

**Empowering
Youth &
Families**

INTERVENTIONIST'S MANUAL

University of Minnesota and Kaiser Permanente - 2015



**MPower
Program**

MPOWER PROGRAM

SCREENING, BRIEF INTERVENTION, AND REFERRAL FOR TREATMENT OR SERVICES (SBIRT/S) FOR ADOLESCENTS AND THEIR PARENT

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MPOWER PROGRAM

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MPower

Reference Manual

How to Use This Supplemental Resource

I. The MPower program is intended to:

1. Increase family communication, bonding and understanding around sensitive topics, especially mental health issues and substance use.
2. Reduce adolescent risk factors for drug use.

II. Program Format:

1. Teen will attend 3 one-hour meetings (2 sessions are with the teen and interventionist only, and the 3rd session includes both the teen and parent with the interventionist)
2. Parents will attend 2 one-hour meetings (1 with parent and interventionist only and 1 including the parent, teen, and interventionist)
3. A phone call with the parent regarding potential referrals for treatment or service may occur within a week following the last meeting.
4. The meetings should occur 7-10 days apart.

III. Guide to Using Manual:

1. The interventionist script (what to say) is in italicized *Calibri* font. PLEASE NOTE: this is suggested script – using your own wording will personalize the discussions and add to the integrity of the meetings.
2. The textboxes on some pages provide information on how to tailor delivery of the sessions for a group setting.
3. Suggested resources are located throughout Session Four, as well as in the *Reading List and Resource Guide* section of the manual on page 111.
4. Reproducible worksheets are located on page 117 and may be copied for use with additional families.

MPOWER OVERVIEW

Behavioral risk factors, including risky alcohol and drug use, significantly threaten adolescent health and well-being, and are a compelling public health problem (Kann, et al. 2014). The CDC has identified six categories of risk behaviors as contributing to the leading causes of mortality and morbidity among adolescents in the U.S., and alcohol and drug use is consistently ranked among the top of those six. Substance use puts teens at risk of death or injury from motor vehicle and other accidents, poisoning, and interpersonal violence, as well as increased risk of developing medical conditions linked to alcohol and drug use (Kann et al., 2014). Moreover, adult alcohol and drug disorders, which pose a significant public health burden, frequently begin in adolescence, and early substance use initiation is associated with the development of such problems. Finding interventions to identify and intervene early with teens at risk of developing alcohol and drug problems is a critical public health goal.

The Screening, Brief Intervention, and Referral for Treatment or Services (SBIRT/S) is an evidence-based strategy first created in the 1990s to address substance use issues at an early phase of use, prior to symptoms of dependence (Baylor College of Medicine, 2010). The purpose of utilizing this type of early intervention is to prevent the early substance use behaviors from intensifying to a level of dependence. It is intended to reduce the interpersonal and societal costs of risky substance use and to provide information tailored to the individual's needs.

The MPower program is a type of SBIRT/S that has been modified to address the unique needs of adolescents who are using substances at a mild-to-moderate level, considering the developmental phase of the teen, as well as the integration of familial support and education. The MPower program was further designed to also include mild-to-moderate mental health issues under the premise that most adolescents who use substances also experience some type of mental health struggle.

This manual describes a 4-session (each session lasting approximately one hour) individual and family therapy model for use with adolescents (14-19 years old) who may be experiencing mild or moderate problems associated with alcohol or other drug use and/or mild to moderate levels of mental health problems, such as anxiety or depression. Sessions 1 and 3 involve individual counseling with the adolescent; Session 2 involves an individual counseling session with the parent or guardian of the teenager and Session 4 involves the parent and adolescent together. It is recommended that the four sessions be scheduled such that there is roughly a 10-day interval between each of the sessions.

This comprehensive, integrative approach to increase the overall health and well-being of adolescents incorporates a three-step process: Screening, Brief Intervention and Referral for Treatment or Services.

Screening

The MPower program employs a two-step screening process in which the youth is initially screened by a professional, such as a clinician or school staff member. Following this

clinical screen, adolescents are then screened using the PESQ+, a newly developed screening measure that incorporates items from the Personal Experience Questionnaire (Winters, 1992), as well as the CRAFFT (Knight, Sherritt, Shrier, Harris, & Chang, 2002) and six 1-item mental health screening questions. The purpose of this screening instrument is to provide a glimpse of the adolescent's current level of drug use and mental health functioning. A scoring sheet is included with the screening tool.

Brief Intervention

This brief therapeutic intervention includes components of motivational interviewing, family systems therapy, and cognitive behavioral therapy. It emphasizes client empowerment, and integrates aspects of education, problem-solving, coping mechanisms and building a supportive social environment. All of these aspects are centered on client goals. Each of the four sessions can be conducted individually, and are centered on engaging clients in the implementation of their therapy.

Referral for Treatment or Services

After the completion of the fourth session, interventionists discuss the teen and parent's visions of next steps and inquire what types of additional services or information the family believes they still need. The interventionist uses the information along with clinical judgment based on interactions with the brief intervention sessions to consider recommended referrals for the family. Depending on the wants and needs of the family, as well as their engagement and progress during the brief intervention, the interventionists may recommend a menu of services along a continuum of intensity. For example, the interventionist may refer a highly engaged family with various strengths to a plethora of books, articles, and websites as well as educational resources and tools for future use. For families who have more intensive needs, the interventionist may refer them to chemical dependency treatment or mental health treatment. The interventionist may choose to discuss these referrals after a short period of contemplation and information gathering (roughly one week), to give the family the most comprehensive and thoughtful referrals from which to choose. This portion of the MPower program may be completed over the phone.

USERS OF MPOWER

This SBIRT/S is designed to be implemented by trained professionals, including teachers, school counselors, social workers, psychologists and other youth-serving professionals who are working with teenagers who abuse alcohol or other drugs and/or suffer from mild to moderate mental health problems. The techniques presented in this manual are kept simple and concise so that teachers, school counselors, social workers, and other professionals can take advantage of these methods. It is important that the person initiating the intervention be familiar with basic counseling skills, the theories and practices involved, and a basic understanding of the etiology, course and treatment of adolescent substance use and mental health problems. This includes knowledge of cognitive-behavioral therapy, motivational interviewing, the stages of change model, and basic adolescent brain development.

Preferably, users of brief intervention have a certified degree in addiction counseling or a license in a related field of behavioral science.

Knowledge about the various drugs and their effects is crucial to implementing this type of intervention. The interventionist must pay attention to the physical symptoms and emotional behavioral effects of substance use and abuse. Clarification may be needed to help the adolescents recognize their possible misconceptions about using drugs and their effects. Drug education materials and resources can be found in sessions three and four of this manual.

The interventionist is instructed to be person-centered, non-judgmental, non-labeling, and non-confrontational. Restated, the interventionist's job is to act as a teacher or coach in order to help the adolescent progress through the stages of change. The intent is to move the client from low problem recognition and little willingness to change, to the "action" stage in which specific steps of positive behavior change are identified and implemented by the youth.

