


# 3 USING SBIRT TO TALK TO ADOLESCENTS ABOUT SUBSTANCE USE WEBINAR SERIES

**BRIEF INTERVENTION FOR ADOLESCENTS PART II: BRIEF NEGOTIATED INTERVIEW (BNI) USING MOTIVATIONAL INTERVIEWING (MI) AND COGNITIVE-BEHAVIORAL THERAPY (CBT) STRATEGIES**

HOSTED BY:  
 ADOLESCENT SBIRT PROJECT, NORC at THE UNIVERSITY OF CHICAGO,  
 and THE BIG SBIRT INITIATIVE



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## Using SBIRT to Talk to Adolescents about Substance Use Webinar Series



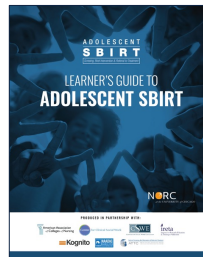
- Substance Use Screening Tools for Adolescents
- Brief Intervention for Adolescents Part I: BNI Using MI Strategies
- Brief Intervention for Adolescents Part II: BNI Using MI and CBT Strategies
- Discussing Options and Referring Adolescents to Treatment

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## Learner's Guide to Adolescent SBIRT Curriculum

- The education presented in this webinar complements the *Learner's Guide to Adolescent SBIRT*.
- Order your copy here and get more information here:  
[sbirt.webs.com/curriculum](http://sbirt.webs.com/curriculum)



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## Access Materials

- PowerPoint Slides
- Materials and Resources
- On Demand Access 24/7
- Certificate of Attendance
- Evaluation Survey



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## Section 1

### Brief Intervention

ADOLESCENT  
**SBIRT**  
Screening, Brief Intervention & Referral to Treatment

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## Why SBIRT with Youth?

- SBIRT for adolescent alcohol and other substance use is growing across a range of medical and behavioral health settings.
- It is an efficient and cost-conscious approach that can be taught to a wide range of service providers.
- SBIRT is particularly fitting for adolescents: the content can readily be organized around a developmental perspective; many substance-using teenagers do not need intensive, long-term treatment; and the client-centered, non-confrontational interviewing approach common to SBIRT is likely appealing to youth.

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## Brief Intervention

- **Brief Intervention (BI):** a behavioral change strategy that is short in duration and that is aimed at helping a person reduce or stop a problematic behavior

More about  
this concept in  
Webinar #2  
in this series

- Brief Negotiated Interview (BNI)
- BI Webinar #2, Part 1: What to do
- BI Webinar #3, Part 2: How to do it

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Section 2

## Motivational Interviewing And Cognitive Behavioral Strategies

ADOLESCENT  
**S B I R T**  
Screening, Brief Intervention & Referral to Treatment

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## Brief Intervention with Adolescents

- Change is difficult.
  - ▣ Brief interventions are designed to help adolescents take the first steps towards making healthy changes.
  - ▣ Adolescents must choose to change and to do the work.
  - ▣ Techniques from Motivational Interviewing (MI) and Cognitive-Behavioral Therapy (CBT) form the core of brief interventions.

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AUDIENCE POLLING QUESTION #1

Which of these is an example of a confrontational style?  
(select all that apply)

- "You're going to hurt your parents/family if you don't stop."
- "You're wrecking your life because of your drug use."
- "If you don't stop now, you will die."
- "Your denial of the problem tells me that you have a problem.."
- None of the above

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## Brief Intervention with Adolescents

- Brief Interventions makes sense for adolescents!
  - ▣ It is non-confrontational.
  - ▣ It promotes insight, self-understanding and self-efficacy (all critical skills to develop at this stage of life) by harnessing CBT strategies.
  - ▣ It helps empower the adolescent to own their decisions which can be beneficial for many other challenging choices and decisions that they may face through the use of MI techniques.

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## Examples of Confrontational Style

"Your going to hurt your parents/family if you don't stop smoking marijuana."

"Your going to get kicked off the soccer team if you don't stop going to practice hungover."

"You're wrecking your life because of your drug use. You have to stop. It's going to kill you."

"Your denial that you have a pill problem tells that you really have a problem."

"Why don't you stop doing cocaine? If you really wanted to you would."

"You're depressed and your use of [x] makes it worse. You aren't going to feel better until you stop. Just do it!"

"You'll never get into college if you don't stop drinking."

"If you don't stop smoking cigarettes now, when your 25 you'll look 100 from all the wrinkles."

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## Brief Intervention

- Not all adolescents want to change their behavior.
- Your role with adolescents is to activate the internal motivation and help them find their own best reasons and methods to change.



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## Brief Intervention - Definitions

- **Motivation** - internal and external forces and influences that move an individual to become ready, willing and able to achieve certain goals and engage in the process of change.
- **Motivational Interviewing (MI)** - a collaborative, goal-oriented method of communication with particular attention to the language of change. MI is intended to strengthen personal motivation for and commitment to a target behavior change by eliciting and exploring an individual's own arguments for change.
- **Cognitive-Behavioral Therapy (CBT)** - set of strategies based on the idea that distorted thoughts, not realistic ones, lead to unhealthy, negative emotions and behaviors.

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## Brief Intervention

- The goal is:
  - ✔ for adolescents to arrive at the reasons for change that will be most influential to them;
  - ✔ to create realistic plans to change; and
  - ✔ to monitor steps taken to correct or reinforce change.



