outgoing)
- Athletic and physical abilities

Other

Using the Strength-Based Scoring Grid

Table 1 shows how the Strength-Based Scoring Grid that can be used to document the scores from 5a, 6a, 7a, 8a, and 9a. Using the example in Figure 1, for item 5a the interventionist would record a “2” on the scoring grid. Follow this method for the rest of the items. Next sum each column and then sum the total column scores.

As of this version of this document, the Strength-Based Survey has not been used before. Consequently, we do not have any supporting data regarding score distributions or its reliability and validity. However, based on a bell curve distribution, we anticipate that the scores will fall into these possible ranges where higher scores represent higher level of strength identification:

- High = 12-15
- Medium = 6-11
- Low = 0-5

Total scores should only be used to provide the interventionist with an idea of where the youth is in terms of the identification of strengths. This score should not be used to discuss the strengths with the youth. Rather, for each item in which the youth scores a **2 or higher**, use his/her words to discuss with the youth what he/she indicated is his/her strengths. Attempt to elicit additional information about each area and reinforce the positive aspects of these strengths for meeting his/her goals (see section C).

Table 1: Strength-Based Scoring Grid.

	Possible Key Words	<u>High</u> 3	<u>Med</u> 2	<u>Low</u> 1	<u>None</u> 0
5a. How are things going in the community?	Good [tell me more about that], I get good grades, I fight with my teachers, I do not like school, I play sports, I play an instrument, write, or draw, I dance, I like a [certain subject], I'm good in math, My family helps me with homework		2		
6a. Tell me about the people in your group of friends...	They're cool [tell me more about that] we kick it after school, we play sports, I tell them everything, we use drug and alcohol, we skip school, we listen to music/go to concerts, we are always texting			1	
7a. When things are tough or stressful, what kinds of things get you through a hard time....	Hanging out, talking with my friends, exercise, listening to music, using drugs, fighting, running away, talking with my family		2		
8a. What have others told you are your strong qualities, what you're good at, what makes you proud	I'm nice, funny, athletic, reliable, friendly, someone that others seek out, nothing, selling drugs, committing crimes, my siblings, my art/music/sports, playing video games	3			
9a. What do you like to do for fun?	Sports, family events, hanging out with friends, nothing, animals		2		
Column Totals (sum the columns)		3	6	1	0
Total (sum column totals)		10			

B. GAIN – SS (questions 12, 13, and 14)

This section has been reproduced and adapted, with permission, from the GAIN – SS Administration and Scoring Manual version 3¹.

How is the GAIN SS RF SBS different from the GAIN SS? The GAIN SS RF SBS eliminates questions including the entire Crime and Victimization Disorder Screener

¹ Dennis, M. L., Feeney, T., & Titus, J. C. (2013). *Global Appraisal of Individual Needs–Short Screener (GAIN-SS): Administration and scoring manual, version 3*. Bloomington, IL: Chestnut Health Systems

(CVScr) and question 2g “When was the last time you tried to win back your gambling losses by going back another day?” The reason we eliminated these questions are twofold. First, the Reclaiming Futures version of SBIRT is not addressing these issues. Therefore, we think it’s unnecessary to ask the questions. However, we realize that funders and other interested parties will want to know how the intervention may or may not have reduced involvement with juvenile justice. The Reclaiming Futures SBIRT project funded by Conrad Hilton is providing a cross-site evaluation which will collect information about juvenile justice involvement.

Second, the Reclaiming Futures SBIRT is designed to be implemented in juvenile justice and school settings. The questions on the CVScr and 2g could inadvertently incriminate the young person.

You may also notice a different numbering system given the addition of the Strength-Based Survey questions.

SCORING THE GAIN-SS

The ABS version of the GAIN-SS scores the client’s past-month, past-90-day, past-year, and lifetime symptom counts automatically. Interventionists who want to quickly total the client’s responses on paper can use the table at the bottom of the GAIN SS RF SBS using the following the instructions.

Domain scores from each of the four subscreeners are totaled separately, while the Total Disorder Screener is the total sum of the domain scores:

- The Internalizing Disorder Screener (IDScr) comprises items 12a–f
- The Externalizing Disorder Screener (EDScr) comprises items 13a–f
- The Substance Disorder Screener (SDScr) comprises items 14a–e
- The Total Disorder Screener (TDSScr) comprises items 12a to 14e, or the sum of all GAIN-SS items

The GAIN-SS is scored by counting the number of participant responses for each time frame, not by summing the response values (i.e., the numbers that appear in the time-frame columns). For example, suppose that a youth gave these responses in the Internalizing Disorders Screener (items 12a–f):

Figure 3: Example of Completed GAIN-SS

IDScr 12. When was the last time that you had significant problems with...

a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	4	3	2	1	0
b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	4	3	2	1	0
c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	4	3	2	1	0
d. becoming very distressed and upset when something reminded you of the past?	4	3	2	1	0
e. thinking about ending your life or committing suicide?	4	3	2	1	0
f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	4	3	2	1	0

The “Items” column in the scoring table shows which items to score for the screener, and the responses to be counted for each time frame appears in parentheses in the four time-frame columns. Thus, to score the Internalizing Disorders Screener, start with items 12a–f on the GAIN-SS and count the number of past-month responses, or the number of 4’s. In this case, the participant reported only one past-month problem (in item 1b), so enter 1 (*not* 4, which is simply the response value) in the corresponding column in the IDScr row:

Table 2: Scoring the IDScr First Example

Scoring					
Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	12a – 12f	1			

Next, for the “Past 90 days” column in the scoring table, count the number of 4s and 3s reported in items 12a–12f. The participant had two “2 to 3 months ago” responses (items 1c and 1d) in addition to the one past-month response, so enter 3 in the “Past 90 days” column:

Table 3: Scoring the IDScr Second Example

Scoring					
Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	12a – 12f	1	3		

Follow the same pattern for the “Past 12 months” and “Ever” time frames in the scoring table. Remember that the numbers in parentheses in the top of each column denote which response codes should be counted from the GAIN-SS. In this example, for items 12a–12f the participant reported no problems in the 4 to12-month range, so the total number of “Past 12 months” problems on the scoring sheet is still 3 (because the participant’s three past-90-day problems carry over into the past-year count). The participant reported one problem last occurring more than 12 months ago (item 12a), so that problem is added to the running total, for a total of four problems occurring within the participant’s lifetime (the “Ever” column on the scoring sheet). “Never” responses are not counted in the scoring table. Thus, the participant’s completed Internalizing Disorders Screener score looks like this:

Table 4: Scoring the IDScr Third Example

Scoring					
Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	12a – 12f	1	3	3	4

This process is repeated for each screener in the scoring table. Any Don’t Know (DK) or Refused (RF) response or accidentally skipped item should be excluded from the scoring. The bottom row, the Total Disorder Screener (TDSer), is scored by totaling the numbers reported in all the preceding rows. If the participant continued with the rest of the GAIN-SS and reported problems in several life areas, their completed GAIN-SS screening table would look similar to this:

Table 5: Scoring the Entire GAIN SS

Scoring					
Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	12a – 12f				
EDScr	13a – 13f				
SDScr	14a – 14e				
TDSer	12a - 14e				

C. Sample Ways to Discuss Results with Youth

The online version of the Participant Feedback Report will organize the results in this way:

1. What does the youth report he/she is good at
2. Ways the youth and interventionist can work together to help the youth identify or achieve his/her goals
3. Goals

In the absence of the online version the interventionist will need to create his/her strategy for organizing the results in a similar way. For example, the interventionist might put a check mark to the items in which the youth scored a two or three on items 5a, 6a, 7a, 8a, 9a to indicate something that the youth reports he/she is good at.

You will notice that this template does not organize the items based on chronology, but rather based on the report groupings. The actual item is displayed with a box indicating some example text that could be used to discuss the item with the youth.

Example of Engaging in a Conversation Using the Survey

Introduction

Thank you for taking the time to complete this screening. It provides some great information about you, your strengths and ways we can work together to help achieve your goals. Now, I want us to look at the results together.

The report is divided into three areas - things you are good at, some areas that we might work together, and your goals.

C.1 Your Strengths

[Interviewer Say] This first section will focus on your strengths, your goals, the things you like to do and are good and about your experience in school and in your social life.

5. How are things going for you at school/community? (write key words that will appear in the report)

5v. It's good – I'm getting help with math

- 5a. **Interviewer Rating** School/Community Engagement (Choose one)
- 0 = reports negative experience, poor school/community ad
 - 1 = reports neutral (not positive or negative school/commu
 - 2 = positive school/community experience in one or more a
 - 3 = very positive school/community connection in one mor
- relationships, extracurricular etc.)

You told me that school is good because you are getting help with math. Can you tell me more about that? Additional probes: Who are you getting help from? Why do you think it working for you?

7. When things are tough or stressful, what kinds of things get you through the tough times? (write key words that will appear in the report)

7v I write music lyrics or listen to music

7a. **Interviewer Rating** Coping/Resilience (Check one):

- 0=reports no coping strategies or qualities of resilience
- 1=reports one coping strategy or resilient quality but may
- 2=reports one or more healthy coping strategies or qualities
- 3=reports multiple or seemingly effective and healthy coping

You said that when things are tough or stressful you write music lyrics or listen to music. This is a positive way to handle tough situations. Can you tell me more about this? Additional probes: What type of music do you listen to? Would you be willing to share a lyric or two?

8. What have others told you are your strongest qualities (self-concept)? What are you good at (self-efficacy)? What makes you proud about yourself (self-esteem)? (write key words that will appear in the report)

8v. Other people have told me I am respectful of adults even though I get in trouble; I am good at listening to people; I am proud that my math grades are improving

8a. **Interviewer Rating** Strength/Asset (Check one):

- 0=could not identify a strengths/asset today
- 1=identified at least one external/internal strength/asset
- 2=identified one or more external/internal strength/assets
- 3=identified two or more external/internal strength/assets

You said other people have told you that you are respectful of adults. Can you tell me some ways you are respectful of adults? You said that you are good at listening to people can you tell me more about that? We also talked about your improvement in math – it sounds as this is something you are proud of. Was this a lot of work?

9. What are things you like to do for fun? (write key words that will appear in the report)

9v. I like to skate board, write music, play video games

9a. **Rate prosocial involvement** (Check one):

- 0=No prosocial involvement or couldn't articulate
- 1=Involved in very few prosocial or fun activities and t
- 2=Has some prosocial or fun activities
- 3=Very involved in prosocial activities and they seem i

You said that for fun you like to skateboard, write music, and play video games. We talked about the music I would be interested in learning more about skateboarding and video games. Is there particular place you skateboard? Do you have friends that also skateboard – can you tell me about them? What is your favorite video game and why?

C.2 Identifying Goals and Challenges

6. Tell me about the people in your group of friends or people you hang with – the people who have your back, share your interests support you and/or who you care about (the people who will appear in the report)

6v. I have a lot of friends we kick-it and get high

6a. **Interviewer Rating Social Connectedness** (Check one)

- 0 = Socially disconnected, identifies no support from a friend
- 1 = One or more friends but still communicates little with them
- 2 = Has one or more friends and communicates moderately with them
- 3 = Has multiple friends and communicates high level with them

You told me that you have a lot of friends. It sounds like this is important to you – is that fair? May I ask you question? Do you have any friends that you don't use drugs or alcohol with? If so, can you tell me a little about these friends? If not, is having friends that do not use drugs or alcohol important to you – why or why not?

The following questions are about common psychological, behavioral, and personal problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.

