

CBT + Screening and Brief Intervention for Substance Abuse

The CBT+ Screening and Brief Intervention for substance abuse is an integrated approach to mental health and substance abuse treatment. Substance abuse can be co-morbid with depression, anxiety and trauma-specific impact among adolescents and interfere with uptake of the CBT skills. This model is designed to be embedded within the usual CBT+ flows for depression, anxiety and trauma-specific impact. The CBT triangle and the associated clinical strategies are applied to the substance abuse as they are to depression, anxiety, and trauma-specific impact.

**SBI is always delivered in the motivational style: non-judgmental, ask the client permission, offer options.*

Key Steps for CBT+ SBI:

- 1. Initiate the Conversation** about substance use when there is information about possible abuse (youth mentions it directly, caregivers report it, it is part of the referral information, youth screens in on the GAIN-SS substance abuse items).
- 2. Review Possible Impacts of Substance Abuse.**
 - Review general impacts.
 - Explore links between substance abuse and the youth's current psychological distress (e.g., that using alcohol or drugs can make depression, anxiety or trauma-specific impact worse).
- 3. Give Results of Standardized Measures** (Toolkit and CBT+ Notebook have the CRAFFT, GAIN-SS) and provide feedback about level of concern reflected in results.
- 4. Summarize and Review Options.**
 - Nothing, quit, cut down, other change.
- 5. If Youth is Willing to Consider an Active Strategy, Introduce the CBT Triangle Framework and Incorporate into CBT+.**

Feelings: use coping skills to surf urges. Thoughts: cognitive coping to get through the moment; new thoughts to reduce urges. Behavior: refusal skills, separating from risky situations, engaging in a positive opposite from using).

Steps for CBT+ SBI

Remember to Keep the Discussion Collaborative and Do Not Judge!

Ask Questions as Much as You Can!

1. Initiate the Conversation.

What

“Today I would like to talk with you about your use of alcohol (or name the other substance they use) for the next 10-15 minutes, not a lot of time. Would that be OK with you? It will be completely confidential.”

If the client says NO, ask the question again in a different way ONE TIME ONLY.

“Okay, I do not want to push you on this, could we have just a short conversation? Then we will move on to talking about other things. What do you think?”

If the client still says NO, provide the WHY and ask if you can bring it up another time that you meet together.

Why.

“It is important that we are able to talk openly about your use of alcohol or drugs, because it can make a difference for your health and mental health and for relationships in the family and community”.

Ask the client again in 1-2 weeks, starting again at Step 1.

If the client says no a THIRD time, do not ask about substance use again unless/until it intrudes on the therapy process (e.g., miss appointments, come high to sessions, no follow through on homework because use is interfering).

Describe what will happen in this discussion.

“I want to review risks related to drinking or using drugs, give you some feedback about some questions you answered, and give you some options and choices. What you decide about options and choices is up to you and your parents, or [if a court is involved] the court.”

2. Review Possible Impacts of Substance Abuse.

Find out what the client knows about alcohol or drug risks and possible impacts. Reflect back or repeat what the client says.

“First thing I would like to ask is, what do you know about alcohol or drugs and any risks? What have you heard about how drinking or drug use can have an impact on people? What have you seen or heard about some kids who are using alcohol or drugs”

Elicit a list of possible impacts and write them down (if appropriate). If not mentioned, inquire about:

1. *Anxiety, paranoia, panic*
2. *Depression*
3. *Decreased memory and problem solving ability*
4. *Sleep problems*
5. *Mood swings*
6. *Family relationships—more fighting and arguing*
7. *Getting victimized*
8. *Getting in trouble with the law*
9. *Accidents and injuries*

3. Give Results of Standardized Measures.

Give feedback on the client’s CRAFFT or GAIN-SS results.

“You filled out a checklist about your substance use. We can learn about your use compared to others from your answers. Your answers show you likely have a problem compared to other kids (CRAFFT). [You screened in for substance use [GAIN-SS] which means there is a good chance that you have trouble with using compared to other people.] I talk to everyone who has a risk on the checklists.”

Ask what the client thinks of this. Reflect or repeat back whatever the client says.

“What do you make of this information?”

