

Bringing Youth Voice to SBIRT

Youth Engagement Matters

Communities and organizations are increasingly acknowledging the need to work with youth and young adults as partners to achieve mutually beneficial outcomes, authenticity, and reciprocity. This process generally requires clinical guidance and delivery that is adult-led. Many systems may not have mechanisms in place to invite youth input. In support of the Conrad N. Hilton Foundation's Substance Use Prevention grantee community, learning generated through YESS presents an opportunity to shift current thinking about substance use prevention and early intervention. Young people have a unique part to play in substance use prevention, including within Screening, Brief Intervention, and Referral to Treatment (SBIRT) – a key strategy of focus among grantees. This increasingly means that roles for youth and young adults are transforming from service recipient to active participant or service partner and even to program developer and service provider. Wherever a program falls on this continuum, there is an opportunity to enhance work with youth in a mutually beneficial way.

In this Brief: Engaging youth to inform the design and implementation of adolescent SBIRT is essential to ensure effectiveness.

Why Engage Youth in SBIRT Planning?

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a process of care that follows a logical flow from screening to responding to risk and referring youth to treatment or other supports as needed. This process generally requires adult clinical guidance and delivery. Further, traditionally structured settings may resist youth-directed change. As a result, there can be an “all or nothing” reaction to youth involvement and partnership.

Because of these factors, it can be challenging to imagine how youth could influence or become integrated within SBIRT practice. However, adolescents and young adults know what is effective when it comes to the messaging, approach, and objectives of substance use prevention or early intervention efforts targeted at their age groups. Providers can benefit from youth input to inform service delivery and elicit better outcomes for young people through collaborative care.

Starting Points: Engaging Youth in SBIRT Planning

Understandably, in states, regions, or districts where SBIRT is a mandated and/or funded initiative, resources to engage youth in development and implementation may be more available than in other areas. Still, there are opportunities for youth to be engaged in determining the scope, design, and delivery of services. At a minimum, youth can provide input about their own healthcare experiences. Some clinical settings already facilitate provider and youth feedback through their independent youth councils. Youth Advisory Boards could assess and support SBIRT practice in a given region or community, or youth could provide input into materials such as brief intervention tools and screeners, and contribute to SBIRT training. The following questions, when explored with youth, may help spark ideas for broader youth input and guidance:

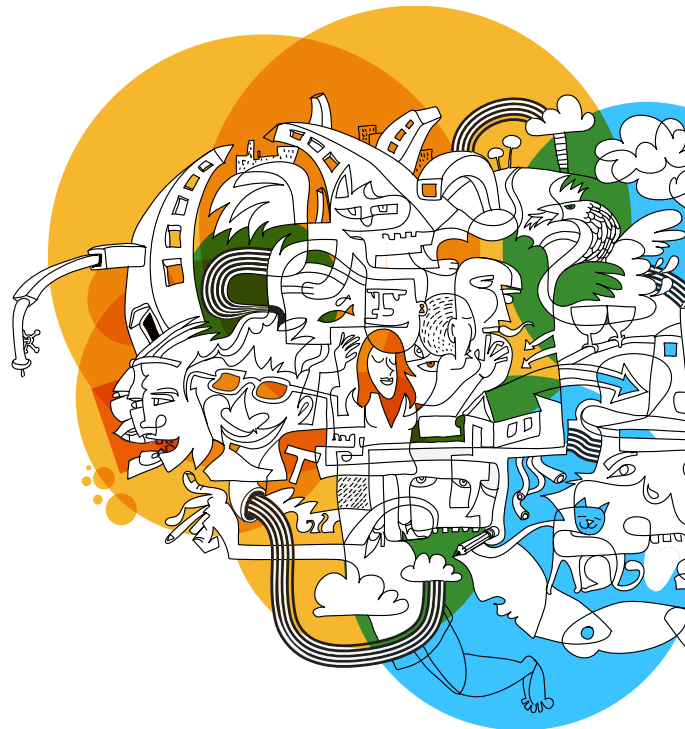
- What potential is there for engaging youth in screening?
- Can we practice the screening tool with youth?
- What screening tool resonates most with our youth population?
- Who will youth best respond to when being screened?
- Where are youth most comfortable answering the screening questions?
- What about brief interventions? What do youth want and need?
- What about referrals? What do youth want and need?

“For sites seeking to implement SBIRT that already have well developed youth programs, engaging youth in this initiative is a piece of cake. SBIRT is one of many programs that youth can work on. For newer school-based health centers, or those that have not involved youth, this initiative has been a wake-up call...Facilitating connections to sites that have done it already has really helped.”