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## Ambivalence

- A hallmark of the change process is ambivalence = feeling two ways about the change.
- Even with wanted or positive changes, ambivalence is often present.
- It can impede progress if not addressed.
- Pay special attention to normalizing ambivalence through the use of empathic responses that normalize the experience.



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## Ready to Change?

- "In a representative sample across more than 15 high-risk behaviors, it was found that fewer than 20% of a problem population are prepared for action at any given time. And yet, more than 90% of behavior change programs are designed with this 20% of the population in mind."
- Your clinical task is to help the 1 in 5 people who are ready to make changes right now, and the 4 out of 5 clients who can move toward greater motivation and action.

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## Ready to Change?

People change their behaviors when they:

- become interested in or concerned about the need for change.
- become convinced that the change is in their best interest or will benefit them more than cost them; and
- organize a realistic, feasible plan of action and take the actions necessary to make the change and sustain it.

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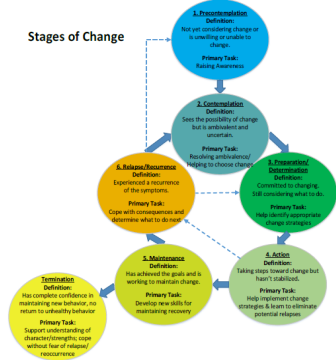
## Stages of Change

**Stages of Change model** - a way to identify the important tasks needed to make change happen, better understand the health care or treatment needs of that adolescent and identify which options are most appropriate given the adolescent's level of motivation to change.

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse/Recurrence
- Termination

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## Stages of Change



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## Stages of Change

Stages of Change: Intervention Matching Guide		
<p><b>1. Pre-contemplation</b></p> <ul style="list-style-type: none"> <li>Offer <b>factual</b> information</li> <li>Explore the <b>meaning</b> of events that brought the person to treatment</li> <li>Explore <b>results of previous efforts</b></li> <li>Explore <b>pros and cons</b> of targeted behaviors</li> </ul>	<p><b>2. Contemplation</b></p> <ul style="list-style-type: none"> <li>Explore the person's <b>sense of self-efficacy</b></li> <li>Explore <b>expectations</b> regarding what the change will entail</li> <li><b>Summarize</b> self-motivational statements</li> <li>Continue exploration of <b>pros and cons</b></li> </ul>	<p><b>3. Preparation/Determination</b></p> <ul style="list-style-type: none"> <li>Offer a <b>menu of options</b> for change</li> <li>Help identify <b>pros and cons</b> of various change options</li> <li>Identify and <b>lower barriers</b> to change</li> <li>Help person <b>enlist social support</b></li> <li>Encourage person to <b>publicly announce plans</b> to change</li> </ul>
<p><b>4. Action</b></p> <ul style="list-style-type: none"> <li>Support a <b>realistic view</b> of change through <b>small steps</b></li> <li>Help <b>identify high-risk situations</b> and develop <b>coping strategies</b></li> <li>Assist in <b>finding new reinforcers</b> of positive change</li> <li>Help access family and social <b>support</b></li> </ul>	<p><b>5. Maintenance</b></p> <ul style="list-style-type: none"> <li>Help identify and try <b>alternative behaviors</b> (drug-free sources of pleasure)</li> <li><b>Maintain supportive contact</b></li> <li>Help <b>develop escape plan</b></li> <li>Work to <b>set new short and long term goals</b></li> </ul>	<p><b>6. Relapse/Recurrence</b></p> <ul style="list-style-type: none"> <li>Frame recurrence as a <b>learning opportunity</b></li> <li>Explore possible behavioral, psychological, and social <b>antecedents</b></li> <li>Help to develop <b>alternative coping strategies</b></li> <li>Explain Stages of Change &amp; encourage person to <b>stay in the process</b></li> <li>Maintain <b>supportive contact</b></li> </ul>

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## MI Skills Used in Brief Interventions

- When practitioners use MI techniques, many adolescents with substance use-related problems decrease their alcohol, tobacco, and other drug use; reduce their risks of injury, DUI, home and social dysfunction; and engage in and complete substance use treatment.
- Many practitioners feel that they already use MI techniques in their clinical practice.
- Research studying actual clinical sessions shows big gaps between theory and practice, even in highly trained MI clinicians.

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## The Spirit of MI

- Collaboration = Partnerships
- Evocation = Listening and eliciting from the adolescent
- Autonomy = Respecting the adolescent's ability to choose
  - We cannot make an adolescent change.
  - Change belongs to the adolescent.

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**Key Motivational Interviewing Skills for BI**

- 1) **Open-Ended Questions**
- 2) Affirming
- 3) Reflective Listening
- 4) Summarizing
- 5) Eliciting Change Talk
- 6) Asking Permission & Giving Advice
- 7) Generating a Menu of Options
- 8) Managing Pushback

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## Asking Open-Ended Questions

Open-ended questions are more helpful in developing rapport and creating the opportunity to support and encourage the adolescent's existing motivation to change.

**Open-ended questions** – questions that are phrased in a way that encourage adolescents to explore and share her feelings, experiences, and perspectives.

