

# Understanding Risk and Cultural Factors Contributing to Substance Use in Hispanic/Latino Immigrant Youth Series

Session 2: A Migration Informed Context for Delivering Screening,  
Brief Intervention, and Referral to Treatment (SBIRT) with  
Hispanic/Latino Immigrant Youth

Presented by  
Diana Padilla, MCPC, CARC, CASAC-T  
**January 12, 2023**

Presented in 2023 by the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), National Latino Behavioral Health Association (NLBHA) P.O. Box 1360, Pena Blanca, NM 87041.

[ATTCnetwork.org/hispaniclatino](https://ATTCnetwork.org/hispaniclatino)

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

This work is supported by grants 1H79TI081174-01 and 1U79SP023012 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Presented 2023

# HOUSEKEEPING

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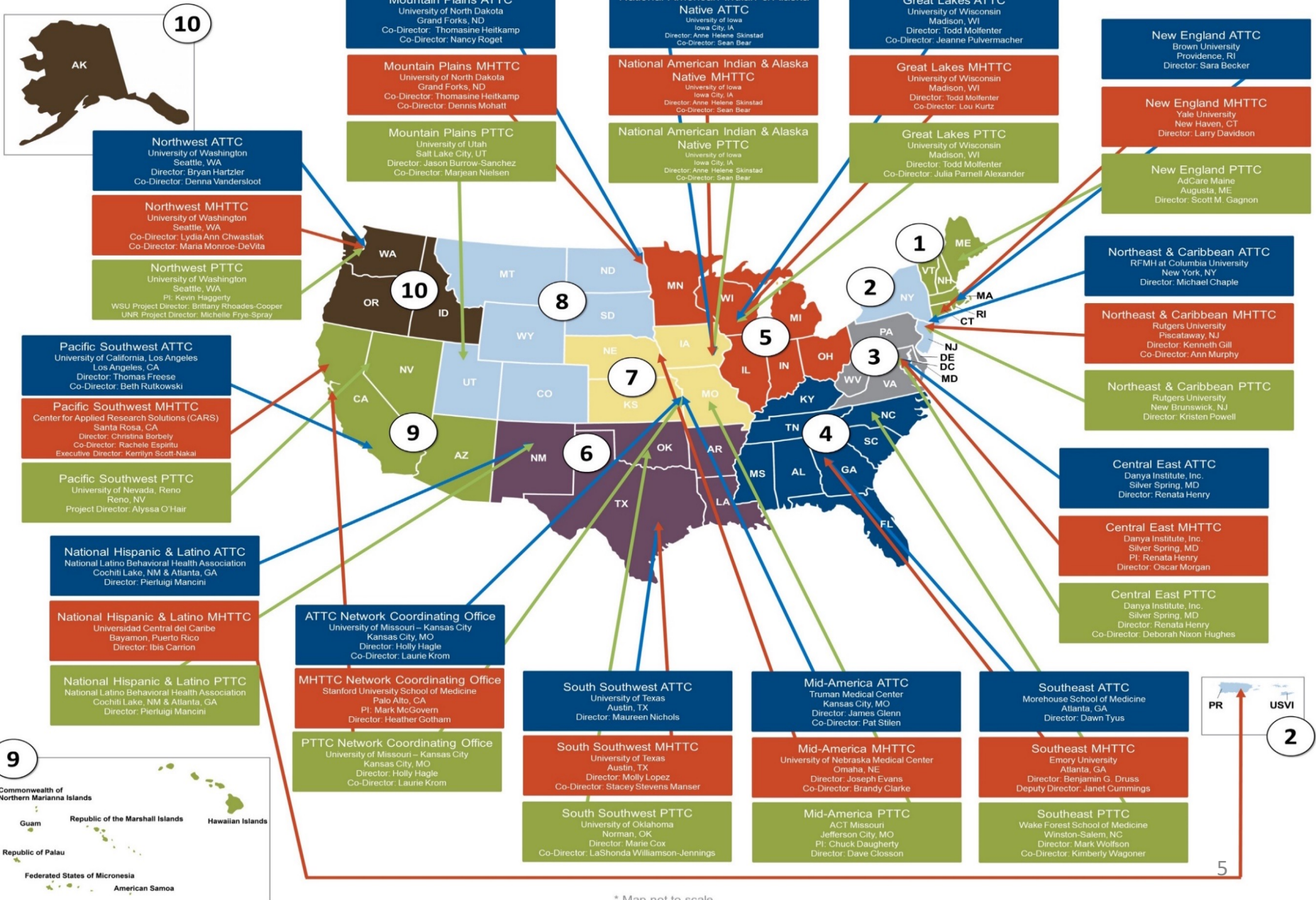
The use of affirming language inspires hope.

LANGUAGE MATTERS.

**Words have power.**

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



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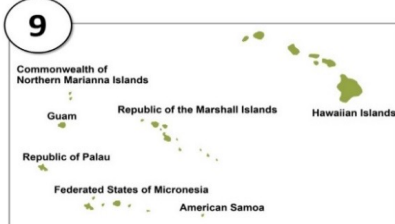
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\* Map not to scale.



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## NLBHA's Mission

The Mission and Goal of The National Latino Behavioral Health Association is to influence national behavioral health policy, eliminate disparities in funding and access to services, and improve the quality of services and treatment outcomes for Latino populations.

