

ASK!

**Connecticut Adolescent Screening
Brief Intervention and Referral to Treatment**

SCREENING TO BRIEF INTERVENTION (S2BI)

The following questions ask about your use, if any, of alcohol, tobacco, and other drugs.

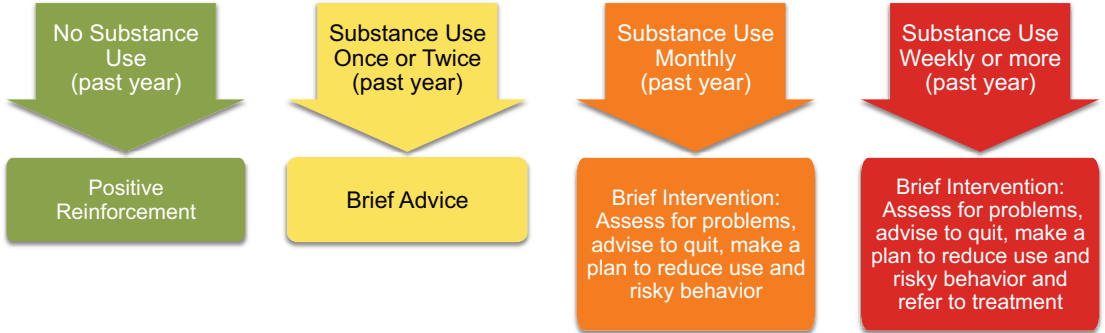
Please answer every question by checking the box next to your choice.

In the past year, how many times have you used:

	Never	Once or twice	Monthly	Weekly or more
Tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STOP if answers to all previous questions are “never.” Otherwise, continue with the questions below.

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>*or used drugs that were prescribed to you in ways other than as prescribed.</small>				
Illegal drugs (such as cocaine or Ecstasy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (such as nitrous oxide)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbs or synthetic drugs (such as salvia, “K2” or bath salts)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



BRIEF INTERVENTION

Ask questions to identify common problems (ask CRAFFT questions); explore pros & cons

Use problems as a pivot point in the conversation; provide feedback

Give clear advice to stop, while acknowledging agency

Target highest risk behaviors; assess readiness; negotiate action plan

Ask permission to include parents in discussion

Invite back for follow-up

Assess for need; make referral to treatment if necessary

C

Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

R

Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A

Do you ever use alcohol or drugs while you are by yourself, **ALONE**?

F

Do you ever **FORGET** things you did while using alcohol or drugs?

F

Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T

Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

WHAT'S A STANDARD DRINK?



Note: some beers and coolers have more alcohol than one standard drink.

WHAT'S MORE THAN A STANDARD DRINK?



A PINT OF DRAUGHT BEER



A COOLER



A COCKTAIL, SUCH AS A MARTINI OR BELLINI



A RED SOLO CUP FILLED TO THE TOP



A CUP OF JUNGLE JUICE



A BIG GULP CUP

ADOLESCENT BRIEF INTERVENTION FRAMEWORK

BRIEF INTERVENTION STEPS

DIALOGUE/PROCEDURES

I. Build Rapport

- Engage Adolescent
- Explore substance use (CRAFFT)
- Explore values

Before we start, I'd like to know a little more about you.

Would you mind telling me a little bit about yourself?

What is a typical day like for you? How are weekdays different from weekends?

*How does your use of (X) fit in to your life?
(ask CRAFFT questions)*

What are the most important things in your life right now?

ADOLESCENT BRIEF INTERVENTION FRAMEWORK

BRIEF INTERVENTION STEPS

2. Pros & Cons

- Explore pros and cons
- Use reflective listening
- Summarize

DIALOGUE/PROCEDURES

I'd like to understand more about your use of (X). What do you enjoy about (X)? What else?

*What do you enjoy less (or regret) about your use of (X)?
If no cons: Explore problems mentioned from CRAFFT*

You mentioned that... could you tell me more about that situation?

So on the one hand you say you enjoy (X) because... and on the other hand you say...

ADOLESCENT BRIEF INTERVENTION FRAMEWORK

BRIEF INTERVENTION STEPS

3. Feedback & Information

- **Ask permission**
- **Provide information**
- **Provide clear advice to quit while acknowledging agency**
- **Ask for thoughts**

DIALOGUE/PROCEDURES

I have some information about (marijuana), would you mind if I shared it with you?

We know that (marijuana) use can cause problems with concentration, memory and problem solving. The health effects are also similar to smoking cigarettes and include breathing problems and increased risk for asthma.

My advice for you is to stop using; however, the decision to quit is really up to you.

What are your thoughts about the information?

ADOLESCENT BRIEF INTERVENTION FRAMEWORK

BRIEF INTERVENTION STEPS

DIALOGUE/PROCEDURES

4. Readiness Ruler

- Use readiness scale
- Reinforce positives
- Help to envision change

To help me better understand how you feel about making a change in your use of (X)...

Show readiness ruler

On a scale of 0 to 10, how ready are you to change any aspect related to your use of (X)?

That's great! That means you're ___% ready to make a change. Let's talk about what that change would look like.

Why did you choose that number, and not a lower one, like a 1 or a 2?

Great! It sounds like you have some good reasons to change.

READINESS RULER



ADOLESCENT BRIEF INTERVENTION FRAMEWORK

BRIEF INTERVENTION STEPS

5. Develop an Action Plan

- Elicit ideas from adolescent
- Envision the future
- Explore the challenges
- Draw on past successes
- Highlight benefits of change
- Affirm ideas
- Write down action plan

DIALOGUE/PROCEDURES

*What are you willing to do for now to be healthy and safe?
What else?*

What do you want your life to look like down the road? Probe for goals; focus on short-term goals rather than long-term goals.

How does this change fit with where you see yourself in the future?

What are some of the challenges to reaching your goal?

What have you planned or done in the past that you felt proud of?

Who/what has helped you succeed? How can you use that again to help you with the challenges of changing now?

If you make these changes, how would things be better?

Those are great ideas!

Is it okay for me to write down your plan? Let me summarize what we've been discussing and you let me know if there is anything you want to add or change.

ADOLESCENT BRIEF INTERVENTION FRAMEWORK

BRIEF INTERVENTION STEPS

6. Summarize

- Reinforce resilience and resources
- Provide handouts
- Give action plan
- Thank the adolescent

DIALOGUE/PROCEDURES

Present list of resources. *Which of these services, if any, are you interested in?*

Review and give adolescent action plan.

Here is the action plan that we discussed, along with your goals. This is really an agreement between you and yourself.

Thanks so much for sharing with me today.

ACTION PLAN EXAMPLE

Date: June 4th,
2015

S2BI Screen
Result:

	None	1-2X	Monthly	Weekly +
Alcohol			X	
Marijuana	X			
Tobacco	X			
Other	X			

Plan: My clinician recommends that I stop, but for now I will:

- Limit to two drinks a night.
- Never drive after drinking or ride with an impaired driver.
- I am not interested in an alcohol counseling session at this time.

Follow Up: In one month

Adolescent
Screening
Brief
Intervention and
Referral to
Treatment

For services and information, please call 2-1-1