This brief intervention will focus on adolescents (ages 14- to 19- years old) who are 1) abusing alcohol or other drugs at mild to moderate levels, and/or 2) experiencing difficulties with mild to moderate mental health concerns. It is not intended for individuals who are in crisis, or those whom require hospitalization for medical or psychiatric circumstances.

POTENTIAL SETTINGS

Schools

Mpower is appropriate for inclusion in school-based chemical and mental health programs that wish to add more services to supplement extant prevention and education programs. The procedures are a suitable response for students with a mild or moderate drug abuse problem or a mild to moderate mental health problem.

General Health Settings

Mpower is appropriate for administration in general pediatric health settings, such as pediatric clinics, pediatrician offices and adolescent medicine clinics. Pediatric primary care is an ideal setting for talking about behaviors that may impact a teen's health, and studies have found that both teens and parents are actually open to talking about sensitive issues there.

Mental Health

Several adolescent studies indicate a strong co-occurrence between psychiatric disorders and substance abuse (Clark & Bukstein, 1998). Brief interventions for substance abuse during mental health treatment are valuable because such treatments are focused and can be easily integrated into a general mental health regimen for the client.

Waiting Lists

Adolescents who are on any waiting lists for intensive treatment may be suitable candidates for MPower. In this light, MPower provides a therapeutic bridge for the client as he or she awaits more intensive treatment. The interventionist can begin the process of increasing the client's readiness to change and awareness as to the benefits of reducing or stopping drug use.

WHY USE MPOWER FOR ADOLESCENTS?

The development of effective, cost-efficient, and time-efficient interventions for adolescents with mental health or substance abuse concerns is important, yet an understudied priority in the health care delivery field. Pressures for shorter forms of drug abuse treatment are emerging from several sources (U.S. Department of Health and Human Services, 1999). Examples of sources include the following: historical developments in the field that encourage the use of such approaches within a comprehensive, community-based continuum of care for a broad range of substance use problems, cost containment policies in the managed health care sector; and the expansion of community-based detection systems, such as in-school health clinics.

Research has indicated that brief interventions can be effective when treating adult alcoholics (see reviews by Bien, Miller, & Tonigan, 1993; U.S. Department of Health and Human Services, 1999), and with young individuals whom abuse substances (Breslin, Sdao-Jarview, Tupker, & Ittig-Deland, 2002; D'Amico, Miles, Stern, & Meredith, 2008; Harris et al., 2012; Knight, Sherritt, Van Hook, Gates, Levy, & Chang, 2005; Levy & Kokotailo, 2011; Monti, Colby, & O'Leary, 2001; Spirito et al., 2004; Winters & Leitten, 2007; Winters, Fahnhorst, Botzet, Lee, & Lalone, 2012). A recent meta-analysis found that alcohol screening and brief intervention produced significant reductions in both alcohol use and related problems among adolescents and young adults, across diverse populations and modalities (Tanner-Smith & Lipsey, 2014). Whereas brief interventions have many forms and vary in length (ranging from a one-time 10-minute session to several one-hour sessions), the approach described here is organized around a 4-session model that integrates developmentally-adjusted components of motivational interviewing, cognitive-behavioral therapy, stages of change theory, and problem-solving theory. Key behavior change features of the model include the adolescent taking an active role in determining therapy goals, personalizing feedback to the client in the form of identifying costs and benefits of their behaviors, and establishing specific action steps that will facilitate the change process.

To summarize, MPower is designed to help the parent and teen:

- Learn new skills that promote healthier behaviors
- Take responsibility for self-change
- Set goals to enhance success in life
- Become more aware of their drug use/mental health concerns and their impact
- Enhance personal problem solving skills
- Generate alternatives to alcohol/drug use or other unhealthy coping mechanisms
- Increase communication skills and strengthen the family relationship

CAUTIONS WHEN USING MPOWER

As in any counseling setting with a young person, it is important that the adolescent client be fully advised of mandated reporting laws. For example, if he or she discloses being a victim of physical or sexual abuse, or reports that he or she may harm himself or herself, or intends to harm another individual, the interventionist is required to report such information to the proper authorities.

The interventionist is also required to obtain written consent from the parent/guardian prior to implementing the brief intervention when working with teenagers younger than 18 years old. The consent form should describe the MPower procedures, the goals of the counseling sessions, and that the interventionist is mandated to report to proper authorities any disclosure by the youth of physical or sexual abuse or harm to self or others.

A final caution is a reminder of the limitations of brief intervention approaches. The model described in this manual is not appropriate as a stand-alone therapy for teenagers with a severe substance use disorder or severe mental health disorder. Such youth are likely to require a more intensive treatment program. Also, when abstinence is the only goal of treatment, MPower may not be an appropriate treatment choice. This is not to say that MPower cannot strive for an abstinence goal. Abstinence is an ultimate goal, but MPower is designed so that it is appropriate for short-term goals to include risk elimination, risk reduction, and pattern normalization, in the context that abstinence is a long-term goal.

Session One: Teen Only- COPING WITH LIFE STRESSORS

Coping with Life Stressors



"Stress is not *what* happens to us. It is our *response* to what happens, and our response is something we can choose. "

- Maureen Killoran

Introduction

It is vital to the change process that the interventionist establishes rapport with the adolescent at the outset of therapy. Rapport building can be accomplished by employing the use of reflective listening skills, being a non-judgmental, and asking open-ended questions.

The opening session should clarify the basic elements of the brief intervention. Monti, Colby, and O'Leary (2001) have identified the following components:

1. The overall purpose and content of the intervention.
2. The interventionist's role, with an emphasis on what the interventionist will and will not do in the sessions.
3. Limitations of confidentiality; that is, if the client shows a risk for harming oneself or others, or is being abused by others (physically or sexually); it must be reported by the interventionist.
4. A description of program-specific elements, such as requirements of attendance, number of sessions, etc.

The following statement illustrates how an interventionist can provide these introductory elements in a non-judgmental approach:

Suggested script:

Thank you so much for coming here today to meet with me as part of the MPower Program. As you know, as part of this program, you and your parent/guardian will meet with me for a total of 4 times. You and I will meet today (of course!), and then again in about two weeks from now. Over the next week or so, I will meet with your parent/guardian, where she/he and I will discuss topics such as teen brain development, emotions, and parenting. Lastly, you and your parent/guardian will meet with me together in about a month from now.

I will not be sharing information that we discuss in meetings with your parent/guardian nor will I be sharing any information that I discussed with your parent to you. In addition, none of the information gathered throughout this program will be shared with your school, employers, or others. I take confidentiality very seriously. One exception is that I am a mandated reporter, so if I hear that someone is at serious risk then I will need to take the proper steps to ensure everyone involved is safe.

I want to remind you that the goal of this program is to empower teens, like you, by providing tools for you to make educated and healthy choices. I also work with parents/guardians to help them support you through effective communication, enhanced parenting practices, knowledge of adolescent brain development and increased family bonding.