	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

IDScr 12. When was the last time that you had significant problems with...

- a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? 4 3 2 1 **0**
- b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day? 4 3 2 1 **0**
- c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen? 4 3 2 1 **0**
- d. becoming very distressed and upset when something reminded you of the past? 4 3 2 1 **0**
- e. thinking about ending your life or committing suicide? 4 3 2 1 **0**
- f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts? 4 3 2 1 **0**

EDScr

13. When was the last time that you did the following things two or more times?

- a. Lied or conned to get things you wanted or to avoid having to do something..... 4 3 2 **1** 0
- b. Had a hard time..... 4 3 2 **1** 0
- c. Had a hard time..... 4 3 2 **1** 0
- d. Had a hard time..... 4 3 2 **1** 0
- e. Were a bully or..... 4 3 2 1 **0**
- f. Started physical..... 4 3 2 1 **0**

You shared that you might be having a hard time with your behavior at school, work, or home and you shared might be using alcohol or other drugs in unhealthy ways. Can you tell me more about this? Probes: can you tell me about more lying or conning to get things you want or to avoid having to do something?

SDScr

14. When was the last

- a. you used alcohol..... 4 3 **2** 1 0
- b. you spent a lot of other drugs, or (e.g., feeling si..... alcohol or..... 4 3 2 1 **0**
- c. you kept using problems, leading to fights, or getting you into trouble with other people?..... 4 3 2 1 **0**
- d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?..... 4 3 2 1 **0**
- e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? .. 4 3 2 1 **0**

15. Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with? (Please describe) Yes No
 1 **0**

v1. _____

C.2 Your Goals:

10. Tell me about your goals and plans: What do you want to be doing in 3 months (provide some examples of what will be going on in 3-months - summer vacation; holidays)?

10v. **Finish 8th grade**

10a. Rate Goal Directedness: (Check one)

- 0=Does not articulate goals and plans
- 1=Identifies one goal or plan but shows apathy or little or no motivation
- 2=Identifies one or more goals and mild to moderate motivation or planning
- 3=Identifies one or more goals, notable motivation and concrete planning

11. How about in 1 year?

11v. I don't know

11a. Rate Goal Directedness: (Check one)

- 0=Does not articulate goals and plan
- 1=Identifies one goal or plan but sho
- 2=Identifies one or more goals and r
- 3=Identifies one or more goals, nota

You said your goal for the next three months is to finish the 8th grade – this is a great goal. You mentioned that your math grade is improving - can you tell me some other ways you working toward this goal? You also mentioned that you didn't know what your goal is for a year from now. Let's talk about some of these things that might be important.

D. Takeaways

It is important to know how to score, interpret, and discuss the GAIN SS RF SBS in the absence of ABS. There may be times when an interventionist is unable to use a device such as computer or tablet because of internet connectivity issues or the location of the interview. This document provides guidance on how to score, interpret, and discuss the GAIN SSRF SBS.

Here are some key takeaways:

- Reminder – this is not a clinical tool. It is simply a screening to gather a little bit of information to determine if the youth would or would not benefit from a brief intervention or referral for assessment, services, or supports.
- Always keep a youth-centered focus. If the youth is upset or refuses to answers questions sometimes it's best to stop the interview and engage in a dialogue with the youth before asking the questions. And, sometimes it may also be best to re-schedule.
- As an interventionist becomes more familiar with the screening it will be easier to use the information collected to engage in a discussion.
- It may be best to postpone actually scoring the GAIN SS RF SBS until you have reviewed the results with the youth. After practice interventionists will know how to utilize the youth's response to begin a conversation that might lead to praise of healthy behaviors, identification of challenging areas, and goals. For example:
 - Any strengths the youth identifies can be praised and discussed. If a youth does not identify any or very few strengths this is an opportunity for further discussion, brief intervention, or referral.

- Any of the GAIN SS scales in which a youth reports “never” experiencing an issue(s)/symptom(s) can be praised and reinforced. If a youth reports “1+ year ago” on any of the scales this is an opportunity for discussion, brief intervention, or referral.
- Professional judgement is necessary for assessing risks. If based on the information that the youth reports and a subsequent discussion the interventionist thinks a referral is necessary – make it. It is always best to err on the side of caution and refer a young person for an assessment, services, or supports.

The Evidence for Youth SBIRT: Talking Points

We all want young people to be healthy and have a great future – but too often drug and alcohol misuse is overlooked or ignored, rather than treated like the health issue it is. We are promoting an effective prevention and treatment program called SBIRT – screening, brief intervention and referral to treatment.

SBIRT is a set of tools that helps identify alcohol or drug problems and guides follow-up counseling and treatment if a problem exists. It is endorsed by the American Academy of Pediatrics (AAP) and National Institute on Alcohol Abuse and Alcoholism (NIAAA). The National Institute on Drug Abuse (NIDA) supports early identification and early intervention by health care providers as a key strategy for reducing substance use disorders among young people.

The following talking points highlight the key evidence for youth SBIRT.

Screening is a key step in preventing young people from misusing drugs and alcohol.

Identifying young people who use alcohol or drugs is a very important first step in preventing drug and alcohol misuse. In fact, studies show simply asking young people about drugs and alcohol can lead to positive behavior changes.^{1,2} Despite common misconceptions, research shows that young people are willing to talk to adults about their drug and alcohol use.³

There are several evidence-based screening tools for young people. Numerous tools have been studied and established as powerful indicators of current and future problematic drug or alcohol use. Several of those tools are proven effective with youth and adolescents, including the [CRAFFT](#), [Alcohol Use Disorders Identification Test \(AUDIT\)](#) and [Screening to Brief Intervention \(S2BI\)](#).^{4,5,6,7,8}

Brief interventions – a few minutes of counseling – reduce alcohol problems in people 18 and older. Studies demonstrate that these short counseling sessions conducted with people 18 and older cut the number of drinks consumed,^{9,10} the health or safety consequences resulting from alcohol misuse¹¹ or both.^{12,13} These results are seen when brief interventions are delivered in emergency departments, trauma centers and doctors' offices.