ELABORATE, summarize, and encourage anything the client says suggesting that he/she thinks drinking or using drugs might be a problem, AND/OR the client might want to change.

“Your drinking (or drug use) is something you like to do with friends but you’re having some problems keeping focused at school, and that is making you feel stressed”

“It seems like everyone else is doing what you are doing, but you are also aware that it could cause you problems with your parents or the courts.”

If the client says nothing, describe what you see the client do or the look on the client’s face. *“you look like you are not sure”*

4. Summarize and Review Options.

Summarize what you have done so far.

“So I’m just giving you a little feedback which I’ll summarize. We talked about how alcohol or drug abuse can affect the body, feelings and behavior, and relationships with family and friends, and can lead to other problems, and how your drinking (drug use) falls in a risk zone. We talked about [anything client said about how drinking (drug use) is a problem for them]”.

Ask a question about next steps.

“At this point, given this information, do you have any questions?”

“Is there anything you would like to try or do differently?”

“Would you like to talk about alcohol or drugs a little more now, or later?”

If the client says talk now, give advice about changing drinking or drug use.

Use: Ask, Tell, Ask format.

You already asked (above) if it was okay to talk, now give some advice.

“As your counselor, I would advise you to stop drinking or using drugs until you are older”

As your counselor it is my hope that you will stop using and achieve abstinence”

Elicit client’s thoughts about that feedback.

“What do you think about what I just advised? Since I cannot control you, let’s review the options. You could think about my advice, try reducing your drinking (drug use), try quitting altogether, make a change by yourself or with some professional help or peer support...what do you think? What do you think would work for you?”

Generate options from these with the client.

If the client says “do nothing” or “talk later”, ask if you can ask again in the next session.

Discuss any change options that the client mentions.

*Use Decisional Balance exercise as appropriate to weigh pros and cons of change.

THROUGHOUT THIS DISCUSSION get the CLIENT talking, honor and go with the client’s choice!

You may end up with a plan, you may not. Both options are okay if you got the client thinking about change. You can bring up this discussion in a later session, as long as you ask for permission.

Ask for more information about any change option the client mentions—explore options mentioned. Reflect and repeat what the client says.

“What have you considered?”

“Great, tell me more about what you are thinking of trying.”

If the client has ideas about changing drinking or using drugs (quitting or cutting back) go with the client’s ideas.

“Great! Do you think you would want to start trying this change? Maybe this next week?”

If the client asks for options or your opinion about possibilities for changing, provide more information.

Quit drinking or using drugs.

“This is the healthiest option, may be easier than reducing, but it can also be hard socially. Some people say it would be hard and too much of a life change, some say not so hard.”

Reduce drinking or using drugs significantly.

“There are some good and not so good things about this option. At least you are cutting down. And it can be easier socially, but it can also make it a lot harder because it is more work to reduce when you are around others who are drinking or using drugs.”

Remind the client it is his/her choice and decision [although parents and courts may get involved].

“Only you can say what might work best for you, different things work for different people.”

5. If Youth is Willing to Consider an Active Strategy, Introduce the CBT Triangle Framework.

If yes...Make a plan that is consistent with CBT+

Explain the CBT triangle and how it can apply to substance use to show the connection between thoughts, feelings and behaviors. Thoughts: I can block out bad memories when I use; I fit in better when I am using. Feelings: urges to use. Behavior: seek out situations where others are using, get into risky situations.

Link to CBT strategies

Feelings: Teach coping skills to surf urges to use and feel better without using
Thoughts: teach cognitive coping to get through the moment; use Socratic methods to generate more helpful thought
Behavior: Model and practice skills such as refusal, removing self from risky situations, taking steps to make more pro-social friends.

Plan homework for this week.

Ask the client to monitor his or her drinking or drug use in the next week and if he/she would be willing to talk with you about it at the next session.

“Will you keep track of how much you drink or use drugs next week so we can see if the plan is working?”

“If no....Ask for permission to bring up making a plan in a later session.

“Okay, that’s fine. Would it be alright if I brought this up again in another session?”

Problem solve anything that might make it hard to do the plan.

“Is there anything that would make it hard to do this plan this week?”

ALWAYS end a conversation about substance use on good terms “Thank you for talking to me about your drinking (drug use)”