—Stakeholder Interview

Case Example: School-Based Health Alliance

The School-Based Health Alliance coordinates a Youth Advisory Council to oversee its work. The Council works with adult-partners from the national organization and state-based grantees on promoting youth-informed health advocacy and services. Each member of the Council has a role and area of expertise based on their skills and interests. For example, there are roles specific to: Community Outreach, Blogging, Social Media, and the SBIRT and Youth Safety Net Project initiatives. Based on their roles, members of the Youth Advisory Council are consultants for the School-Based Health Alliance and advise the national and state grantees. All youth on the council are available to offer guidance to grantee communities and facilitate cross-site learning and technical assistance, including youth-informed SBIRT implementation. The School-Based Health Alliance is looking to further embed the consulting role of the Youth Advisory Council across projects organization-wide.



Supporting Peer-to-Peer Roles

Agencies that are ready to integrate young people into more formal roles might consider having young adults serve as young peer providers (young adults with lived experience of substance use recovery).

Peer-to-peer outreach can take many forms, including within an SBIRT framework. Young people can be involved in administering screening, answering questions and coordinating communication with parents and providers, and guiding adolescents to engage in treatment or recovery supports together with clinical staff. Adolescents may hesitate to discuss substance use with adults if they are not sure who to trust. Young peers can help to initiate open conversations and share relatable experiences that may lead youth to be more open about risky behaviors and concerns. In some cases, young peers can be trained to deliver brief interventions with oversight from clinically trained adults. Young peers are able to establish rapport quickly with adolescents, can use basic Motivational Interviewing skills to discuss topics related to risk and protective factors, and potentially foster self-directed behavior change.

Future research will further explore the role of young peers in youth substance use screening and early intervention and seek to understand how peers can add capacity and complementary skills to multidisciplinary healthcare and school-based teams.

“Look for places of potential input before implementation, such as survey development. Are the researchers asking the right questions? For example, current research is looking at clinical outcomes. Would youth identify alternate outcomes, such as knowing how to find friends, developing social connectedness, or finding community resources?”

—Stakeholder Interview

Case Example: Kaiser Permanente, Arts Integrated Resources, Colorado

Colorado's Arts Integrated Resources (AIR) department, a community benefit program of Kaiser Permanente, promotes greater community health through educational theatre, dynamic youth engagement products, and hands-on, experiential learning for all ages. The AIR's youth advisory council – the Community Health Action Team – holds four-hour youth-led workshops (YouthCHAT) to guide healthcare providers towards youth friendly spaces and practices.

Within the training, youth address a number of topics with healthcare providers including how to talk with youth, how to leverage non-verbal cues to make a young person more comfortable and heard, and how to make their clinics and offices more welcoming. As a part of the training, youth have assessed and revised the HEADSS assessment tool¹, currently used in clinics for risky youth behavior. Youth input has made the assessment more conversational and includes bridge language to open up dialogue. The trainings also provide a unique opportunity for healthcare providers to have a direct and open dialogue about how youth perceive and experience care. Youth role play scenarios with clinicians and provide direct feedback on their approach.

“Having youth speak to other youth about drug prevention is super important. They are also on the receiving end, so they can really understand, listen, and be present.”

—Youth Focus Group

“It is important that youth are leading the conversation. Youth will listen to their peers. It is more effective for spreading the message of substance use prevention and raising awareness.”

—Youth Focus Group

Youth engagement benefits youth, adults, programs, and communities. As described in this brief, youth can support the design and implementation of screening and intervention approaches such as SBIRT. Although involving youth might require a culture shift in traditional settings, finding innovative ways to elevate youth voice is essential to improving service outcomes for young people.

The Conrad N. Hilton Foundation recognizes that SBIRT for adolescents has historically been developed, implemented, and informed by adult perspectives. In an effort to bring youth and young adult voices to the Strategic Initiative and transform how we think about substance use prevention and early intervention, the Conrad N. Hilton Foundation is partnering with the Center for Social Innovation (C4) to explore current status and potential opportunities for youth engagement with grantees. Youth Engagement Strategies and Support (YESS) leverages the learning of pioneers in youth engagement and explores how these lessons can be applied to adolescent substance use prevention and early intervention. Please refer to additional briefs on Defining and Understanding the Benefits of Youth Engagement, Planning for Youth Engagement, and Recruiting Youth and Sustaining Engagement for more insight from the YESS project.

¹Goldenring, J. M., & Rosen, D. S. (2004). Getting into adolescent heads: an essential update. *Contemporary Pediatrics*, 21(1), 64-80.