In young people, brief interventions reduce alcohol misuse. There is a growing body of research supporting the use of brief interventions in schools, colleges, and hospital emergency departments to address alcohol use by young people.

- Young people respond to this counseling by drinking less often and reducing the number of drinks consumed at one time.¹⁴ Brief interventions help college students cut back their drinking by an average of six drinks per week.¹⁵
- Brief interventions also ease alcohol-related consequences. In one study of teens ages 14-18, brief counseling led to a 30 percent reduction in the consequences of alcohol use, such as skipping school or fighting with friends or family because of alcohol.¹⁶

Brief interventions can help curb drug use among young people. Recent studies show brief interventions delivered in a primary care office,¹⁷ emergency department,¹⁸ or a school setting¹⁹ reduce marijuana use by adolescents. In one study, short counseling sessions led young people ages 14-21 to use marijuana four fewer days per month.¹⁸

The application of SBIRT with young people is gaining momentum. While the evidence for youth SBIRT continues to grow, providers are delivering SBIRT and seeing positive results.^{20,21} School-based health centers in New Mexico and New York deliver SBIRT in low-income, low-resource rural and urban communities. Providers across the states of New Hampshire and West Virginia provide SBIRT to young people as part of the primary care delivered in community health centers. In Wisconsin and Massachusetts, SBIRT is currently provided in numerous public schools.

Below are specific talking points to respond to several recent studies:

Two studies^{22,23} were published in the August 2014 issue of the Journal of the American Medical Association showing brief interventions haven't worked with some adults.

- **Young people don't typically have the history of long-term drug use or other complex medical problems that some adults have, and that most adults in these studies had. A growing body of research shows brief interventions can help reduce alcohol misuse and curb drug use among young people.**

A meta-analysis²⁴ was published in the Addiction journal in which the authors found that brief interventions do not help adolescents or adults access substance use treatment.

- **The authors of this study were looking at how well SBIRT linked consumers to treatment. The study did not address the effectiveness of SBIRT to reduce or prevent substance misuse, which other studies have proven. While connecting to treatment is very important – and we hope that SBIRT *does* help young people access treatment when they need it – the most important aspect of SBIRT is its potential to prevent substance use disorders.**

Summary

From childhood into young adulthood, screening and counseling are well-established best practices for helping young people avoid or reduce alcohol and drug use and choose healthy paths. When we have honest conversations with young people about alcohol and drugs, we help them stay on the path to a bright future – or get back on track if they need help.

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Goals and Impact

Goal or Value	Impact of Current Level of Use	Impact of Reducing Use	Impact of behavioral health concern	Impact of addressing behavioral health concerns
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Planning for Change Exercise


What is your goal or change target? 




What the top three reasons you want to achieve this goal 

--	--	--

I plan to do these specific actions to accomplish my Goal by these dates. 

These people can help me achieve my goal. 

--	--	--	--

This how these people can help me achieve my goal. 

--	--	--	--

These are some possible obstacles and how I will handle them 

- 

These results I will see if my plan for change works 

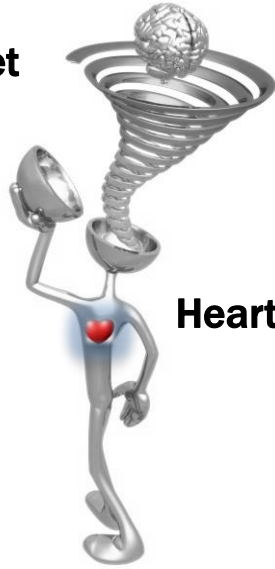


BEING

**Partnership
Acceptance
Compassion
Evocation**

MI Spirit

Mind-Set

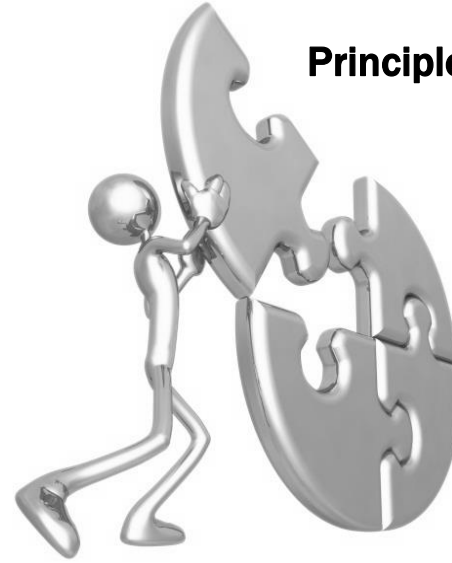


Heart-Set



Skills

Principles



Path



DOING

**DD - Developing
Discrepancies
EE - Expressing
Empathy
SS - Supporting
Self Efficacy
RR - Rolling with
Resistance**

GOING

**Engaging
Focusing
Evoking
Planning**

Change Talk

MI PACKAGE

Reference: David Jefferson

10 Strategies for Evoking Change Talk

1. Ask Evocative Questions

Reasons for change:

- Why would you want to make a change in this part of your life?
- If nothing changes, what might happen? What's at stake?
- What are other people worried about?
- How has _____ stopped you from doing what you want to do?
- What are some of your concerns about _____?

Change in the abstract:

- Suppose that you did succeed and are looking back on it now: What most likely is it that worked? How did it happen?
- Suppose that this one big obstacle weren't there. If that obstacle were removed, then how might you go about making this change?
- If you wanted to, how would you do it?
- If you were to try again, what might be the best way to do it?

Miracle question:

- Suppose a miracle happened and you lost 15-20 pounds in the next six months. What would your life be like then? How do you think your family and friend would respond?