Clarify any questions that arise.

Part 1. Personal Strengths

Part of gaining favorable rapport with adolescents is communicating that this is a safe space to talk about difficult issues, as well as to recognize their strengths, rather than focus only on the problems that are presented. It's important to start the conversation on a positive note, with a strengths-based approach.

**MY STRENGTH DID NOT COME FROM
LIFTING WEIGHTS. MY STRENGTH
CAME FROM LIFTING MYSELF UP
WHEN I WAS KNOCKED DOWN.**

Bob Moore
23 Apr 2013 3:04 pm

Suggested script:

What I would like to start off with today is to discuss things you may be good at; your strengths. Is that OK with you? We all have things that we are good at and things that could use some improvement. We may even be good at things that we haven't given much thought. We can use this worksheet to help us explore some of these aspects.

Complete the **EXPLORING MY STRENGTHS** Worksheet with the teen. The goal of this activity is to help the teen explore his/her strengths and to contemplate positive attributes about themselves that they may not have considered. Teens may be quick to identify more obvious skills that they possess have such as athleticism, a subject in school, computers, etc., but helping them recognize other important strengths (such as those listed in question 3) may encourage greater insight into their skill set or talents.

Furthermore, this activity may assist the interventionist in gaining an understanding of other life skills such as the teen's ability to cope with stress, problem solve, and be successful.

Completing this worksheet may allow the interventionist to identify possible mental health concerns such as low self-esteem, symptoms of depression or anxiety, or factors that correlate with substance use. This initial activity may be a good segue for the next sections of Session One and may prove informative for possible FLEX topics.

Exploring My Strengths

1. What are some things you are good at or that you like to do?

2. What do others (such as friends, family, teachers, etc.) say are some of your strengths, things you are good at, what do people like about you?

3. Other things you may be good at but you may not have thought about (circle all that apply).

- | | |
|--|----------------------------------|
| 1. Staying calm in a difficult situation | 10. Being musical |
| 2. Being good with children | 11. Being a good friend |
| 3. Being flexible | 12. Being a good listener |
| 4. Relating to animals | 13. Being creative |
| 5. Being a hard worker | 14. Being spiritual |
| 6. Being organized | 15. Being a good role model |
| 7. Being compassionate | 16. Being pretty self-aware |
| 8. Being optimistic | 17. Having a good sense of humor |
| 9. Being able to read people well | 18. _____ (Other) |

4. How do your strengths help you in everyday situations?

5. How could your strengths help you in the future (with friends, family, school, work, etc.)?

6. What area/aspect do you want to enhance in your life? What strength do you want to further develop?

Part 2. Social Support

It is important for the adolescent to know that there are people in his or her life who will support his or her healthy lifestyle, help problem-solve or cope with stress, and find pleasure in life in healthy ways. You can help the adolescent recognize the supportive people in his or her environment. Have the teen complete the SOCIAL SUPPORT Worksheet.

Now I would like to talk about people in your life who may support you and the people you support.

It's beneficial to have several people in your support network because different people are good at offering different types of help and support. Who do you know that...

- ***is good at coming up with ideas and activities that are healthy choices (Problem-solver)?***
- ***who listens, is supportive, and understanding (Moral supporter)?***
- ***can help take-off some of the pressure (Load sharer)?***
- ***can answer questions and help to find other resources and information (Information provider)?***
- ***if all else fails, you can always call for help (Emergency back-up)?***

Let's look at this sheet that explores the people who may be supportive to you and see what type of support would be most helpful for you.

GROUP FORMAT

Encourage group discussion on this topic, with students indicating what they think it means (or examples of) "to provide support". Allow time afterwards for individual reflection.



SOCIAL SUPPORT WORKSHEET

1. Who do you think may be able to offer you support, such as help when you need it or advice?

Suggestions:

- Think of people who have been helpful to you in the past such as friends, family members or other people that you know.
- Find people who are not biased. Those who will not pick sides.
- If you can't think of people who can be of help to you now, think of those who may be helpful later on.

It's beneficial to have several people in your support network. Who do you know that....

- is good at coming up with ideas and activities that are healthy choices (Problem-solver)?
- who listens, is supportive, and understanding (Moral supporter)?
- can help take-off some of the pressure (Load sharer)?
- can answer questions and help to find other resources and information (Information provider)?
- if all else fails, you can always call for help (Emergency back-up)

2. Think of ways that these supportive people can help you. List at least three.

3. Name someone to whom you are supportive. Describe how you support them.

(Adapted from Sampl, S. and Kadden, R. (2001). Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.)

Part 3. Life Stressors

This portion of the session focuses on recognizing life stressors, learning how the stressors can have positive and/or negative effects, and how to effectively manage stress.

Suggested script:

Now let's move to the topic of stress. Stress definitely happens to all of us, and affects how we communicate, problem solve, and respond to others. What are some things that happened in the past week or so that caused you to feel stress? What happened at home or school or with friends that created feelings of stress?

Appreciate that the teen's feelings are real. Validate those feelings.

Let's consider ways that stressors may be minimized and that you manage the ones that you can't control.

Interventionist and teen can brainstorm ways to manage stress. Go through the [Stress & Stress Management Worksheet](#) and [Things That May Make You Happy](#) with the teen.

Let's look at this Stress Management Worksheet. Remember that making changes in your lifestyle – including stress management - take time, because your old methods of dealing with stress have become a habit. So, let's both agree that if we fall into old methods of managing stress, it doesn't mean we've failed, we just need to start again and keep trying.

GROUP FORMAT

Again, encourage group discussion on this topic, with students indicating what they think it means (or examples of) "to be stressed" and ways it can be managed. Are there any positive aspects of stress? What stressors can we control and what stressors are out of our control? How do people manage various types of stressors? Allow time afterwards for individual reflection.

Stress & Stress Management

Teenagers and adults alike may experience stress every day and can benefit from learning stress management skills.

What is stress?

When we view a situation as difficult or painful, our bodies release certain hormones and create changes in our brains and bodies to prepare us to respond to danger.

This "fight, flight, or freeze" response includes faster heart and breathing rate, increased blood to muscles of arms and legs, cold or clammy hands and feet, upset stomach and/or a sense of dread.

Where does stress come from?

Sources of stress vary, but some stress for teens might come from the following:

- Problems with a teacher or class at school.
- Negative thoughts and feelings about yourself.
- Problems with friends or family.
- Problems with students at school.
- Problems at home.
- Death of a loved one (including pets).
- Moving or changing schools.
- Family financial problems.

How is stress managed?