*“What brings you to the clinic today?”*  
*“How would you describe prescription opioids are affecting your life?”*

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## Asking Open & Close-Ended Questions

Close-Ended Questions	Open-Ended Questions
So, you are here because your parents are concerned about your use of Xanax, correct?	Tell me, what is it that brings you here today?
Is everything okay at school?	How are things going for you at school?
Do you agree that it would be a good idea for you to get treatment for your heroin use?	What do you think about the possibility of getting treatment for your heroin use?
First, I'd like you to tell me about your nicotine intake. On a typical day, how much do you smoke/vape – a lot or a little bit?	Tell me about your nicotine intake during a typical day.
Do you like to use psychedelic mushrooms?	What are some of the things you like about psychedelic mushrooms?
How has your Adderall intake been this week, compared to last: more, less or about the same?	What has your Adderall intake been like during the past week?
Do you think you smoke marijuana too often?	In what ways are you concerned about your marijuana use?
How long ago did you last do cocaine?	Tell me about the last time you used cocaine.
When do you plan to quit drinking?	So, what do you think you want to do about your drinking?

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**Key Motivational Interviewing Skills for BI**

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## Affirming Adolescents

**Affirming** - recognizing the adolescent's strengths, accomplishments, goals and values, complementing or making statements of appreciation and understanding.

*"Thank you for showing up to this appointment and being willing to talk with me."*

*"I appreciate your willingness to discuss these things with me. I can tell that you really care about other people in your life."*

*"I can see that you care about your future."*

*"Your family and friends and not letting them down really matter to you."*

*"Being a good role model to your younger siblings is important to you."*

*"Getting through school is one of the most important things in your life right now."*

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## Affirming Adolescents

### □ Focus on strengths

*"I have noticed that you are really good at identifying strategies which help you reduce stress."*

### □ Encourage the adolescent's persistence in spite of past problems

*"You did a great job dealing with pressure from your friends to vape when you made a commitment to cut back."*

### □ Make encouraging statements and elicit positive responses

*"You're making great progress. Tell me how you feel in comparison to 2 weeks ago."*

### □ Acknowledge the positives

*"It seems to me that school is going better for you. You're getting to school on time and are no longer getting into trouble for being late. That must feel really good."*

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## Affirming Adolescents

### □ Point out and celebrate steps taken so far

*"I am very proud of your progress. You have come so far in 3 weeks."*

### □ Remind the adolescent of past successes

*"I know this appears very difficult to overcome. You have been able to do it before."*

### □ Compliment willingness to talk about difficult issues

*"Thank you for taking a few minutes to talk with me about your substance use. I appreciate your openness and sharing your experiences and thoughts with me today."*

### □ Celebrate the adolescent as a person

*"You are a kind and warm person. I can see how this problem affects you."*

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## Key Motivational Interviewing Skills for BI

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## Utilizing Reflective Listening

Ideally, most of the practitioner's time should be spent listening.



**Reflective listening** – also known as parallel talk or paraphrasing, occurs when the practitioner carefully listens to an adolescent's thoughts, perceptions, and feelings then restates them for the purpose of clarification and further exploration.

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## Utilizing Reflective Listening (cont.)

- Listening carefully and responding with reflective listening statements encourage and support the adolescent's ability to explore and problem-solve.
- Listening is a primary way to demonstrate empathy and a genuine willingness to try and understand the person's perspective.
- It's a powerful and underutilized force for change.
- Skilled reflective listening can prompt an adolescent to begin to *talk themselves into change*.
- People are generally more impressed by and tend to believe in what they hear themselves saying compared to what practitioners tell them.
- Open-ended questions and skilled reflections help the adolescent *hear themselves talking out loud*.

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## Let's Give It a Try!



**Adolescent:** "I hate my coach. I should just quit the soccer team."

**Practitioner:** "You hate your coach and think it would be better for you to quit playing soccer."

**Adolescent:** "Yeah! My coach is always hassling me to work faster, work harder. But it is hard to commit all those hours after school when I have so much homework to do. I'm under so much pressure. So I go over to my buddy's house after practice and his brother gets us some beer. We just hang out and play video games. Then, the next day, I'm so tired at school. My head is pounding and I feel like I'm going to get sick. Still, I know I have to keep up with practice and everything my coach is asking of me."

**Practitioner:** "What I hear you saying is that because your body is hung-over from the previous night's drinking, you are finding it difficult to perform at your best in soccer practice."

**Adolescent:** "Yeah, I guess so."

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## Utilizing Reflective Listening (cont.)

Reflective statements help you avoid "roadblocks", that prevent progress. Examples of roadblocks:

- **Commanding** - imposing a view on the adolescent that they need to act in a certain way
- **Threatening** - warning or cautioning the adolescent about what might happen if they do not change
- **Prematurely giving advice** - offering unsolicited solutions or making suggestions
- **Moralizing** - telling people what they should do
- **Criticizing** - disagreement between practitioner and adolescent which implies judgment or blaming
- **Shaming** - labeling or ridiculing the adolescent can make them feel humiliated

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## Utilizing Reflective Listening (cont.)

Here are several phrases you can use to clarify and reflect back understanding of what the adolescent is trying to convey:

- *I understand the problem is...*
- *I'm sensing...*
- *I wonder if...*
- *I get the impression that...*
- *As I hear it, you...*
- *From your point of view...*
- *In your experience...*
- *I'm picking up that...*
- *Where you're coming from...*
- *You mean...*
- *Could it be that...*
- *Let me see if I understand. You...*
- *You feel...*
- *From where you stand...*
- *You think...*
- *What I think I hear you saying...*

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## Utilizing Reflective Listening (cont.)

- You are not simply restating the adolescent's thoughts verbatim (although sometimes using the adolescent's own words can be very powerful).
- Rather, strategically restating the adolescent's words to encourage more thought and discussion.

**Adolescent:** "I don't have a drug problem. I just smoke a little weed every night before bed to help with sleep."

**Practitioner:** "You use marijuana every day of the week, and you do not feel that you have a drug problem."

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## Utilizing Reflective Listening (cont.)

- Reflective listening may include the practitioner's inferences based on previous statements – called "continuing the paragraph".
- Be careful not to overreach and go too far beyond what the adolescent is trying to convey.

**Adolescent:** "I don't want to grow up to be like my parents. They never cared for me like they should because they were always drunk or high or gone."

**Practitioner:** "You want a better life for yourself than your parents' lives. So you are here to ensure that substances do not interfere with that."

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## Utilizing Reflective Listening (cont.)

- Most of your responses in a session should be reflective listening statements.
- Asking a series of questions may be easier and feel more comfortable but Q&A puts the responsibility for fixing the adolescent's problems on you.
- Your task is to help the adolescent make their own solutions using their own resources and motivation.
- There may be a tendency to think that a heavy dose of reflective statements is not effective in moving the adolescent to the action stage – **This is not the case.**
- Reflection encourages adolescent self-efficacy and intentions to change.

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## Key Motivational Interviewing Skills for BI

- 1) Open-Ended Questions
- 2) Affirming
- 3) Reflective Listening
- 4) **Summarizing**
- 5) Eliciting Change Talk
- 6) Asking Permission & Giving Advice
- 7) Generating a Menu of Options
- 8) Managing Pushback

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## Summarizing the Adolescent's Thoughts and Feelings

**Summarizing** helps the adolescent to change because:

- Summarizing is done with only a few sentences.
- Use it sparingly to not interrupt the conversation flow.
- You might conclude a summary statement by asking the adolescent an open-ended question, *"What else?"* rather than a close-ended question, *"Did I miss anything?"*
- This way, you are inviting them to generate as opposed to simply responding with, "yes," or "no."

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## Tips for Summarizing the Adolescent's Thoughts and Feelings

- Linking phrases, such as, **"on one hand"** and **"on the other hand,"** can help the adolescent acknowledge conflicting statements without aggressively confronting inconsistencies.
- Linking summaries create an opportunity in the conversation that highlight conflicting ideas or discrepancies that force the adolescent to address the discrepancy or topic without directly confronting them.
- You can also use summarizing to correct faulty conclusions made by the adolescent or redirect their arguments for not changing.

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## Let's Give It a Try!



**Adolescent:** "I don't understand why everyone seems to think I have a drinking problem. I only drink on weekends at parties after tough weeks of exams and writing papers. Everyone does that. I enjoy being out, watching a game, drinking, and seeing friends. I'm usually the last person at the party. Gives me a chance to hang out with lots of other people."  
**Practitioner:** "So, because you only drink on weekends when you feel stress from a tough week at school, you feel you don't have a drinking problem any more than your friends."  
**Adolescent:** "Right! So, I have a few beers to relax! I see the same group of people at a friend's house every weekend, partying and drinking just like I am. You don't see any of them sitting here right now, do you?"  
**Practitioner:** "Ok. I see where you are coming from. Tell me more about how much you drink in comparison to your friends."  
**Adolescent:** "Well I throw back a few beers just like they do. Actually, I can handle drinking way better than they can. They're light weights. They're too drunk after the first few, and someone tries to get them home so they don't make fools out of themselves. I can drink twice what they can. I have an iron stomach, I guess."  
**Practitioner:** "You seem to have different perspectives on your drinking. On the one hand, you see yourself as just like your friends who are partying with you and, on the other hand, you see yourself as frequently drinking more than your friends and mentioned that they leave before you do."

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## Key Motivational Interviewing Skills for BI

- 1) Open-Ended Questions
- 2) Affirming
- 3) Reflective Listening
- 4) Summarizing
- 5) **Eliciting Change Talk**
- 6) Asking Permission & Giving Advice
- 7) Generating a Menu of Options
- 8) Managing Pushback

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## Eliciting Change Talk

- You **can't** make an adolescent change.
- You **can** stimulate the adolescent's internal motivations to modify behavior or initiate new behaviors.
- You **can** help an adolescent verbalize the reasons for and advantages of changing behaviors that are unique to them by eliciting "change talk".
- Discussing change that may not occur now but could occur in the future is valuable.

*Change talk – statements said by an adolescent that favor changing unhealthy behaviors and describe the reasons for and advantages of changing*

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## Eliciting Change Talk

- Change talk indicates the adolescent is moving forward in the right direction!
- You can encourage change talk by recognizing it when verbalized and appropriately responding.
- There are several ways to elicit change talk:
  - **Ask evocative questions**
  - *Ask about extremes*
  - *Use readiness rulers*
  - *Look backwards*
  - *Explore the status quo*
  - *Look forward*
  - *Ask for elaboration*
  - *Explore goals and values*

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## Ask Evocative Questions

- Evocative questions are questions that elicit change statements from the client.
- There are five categories of Evocative Questions (DARN-C):
  - Desire to change – "*Why might you want to make a change?*"
  - Ability to change - "*How did you do that before?*"
  - Reasons to change - "*What are your concerns?*"
  - Need to change - "*What makes you think you need to do something?*"
  - Commitment to change – "*What do you think you will do?*"

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## Ask Evocative Questions

Evoking statements about **DESIRE** to change:

- "Why might you want to make a change [quit, cut back] in how much you use marijuana?"
- "What, if anything, worries you about your current marijuana use pattern?"
- "What would be some benefits if you cut back on how much you use marijuana?"
- "If you reduced or stopped using marijuana, what would be better? What would be worse?"
- "In what ways has your marijuana use been a problem for you?"
- "I can see that you are feeling stuck, frustrated, and discouraged at the moment. What is going to have to change?"
- "To what extent would you like to make changes in your use of marijuana?"
- "How difficult would it be for you to cut back or stop using marijuana?"
- "What do you wish were different about your life/situation right now? How does using marijuana fit into the picture?"

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## Ask Evocative Questions

Evoking statements about **ABILITY** to change:

- "How might you go about making this change [if you decided to]?"
- "What is the first step you would take to make a change in your use of alcohol?"
- "What plan do you have to make the change happen? What methods can you use?"
- "What encourages you that you can change if you want to?"
- "What personal strengths do you have that will help you succeed?"
- "What gives you confidence that you can stop drinking?"
- "When else in your life have you made a significant change like this? How did you do it?"
- "Who could offer you helpful support in making this change? In what ways?"
- "What methods would you be willing to try that may work for you to change your drinking?"

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## Ask Evocative Questions

Evoking statements about **REASONS** to change:

- "What are some disadvantages of your using pattern staying the same?"
- "What are some of the best reasons you can think of to stop using opioids?"
- "How has your use of oxycodone affected your school performance or other important things in your life?"
- "What are some advantages of stopping using heroin?"
- "How would things be better with your parents if you cut back or stopped using prescription pain relievers?"

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## Ask Evocative Questions

Evoking statements about **NEED** to change:

- "How will your life be better if you make these changes?"
- "How is vaping nicotine getting in the way of what matters most to you in your life?"
- "If you cut back or stopped dipping tobacco, how would your life in a year from now be different?"
- "What makes you think you need to do something about your nicotine consumption?"
- "In what ways do you think you or other people have been harmed by your smoking cigarettes?"
- "If you stayed the same with your smoking pattern, what negatives might happen? What positives might happen?"

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## Ask Evocative Questions

Evoking statements about **COMMITMENT** to change:

- “What is the next step you will take to change your Ritalin use?”
- “When will you take the next step to make this change?”
- “What approaches [steps] will you use to help keep yourself on track with making this change?”
- “Who will you ask to support you [help you] as you are making this change?”
- “How will you know that your plan for change is working?”

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## Eliciting Change Talk

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  - Ask about extremes
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  - Look forward
  - Explore goals and values

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## Use Readiness Rulers

- A **Readiness Ruler** is a tool that can assist adolescents in determining how central or important changing is to them right now and how able or confident they feel about making the change.
- Rulers give you and the adolescent graphic feedback about progress. They can stimulate reflection about the adolescent's motivation to change and elicit more change talk.
- There are three types of Readiness Rulers: **Readiness to change**, **Importance**, and **Confidence**.



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## Readiness to Change

- How ready is the adolescent to change?

“I’m ready to cut back on my substance use. I can see that it’s affecting my life.”

- The adolescent is expressing they are ready and willing to take steps to reduce their substance use or make a behavior change that reduces their risk.

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## Readiness Ruler

- Ask the adolescent:

*"On a scale of 0 to 10, how ready are you to reduce or stop [x], with 0 being not at all ready and 10 being extremely ready?"*

*"On a scale of 0 to 10, how ready are you to stop drinking alcohol, with 0 being not at all ready and 10 being extremely ready?"*

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## Importance

CBT  
Strategies

- How important or what is the current value of the change to the individual?

*"I want to stop drinking because it's getting harder to get up and get to school on time, and I could lose my chance at college admission because of it."*

- The adolescent is expressing their desire and reasons to change and is placing importance on changing.

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## Importance Ruler

CBT  
Strategies

- Ask the adolescent:

*"On a scale of 0 to 10, how important would you say it is for you to [x], with 0 being not at all important and 10 being extremely important?"*

*"On a scale of 0 to 10, how important would you say it is for you to stop using opioids, with 0 being not at all important and 10 being extremely important?"*

*"On a scale of 0 to 10, how important would you say it is for you to not be hung over and ready to perform your best during your game on Saturday, with 0 being not at all important and 10 being extremely important?"*

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## Confidence

CBT  
Strategies

- How confident is the adolescent in their ability to change?

*"I'd like to quit, but I'm not sure I can. Vaping with my friends is kind of fun and when I've tried to stop before my friends just hassle me. I'm not sure I could stop even if I wanted to."*

- The adolescent is expressing a desire to change, but unsure of ability to change.
- Confidence is a barrier because many adolescents may have already secretly tried to change and been unable to do so. Normalizing how hard it is to change and importance of help can move them through sense of being a failure.

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## Confidence Ruler



- Ask the adolescent:

“On a scale of 0 to 10, how confident would you say you are about being able to stop [x], with 0 being not at all confident and 10 being extremely confident?”

“On a scale of 0 to 10, how confident would you say you are about being able to stop using cocaine, with 0 being not at all confident and 10 being extremely confident?”

“On a scale of 0 to 10, how confident would you say you are about being able to not smoke marijuana with your co-workers after your shift, with 0 being not at all confident and 10 being extremely confident?”

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## Explore Ratings



- Once the client has answered the question, explore ratings by discussing their choice of numbers:

- Elicit desire, ability, reasons, and/or need to change

“What led you to pick a [6] and not at a lower number like [2]?”

“What led you to choose a [2] and not a [0]?”