Exception question:

- How did you stop yourself from overeating on an occasion when you felt depressed?
- What was going on when you were keeping food records consistently?

Not ready for change:

- What might need to be different for you to think about changing?
- What would need to happen for you to think about changing?
- If you _____, how would your life be different? What would be the first sign you _____? How would others say you are different?
- If you were to decide one day to change, how do you think you might do it?
- What is stopping you from putting _____ at the top of your list?

2. Explore pros and cons

- What are some of the advantages for keeping things just the way they are?
- On the other hand, what are some of the reasons for making a change?
- What do you like about _____? On the other hand, what don't you like?

3. Ask for more detail: When a change talk theme emerges, ask for more detail.

4. Ask for an example: When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give me an example. What else?

5. Looking Back

- What were things like before _____? What were you like back then?
- How has _____ stopped you from growing, from moving forward?
- Way back then, what was inspiring you to _____?

6. Looking Forward

- How would you like things to turn out for you? Where would you like to be?
- Where are you now? Where would you like to be?
- If you could make this change immediately, by magic, how might things be better?
- What would be the best results you could imagine if you made a change?
- If you were to gaze into a crystal ball after you _____, what kinds of things would you see yourself doing? What's your vision?
- How might your life be different if you _____? How might it impact your relationships and other aspects of your life (e.g., work, free time)?

7. Querying Extremes

- What is the worst thing that could happen if you stayed this way?
- What are your worst fears about what might happen if you don't make a change?
- What concerns you the most about _____?

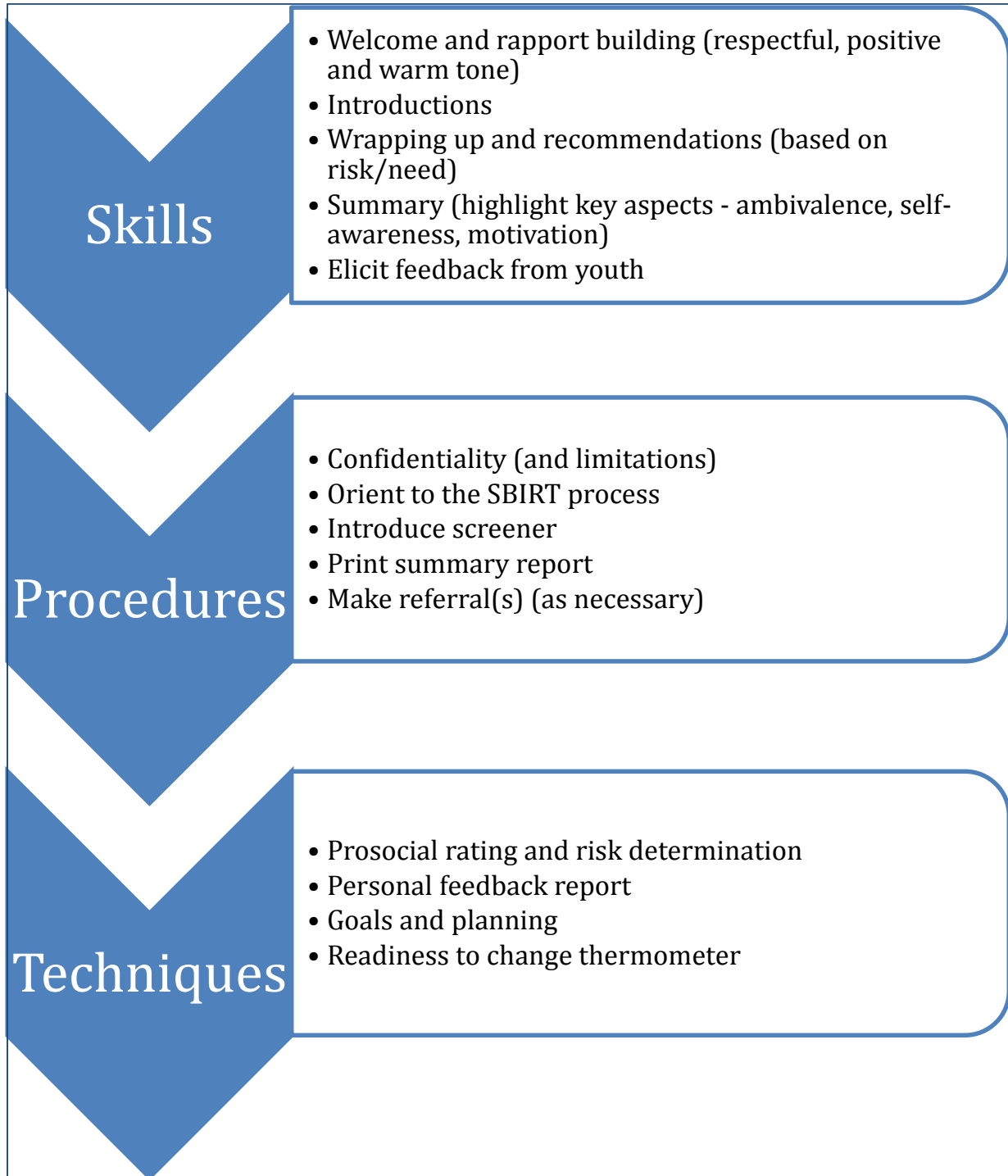
8. Use Change Rulers

- How ready are you...?
- How important is it to you to...?
- How committed are you...?
- How confident are you...?
- How interested are you...?
- How motivated are you...?
- How much energy do you have to...?
- How hopeful are you...?