- As soon as our mind and body decide that a situation is no longer dangerous, hormones are released again to help us relax and calm down, including slowing down our heart rate and breathing.
- Experts say that an important way to deal with stress is to learn ways that will relax and calm your body and mind. Learning to manage stress helps us feel more confident and improves our ability to concentrate.
- You can decrease stress with the following behaviors and techniques (See below):

Adapted from: The American Academy of Child and Adolescent Psychiatry (AACAP) No. 66; May 2005
http://www.aacap.org/cs/root/facts_for_families/helping_teenagers_with_stress

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Stress & Stress Management

Ideas for relieving or decreasing stress

➤ **Learn relaxation exercises (breathing and muscle relaxation techniques):**

- Take 10 deep, slow breaths before responding.
- Imagine a peaceful setting and focus on controlled, relaxing breathing.
- Focus on slowly tensing and then relaxing each muscle group.

➤ **Express your feelings in a polite but firm way; do not be overly aggressive ("I feel angry when you yell at me", "Please stop yelling.")**

➤ **Learn practical coping skills. For example, break a large task into smaller, easier tasks.**

➤ **Decrease negative self-talk: challenge negative thoughts about yourself with alternative neutral or positive thoughts. "My life will never get better" can be transformed into "I may feel hopeless now, but my life will probably get better if I work at it and get some help".**

➤ **Learn to feel good about doing a "good job" rather than demanding perfection from yourself and others.**

➤ **Rehearse and practice situations which cause stress. Practice with someone you are comfortable with. Then practice using tools that help relieve the stress.**

➤ **Take a break when things get very stressful and do something that makes you happy: What are some things that make you happy?**

Reflect on the "Things that may make you happy" worksheet

It is important for individuals to be aware of the things that bring pleasure to their lives and to be able to access these activities in order to reduce stress and find to comfort.

Let's look at the Things That May Make You Happy Worksheet (located on next page). Let's read the items on this list and circle the things that you enjoy doing or bring you happiness. Think about the things that made you happy at when you were younger. How has that changed? It is helpful to recognize that we need to keep a good-sized list of things that make us happy that we can "pull out of our tool box" whenever we need.

- *The things that make us happy change over time and therefore, we need to keep adding new things to our list as we get older.*
- *Are there some new things that you might be interested in trying?*



Things that may make you happy

- | | |
|---|---|
| 1. Taking a long hot bath | 34. Cooking |
| 2. Going to hear live music | 35. Playing pool |
| 3. Thinking about your future and | 36. Taking your dog for a walk |
| 4. Going for a drive | 37. Playing video games |
| 5. Watching a favorite TV show | 38. Going swimming |
| 6. Hanging out with a
boyfriend/girlfriend | 39. Talking on the phone |
| 7. Going to a movie | 40. Drawing or doodling |
| 8. Going to a park | 41. Getting a massage |
| 9. Jogging | 42. Exercising |
| 10. Going to the mall | 43. Do crossword puzzles, words
searches or Sudoku |
| 11. Going for a walk | 44. Playing sports |
| 12. Writing in a diary | 45. Talking with a friend or relative |
| 13. Listening to music | 46. Singing |
| 14. Sitting in the sun and relaxing | 47. Going bowling |
| 15. Spending time with a child | 48. Rollerblading or roller-skating |
| 16. Reading a magazine or book | 49. Playing with a pet |
| 17. Going on a picnic | 50. Painting |
| 18. Hanging out with friends | 51. Going on a bike ride |
| 19. Meditating | 52. Doing a puzzle |
| 20. Painting your nails | 53. Going shopping |
| 21. Playing cards | 54. Playing a musical instrument |
| 22. Dancing | 55. Spending time with a pet |
| 23. Seeing or showing photos | 56. _____ |
| 24. Rearranging your room | 57. _____ |
| 25. Doing word puzzles | 58. 58. ____ |
| 26. Making a gift for someone | |
| 25. Downloading music | |
| 26. Watching sports on TV or going
to a game | |
| 27. Buying clothes | |
| 28. Going out to dinner | |
| 29. Working | |
| 30. Getting your hair cut or styled | |
| 31. Going for coffee or tea | |

Assess whether the teen has a good number of things from which they find pleasure. This worksheet may provide insight into possible depressive symptomology and need for FLEX in this area. Suggest to the teen where they may be able to find new activities that may be pleasurable or of interest (school web site, community ed., etc.). Ask if their parent would support a new idea such as taking a Community Ed. cooking class, volunteering in the community, or trying a new activity at school, etc. Keep this in mind when completing the parent meeting to encourage the parent to help facilitate (new) opportunities for pleasure. Encouraging teens to have a number of healthy activities at hand is important (especially in areas where finances, weather, time, or transportation may significantly limit opportunities).

Help the teen recognize that having an abundant list of things that make them happy is one of their responsibilities as an adolescent. Fun opportunities may not readily appear. When people rely on unhealthy activities to bring pleasure to their life, it often causes more problems, creating a problematic cycle.

Part 4. Decision Making

Individuals make decisions constantly throughout each day. Even choosing not to make a decision is deciding not to act. Adolescent decision-making can be influenced significantly by factors such as peers, emotions, parents, mental health, and stress. Even adolescent brain development, including the underdeveloped prefrontal cortex, highly charged limbic system, and physically mature cerebellum, can play an important role in teen decision-making. Helping adolescents understand the factors that can influence their decision-making, what type of decision-maker they tend to be, and the efficacy of those methods, can assist them in making healthier and more effective choices.

Now I would like to discuss the way people make decisions.

Some people think through a situation before they make a decision regarding their next step, deciding what's best for them and for others, while others just do what comes first or is easiest, regardless of the consequences (i.e. act first, think later). Still others prefer to avoid making decisions, and let others decide for them. Other people may have a combination of these styles or a different decision-making style altogether.

There are important factors that can influence the way people make decisions, especially adolescents. Friends, parents, mood, what you eat and drink, even drug and alcohol use can make a big difference in the ways people make decisions. Interestingly, the adolescent brain is undergoing a lot of physical changes (i.e. big increase in hormones, cell connections get stronger, and certain parts of teen brains are more active than others) and this can strongly impact how adolescents make decisions.

The following information on the **four styles of decision making** is adapted from ©Shelley Row, P.E., MBA (www.shellyrow.com). Briefly discuss these four styles with the adolescent to help him or her assess what styles of decision-making they typically use and in what situations they use them. Explore the factors that they feel impact their decision-making. Emphasize that some styles can be more or less productive if used in particular situations. Discuss how the teen may want to modify their decision-making approach if they typically use styles that are not as productive. Provide examples that fit for each category.

Let's talk about some decision-making styles and go through this next worksheet to see if you can pick out the style you use frequently or in what situations you may use certain styles.