# NLBHA's Objectives

NLBHA's Objective is to provide national leadership on mental health and substance abuse concerns of the Latino community. NLBHA's Policy Priorities are:

1. Targeted Capacity Expansion of Mental Health Services for Latinos
2. Latino Behavioral Health Evidenced Based Practices
3. Legislation to increase the number of Counselors/Therapists/Other Behavioral Health Practitioners
4. Funding for Co-Occurring Disorders of Alcohol and Substance Abuse
5. Opioid Crisis in the Latino Community
6. Suicide Prevention

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# Today's presenter

Diana Padilla is a Research Project Manager, at the New York State Psychiatric Institute, Division of Substance Use Disorders, Columbia University Medical Center. She is a curriculum developer and Senior Trainer for the Northeast & Caribbean Addiction and Prevention Technology Transfer Center.

Ms. Padilla is certified by the New York State Office of Addiction Services and Supports (NYS OASAS) as an SBIRT trainer. Using a cultural lens, she provides intensive technical assistance and implementation support to organizations in a variety of settings, who are seeking to incorporate the SBIRT intervention practice to address health, psychosocial, and other concerns related to harmful levels of substance use or other at-risk behavior.



Diana Padilla,  
MCPC, CARC, CASAC-T

# Understanding Risk and Cultural Factors Contributing to Substance Use in Hispanic/Latino Immigrant Youth Series

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# SBIRT for youth

This webinar will focus on the facilitation of SBIRT for adolescent substance use

- Adolescents 12-17
- Young adults 18-21
- Adults 22+

## Poll

In order of use, which substances are consumed most by adolescents?

- a) Tobacco, Marijuana, Alcohol
- b) Opiates, Tobacco, Alcohol
- c) Alcohol, Marijuana, Tobacco
- d) Marijuana, Alcohol, Opiates

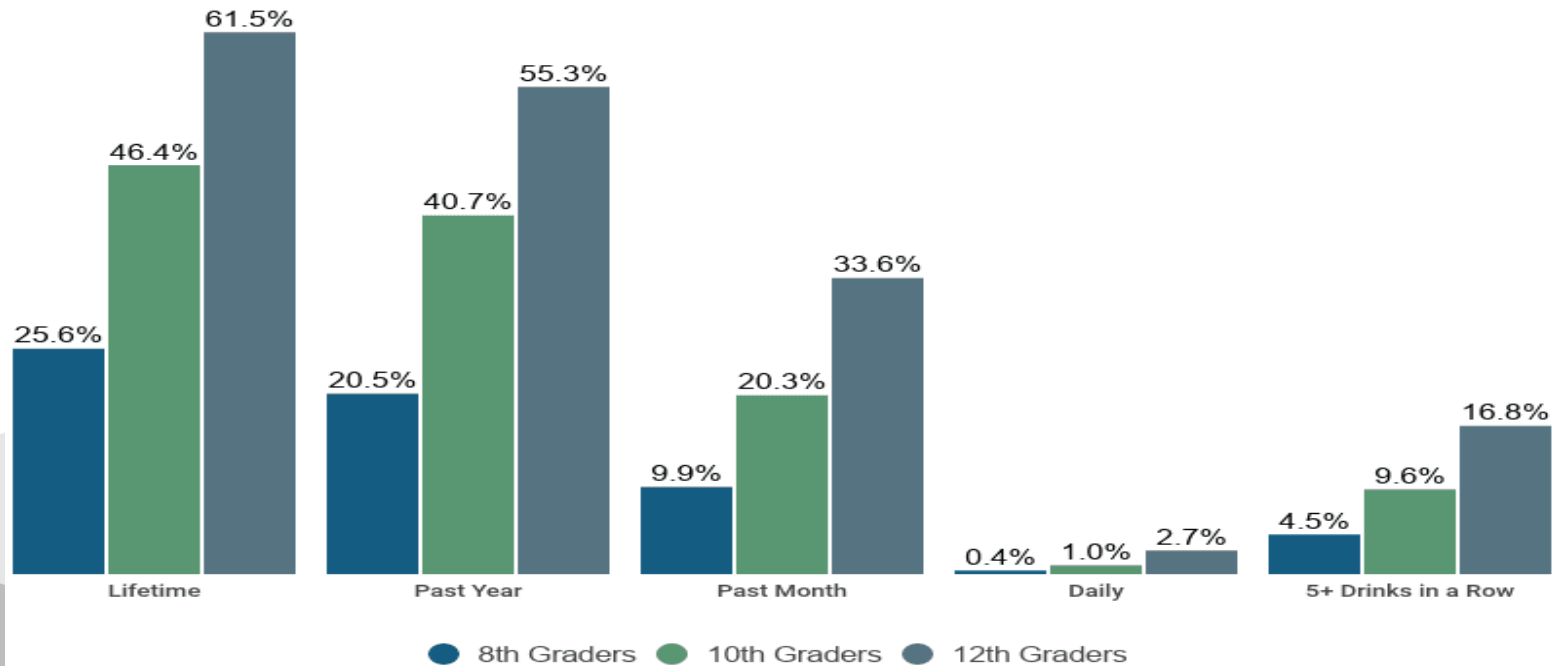
National Institute on Drug Abuse, December 2022, Most reported substance use among adolescents held steady in 2022,  
<https://nida.nih.gov/news-events/news-releases/2022/12/most-reported-substance-use-among-adolescents-held-steady-in-2022>

