

Webinar: Brief Intervention for Adolescents Part I: BNI Using MI Strategies Questions from Participants and Answers from the Presenter

Q: Routinely doing this during a well child exam, how do you explain to the parents why you are talking to the teens so long in the room?

A: Two options:

- i. Be frank with the parent that there is a substance use issue. But, you will want to get approval from the adolescent to do so.
- ii. Stay in a broad content zone when explaining to the parent. Examples: "I was getting to know your daughter/son. And we were discussing common health issues." Also note that as part of well adolescent care, a practitioner will begin to transition to spending time alone with the adolescent during each visit as part of empowering them to become more Independent and involved in managing their own health care as they mature.

Also, what do you tell parents regarding the need for a follow up?

A: If comfortable, keep referring to the meetings as 'discussions about health issues common to teenagers'. But there may be a time when you have to inform the parent there is a health issue related to substance use. Work with the teenager on ways to frame the conversation. Also assure the adolescent that the focus will be on ways their parents can be supportive and that you will always be an advocate for them.

Q: Are there any tools or tips to address substance use with the adolescent? I know that building trust is important, but there doesn't seem to be much time to establish a strong relationship with the client in a brief intervention.

A: It is like many other health issues where an skilled, empathetic practitioner actually **is** able to establish trust in even a short interaction with the patient when they use MI skills effectively.

To build rapport, ask the adolescent for feedback on different ways for you to talk to his/her parent. Offer some examples:

"Like I do with all adolescents who are here for a well visit, I was talking to your daughter/son about.....

.... ways to stay healthy."

....the dangers of alcohol use as a teenager when the brain is still developing."

....the dangers of marijuana use as a teenager when the brain is still developing."

....staying drug-free as a teenager."

....not letting peer pressure lead to mis-behavior."

Q: Could you share the reference for the meta-analysis in writing?

A: Tanner-Smith, E. E., & Lipsey, M. W. (2015). Brief alcohol interventions for adolescents and young adults: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment, 51*, 1-18.

Q: How do you build these conversations into a busy schedule?

A: Whenever you can link substance use to anything going on with the adolescent's physical or mental health, academics, or other areas of life, you are essentially doing a BI. You can always arrange follow-up to continue to address substance use and perhaps sometimes do a 2-part BI. Perhaps engagement and feedback in part 1 and maybe a trial of no use or cutting back. Then continue with enhancing motivation and negotiate further steps and treatment when indicated at a second visit.

Ultimately, you can only what you can do. Some clinics have the para-professional learn and administer the SBIRT. Perhaps they are not as busy as the practitioner. Can you find 5 minutes? Even a 5-minute brief conversation seems preferable to no conversation.