- Generate options for a change plan

“What would it take for you to go from a [6] to a [7]?”

“What would it take for you to move from a [2] to a [4]?”



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## Explore Ratings

- When an adolescent chooses ‘0’:

- Acknowledge it.

- Affirm autonomy.

“It is totally your decision what to do/whether to change your use of Vyvanse or not; I only want what is best for you.”

- Follow-up with a friendly, inquisitive question.

“What would tell you that smoking weed was becoming a problem for you?”

“How would you know if the time was right or making a change was a good idea to help you achieve the goals that you have for yourself.”

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## Eliciting Change Talk

- Change talk indicates the adolescent is moving forward in the right direction!

- You can encourage change talk by recognizing it when verbalized and appropriately responding.

- There are several ways to elicit change talk:

- Ask evocative questions
- Use readiness rulers
- Explore the status quo
- Ask for elaboration
- Ask about extremes
- Look backwards
- Look forward
- Explore goals and values

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## Explore the Status Quo

- Another way to elicit change talk is to ask the adolescent to express the advantages and disadvantages of continuing to use substances and changing substance use patterns.
- Exploring the status quo helps adolescents verbalize the two sides of ambivalence that keep them stuck in unhealthy behaviors or thoughts.
- The adolescent may have never verbalized the benefits from not changing.
- You can help the adolescent generate their own values or beliefs that can support positive change and the values and beliefs that sustain the status quo.

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  - *Look forward*
  - *Explore goals and values*

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## Ask for Elaboration

- Another way to elicit change talk is to ask for elaboration.
  - *"Tell me more about how much you are using. What do you consider 'too much'?"*
  - *"Describe an example of when you think you drank too much?"*
  - *"Describe an example of when you think you used marijuana too much?"*
- Adolescents are likely to describe negative consequences and reasons they want to change, potentially tilting the decisional balance toward positive action.

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## Ask about Extremes

- Ask the adolescent to describe the most extreme negative or positive consequences that might occur and their likelihood.
  - ▣ *"What are the worst things you could imagine happening to you if you do not stop using heroin?"*
  - ▣ *"What worries you the most about continuing to drink alcohol?"*
  - ▣ *"What is the best thing that could happen if you stop drinking?"*
  - ▣ *"What are the great things you hope will happen by not smoking marijuana?"*
  - ▣ *"Describe to me the most significant things that you would like to do with your life if prescription pain relievers were not a part of it."*

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  - ▣ *Look forwards*
  - ▣ *Explore goals and values*

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## Look Backwards

- Ask the adolescent to describe and compare a time before they were drinking (or engaging in other substance use).
  - ▣ *"Do you remember a time in your life when your life was going well? Tell me about that time period."*
  - ▣ *"Describe to me a memory you have from a time when you were not smoking marijuana heavily."*
  - ▣ *"Tell me about a time when your relationship with your parents was going well."*
  - ▣ *"Suppose you were someone else describing you before you started using opioids. Tell me what they would say about you."*

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## Look Forwards

- Asking the adolescent to look into their future can elicit in their own words the likely outcome if they do not change drinking and drug use behaviors.
  - ▣ *"Where do you think you will be 1 year from now if you continue to drink alcohol at this level?"*
  - ▣ *"What effects do you think your continuing to use cocaine at these levels will have on your brain in 5 years from now?"*
  - ▣ *"Where do you think you'll be in 2 years if you continue daily use of Xanax?"*

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## Look Forwards



- Asking the adolescent to evaluate their future without using substances can plant seeds of change by inviting them to envision leading a healthy life.
  - ▣ *“What do you think your life could look like 10 years from now if you stop drinking the way you do now?”*
  - ▣ *“What do you think your relationship with your parents could look like 3 months from now if you stop smoking marijuana?”*
  - ▣ *“What do you think your performance in school (or at practice) could look like if you weren’t feeling tired and hung over when you came to school?”*

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## Eliciting Change Talk

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  - ▣ *Ask for elaboration*
  - ▣ *Ask about extremes*
  - ▣ *Look backwards*
  - ▣ *Look forward*
  - ▣ *Explore goals and values*

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## Explore Goals and Values



- Ask the adolescent to identify which goals and values they hold most important.
- Helps to highlight the gap between what they want and what they have now.
  - ▣ *“What matters most to you in your life right now?”*
  - ▣ *“What kind of person do you hope to become as you grow into adulthood?”*

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### AUDIENCE POLLING QUESTION #2

**Which of these strategies for eliciting change talk can you implement in your work tomorrow? (select all that apply)**

- *Ask evocative questions*
- *Use readiness rulers*
- *Explore the status quo*
- *Ask for elaboration*
- *Explore goals and values*

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## Key Motivational Interviewing Skills for BI

- 1) Open-Ended Questions
- 2) Affirming
- 3) Reflective Listening
- 4) Summarizing
- 5) Eliciting Change Talk
- 6) **Asking Permission & Giving Advice**
- 7) Generating a Menu of Options
- 8) Managing Pushback

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## Asking Permission & Giving Advice

- Advice is a reasonable strategy in these three situations:
  1. The adolescent specifically asks for your expertise.
  2. The adolescent has granted you permission to give advice.
  3. The adolescent is obviously headed in a direction that could be harmful.

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## Examples of Asking Permission

- Permission can be requested directly or indirectly.
  - *"I have a couple of thoughts about your plan of action. Would you mind if I shared them with you?"*
  - *"I don't know if this will work for you or not, but I could give you some ideas of what other people have done in your situation."*
  - *"As a health professional I would like to offer some advice. Would that be okay?"*
  - *"I'd like to share a few ideas on how you might deal with that situation in the future. Would you be interested in hearing them?"*

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## Examples of Asking Permission

- An adolescent could deny your request to provide advice. The adolescent "owns" the change process. A person who is uninterested in advice is probably not very ready to change. If they are unwilling or unable to receive your advice, that is their choice.
- Use your MI skills of "roll with resistance" when faced with this situation.

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**Key Motivational Interviewing Skills for BI**

- 1) Open-Ended Questions
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- 7) **Generating a Menu of Options**
- 8) Managing Pushback

85

**Generating a Menu of Options**

- Help the adolescent explore goals and create an action plan that contains achievable goals.
- Use open-ended questions to initiate dialogue.

*“What changes are you thinking about making?”*

*“What do you think you will do? What can you do tomorrow? Or today?”*

*“What do you see as your options?”*

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**Generating a Menu of Options** CBT Strategies

- Developing a change plan has some similarities to developing goals in other areas of life (e.g., school).
- Adolescents may find it helpful to use SMART goal setting guidelines.
- **SMART** stands for **S**pecific, **M**eaningful, **A**ttainable, **R**ealistic and **T**ime-bound.
- The *Setting Goals for Change Exercise* and *Change Plan Worksheet* can help you and the adolescent develop SMART goals.

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**Generating a Menu of Options**

*“What will be your first (next) step?”*

*“What will you do in the next 1 or 2 days?”*

*“What will you do differently at the next party?”*

*“What goal have you set to achieve by your appointment next week?”*

*“What might get in the way?”*

*“How will you deal with those challenges?”*

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## Generating a Menu of Options



- Develop a range of options – not all options are equally desirable or feasible.
- Discuss the pros and cons of each option.
- Offering several options and talking through them allows the adolescent (and parents or guardians) the opportunity to evaluate choices that are not appealing and ones that they are willing to try or believe could work.
- Talking through the positive and negative aspects of options is another way to stimulate change talk and commitment to change.

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## Key Motivational Interviewing Skills for BI

- 1) Open-Ended Questions
- 2) Affirming
- 3) Reflective Listening
- 4) Summarizing
- 5) Eliciting Change Talk
- 6) Asking Permission & Giving Advice
- 7) Generating a Menu of Options
- 8) **Managing Pushback**

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## Managing Pushback

- Changing behavior is *never* easy.
- Even though some adolescents may express some readiness to change, it is likely that adolescents will exhibit some pushback to changing their problem behavior.
- Acknowledge and normalize ambivalence.

**Pushback** – responses that express opposition to an idea, observation, or plan. It may be relational or in defense of continuing a behavior.

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## Managing Pushback

Miller & Rollnick identify four general types of resistant behaviors:

- **Arguing** – The adolescent contests your accuracy, expertise or integrity.
- **Interrupting** – The adolescent breaks in and interrupts you in a defensive manner.
- **Negating** – The adolescent expresses an unwillingness to recognize problems, cooperate, accept responsibility or take advice.
- **Ignoring** – The adolescent shows evidence of ignoring or not following you.

Additional types of pushback:

- **False acquiescence** – The adolescent falsely agrees to accept responsibility or take advice.

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## Responding to Pushback

- Once you recognize pushback, you can respond by taking care not to encourage more of it.
- Dig through the noise of pushback and tune into what the adolescent is actually trying to convey.
- Appropriate responses to pushback validates the adolescent's emotions while decreasing the intensity of the pushback.

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## Responding to Pushback

- **Simple reflection** – Acknowledge the adolescent's disagreement without causing defensiveness.

**Practitioner:** "I hear what you are saying and can understand why you would feel that way."

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## Responding to Pushback

- **Amplified reflection** – Reflect back what the adolescent has said in an exaggerated way. If done successfully, this encourages the adolescent to back off a bit and will elicit the other side of their ambivalence. The tone of your voice is critical to this approach.

**Adolescent:** "My parents and friends think I have a problem with prescription pills. I am doing just fine."

**Practitioner:** "So, you seem to believe you have complete control over your substance use."

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## Responding to Pushback

- **Double-sided reflection** – Acknowledge both sides of the adolescent's ambivalence. Utilizing "and" instead of "but" can help maintain a balanced emphasis on each statement.

**Adolescent:** "I don't smoke marijuana any more than any of my girlfriends."

**Practitioner:** "I can see your point. You view your marijuana use as normal when compared to your friends. And earlier you mentioned that your smoking may be negatively impacting your relationship with your parents and younger sister. What do you think about this?"

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## Responding to Pushback

- **Shifting focus** – Shift the adolescent’s attention away from the roadblock that is impeding their progress. Taking a “detour” can diffuse pushback, especially in difficult situations.

**Adolescent:** “I wouldn’t be here if I hadn’t blown positive on that breathalyzer. I guess you are going to tell me to quit drinking or lose my shot at college.”

**Practitioner:** “Hey, I just met you. Why don’t we first begin by talking about what was going on that led up to the positive alcohol test?”

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## Responding to Pushback

- **Reframing** – Acknowledge the validity of the adolescent’s perspective and observations and offer a new meaning or interpretation.

**Adolescent:** “I have always been able to handle my liquor. I could drink a 12-pack of beer in one night and most people would not know that I was drunk. No matter how much I drink, I can still handle my business.”

**Practitioner:** “That is an interesting perspective, and I can see how you would view that as a benefit. Being able to drink that much without others noticing indicates a high level of tolerance and may mean you have a very great risk for developing a serious alcohol problem.”

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## Responding to Pushback

- **Emphasizing personal control** – Communicate to the adolescent that it is their decision whether or not to make a behavior change. This frees you of control and puts the adolescent in charge.

**Practitioner:** “It is not my place to tell you what you can or cannot do. I am simply here to help you understand your options and to assist with any elements of this process that you find troubling. How you live your life, including whether or not you choose to follow the recommendations made by the doctor, is ultimately up to you.”

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## Responding to Pushback

- **Siding with the negative** – Agree with the adolescent that they may not need to change. Often when you take the negative side, adolescents will respond by presenting positive reasons to change.

**Adolescent:** “I don’t know if quitting all drugs will really make that much difference in my life.”

**Practitioner:** “Well, perhaps it won’t. You could keep using, or you could try stopping for a while and then see whether the problems in school and with your friends improve. Then you can decide whether or not you stay drug free.”

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## Managing Pushback

Responses to Avoid	Example
Arguing for change – Directly take up the pro-change side of ambivalence on a particular issue and try to persuade the adolescent to make a change.	"You have no idea how wonderful your life can be if you were to just give up drinking. You could spend more time with your family; you would not be hung over in the morning at school; you would lose weight; and think of all the money you would be saving each month!"
Assuming the expert role – Structure the conversation in a way that communicates that you "have all the answers."	"I have been doing this for a long time. I can tell you for certain that you are not going to be able to stop smoking marijuana while you are still hanging out with that group of friends."
Labeling – Propose acceptance of a specific label or diagnosis to characterize or explain the adolescent's behavior.	"I think it is important for you to acknowledge that you are an addict before we can get anywhere in making you better."
Claiming preeminence – Goals and perspectives override those of the adolescent.	"I've been in recovery a long time. You really need to listen to me. I've been where you are, and you need help."

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## Let's Give It a Try!

This is a brief motivational encounter with a non-resistant or contemplative young adult, age 20, who attends community college, works part-time, and has a girlfriend who expressed concern about their drinking.



role play

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## Observational Learning

- University of Florida Institute for Child Health Policy & Cherokee National Behavioral Health produced a video entitled "The Effective School Counselor with a High-Risk Teen: Motivational Interviewing Demonstration." [www.youtube.com/watch?v=TwVa4utpII](http://www.youtube.com/watch?v=TwVa4utpII)
- HealthTeamWorks, a nonprofit produced a video entitled "Motivational Interviewing: Adolescent Follow Up on Positive Alcohol Screen." [www.youtube.com/watch?v=JZrYk86EDIQ](http://www.youtube.com/watch?v=JZrYk86EDIQ)
- University of Maryland Baltimore School of Social Work produced a video entitled "SBIRT for Social Work Juvenile Justice Program." [www.youtube.com/watch?v=8Nc49gzFxT8&feature=youtu.be](http://www.youtube.com/watch?v=8Nc49gzFxT8&feature=youtu.be)
- The Department of Family Medicine at Oregon Health and Science University produced a video entitled: Adolescent Brief Intervention: "Jacob." [www.youtube.com/watch?v=GvaOXREcchI](http://www.youtube.com/watch?v=GvaOXREcchI)

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## Observational Learning

- Boston University School of Public Health BNI-ART Institute produced the following videos to breakdown SBIRT with adolescents:
  - Rapport: SBIRT for alcohol/drugs with adolescents [www.youtube.com/watch?v=v3\\_uxCoZ7wq](http://www.youtube.com/watch?v=v3_uxCoZ7wq)
  - Pros & Cons: SBIRT for alcohol/drugs with adolescents [www.youtube.com/watch?v=dIGYFADKYjo](http://www.youtube.com/watch?v=dIGYFADKYjo)
  - Feedback: SBIRT for alcohol/drugs with adolescents [www.youtube.com/watch?v=h5bpAvmircs](http://www.youtube.com/watch?v=h5bpAvmircs)
  - Readiness Ruler: SBIRT for alcohol/drugs with adolescents [www.youtube.com/watch?v=qVVocjIOP8e](http://www.youtube.com/watch?v=qVVocjIOP8e)
  - Action Plan: SBIRT for alcohol/drugs with adolescents [www.youtube.com/watch?v=dqOs5N4QPNw](http://www.youtube.com/watch?v=dqOs5N4QPNw)
  - Thanks: SBIRT for alcohol/drugs with adolescents [www.youtube.com/watch?v=WKVPTUWVXME](http://www.youtube.com/watch?v=WKVPTUWVXME)
- More Videos and Resources: [www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-videos/](http://www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-videos/)

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## Thank You!



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## In Our Last Few Moments...

- PowerPoint Slides
- Materials and Resources
- On Demand Access 24/7
- Certificate of Attendance
- Evaluation Survey



[sbirt.webs.com/brief-intervention-part-two](http://sbirt.webs.com/brief-intervention-part-two)

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## SBIRT Technical Assistance

Do you have questions about  
SBIRT implementation, evaluation,  
or training?

Schedule a free telephonic  
Technical Assistance session with  
Tracy McPherson, SBIRT Training,  
Technical Assistance, and  
Evaluation Lead.



Email Dr. McPherson at [mcperson-tracy@norc.org](mailto:mcperson-tracy@norc.org)

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## Thank You for Attending!

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