ABOUT THE ADOLESCENT SBIRT BRIEF SERIES: As part of its work to support the Conrad N. Hilton Foundation’s Substance Use Prevention initiative, the University of California, Los Angeles’ Integrated Substance Abuse Programs (UCLA ISAP) will periodically publish Adolescent SBIRT Briefs. Each brief will focus on key issues regarding the design and implementation of screening, brief intervention, and referral to treatment services for adolescents, and will be designed to give readers useful information and perspectives to help improve the quality and consistency of substance use prevention and early intervention services. In this Adolescent SBIRT Brief, we focus on issues related to brief interventions for substance use among adolescents. Future briefs will focus on issues related to referral to treatment and strategies to promote SBIRT implementation and sustainability.

WHY USE BRIEF INTERVENTIONS FOR SUBSTANCE USE?

Nationwide, approximately 2.4 million adolescents age 12-17 report having used alcohol in the previous month, and 2.2 million report past-month illicit drug use.¹ The vast majority of these youth do not have a substance use disorder (SUD).¹ For these individuals, specialty SUD treatment would be clinically inappropriate and inefficient given the limited adolescent treatment capacity of most SUD treatment providers in the United States. However, not addressing substance use among these youth increases their risk for serious health, educational, and social problems.²

Brief interventions are structured conversations or sessions designed to address substance use among adolescents who are using substances, but do not need specialty SUD treatment. Brief interventions can vary in their duration, intensity, and structure, but all of them are designed to be delivered in non-SUD treatment settings such as medical offices, schools, justice programs, and other places where youth who are using psychoactive substances can be identified and engaged.

A previous SBIRT Brief focused on screening—a systematic process that can be used to efficiently and effectively identify adolescents who would benefit from brief interventions.³ In this SBIRT Brief we focus on brief interventions themselves, particularly: (1) the centrality of motivational interviewing in brief interventions; (2) different brief intervention models; and (3) implementation issues that providers and programs need to consider as they design and begin delivering SBIRT services.
THE KEY TO BRIEF INTERVENTIONS: MOTIVATIONAL INTERVIEWING

The brief interventions utilized in SBIRT differ from interventions used in more traditional substance use prevention programs, which focus on educating youth about the risks associated with substance use and giving them skills and resources to resist pressure to use alcohol and drugs. Instead, the brief interventions used in SBIRT rely upon a clinical approach called motivational interviewing.

Motivational interviewing is a collaborative, client-centered form of guiding to elicit and strengthen motivation for change; it’s a counseling style that elicits behavior change by helping adolescents explore and resolve their ambivalence about substance use. Rather than telling adolescents that they “should” or “need to” stop using alcohol or drugs, providers who use motivational interviewing have more open conversations with adolescents, using reflective listening skills and other conversational techniques to mobilize adolescents’ own intrinsic motivations to change their alcohol and drug use. Using motivational interviewing, providers are able to help adolescents identify their own reasons to either reduce their substance use or quit, and collaboratively develop strategies that adolescents can use to achieve their behavior change goals.

By using adolescents’ own motivation as the reasons for change rather than simply telling them to stop using, motivational interviewing can help adolescents reduce their substance use and substance-related risk behaviors. Decades of research studies have shown that compared to other techniques, motivational interviewing is the most effective tool for achieving meaningful and lasting changes in substance use behavior within a relatively brief time period.

TYPES OF BRIEF INTERVENTIONS

We will discuss the three primary categories of Brief interventions. All three should be undertaken with the Motivational Interviewing style described above:

1. **Brief Advice**: Usually the only intervention given to someone who has a low risk score on their screen, Brief Advice describes a short intervention (less than 3 minutes) used to raise awareness of, and assess a person’s willingness to engage in further discussion about healthy lifestyle issues. Brief Advice is less in-depth and more informal than a Brief Intervention. Brief Advice can be as simple as one or two sentences such as, “The best way to reduce your risk of health and other problems related to alcohol and drug use is to stop using. What you do with this information is up to you. I am here to talk it through if you like.” The clinician can expand on this advice by discussing harm reduction strategies to help the youth use less, or in less risky ways.
2. **Brief Intervention:** Usually the intervention given to someone who has a moderate or high-risk score on their screen, Brief Intervention is a conversation that usually *starts* with Brief Advice and continues with a more in-depth Motivational Interviewing style discussion. Brief Intervention can be as short as 10 minutes or may last a few sessions. The goal of a Brief Intervention is to have a full discussion aimed at empowering a youth’s self-determination to reduce risky behavior. The Brief Intervention will usually include:

- Feedback about problems they might be at risk for according to their screener (even if they have not experienced any consequences *yet*);
- Normative feedback about how much their peers actually use;
- How their risks might impact their freedom and ability to reach their goals, exploring pros and cons of using;
- Asking how confident the youth feels that they could change their use if they want to;
- Asking how important it is for the youth to make changes at this time;
- A summary of the discussion and asking what they may or may not want to try to do about reducing or cutting back, including the possibility of Brief Treatment and/or referral to specialty substance abuse treatment if they are at higher than moderate risk, or if they request it.

3. **Brief Treatment:** If the youth is at high-risk, or needs further intervention, the Brief Treatment intervention will follow the Brief Intervention (above). Brief Treatment is used with someone who has a high-risk score who may not be motivated to go to specialty treatment, or may be facing a wait-time before space is available in treatment. Brief therapies often target a substance-abusing population with more severe problems than those for whom brief interventions are sufficient. Brief Treatment includes elements of Cognitive Behavioral Therapy (CBT). Functional Analysis is a CBT technique that plays a critical role in helping the client and counselor assess high risk situations that are likely to lead to substance use and providing insights into what may trigger or stimulate the client’s substance use (e.g., interpersonal difficulties, opportunities to take risks or feel euphoria not otherwise available in the patient’s life, etc.). Brief Treatment includes:

- Instruction making use of reading/writing homework assignments;
- Behavioral assignments to practice skills to learn different ways to understand situations and their responses;
- A therapeutic relationship where the counselor acts as a teacher and coach.

The goal of Brief Treatment is to increase motivation, to identify and reduce habits associated with a drug using lifestyle and substitute more enduring, positive activities and rewards. In addition, the skills can improve interpersonal functioning, enhance social supports, and help clients learn to tolerate feelings like depression and anger.
TECHNIQUES TO USE AS PART OF YOUR BRIEF INTERVENTION

The following are some techniques and models to help you in your conversations with youth about their drinking and drug use.

1. **EPE.** A simple and effective way of giving feedback which takes account of the patient’s existing knowledge and is respectful of their right to choose what to do with the information involves three steps: **Elicit** – **Provide** – **Elicit**.

   - **Elicit** means to ask the patient what they already know and what they are interested in knowing. Remind them that what they do with the information is their choice. Ask, “Would you like to see the results of the questionnaire you completed? What you do with this information is up to you.” “What do you know about the effects of [Substance] on your mood?”

   - **Provide** feedback in a neutral and non-judgmental manner: “Your score was X, which means that you are at risk of experiencing health and other problems related to your drug use at your current levels.” “Drugs affect the chemicals in your brain that regulate mood and regular use can make you feel depressed, anxious and, in some people, angry and violent.”

   - **Elicit** personal interpretation. Ask the patient what they think about the information and what they would like to do. You can do this by asking, “How do you feel about that?” “Where do we go from here?” “How concerned are you by this?” “What concerns you most?”

**WHEN YOU ENCOUNTER CASES OF ACUTE DANGER**

Very high-risk behaviors or child abuse and neglect you identify may require something more immediate than SBIRT: Taking unknown pills, mixing sedatives, intravenous use, engaging in potentially dangerous activities while impaired, use leading to an ER visit or arrest all indicate acute danger.

**Refer for or conduct:**
- suicide/safety evaluation
- emergency mental health evaluation
- child abuse/neglect report

Use a warm, reflective and understanding style – avoid being confrontational and judgmental. Be sensitive to current youth trends and language.

2. **FRAMES.** Research into effective Brief Interventions for substance use have found that they include a number of consistent features that appear to contribute to their effectiveness. These have been summarized using the acronym FRAMES (*Feedback, Responsibility, Advice, Menu, Empathy, Self-efficacy*).

   - **Feedback** information from the screening and what it means re: the youth level of risk;
   - **Responsibility** refers to informing youth “Nobody can make you change or decide for you, your decisions about substance use are up to you”;
   - **Advice** means providing clear advice regarding the specific harms of substance use;
   - **Menu of options** refers to the process of asking youth what alternatives they might pursue or provide youth with a range of alternative strategies to cut down or stop;
   - **Empathy** means showing an ability to understand and share the feelings of the young person in front of you; and
• **Self-efficacy** (confidence for change) is where the provider should encourage the youth’s confidence that they will be able to make changes and elicit self-efficacy statements by asking “what are some of the strengths you will use to help with your plan” “when have you had success in this in the past?”.