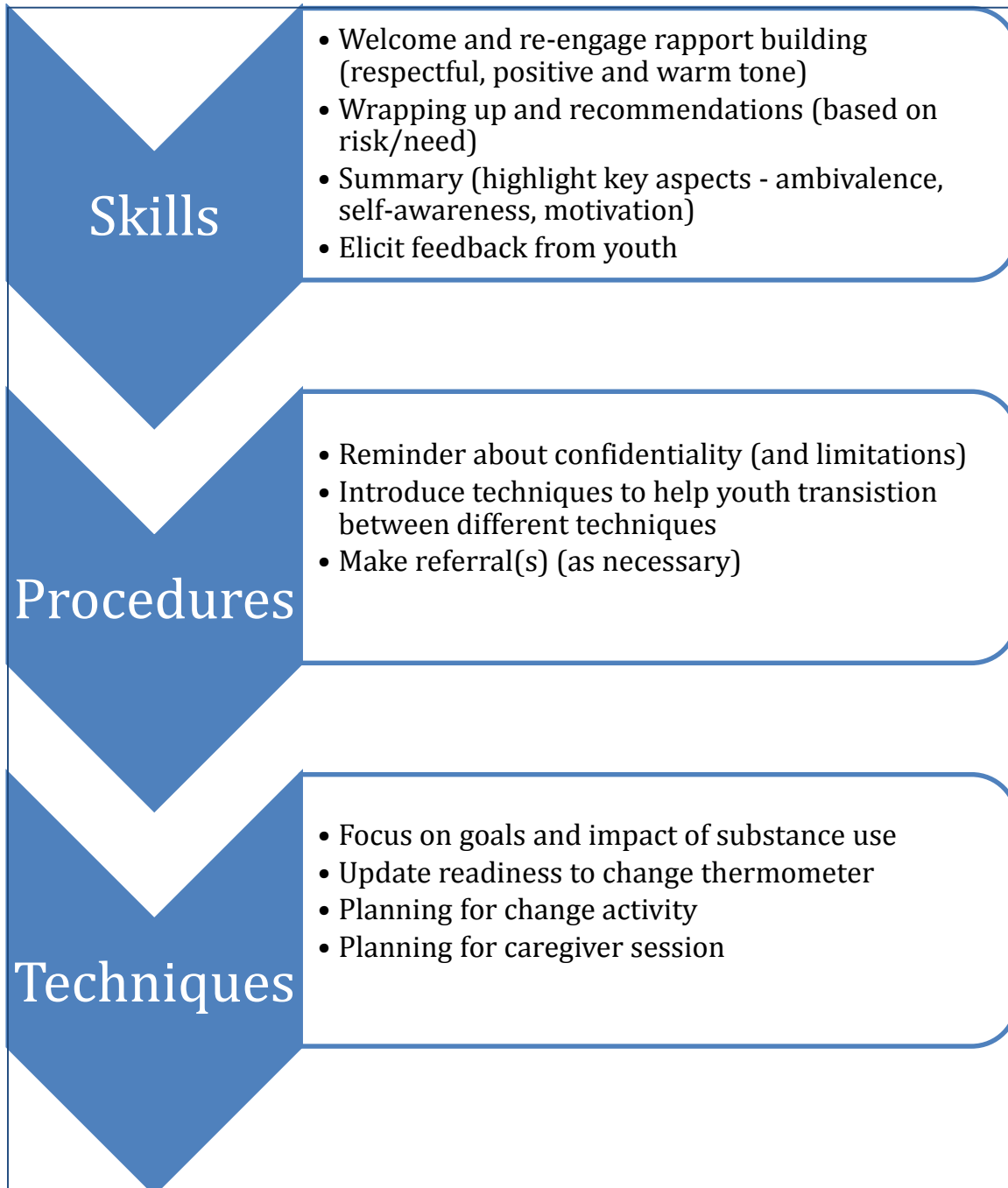
9. Explore Goals & Values: Ask what the person's guiding values are. What do you want in life? Using a values card sort can be helpful here.

10. Come Alongside: Explicitly side with the negative (status quo) side of ambivalence. Perhaps _____ is so important to you that you won't give it up, no matter what the cost.

Session B1 - Youth Alone



Session B2 - Youth Alone



Session C1 - Caregiver Alone

Skills

- Welcome and rapport
- Prepare Caregiver for his/her role in caregiver and youth session
- Wrapping up
- Summary
- Elicit Feedback