# Substances Most Used by Youth

- Nicotine vaping
- Cannabis use (pot, smoke, skunk, weed, etc.)
- Alcohol use
- Other illicit substances
- Prescription medications

Key Transitions, Teen Treatment Program, September 2021, Most common Drugs Used by Teens,  
<https://keytransitions.com/these-are-the-most-common-drugs-used-by-teens-2021/>

# Youth Alcohol Use

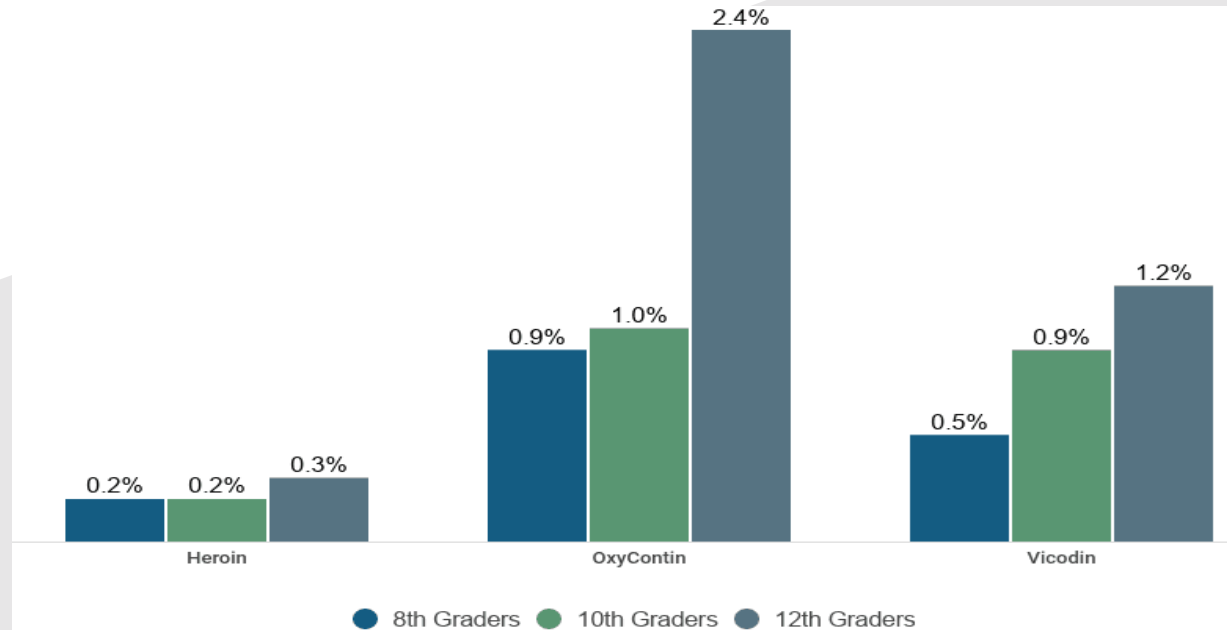


\*Reported usage at any point throughout 2020.

National Center for Drug Abuse Statistics, Drug Use Among Youth: Facts & Statistics, 2020,  
<https://drugabusestatistics.org/teen-drug-use/>

# Youth Who Used Opioids in the Past Year

In 2020, overdose deaths increased by 51% increase among Hispanic youth.



\*Reported usage at any point throughout 2020.

National Center for Drug Abuse Statistics, Drug Use Among Youth: Facts & Statistics, 2020,  
<https://drugabusestatistics.org/teen-drug-use/>

# Factors that Increase Risk of Substance Use for immigrant Youth



## Acculturation and Stress

- Acculturation refers to the processes by which groups or individuals adjust the social and cultural values, ideas, beliefs, and behavioral patterns of their culture of origin to those of a different culture.
- Acculturative stress refers to the stressors associated with being an immigrant or ethnic minority and going through the acculturation process.



APA Dictionary of Psychology, <https://dictionary.apa.org/acculturation>, Science Direct, Cross Cultural Family Research and Practice, Chapter 14 - The antiimmigrant sentiment and its impact on immigrant families, 2020, <https://www.sciencedirect.com/science/article/pii/B9780128154939000144>

# Trauma and Stressors *Before, During, and After* Immigration

Undocumented immigrants often experience trauma at various stages of the migration process:

- **Before:** Financial issues, sense of failure, escape from violence, poverty, political oppression, threats or disasters.
- **During:** Violence, environmental hazards, abandonment/separation, witnessing death.
- **After:** Limited resources given their status, intra- and interpersonal conflict, stress from adjusting to their new environment, exploitation, fear of deportation.