3. **FLO** is another model that stands for **Feedback, Listen & Understand, and Options**.
   - **Feedback**: Discuss information from the screening and what it means regarding the youth’s level of risk;
   - **Listen & Understand**: Use a warm reflective listening approach and ask for their personal understanding of their drug use;
   - **Options explored**: Ask the youth what alternatives they might pursue or provide youth with a range of alternative strategies to cut down or stop;

   "**What we have found is that initially adolescents don’t want to discuss alcohol or drug use. But when you listen and use a warm empathetic, conversational approach, they will begin to feel comfortable and open up.**"

4. **BNI- Brief Negotiated interview** [https://www.integration.samhsa.gov/clinical-practice/sbirt/Brief_Negotiated_Interview.pdf](https://www.integration.samhsa.gov/clinical-practice/sbirt/Brief_Negotiated_Interview.pdf) The BNI is a semi-structured interview process based on MI that is a proven evidence-based practice and can be completed in 5–15 minutes. The steps include:
   a. Build rapport—raise the subject. Explore the pros and cons of use.
   b. Provide feedback; provide the facts without judgement; interpretation of the feedback is the young person’s task.
   c. Build readiness to change. Explore what are current strengths? What has been helpful/healthy behaviors in the past? Promote optimism and hope.
   d. Negotiate a plan for change. What would change look like?

**IMPLEMENTATION CONSIDERATIONS**

When implementing Brief Interventions at your agency, it is important to consider the needs of your clients, the expertise of your clinicians, your collateral resources, and the material resources at your agency.

Brief outpatient interventions are not appropriate for patients who have psychotic or bipolar disorders and are not stabilized on medication. Brief Interventions may not be appropriate for those who have unstable living arrangements and those who are not medically stable (as assessed by a pretreatment physical examination).8

Prior to implementing Brief Interventions at your agency, practical issues should be resolved. Where will the youth be seen for the Brief Interventions? Which staff will deliver the Brief Interventions? What type of record-keeping will be maintained for the Brief Interventions? Who will ultimately be responsible for the records?

It is also important to consider the issues and concerns regarding confidentiality when delivering SBIRT services. How do we balance a parent/guardian’s right to know about their child’s health and the adolescents right to privacy of sensitive information? There are state and local laws pertaining to parental notification and minor consent. Instead of viewing confidentiality as a barrier, focus on educating adolescents on information sharing.
as a way to ensure better services. Educate adolescents about consent and who you may share information with. Implement the use of routine consent forms that are approved by your organization. It is also important to look at your organizations billing procedures to see how these services are documented and coded (and how to ensure confidentiality is maintained).

It is complicated, but there are resources:

- **Confidentiality and Parental Involvement:** [https://www.adolescentsubstanceuse.org/confidentiality/](https://www.adolescentsubstanceuse.org/confidentiality/)
- **SAMHSA’s FAQ on Confidentiality Regulations:** [https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs](https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs)

Staff who primarily provide Brief Interventions should be trained in a Brief Interventions model that can be implemented at your site. They should also be trained to recognize any needs or goals that are beyond the scope of Brief Interventions. If the youth has multiple or complicated issues it may be necessary to refer him or her out to another provider. Related to this, your agency must establish collateral relationships with treatment providers who can meet the needs of your clients when they are beyond the scope of the Brief Interventions that you provide.  

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**CONCLUSION**

By providing appropriate Brief Advice, Brief Interventions, and Brief Treatment, providers in diverse settings can improve their capacity to serve adolescents who are using alcohol and drugs, and increase their motivation to take other steps to address substance use. Numerous resources are available to guide service providers as they make decisions about Brief Advice, Brief Interventions and Brief Treatment. Brief Interventions are taking place in a variety of settings and are being implemented by a wide range of individuals with differing professional backgrounds. The effectiveness of SBIRT is tied in many ways to the quality of the Brief Intervention. For further information or support on these issues, you can contact the Project Director of the UCLA ISAP team, Brandy Oeser, MPH, at boeser@mednet.ucla.edu
WORKS CITED:


