

Expanding Treatment Options for Drug-Abusing Adolescents Using Brief Intervention
Ken Winters, Ph.D.

Professor, Department of Psychiatry, University of Minnesota
Collaborating Investigator, Treatment Research Institute

*A Special Report Commissioned by the Treatment Research Institute
Philadelphia, PA*

Introduction

A lot of teenagers abuse substances but are not medically “addicted” to drugs. Unfortunately, it can be difficult for them to get treatment in an era when cost containment has raised admission criteria for treatment programs to include only the most severe cases.

Progress toward expanding treatment availability could take a step forward if greater use were made of a form of counseling growing in popularity called Brief Intervention (BI). With many schools now using counselors to staff in-school clinics, drug prevention programs or drug assessment and intervention programs, the relatively short, non-intensive BI therapy could become a more appropriate response for mild or moderate users who would otherwise not meet admission criteria for other forms of treatment.

In contrast to the adult treatment field, BI has not yet made significant inroads in the adolescent drug treatment landscape. This is probably because the field has traditionally focused its limited resources on severe-end, highly dependent youth requiring intensive services (SAMHSA, 2001). Two- or three-session brief interventions, on the other hand, are logically indicated for early-stage, mild drug abusers. While not diminishing the importance of intensive treatment, BI has the potential to make an enormous public health impact on a proportionally very large group of adolescents. Whereas it is estimated that somewhere around 7% to 15% of teenagers in the United States have a current substance dependence disorder (Martin & Winters, 1998), even a most conservative definition of mild-to-moderate drug abuse probably places the rate between 25% and 45% of adolescents (Winters & Leitten, 2004).

If appropriately selected youth with less severe substance use problems were to respond favorably to brief interventions, with consequent long term reduction in substance abuse-related morbidity and associated problems, the significant savings in health care resources could be allocated for treating those with more severe substance use disorders in specialized treatment facilities.

What are Benchmark Characteristics of a Brief Intervention?

BI strives to boost the client's problem recognition and interest in change by focusing on raising awareness of the problem, placing responsibility for change with the client, and negotiating realistic goals.

Most BIs are typically two to four, one-hour sessions, although some have been tried with adults with sessions as brief as ten minutes. They typically occur after detailed feedback and opportunity for the client to discuss his/her problem severity based on a standardized assessment at intake.

The intervention itself is relatively structured and focused on reducing or eliminating drug use. Goals focus on raising awareness of problems and recommending specific changes or activities, often with significant client input (e.g., reduce consumption, self-monitor drug use, execute an abstinence contract). The participant is usually offered a menu of options or strategies for accomplishing the target goal and is encouraged to take responsibility for selecting and working on behavioral change in a way that seems most comfortable. The style of the therapist is empathetic and encouraging rather than confrontational, and there is a significant focus on assessing and increasing the client's readiness for change.

Adapting the BI Strategy for Adolescent Clients

The BI model is a natural fit when working with the typical adolescent client. Many teenagers are not committed to lengthy and intensive intervention at this age, especially when they think their problem is not so deep-rooted (and it may not be). The person-centered approach of a brief intervention, characterized by a non-confrontational counseling style and negotiated treatment goals, can be very appealing to the adolescent in the throes of his or her "separation stage" of development. Not all adolescents are ready to jump right into an abstinence plan. Showing a teenager that he or she can successfully reduce their drug use can provide a better springboard for eventual abstinence than if abstinence were the only dogmatic option offered. And the BI approach targets the biggest problem in treating adolescents: how to engage the unmotivated youth in the therapy process. How many adolescent clients are at the level of Preparation or Action in the Stage of Change model (Prochaska, DiClemente, & Norcross, 1992)? Virtually none.

What is the Evidence that BI Can Work With Adolescents?

Several researchers have adapted the BI model for application with teenagers. And the evidence is growing that brief interventions are effective with young people. Aubrey (1998) used a motivational interviewing technique as part of a single assessment and feedback session for adolescents about to start drug treatment. At 6-month follow up, adolescents who received the assessment and single session had attended more treatment sessions and reported a reduction in heavy substance use as compared to those receiving treatment as usual.

Breslin and colleagues compared the impact of a four-session motivationally-based intervention to a psycho-educational control group with adolescent drug abusers. Outcome results indicated significantly greater reductions for the brief intervention group in terms of alcohol and other drug use, consequences related to using, and increased confidence to limit intake in high risk situations at 6-month follow-up (Breslin et al., 2002).