American Psychiatric Association, Stress and Trauma Toolkit for Treating Undocumented Immigrants in a Changing Political and Social Environment, <https://www.psychiatry.org/psychiatrists/diversity/education/stress-and-trauma/undocumented-immigrants>

## The ACE (Adverse Childhood Experience) Study

Conducted by the US Center for Disease Control & Kaiser Permanente

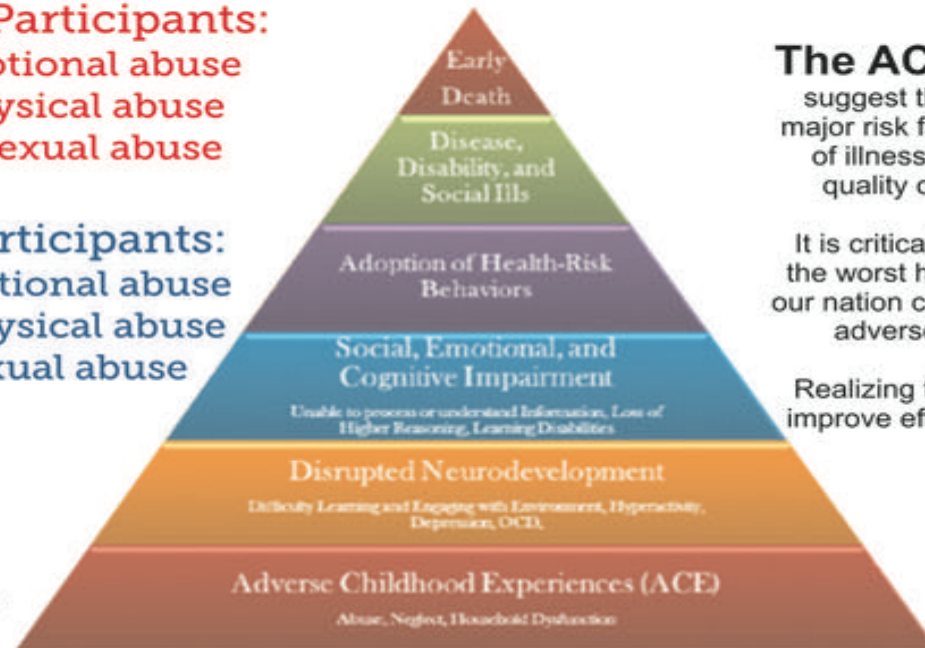
**17,000 PARTICIPANTS SURVEYED**

### Female Participants:

13% emotional abuse  
27% physical abuse  
24.7% sexual abuse

### Male Participants:

7.6% emotional abuse  
29.9% physical abuse  
16% sexual abuse



### The ACE Study Findings

suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences.

Realizing these connections is likely to improve efforts towards prevention and recovery.



Leza L, Siria S, López-Goñi JJ, Fernández-Montalvo J. Adverse childhood experiences (ACEs) and substance use disorder (SUD): A scoping review. *Drug Alcohol Depend.* 2021 Apr 1;221:108563. doi: 10.1016/j.drugalcdep.2021.108563. Epub 2021 Jan 29. PMID: 33561668.

## Trauma, Substance Use, Adolescents

- Trauma increases risk for substance use.
- Substance use disorder can develop after trauma exposure, (25-75%), or onset of PTSD, (14%-59%).
- Self-managing distress or symptoms associated with trauma.
- Adolescent brain is particularly vulnerable to the toxic effects of alcohol and other substances and consequent neuropsychological impairments.

NCTSN, Making the Connection: Trauma and Substance Use, <http://www.nctsn.org/products/making-connection-trauma-and-substance-abuse-2008>

Youth who engage in alcohol and other drug use at a young age are at higher risk of lifelong negative personal, social and health consequences.



Eggleston A. Conrad N. Hilton Foundation Substance Use Prevention & Early Intervention Strategic Initiative. *SBIRT webinar series*, 2015

## Cultural Bereavement, Substance Use

- The grief one experiences from being uprooted from your ‘familiar’ world (social structures, cultural values and self-identity), and into an unfamiliar social context or society.
- The younger the individual exposed to stress, the more likely they will have negative health outcomes caused by dysregulation of stress response.
- Accessibility (*drugs*) and opportunity (*peer relationships*) as a means of coping with previous or ongoing trauma, stress, isolation, and uncertainty.

Immigrant and Refugee Families, 2<sup>nd</sup> Ed., Jaime Ballard, Elizabeth Wieling, Catherine Solheim, and Lekie Dwanyen, Global Perspectives on Displacement and Resettlement Experiences, 2016, [Immigrant and Refugee Families, 2nd Ed.](#)

Minority Nurse, Culture, Grief and Bereavement: Applications for Clinical Practice, 2013, <https://minoritynurse.com/culture-grief-and-bereavement-applications-for-clinical-practice/>.

# Promoting a Culturally Appropriate Trauma Informed Framework

## Benefits of a Migration Informed Approach

- Person centered approach
- Culturally and linguistically appropriate
- Engagement opportunities
- Efficacy of the intervention

McLellan AT. Substance Misuse and Substance use Disorders: Why do they Matter in Healthcare?. *Trans Am Clin Climatol Assoc.* 2017;128:112-130., Gainsbury SM. Cultural Competence in the Treatment of Addictions: Theory, Practice and Evidence. *Clin Psychol Psychother.* 2017 Jul;24(4):987-1001. doi: 10.1002/cpp.2062. Epub 2016 Dec 15. PMID: 27976434.



## Using a Trauma Lens

Consider, for instance, an immigrant child placed in housing with meal services that include entrees that combine more than one food group. The adolescent refuses to eat and claims that food choices are limited.

You may initially perceive their refusal to eat or to avoid certain foods as an eating disorder or a behavioral problem.