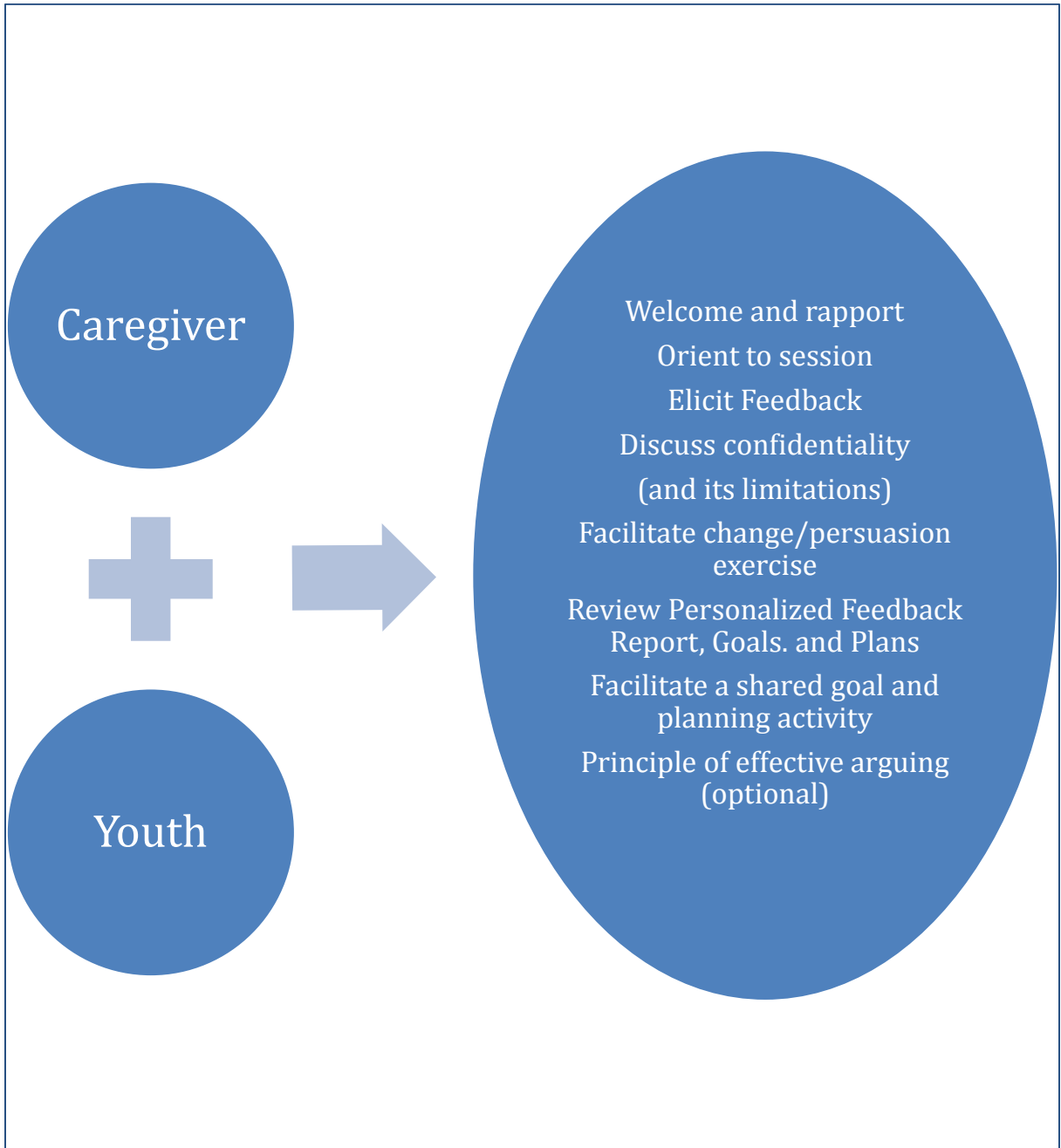
Procedures

- Orient Caregiver to SBIRT process
- Discuss confidentiality (and its limitations)
- Make referral(s) (as necessary)

Techniques

- What it was like when I was an adolescent?
- Discussion of Caregiver's perspectives, attitudes, and communication on substance use

B3 and C2 Session - Youth and Caregiver



Reclaiming Futures – Screening, Brief Intervention, Referral to Treatment Juvenile Justice (RF SBIRT JJ) –

Session Checklists

Purpose - These checklists were developed as a way to understand the skills, procedures, and techniques used during the RF SBIRT JJ sessions. Also, these can be used as a way to identify areas for additional training or supervision and provide overall context to the RF SBIRT JJ session(s).

Directions – Following the designated session with the youth and/or caregiver (i.e., B1, B2) the intervention specialist should check if he/she thinks each item was covered

If the intervention specialist wants to provide additional information about the session the notes section should be completed. For example, perhaps the youth was running late and therefore all of the items could not be covered thereby creating a missed opportunity sufficiently, "exceptional", or there was a "missed opportunity."

"Sufficiently" means that the item was covered in a way that follows the guidance in the manual and responsive to the participants input.

"Exceptionally" means that the item met the sufficient ranking but went beyond the expectation due to interventionist skills or participant responsiveness

"Missed opportunity" means that the item was not covered at all or not covered in a way that meets the sufficiently ranking.

Session Checklist - B1 Youth

Alone Interventionist ID: ____ ____ ____

Task	Excellent	Sufficient	Missed Opportunity
<u>Skills</u>			
Welcome & Rapport			
Introductions			
Wrapping up and recommendations			
Summary			
Elicit feedback from youth			
<u>Procedures</u>			
Confidentiality			
Orient to SBIRT Process			
Introduce Screener			
Print Summary Report			
Make referral(s) as necessary			
<u>Techniques</u>			
Prosocial Rating & Risk Determination			
Personal Feedback Report			
Goals and Planning			
Readiness to Change Thermometer			

Notes: Any modifications, unexpected challenges, and/or additional information about missed opportunities

Session Checklist - B2 Youth Alone

Interventionist ID: _____

Task	Excellent	Sufficient	Missed Opportunity
Skills			
Welcome and re-engage rapport building			
Wrapping Up and Recommendations			
Summary			
Elicit feedback from the youth			
Procedures			
Reminder about confidentiality			
Introduce techniques to help youth transition			
Make Referral(s) (as necessary)			
Techniques			
Focus on goals and impact of substance use			
Updated readiness to change thermometer			
Planning for Change Activity			
Planning for Caregiver Session			

Notes: Any modifications, unexpected challenges, and/or additional information about missed opportunities

Session Checklist - C1 Caregiver

Alone Interventionist ID: _____

Task	Excellent	Sufficient	<u>Missed Opportunity</u>
Skills			
Welcome & Rapport			
Prepare caregiver for his/her role in youth/caregiver session			
Wrapping Up			
Summary			
Procedures			
Orient to SBIRT process			
Confidentiality			
Make Referral(s) as necessary			
Techniques			
What it was like when I was an adolescent?			
Caregivers perspectives, attitudes, and communication on substance use			

Notes: Any modifications, unexpected challenges, and/or additional information about missed opportunities

Session Checklist - B3 & C2 Youth and Caregiver Together

Interventionist ID: _____

<u>Task</u>	<u>Excellent</u>	<u>Sufficient</u>	<u>Missed Opportunity</u>
<u>Skills</u>			
Welcome & Rapport			
Orient to session			
Wrapping up and recommendations			
Summary			
Elicit feedback			
<u>Procedures</u>			
Confidentiality			
Make referral(s) as necessary			
<u>Techniques</u>			
Facilitate change/persuasion exercise			
Review personalized feedback, goals, & plans			
Facilitate shared goal and planning activity			
Principle of effective arguing			