McCambridge and Strang (2004) compared a one-hour motivational interviewing session intervention to an education-as-usual control condition. In comparison to the control group, those randomly assigned to motivational interviewing reduced their use of tobacco, alcohol and cannabis, primarily through moderation of ongoing use rather than cessation. Thus, the empirical evidence for the effectiveness of BI for drug-abusing adolescents is based on a small handful of studies. But this literature indicates that brief interventions are associated with modest improvement on the basis of pre-post comparisons and when compared to a control group.

Our group is formally testing, in a school setting, a BI model for mild-drug abusing teenagers that showed promise in a pilot study. The core of the intervention is two individual sessions that are organized around the common elements of BI (e.g., using motivational enhancement techniques, focusing on current problems, and establishing attainable and contracted goals). But we also add a third session just for the parents. This session attempts to shore up parent attitudes and behaviors to promote children's goals of reduction or abstinence, as well as reinforcing general parenting behaviors concerning discipline and emotional support. Funded by the National Institute on Drug Abuse, this three-year study will involve evaluating the model in over 200 students. Completion is expected in March 2006.

Introducing BI into Practice: What are the Implications for Policy Makers, Clinical Managers and School Officials?

BIs for mild or moderate abusing teenagers have already begun to move out of the research laboratory and into applied clinical settings. The Hazelden Center for Youth and Families now utilizes our three-session model for non-dependent teenagers who can be treated on an outpatient basis. The Aberdeen Area Indian Health Service uses a variant of our model for youth who have been identified by school counselors or law enforcement officers as early stage abusers.

The most promising future for BI may be in school settings. School counselors often possess sufficient counseling skills to allow them to skillfully apply the therapy. Many schools have hired school counselors in order to staff their in-school clinics, drug prevention programs or drug assessment and intervention programs (Center for Substance Abuse Treatment, 1999). Numerous students are believed to be abusers of drugs but do not reveal severe-end symptoms or dependence (Martin & Winters, 1998). A brief intervention may be an appropriate response for such students. Moreover, a non-

intensive therapy can be practically implemented during the school hours without greatly disrupting the student's academic responsibilities.

Summary

Non-dependent drug involvement by teenagers should not go un-treated. Some of these young users will develop an addiction if their use continues or escalates. Expanding the continuum of treatment responses to include BI provides greater and possibly more appropriate options for treatment. Preliminary research on BI suggests that it is effective, particularly for early stage adolescent drug abusers.

A wise colleague once reminded me: "Adolescence is a time-limited disorder." Many adolescents will mature-out of their problems. But it makes sense to use all available therapeutic tools to ensure that drug abuse does not interfere with this developmental journey.

For More Information About Brief Intervention, Including Training Opportunities,

Contact:

Ken Winters, Ph.D.

612-273-9815

winte001@umn.edu

References

- Aubrey, L. (1998). Motivational interviewing with adolescents presenting of outpatient substance abuse treatment (Doctoral dissertation, University of New Mexico, 1998). *Dissertation Abstracts International*, 59, 1357.
- Breslin, C., Li, S., Sdao-Jarvie, K., Tupker, E., & Ittig-Deland, V. (2002). Brief treatment for young substance abusers: A pilot study in an addiction treatment setting. *Psychology of Addictive Behaviors*, 16, 10-16.
- Center for Substance Abuse Treatment. (1999). *Treatment of adolescents with substance use disorders*. Treatment Improvement Protocol (TIP) Series, Number 32. DHHS Pub. No. (SMA) 99-3283. Washington, D.C.: U.S. Government Printing Office.
- Martin, C., & Winters, K. C. (1998). Diagnostic criteria for adolescent alcohol use disorders. *Alcohol Health and Research World*, 22, 95-106.
- McCambridge, J. & Strang, J. (2004). The efficacy of single-session motivational interviewing in reducing drug consumption and perceptions of drug-related risks and harm among young people: Results from a multi-site cluster randomized trial. *Addiction*, 99, 39-52.
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47 (9), 1102-1114.
- SAMHSA (2001). *National Household Survey on Drug Abuse*. Rockville, MD.
- Winters, K.C. & Leitten, W. (2004). Expanding treatment options for adolescent drug abusers: The case for brief intervention. Center for Substance Abuse Research, University of Minnesota: Minneapolis, MN.

Additional readings

- Center for Substance Abuse Treatment. (2000). *Brief Therapies and Brief Interventions for Substance Abuse*. Treatment Improvement Protocol # 34. Rockville, MD: SAMHSA.
- Monti, P. M., Colby, S. M., & O'Leary, T.A., (Eds.). (2001). *Adolescents, alcohol and substance abuse: Reaching teens through brief interventions*. New York: Guilford Press.
- Winters, K.C. (2004). *TeenIntervene*. Center City, MN: Hazelden Press.