*Using a trauma lens, what might be factors of consideration and worth exploring?*

*However, a cultural trauma aware perspective might change your assumptions; consider that the child may have experienced neglect and abuse, at home of origin, while traveling to and from border, may be reacting to the lack of familiarity, etc.*

## Cultural Principles

- **Cultural Humility** is a reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them.
- **Culturally Responsive** services are those that are respectful of, and relevant to, the beliefs, practices, cultural and linguistic needs of diverse communities.

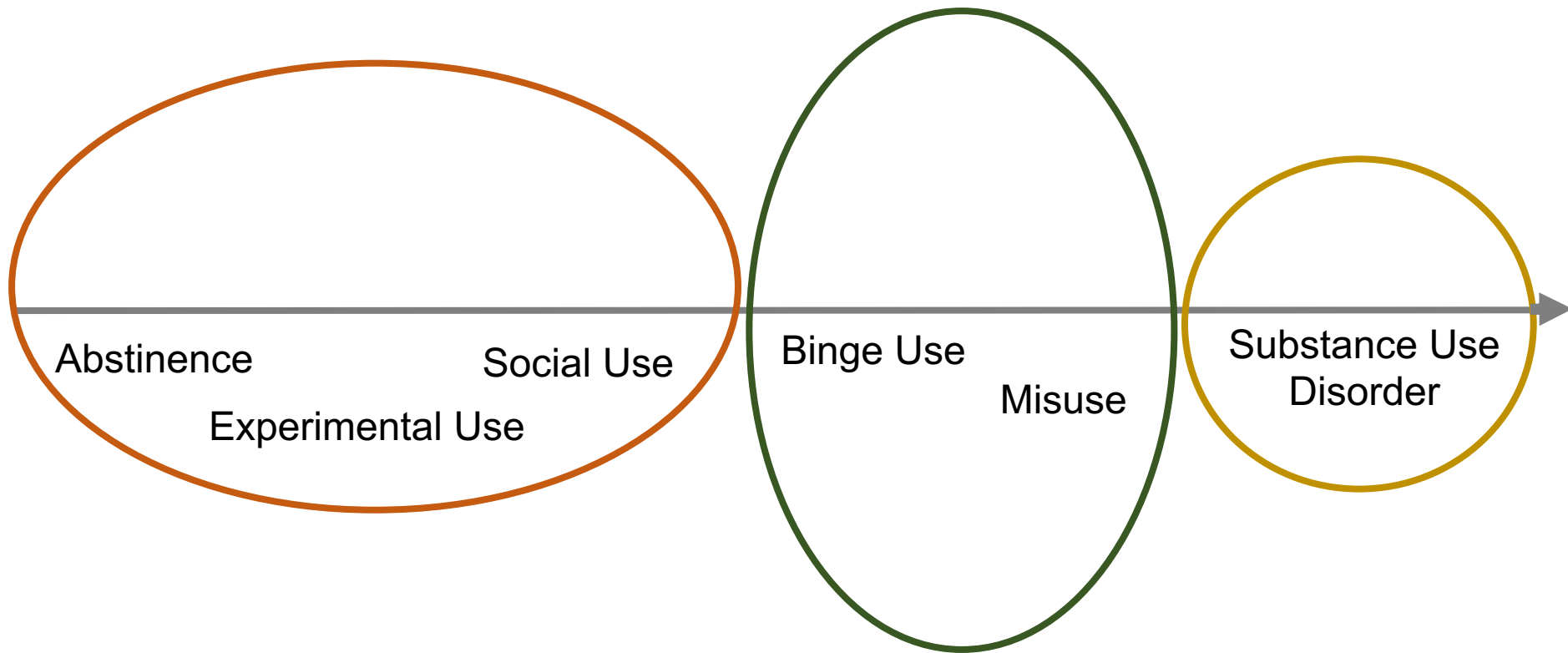
US Department of Huan and Health Services, Office of Minority Health., Think Cultural Health, CLAS, cultural competency, and cultural humility, <https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/clas-clc-ch.pdf>

# Stigma Free (Recovery Oriented) Language

- **Substance Use** (SU) refers to the consumption of psychoactive substances
- **At-risk Substance Use** refers to consuming at levels resulting in harmful or hazardous consequences
- **Substance Use Disorder** (SUD) meets a diagnostic criteria

National Institute of Drug Abuse, Words Matter: Preferred Language for Talking About Addiction, June 2021,  
<https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>

# Continuum of Substance Use



# Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents

# Defining SBIRT Intervention Model

- Screening, Brief Intervention and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment for individuals at risk for adverse consequences of alcohol and other drug use and for those with problem substance use challenges (Del Boca et al., 2017).
- The American Academy of Pediatrics (AAP) recommends pediatricians become familiar with adolescent SBIRT and the potential to incorporate into universal screening and comprehensive care (Committee on Substance Use and Prevention, 2016).

Youth SBIRT, Improving Adolescent health, Facilitating Change for Excellence in SBIRT, 2021,  
<https://www.ysbirt.org/change-package/>

## Why SBIRT with Adolescents?

- During adolescence, psychoactive substances negatively impact the developing brain.
- Stages of development are both an at-risk period of vulnerability as well as an opportunity for early intervention.
- SBIRT for adolescents can potentially obstruct progression of substance use into adulthood.
- Studies have shown that adolescent SBIRT is effective.

National Council on Mental Wellbeing, Conrad N. Hilton Foundation, Improving Adolescent Health: Facilitating Change for Excellence in SBIRT, [https://www.ysbirt.org/wp-content/uploads/2021/11/2021.11.10\\_NC\\_SBIRT\\_ChangePackage.pdf](https://www.ysbirt.org/wp-content/uploads/2021/11/2021.11.10_NC_SBIRT_ChangePackage.pdf)

# SBIRT Studies with Adolescents

Study	Results- conclusions	Reference
Meta-analysis	<ul style="list-style-type: none"> <li>Brief interventions reduced drug and alcohol use as well as problem and criminal behaviors related to substance use in adolescents</li> </ul>	Carney & Myers, 2012
Meta-analysis	<ul style="list-style-type: none"> <li>Brief interventions to address alcohol misuse was associated with reduced alcohol use and presence of alcohol-related problems</li> </ul>	Tanner-Smith & Lipsey, 2015
Literature review	<ul style="list-style-type: none"> <li>SBIRT may be effective with adolescents, but further study is needed</li> </ul>	Mitchell et al, 2013
Literature review	<ul style="list-style-type: none"> <li>SBIRT may be effective with adolescents in acute care settings, but further study is needed particularly around intervention and implementation</li> </ul>	Yuma-Guerrero, et al., 2012
Primary care computerized screening and brief advice	<ul style="list-style-type: none"> <li>lower past-90-day alcohol use and any substance use at 3 and 12 months</li> <li>44% fewer adolescents who had not yet begun drinking had started drinking during the 12-month study period</li> </ul>	Harris et al, 2002
Community health center	<ul style="list-style-type: none"> <li>decrease in marijuana use</li> <li>lower perceived prevalence of marijuana use and fewer friends using marijuana</li> </ul>	D'Amico et al., 2008
Emergency department	<ul style="list-style-type: none"> <li>decrease in marijuana use and greater abstinence at 12 months</li> </ul>	Bernstein et al., 2005



# SBIRT Core Components

## Screening

Universal screening for quickly assessing use and severity of alcohol, illicit substances, and prescription substance misuse.

## Brief Intervention

Brief motivational and awareness-raising intervention provided to those at risky levels of substance use.

## Referral to Treatment

Referral for further assessment or specialty care for those with a potential for a substance use disorder.



# Culturally Informed Environment

Essentials for creating a conducive atmosphere prior to beginning the initial interaction and screen.

- Culturally appropriate
- Trauma informed
- Affirming
- Preferred language



# Hispanic Cultural Elements

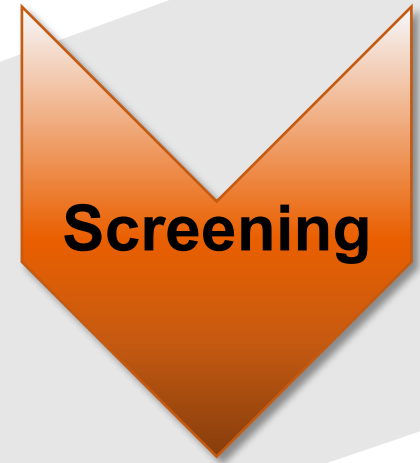
- Preferred language and cultural context
- Latino clients will view a relationship as positive in part when it has elements of being mutual and reciprocal.
- **Personalismo** in practice is an emphasis on politeness and courtesy, and establishing a good rapport with someone, a personal connection.
- In Latino culture, having **confianza** implies a trust based largely on personal relationships and rapport.
- The rapport that develops brings expectations of responsive mutual behavior such as, "**respeto** (respect), **confianza** (trust), **dignidad** (dignity), as well as an allowance for ample space and time.

APA Divisions, Aviera, PhD., Culturally Sensitive and Creative Therapy With Latino Clients, 2011,  
[www.apadivisions.org/division-31/publications/articles/california/aviera.pdf](http://www.apadivisions.org/division-31/publications/articles/california/aviera.pdf)



# Factors for Screening in SBIRT

- Preferred language
- Confidentiality
- Universal approach to screening
- Validated screening instruments
- Types of screens
- Screen interpretation
- Fidelity of screening facilitation





# Confidentiality

- Research has shown that adolescents who are aware of confidentiality are more willing to seek health care compared to their peers who may not have the same confidentiality.
- State laws govern minor patient rights to confidentiality of information shared with health care providers about alcohol and substance use, but states vary as to whether or not a minor can confidentially receive use substance treatment services.
- You should explain the full confidentiality policy regarding the disclosure of sensitive issues directly to the adolescent at the very beginning of the screening or assessment.
- If the adolescent is willing it can be helpful to explain the confidentiality policy to both the adolescent and the parent or guardian at the same time.

# Conveying Confidentiality

*“Everything you tell me will be confidential unless I hear that you’re harming yourself or someone else, or you tell me you’ve been a victim of abuse. I will keep our conversation about your alcohol use between us unless you agree to include your parents.*

*Do you have any questions for me about confidentiality and its limits?”*

# Validated Screening Instruments

Screening Tool	Target Population	Method of Administration	Cost
<b>CRAFFT</b>	Adolescents under the age of 21	Paper and electronic; interview	Publically available
<b>CRAFFT II</b>	Adolescents under the age of 21	Paper and electronic; interview	Publically available
<b>AUDIT-C and AUDIT</b>	Adolescents, Young Adults and Adults	Paper and electronic; interview	Publically available
<b>GAIN-SS</b>	Adolescents and Adults	Paper and electronic; interview	Licensing costs \$100 per agency and covers giver years of unlimited use of paper assessments. See <a href="http://gaincc.org/instruments/">http://gaincc.org/instruments/</a>
<b>S2BI</b>	Adolescents	Paper and electronic; interview	Publically available
<b>DAST-10</b>	Adolescents, Young Adults and Adults	Paper and electronic; interview	Publically available
<b>NIDA Modified ASSIST</b>	Adolescents, Young Adult and Adults	Paper and electronic	Publically available

## The CRAFFT Questionnaire (Version 2.0)

- The CRAFFT tool was recently updated to create a more streamlined and easier to understand process of self-reporting.
- Version 2.0 has all of the same basic questions as the original questionnaire. To enhance sensitivity and specificity, Part A differs (from CRAFFT) by asking about frequency of use rather than whether or not a substance has been used.
- The questionnaire has been translated into multiple languages, most of which can be found at: <http://craftt.org/get-the-craftt/>



# CRAFFT 2.0 – Part A

- Introduce screening
- Address confidentiality
- Define substances
- Ask permission to ask questions
- Use exact wording

Get the CRAFFT, <http://crafft.org/get-the-crafft/>

DURING THE PAST 12 MONTHS, ON HOW MANY DAYS DID YOU...

1	Drink more than a few sips of beer, wine, or any drink containing alcohol?	<input type="text"/>	PUT 0 IF NO USE
2	Use any marijuana (for example, weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (for example "K2" or "Spice")?	<input type="text"/>	PUT 0 IF NO USE
3	Use a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (for example, prescription pain pills or ADHD medications)?	<input type="text"/>	PUT 0 IF NO USE
4	Use anything else to get high (for example, other illegal drugs, over-the-counter medications, and things that you sniff, huff, or vape)?	<input type="text"/>	PUT 0 IF NO USE
C	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/> YES NO



If no days of use, then STOP here.



If any days of use, ASK ALL CRAFFT ?s BELOW.

## CRAFFT 2.0 – Part B

- If any **YES** responses, ask all of the following 5 questions.
- If adolescents report **ANY** medication use, probe for type and where they got it from

DURING THE PAST 12 MONTHS, ON HOW MANY DAYS DID YOU...

1	Drink more than a few sips of beer, wine, or any drink containing alcohol?	<input type="text"/>	PUT 0 IF NO USE
2	Use any marijuana (for example, weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (for example "K2" or "Spice")?	<input type="text"/>	PUT 0 IF NO USE
3	Use a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (for example, prescription pain pills or ADHD medications)?	<input type="text"/>	PUT 0 IF NO USE
4	Use anything else to get high (for example, other illegal drugs, over-the-counter medications, and things that you sniff, huff, or vape)?	<input type="text"/>	PUT 0 IF NO USE
C	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="text"/>	<input type="text"/>
		YES	NO



If no days of use, then STOP here.



If any days of use, ASK ALL CRAFFT ?s BELOW.

# S2BI

## S2BI: SCREENING TO BRIEF INTERVENTION

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

- **Tobacco?** (Cigarettes, e-cigarettes, vapes etc.)
- **Alcohol?**
- **Marijuana?** (Smoked, vaped, edibles, etc.)

**Never**

**STOP** if all “Never.” Otherwise **CONTINUE**

**Once  
or twice**

- **Prescription drugs that were not prescribed for you** (pain medication, Adderall, etc.)
- **Illegal drugs?** (Cocaine, Ecstasy, etc.)
- **Inhalants?** (Nitrous oxide, etc.)
- **Herbs/synthetic drugs** (Salvia, K2, bath salts, etc.)

**Monthly**

**Weekly  
or more**

**STOP** if all above answers are “**Never**” Otherwise, please **CONTINUE**

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

Prescription drugs that were not prescribed for you? (such as pain medication or Adderall)

- Never**
- Once or Twice**
- Monthly**
- Weekly or more**

Illegal Drugs?

- Never**
- Once or Twice**
- Monthly**
- Weekly or more**

Inhalants? (such as nitrous oxide)

- Never**
- Once or Twice**
- Monthly**
- Weekly or more**

Herbs or synthetic drugs? (such as salvia, “K2”, or bath salts)

- Never**
- Once or Twice**
- Monthly**
- Weekly or more**

In the past year, how many times have you used:  
Tobacco? Alcohol? Marijuana?

**RISK LEVEL FOR SUBSTANCE USE DISORDER**

**Prevention  
Opportunity**

**Low Risk**

**Moderate Risk**

**High Risk**

**No Use**

**Once or  
Twice Use**

**Monthly Use**

**Weekly Use  
or More**

**Anticipatory  
Guidance**

- Affirm healthy choices

**Ask Follow Up S2BI Questions:**

Prescription Drugs? Illegal Drugs? Inhalants? Herbs or Synthetic Drugs?

**Brief Intervention**

- Provide Cessation Advice

**Brief Intervention**

- Provide Cessation Advice
- Reduce use and reduce risky behavior

**Brief Intervention**

- Provide Cessation Advice
- Reduce use and reduce risky behavior
- Facilitate linkage to behavioral health/speciality treatment

# Screening Does Not Provide A Diagnosis!

# Brief Intervention

## Brief Intervention

- It is a structured, goal-oriented exchange that draws from motivational interviewing (MI), uses a non-judgmental, non-confrontational style that engages the adolescent in discussion.
- Offer health information, delivering cessation advice, discussing reducing use and risky behaviors and, when indicated, facilitating linkages for further assessment and potential treatment.
- Advocate for non-use as the healthiest choice. For teens who are not ready or willing to attempt to quit, reducing use or risky behaviors may be a first step.

National Council on Mental Wellbeing, Conrad N. Hilton Foundation, Improving Adolescent Health: Facilitating Change for Excellence in SBIRT, [https://www.ysbirt.org/wp-content/uploads/2021/11/2021.11.10\\_NC\\_SBIRT\\_ChangePackage.pdf](https://www.ysbirt.org/wp-content/uploads/2021/11/2021.11.10_NC_SBIRT_ChangePackage.pdf)





## Factors for Brief Intervention

- Justified by screening score
- Essential motivational interviewing skills
- Evidence based practice
- Brief (5-15 minutes) interaction
- Brief treatment (extended in several sessions)



**Brief  
Intervention**

# Brief Negotiated Interview

1. Build Rapport
2. Pros and Cons
3. Information and Feedback
4. Readiness Ruler
5. Action Plan

# Motivational Interviewing

- Motivational Interviewing is a specific type of psychotherapy aimed at facilitating change, especially among people who feel ambivalent about modifying their behavior.
  1. Asking Open-Ended Questions
  2. Affirming
  3. Reflective Listening
  4. Summarizing

**OARS**

Adolescent SBIRT, Learner's Guide to Adolescent SBIRT, 2019,  
<https://sbirt.webs.com/Adolescent%20SBIRT%20Learners%20Guide%20V3%20January%202019.pdf>

## Open-ended Questions

Questions are phrased in a way that encourage adolescents to explore and share her feelings, experiences and perspectives; and supports collaboration.

*“What brings you to the clinic today?”*

*“How would you describe how alcohol is affecting your life?”*

# 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 drink 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.”*

# Affirming Adolescents

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

*“You’re doing really great. You have come in 3 weeks so far.”*

## **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**

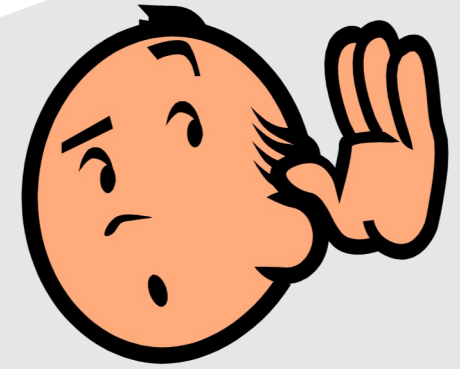
*“Thank you for taking a few minutes to talk with me about your alcohol or marijuana use. I appreciate your openness and sharing your experiences and thoughts with me today.”*

## **Celebrate the adolescent as a person**

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

## Utilizing Reflective Listening

- Ideally, most of your time should be spent listening
- **Reflective listening** – also known as parallel talk or paraphrasing, occurs when you carefully listen to an adolescent's thoughts, perceptions and feelings then restate them for the purpose of clarification and further exploration.



## Summarizing

- 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 elaborate as opposed to simply responding with, “yes,” or “no



## Intervention ‘Conversation’

- Convey your support for adolescent’s autonomy
- Advise of potential health risks and consequences and encouraged not to use.
- Explore perceptions of risk (marijuana) and ask about method of intake (e.g., vaping, edibles) and awareness of potency
- Inform that vaping can have adverse health effects due to added chemicals and high levels of nicotine.
- Share about the impacts of substances and their harm to a developing adolescent brain and body.

Youth SBIRT, Improving Adolescent health, Facilitating Change for Excellence in SBIRT, 2021, <https://www.ysbirt.org/change-package/>

# Making a Referral

## Referral to Treatment

- The referral is provided for further assessment to a professional as a treatment facility.
- Less than 3% of youth aged 12-17 in need of substance use treatment receive it.
- Referral is appropriate when a patient's screening result(s) suggest high risk for a substance use disorder.



# Referral for Further Assessment

- List of treatment facilities (Spanish language, culturally provided services)
- Familiarity with levels of care (cultural matching)
- Know treatment referral criteria (*Personalismo* - name of contact)
- Schedule appointment immediately
- Parental involvement
- Warm hand-off (peer professionals)
- Follow up



**Referral to  
Treatment**

# Considerations When Referring

- Refer to developmentally, culturally appropriate treatment program
- Mental health (stress & trauma)
- Medical problems
- Willingness and ability to engage in treatment.
- High risk behavior

National Council on Mental Wellbeing, Conrad N. Hilton Foundation, Improving Adolescent Health: Facilitating Change for Excellence in SBIRT, [https://www.ysbirt.org/wp-content/uploads/2021/11/2021.11.10\\_NC\\_SBIRT\\_ChangePackage.pdf](https://www.ysbirt.org/wp-content/uploads/2021/11/2021.11.10_NC_SBIRT_ChangePackage.pdf)



Q & A



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# GPRA Evaluation Link



<https://link-bai-eval.com/TTA-Post-Event-GPRA-2264>

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[www.nlbha.org](http://www.nlbha.org)

[ATTCnetwork.org/hispaniclatino](http://ATTCnetwork.org/hispaniclatino)



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**Thank you.  
¡Gracias!  
Obrigado.**