Notes: Any modifications, unexpected challenges, and/or additional information about missed opportunities

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

The Case for the Enhanced National CLAS Standards

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.
— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

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Appendix 2: One Day Training Agenda Template

Reclaiming Futures – Screening, Brief Intervention, & Referral to Treatment (RF-SBIRT)

Initial One Day Training

Learning Objectives

8:30 a.m.	Welcome and introductions
9:00 a.m.	RF-SBIRT Overview and organization of manual
9:30 a.m.	Brief Intervention – Youth Session 1
10:00 a.m.	Break
10:15 a.m.	Brief Intervention – Youth Session 2
10:45 a.m.	Brief Intervention – Caregiver Session
11:15 a.m.	Brief Intervention – Youth and Caregiver Session
11:45 a.m.	Summary of sessions and questions
12:00 – 1:15 p.m.	Lunch (on your own)
1:15 p.m.	Questions, thoughts from the morning
1:30 p.m.	Motivational Interviewing
2:15 p.m.	Break
2:30 p.m.	Motivational Interviewing
3:30 p.m.	Interactive exercise
4:00 p.m.	Questions, wrap up for interventionists

Optional Train-the Trainer Session

4:30 p.m.	Teach back
5:30 p.m.	Adjourn

Presenter Bios

[Add Trainer Bios]

Appendix 3: Sign-In Sheet Template

**Reclaiming Futures-Screening, Brief Intervention & Referral to Treatment
Training Sign-In Sheet**
Date(s) of Training:

Trainer(s) Name(s): _____

Name	Agency/Organization	Email	Phone Number

Appendix 4: Pre- and Post- Knowledge and Satisfaction Evaluation
**Reclaiming Futures Screening, Brief Intervention & Referral to Treatment
(RF SBIRT)
Pre-Knowledge Quiz**

Thank you for taking about 5-10 minutes to complete this pre-knowledge quiz. We will collect one at the end of the training. This information will be used for improving our trainings as well as reporting to our trainers. Please do not put your name on this form – it is anonymous.

- 1. The Reclaiming Futures version of SBIRT has up to how many sessions?**
 - a. One
 - b. Two
 - c. Three
 - d. Four

- 2. True or False: SBIRT is effective for adolescents?**
 - a. True
 - b. False

- 3. The recommended RF SBIRT screening tool is the:**
 - a. CRAFFT
 - b. GAIN SS
 - c. GAIN SS RF SBS
 - d. AUDIT

- 4. Which one is NOT considered part of Motivational Interviewing?**
 - a. Engaging
 - b. Focusing
 - c. Resisting
 - d. Evoking
 - e. Planning

- 5. Select all that apply: The RF SBIRT includes Motivational Interviewing because...**
 - a. Everybody's doing it
 - b. It is collaborative and person centered
 - c. It is goal oriented – explores and sometimes creates ambivalence
 - d. Uses specific skills

- 6. Select all that apply: What are some cultural considerations when implementing any type of evidence-based practice?**
- a. Language
 - b. Norms and values
 - c. Selection of interventionist
 - d. Environment in which the intervention is delivered
- 7. True or False: The purpose of the goal(s) exercise is to help youth understand how unhealthy behaviors might prevent him/her from achieving his/her goal(s)?**
- a. True
 - b. False
- 8. True or False: The Action Plan is designed to prove to the caregiver that the youth is making changes.**
- a. True
 - b. False
- 9. Select all that apply: What skills are necessary in each session?**
- a. Build rapport
 - b. Elicit feedback
 - c. Summarize and wrap up
 - d. Discussion of confidentiality and its limitations
- 10. Which one is NOT considered part of the Motivational Interviewing spirit?**
- a. Partnership
 - b. Acceptance
 - c. Compassion
 - d. Evocation
 - e. Encouragement

**Reclaiming Futures Screening, Brief Intervention & Referral to Treatment
(RF SBIRT)**

Post-Knowledge Quiz and Training Satisfaction

Thank you for taking about 10 minutes to complete this post-knowledge quiz and training satisfaction. This information will be used for improving our trainings as well as reporting to our trainers. Please do not put your name on this form – it is anonymous.

- 1. The Reclaiming Futures version of SBIRT has up to how many sessions?**
 - a. One
 - b. Two
 - c. Three
 - d. Four

- 2. True or False: SBIRT is effective for adolescents?**
 - a. True
 - b. False

- 3. The recommended RF SBIRT screening tool is the:**
 - a. CRAFFT
 - b. GAIN SS
 - c. GAIN SS RF SBS
 - d. AUDIT

- 4. Which one is NOT considered part of Motivational Interviewing?**
 - a. Engaging
 - b. Focusing
 - c. Resisting
 - d. Evoking
 - e. Planning

- 5. Select all that apply: The RF SBIRT includes Motivational Interviewing because...**
 - a. Everybody's doing it
 - b. It is collaborative and person centered
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- 6. Select all that apply: What are some cultural considerations when implementing any type of evidence-based practice?**
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 - e. Encouragement

Training Satisfaction

1. **General rating of the training (please check only one):**

	Excellent	Good	Adequate	Fair	Poor
Overall Content					
Knowledge of Presenter(s)					
Practical Application of Content					
Thoroughness of Coverage of Content					
Right now, how <u>confident</u> do you feel in your ability to implement RF SBIRT (circle only one)?					
Completely confident	Very confident	A little confident	Not at all confident		

2. **Were the learning objectives met for the training (Hint: refer to the agenda)?** (circle one) Yes No Not Sure

3. **Anything else you want to tell us about this training?**