DECISION-MAKING STYLES

Style	Description	Examples
No-Brainer decision	<ul style="list-style-type: none"> • Facts are the main ingredient • Are low in emotion (no drama) or controversy • Have clear rules that are well-known • Are low risk • Are ones that you can very easily tell if it was a good decision • Factors such as safety are involved 	<ul style="list-style-type: none"> ➤ <i>Making sure the door is locked before I leave the house/apartment</i> ➤ <i>Stopping to look both ways before I cross the street</i> ➤ <i>Putting on my coat when I leave the house in the winter</i>
Over-thinking decision	<ul style="list-style-type: none"> • Decision is set aside while you get more information • All the time spent “thinking” exceeds the value of the decision • The need to collect more information and “think about it” shuts out other important factors involved (e.g., People want my decision by Friday.) • You may feel stuck as you “chew” on a decision longer than necessary 	<ul style="list-style-type: none"> ➤ <i>Trying on 12 different outfits before deciding what to wear on the first day of school</i> ➤ <i>Changing the caption on my photo six times before posting it</i> ➤ <i>Taking an hour to figure out what to eat for dinner</i>
Knee-jerk decision	<ul style="list-style-type: none"> • Quick reaction without hearing available information • You over-react to a situation • Your reaction causes later regret about how the decision was handled • There is strong emotion behind the decision • Available information and others’ input are downplayed 	<ul style="list-style-type: none"> ➤ <i>Hearing that a friend was spreading rumors about me, so I yelled at her (him) during lunch in front of our friends.</i> ➤ <i>Getting grounded by mom, and telling her I hate her and never want to speak to her again.</i> ➤ <i>Breaking-up with my girlfriend (boyfriend), because I thought she (he) was going to break-up with me.</i>
Complex decision	<ul style="list-style-type: none"> • Thoughts from impacted people are considered • You understand what feelings are involved (i.e., anger, sadness) • The main purpose of the decision is kept separate from trivial information • Your final decision is based on being informed and having knowledge 	<ul style="list-style-type: none"> • <i>After taking 4 different tours, & discussing with my parents, I have decided where I am going to college.</i> • <i>Needing money after my parents cut my allowance, I got a part-time job.</i> • <i>My siblings’ regular babysitter cancelled so I said I would babysit Friday night so my parents could go out, even though I really want to be with my friends.</i>

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Reinforce that certain decision-making styles can be more effective depending upon the type of situation/problem at hand. Helping adolescents cue into their commonly used decision-making styles will reinforce that they CAN choose healthier behaviors, increase positive experiences in their life, and reduce the stress or “drama” that may surround them.

What kind of style do you use the most?

How well has this method(s) worked for you?

What factors influence you the most when you make decisions?

Are there times when you could use a different style in order to have a different (or more desirable) outcome?

Part 5. FLEX

The FLEX Worksheets and resource list immediately following this section are supplemental materials that can be utilized by the interventionist to provide additional skill-building information for the adolescent. The interventionist can select Flex Worksheets/topics/handouts based on the individual needs of the adolescent. The interventionist is also encouraged to incorporate and/or distribute additional handouts or informational resources pertaining to a specific mental health issue, or other related topics as they arise.

Introduce the FLEX portion by referring to their responses in the core portion of the session.

Suggested script:

Thanks for your time and help talking through those topics with me. I appreciate your willingness to share your thoughts and ideas! As we wind down our meeting, is there anything that we talked about that you'd like to discuss in more depth? Or is there another topic that we didn't discuss that you'd like to address?

Allow the teen to express any needs or concerns to be addressed in the FLEX portion. If the teen expresses a desire to discuss something that is unrelated to the discussion, to be addressed in a different session, or irrelevant to the program, be sure to validate their ideas, and briefly address the issue.

If you are not able to address an issue due to relevance, significance of the concern, or the fact that it may be best addressed by another professional/individual, let them know that you can connect them with someone who might be able to help. Reassure the teen of confidentiality (do not give

out the teen's name or contact information without written consent). You can also give the teen the name and contact information of the professional or a trusted website or other resource if they prefer.

If the teen would like to further discuss issues touched upon in the Core section of the manual, some of the following information may be useful to the interventionist, or the interventionist may bring in additional resources relevant to the topic.

If the teen does not express interest in discussing any issues, but the interventionist has concerns and sees benefit in discussing a topic in more detail, the interventionist may suggest his/her concerns.

Suggested script:

When we were talking earlier, I noticed that ____ appeared to be _____ (e.g., stressful, charged, important to you, something you wanted to talk about, something that bothered you). Do you mind if we take a few minutes to talk a bit more about that?

If the teen indicates that he or she does not want to talk further, simply accept that choice, thank them for being honest and for spending time with you today. Provide your contact information for further questions. Proceed to Goal Setting section.

If the teen *does* want to discuss any FLEX topics, the following Flex topics/resources may be useful.

FLEX Resources:

1. ***2 Minute Vacation*** (page 27)
2. ***Square Breathing*** (page 28)
3. ***Health and Wellness For Teens*** (page 29-33)
4. ***Exercise is Wise*** (page 34-35)
By Teen Health
http://kidshealth.org/teen/your_body/take_care/exercise_wise.html
5. ***Controlling Anger – Before It Controls You***
By the American Psychological Association
<http://www.apa.org/topics/anger/control.aspx>

6. ***Why Am I in Such a Bad Mood?***

By Teen Health

http://kidshealth.org/teen/cancer_center/q_a/bad_mood.html

7. ***Mindfulness, Mood, and Your Mental Health***

By Elisha Goldstein, Ph.D.

<http://blogs.psychcentral.com/mindfulness/2009/02/mindfulness-mood-and-your-mental-health/>

8. ***Depression in Teens***

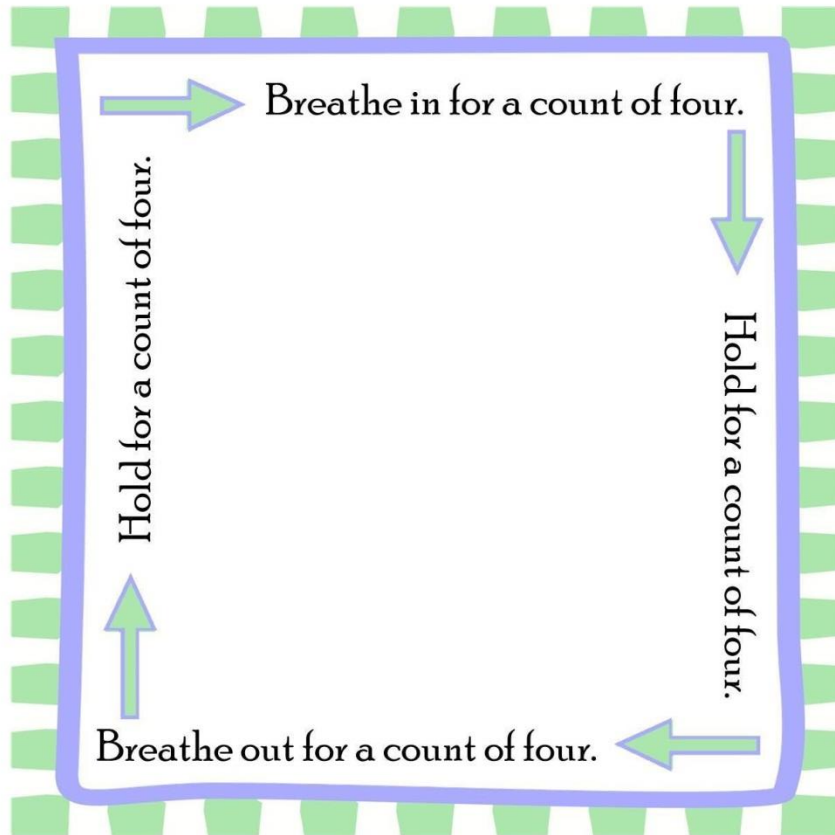
http://kidshealth.org/teen/your_mind/feeling_sad/depression.html

Relax with a *2 Minute Vacation*

1. Close your eyes
2. Take a deep breath
3. Think of a relaxing place
4. Ask yourself to imagine...
 - a. What do you see?
 - b. What do you smell?
 - c. What do you hear?
 - d. What do your hands and feet touch?



Square Breathing



Health and Wellness for Teens

Think about how good it would feel to be stronger and healthier. Taking care of your body can help you look and feel your best. Here are some tips for leading a healthier lifestyle:

- Get moving. Aim for at least 60 minutes of activity each day.
- Pull the plug by limiting screen time on TV, computers, and video games to 1 to 2 hours each day. You may also want to move the TV out of the bedroom.
- Eat smart by getting started with breakfast, and eat 5 to 9 servings of fruits and vegetables a day.
- Choose water or nonfat milk and limit your consumption of soda and sports drinks.

Healthy Eating

If you are concerned about your weight, you are not alone. The number of overweight teens in this country has doubled since 1980. This is mainly due to unhealthy eating habits and not enough exercise. A combination of factors such as genetics, family eating patterns, and other lifestyle habits can contribute to becoming overweight.

Being overweight and out of shape increases your risk for health problems now and later in life. If you are eating foods high in calories, fat, sugar, and salt, this can increase the risk for developing:

- High cholesterol
- High blood pressure
- Asthma
- Type 2 diabetes

Learn to appreciate your changing body. Being active every day is the best way to keep extra weight off and feel great. Your body and mind are changing and growing a lot. You need healthy foods and exercise for strength and energy. Make sure you stay healthy and get more energy by:

- **Fueling up with breakfast every morning.**
- **Getting 5 to 9 servings of fruits and vegetables every day.**
- **Drinking 3 cups of low-fat milk or eating other dairy products.** This will help you get the amount of calcium your body needs every day.
- **Eating at home more often.** Try to sit down to eat a meal with your family or roommates. Households who cook and eat together usually eat healthier, since food you make at home tends to be more nutritious.
- **Preparing for snack attacks.** Keep healthy snacks around for after school or between classes. Pretzels, popcorn, or fruit are all good low-fat choices.
- **Paying attention to portion sizes.** A cup is about the size of your fist. A serving of meat is the size of a deck of cards. You could be eating extra-large helpings without knowing it.

In order to maintain healthy eating habits, there are also some things to avoid:

- **Skipping meals or going too long without eating.** If you are too hungry, you may be more likely to overeat or choose unhealthy foods.
- **"Crash" diets.** You may lose some weight (usually water) but will likely gain it all back, plus more. Remember that diet pills and supplements don't work and can be dangerous.
- **Spending time in front of the screen.** Cut back on screen time (TV, computers, and video games) to no more than 1 or 2 hours a day.
- **Drinking calories.** Sodas are liquid sugar (up to 12 spoonfuls in a can) and have been linked to weight gain. Sweet teas, juice, and sports drinks are all loaded with sugar and extra calories. Cut back or switch to sugar-free drinks or water instead.
- **Alcohol.** Besides adding extra calories, drinking too much alcohol is dangerous.

If you're hanging out with friends after school or on the weekend, you may be going out and eating fast food. If you are going to eat out, you can reduce fat and calories by:

- Ordering food without cheese, sour cream, or mayonnaise. Try ketchup or mustard instead.
- Avoiding deep-fried foods like fries, chips, onion rings, and chicken strips.
- Drinking water or low-fat milk instead of soda.
- Sharing a meal with a friend or ordering smaller sizes.
- Ordering just the sandwich and holding the fries, or trying a side salad instead.

Staying Active

There are lots of reasons to be active – it lifts your mood, adds energy, and makes you look and feel great. And it helps you maintain a healthy weight. Move your body every day using these tips:

- **Try to get 60 minutes** of physical activity each day to be healthy.
- **You don't have to do all of your physical activity at once.** You can break up activities throughout the day.
- **Get more intense physical activity** several times a week.
- **Try walking** instead of getting a ride to school.
- **Take the stairs** instead of the escalator.
- **Try out different activities** and sports until you find the ones that you enjoy.

Being active throughout the day will help you:

- Feel less stressed.
- Boost your mood.
- Build self-confidence.
- Have more energy all day.
- Reach a healthy weight.
- Prevent health problems.

Remember to ask for support. Tell your friends and family you are working on eating well and getting more exercise. You do not have to give up all of the things you like.

When you are ready to make a change, start slowly. Pay attention to how you feel as you add more healthy foods and regular exercise to your day. Remember that small changes that you can stick with add up over time.

Body Image

Many teens try to change their bodies by dieting all the time. Get support from an adult you trust or talk to us so we can help you make the right decisions for your health. Remember that:

- To succeed, set a goal to reach a healthy weight.
- There is no ideal or perfect body.
- Diets do not work.
- Losing weight and keeping it off is a lifetime commitment.

Healthy eating and active living will help you look and feel your best. If you are concerned that you may have a distorted body image or an eating disorder, we can help.

Sleep

As a teenager, you need at least 9 hours of sleep each night for your brain to function properly. Even so, most teenagers do not get enough sleep. You might stay up late watching TV, texting, socializing on the phone or computer, or finishing homework.

You might also not sleep the same amount of time each night. For example, you may stay up late and then sleep in late on the weekends but then get up early again for school during the week. This pattern can interfere with your natural sleep rhythms and affect how well you sleep. You might find yourself lying awake until the early hours of the morning even though you still have to get up early.

Sleep helps you manage stress, concentrate, study, and be successful in daily activities. If you don't get enough sleep, you could end up developing other health problems, such as depression.

If you have trouble sleeping, try to get regular exercise, take a short afternoon nap, and make a "to-do" list to reduce stress and help you sleep better at night. If you continue to have trouble sleeping, make sure to schedule (or ask your parents to schedule) an appointment so we can help.

Causes

There are many reasons why you might not be getting enough sleep. A few common causes are stress and illness. Sleep apnea, a condition where a person temporarily stops breathing during sleep, can cause frequent waking. Depression can also interfere with sleep, or it can occur as a result of not getting enough sleep.

Other causes of sleep problems are nightmares, sleepwalking, and too much acid in your stomach (reflux) that causes heartburn when you lie down.

When you become a teenager, it's also natural to get sleepy later at night and then need to sleep later in the morning. In fact, you may find it difficult to fall sleep before 11:00 p.m. Your body produces a hormone (melatonin) that triggers sleepiness based on your biological (circadian) rhythms. Teens produce melatonin later in the night than younger children or adults. This is why you don't feel sleepy until later in the evening, while younger children and adults may already be sleepy.

Although it's not common, some teenagers develop a sleep problem called narcolepsy. You may suddenly fall asleep during the day without warning. It can also cause you to wake up throughout the night.

Types

The following are symptoms of a few common types of sleep problems:

Insomnia means you have trouble falling or staying asleep. Usually it's caused by stress or illness. Everybody has insomnia once in a while, but if you have insomnia for a month or longer, call us (or have your parents call us) so we can help. Sometimes, you can get insomnia from worrying about not sleeping.

Delayed sleep phase syndrome means you can't get to sleep until the early hours of the morning but still must get up early. You are extremely sleep-deprived and can't perform daily activities.

Depression or "the blues" can interfere with sleep or can be caused by not getting enough sleep.

Sleep apnea means you temporarily stop breathing while you are sleeping because your airway gets blocked or shrinks (narrows). This can happen if your tonsils become inflamed or enlarged or if you are overweight. Symptoms include snoring, problems breathing, sweating during the night, and being really sleepy or grumpy during the day.

Reflux means that acid from your stomach moves up your esophagus when you lie down. It causes burning (heartburn) and sometimes produces a small amount of vomit in your throat.

Narcolepsy means that you suddenly fall asleep during the day without warning. You may also frequently wake up throughout the night. It can be dangerous to be driving a car or performing another task and suddenly fall asleep.

If you have symptoms of any of these conditions or if you are consistently not able to get enough sleep each night, be sure to let your parents or an adult know.

Symptoms and Diagnosis

Lack of sleep affects your brain and your body. It can cause problems with concentration, make you feel moody, lead you to perform poorly in school or other activities, and may even cause you to develop behavioral problems. A lack of sleep can also cause acne, unhealthy eating, and weight gain. It may also make you feel like you want to drink caffeine, alcohol, or use nicotine, which can make sleep problems worse.

Prevention

Getting regular exercise during the day can help you sleep better at night. A short nap during the day might also help you function better. Just make sure you don't nap too close to your regular bedtime. It helps if your room is dark, quiet, and not too warm. Avoid drinking caffeine and energy drinks, exercising, or eating close to bedtime. It also helps to stay off the computer or phone, and avoid watching TV. Screen time too close to bedtime can overstimulate the brain and make it harder to get restful sleep.

To fight the natural tendency to fall asleep later and wake up later, try to set a routine that lets you relax before bedtime. This might include listening to soft or gentle music, writing in a journal, or reading. Avoid video games, TV, computer, phone, or any activity that will stimulate your mind. Try to stick to a regular sleep schedule as much as possible, even on the weekends.

Try to finish your homework early instead of saving it for later in the evening. It may help to keep a "to do" list so you don't suddenly remember an assignment late in the evening. Writing down the things you need to do can also prevent you from worrying about them while you are sleeping.

Treatments

Using a special type of light, known as light therapy, may reset your body's sleep patterns and reduce symptoms of depression. Light therapy can be helpful for certain kinds of sleep problems. Treatment involves sitting in front of a special light for a certain period of time each day.

Also try to follow good prevention measures, such as not watching TV, texting, or playing video games right before you go to bed. Avoid drinking caffeine, especially after dinner. Make sure your room is comfortable and dark at bedtime.

There are many ways you can improve your sleep patterns and get better sleep. Getting the right amount of sleep may help you concentrate, get better grades, and be able to enjoy your daily activities more.

TeensHealth.org

A safe, private place to get doctor-approved information on health, emotions, and life.



Why Exercise Is Wise

You've probably heard countless times how exercise is "good for you." But did you know that it can actually help you feel good, too? Getting the right amount of exercise can rev up your energy levels and even help improve your mood.

Rewards and Benefits

Experts recommend that teens get 60 minutes or more of moderate to vigorous physical activity each day. Here are some of the reasons:

- **Exercise benefits every part of the body, including the mind.** Exercising causes the body to produce endorphins, chemicals that can help a person to feel more peaceful and happy. Exercise can help some people sleep better. It can also help some people who have mild depression and low self-esteem. Plus, exercise can give people a real sense of accomplishment and pride at having achieved a certain goal — like beating an old time in the 100-meter dash.
- **Exercising can help you look better.** People who exercise burn more calories and look more toned than those who don't. In fact, exercise is one of the most important parts of keeping your body at a healthy weight.
- **Exercise helps people lose weight and lower the risk of some diseases.** Exercising to maintain a healthy weight decreases a person's risk of developing certain diseases, including type 2 diabetes and high blood pressure. These diseases, which used to be found mostly in adults, are becoming more common in teens.
- **Exercise can help a person age well.** This may not seem important now, but your body will thank you later. Women are especially prone to a condition called osteoporosis (a weakening of the bones) as they get older. Studies have found that weight-bearing exercise — like jumping, running, or brisk walking — can help girls (and guys!) keep their bones strong.

The three components to a well-balanced exercise routine are: aerobic exercise, strength training, and flexibility training.

Aerobic Exercise

Like other muscles, the heart enjoys a good workout. You can provide it with one in the form of aerobic exercise. Aerobic exercise is any type of exercise that gets the heart pumping and quickens your breathing. When you give your heart this kind of workout regularly, it will get stronger and more efficient

in delivering oxygen (in the form of oxygen-carrying blood cells) to all parts of your body.

If you play team sports, you're probably meeting the recommendation for 60 minutes or more of moderate to vigorous activity on practice days. Some team sports that give you a great aerobic workout are swimming, basketball, soccer, lacrosse, hockey, and rowing.

But if you don't play team sports, don't worry — there are plenty of ways to get aerobic exercise on your own or with friends. These include biking, running, swimming, dancing, in-line skating, tennis, cross-country skiing, hiking, and walking quickly. In fact, the types of exercise that you do on your own are easier to continue when you leave high school and go on to work or college, making it easier to stay fit later in life as well.

Strength Training

The heart isn't the only muscle to benefit from regular exercise. Most of the other muscles in your body enjoy exercise, too. When you use your muscles and they become stronger, it allows you to be active for longer periods of time without getting worn out.

Strong muscles are also a plus because they actually help protect you when you exercise by supporting your joints and helping to prevent injuries. Muscle also burns more energy when a person's at rest than fat does, so building your muscles will help you burn more calories and maintain a healthy weight.

Different types of exercise strengthen different muscle groups, for example:

- For arms, try rowing or cross-country skiing. Pull-ups and push-ups, those old gym class standbys, are also good for building arm muscles.
- For strong legs, try running, biking, rowing, or skating. Squats and leg raises also work the legs.
- For shapely abs, you can't beat rowing, yoga or pilates, and crunches.

Flexibility Training

Strengthening the heart and other muscles isn't the only important goal of exercise. Exercise also helps the body stay flexible, meaning that your muscles and joints stretch and bend easily. People who are flexible can worry less about strained muscles and sprains.

Being flexible may also help improve a person's sports performance. Some activities, like dance or martial arts, obviously require great flexibility, but increased flexibility can also help people perform better at other sports, such as soccer or lacrosse.

Sports and activities that encourage flexibility are easy to find. Martial arts like karate also help a person stay flexible. Ballet, gymnastics, pilates, and yoga are other good choices. Stretching after your workout will also help you improve your flexibility.

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Part 6. Goals

The last significant task for this session focuses on assisting the adolescent to establish a goal. Given the non-judgmental philosophy of the brief intervention, the interventionist is encouraged to support any positive changes to which the client is willing to agree. Perhaps the goal will be as minimal as simply “to think about one new way you can reduce or cope with stress” (other than unhealthy or ineffective choices that have been used in the past). Or perhaps finding a new interest or hobby may be a goal. Goal setting pertaining to this session can include a broad area of topics including: awareness and enhancement of strengths, building a positive social support system, effective stress management, or reduction of risk. Help the teen to keep the goals tangible and specific. If the adolescent mentions a goal that is quite broad such as “make more friends”, “get better grades”, “be more active”, discuss with them as to how to break down the goal into smaller, more manageable segments, and make it more attainable. Suggest they can always add another goal that builds on the original goal once they master the first one. Encourage them to come up with one small, concrete goal that is achievable and measurable, so they can know/see if the goal has been accomplished – this point is critical. Accomplishing small goals builds self-efficacy and reinforces forward movement toward our larger goals.

Suggested script:

- ***From what we talked about today where does this leave us now?***
OR
- ***What do you think would be something that you might want to work on?***
- ***How would you like things to be different?***
- ***Is there something you could do in order to make life less stressful for you, or help you deal with your stress better?***

1. Reflect on responses and generate clearly specified goal
2. Identify people who might be helpful in this regard
3. Reinforce goal with statements such as:
 - That's safe
 - That would be less risky
 - That may bring you more happiness
 - That may cause you less stress

Possible Goal - Record the goal on ESTABLISH GOALS WORKSHEET.

- Exploring healthy activities that may bring pleasure, increase school/community connectedness, increase family connectedness
- Minimize drug or alcohol use
- Reduction of risk or harm
- Engaging in or improvement of other healthy behaviors, such as improved relationships, academic achievements, or job attainment
- Self-monitoring (for the most recalcitrant client)

EXPLORING BARRIERS TO CHANGE

Of course, the adolescent is likely to face obstacles while working toward achieving his or her goals. Review obstacles and problem-solve ways to overcome these barriers.

Suggested script:

- ***What might get in the way of you trying to reach this goal?***
Or
What might make it hard to actually change your behavior?
- ***What do you need to do to achieve this goal?***

Transcribe the answers to the bottom half of the “ESTABLISH GOALS” Worksheet. Discuss with the adolescent how each goal may be faced with a barrier and remind them of the alternative activities that they had discussed earlier in the session. Review with the teen how to respond to possible obstacles accordingly.

ESTABLISH GOALS WORKSHEET

1. The changes that I will work on are:

CHANGE GOAL (what needs to be changed)

2. The steps I plan to take in changing are:

3. The ways other people can help me are:

Possible ways they can help me
A.
B.

4. Some things that could interfere with the plan are:

5. I will address those obstacles by:

Conclusion of Session One

Review the worksheets from this session. Place an emphasis on the ESTABLISH GOALS Worksheet and request that the adolescent work on these goals prior to their next individual session (Session Three). It is essential that each adolescent has set at least one goal before they leave the session. Provide a copy of the goal(s) to the client as a reminder. Ask if the adolescent has any questions as to what action steps have been agreed upon. Thank the adolescent for his or her time.

Session Two: Parent Only –PARENTING TEENS

Parenting Teens



*photo from <http://tentotwenty.com/parenting-teens-needs/>

**"Nothing you do for a child is ever wasted.
They seem not to notice us,
hovering, averting their eyes, and they seldom offer thanks,
but what we do for them is never wasted."**

—Garrison Keillor

Introduction

The goal of this session is to help parents better understand two main concepts:

1. Adolescent brain development
2. Cognitive emotional regulation

In regard to adolescent brain development, it is important to educate parents about the significant changes in the brain that occur during this period and the role they have in adolescent behavior and decision-making. Parents can learn to adjust their expectations and reactions to their teen's behavior based on knowledge of adolescent brain development and how teens regulate their cognitions and emotions. In addition, parents need to be aware of how the "vulnerable adolescent brain" can be negatively affected by the use of drugs and alcohol and/or regular poor decision making.

The interventionist is encouraged to use the MPower PowerPoint file to provide visual information for the parent throughout this session. This slideshow links to a short video clip to help introduce the topic of brain development to the parent/guardian, as well as provides a summary of the topics discussed in the session.

Present the MPower Parent Manual to the parent/guardian at the beginning of session and identify and highlight relevant sections in the manual as you go through the content of this session. Remind parents that the manual includes much of what the interventionist will be discussing. Allow parents to jot down comments in their manual that may assist with their understanding of the content. However, inform the parent that they don't need to take extensive notes during the session since they will be taking the manual and other handouts home for later review. Suggest that you are available to answer any questions that may arise when they revisit the content and manual on their own at home.

Suggested script:

Thanks so much for coming here today to meet with me as part of the MPower Program. As you know, I have met with your son/daughter prior to this meeting to discuss strengths and problem-solving. Following today's parent/guardian meeting I will meet with your son/daughter one more time individually, and then I will meet with both of you on one occasion for a final meeting. The remaining meetings should take place over the next few weeks.

I will not be sharing information that we discuss in meetings with you or your teen nor will I be sharing any information discussed throughout this program with your child's school or others. We take confidentiality very seriously. One exception is that I am a mandated reporter so if I find out that someone is at risk of significant harm then I will need to make sure people are safe.

I want to remind you that the goal of this program is to empower teens by providing tools for them to make educated and healthy choices. We also empower parents/guardians to support

their teen through effective communication, enhanced parenting practices, knowledge of adolescent brain development and increased family bonding.

Clarify any questions that arise.

Before we get started with the content of session today I want to give you this MPower Parent Manual. This program manual was designed specifically for parents/guardians to summarize most of the topics being discussed today and in the fourth meeting when I meet with both you and your son/daughter. This is your guide to take home and share with other caregivers in your family, as well as to be used as a “conversation starter” for you and your children. We realize this program covers quite a bit of information so we summarized the topics of discussion today in this manual to allow parents to easily revisit the material as needed at home. Feel free to jot comments in the manual as we go; however, there is no need to take extensive notes regarding our discussion today since most topics are covered in the manual. I may also give you additional handouts on a specific topic to take home as well.

In addition, I will be using a PowerPoint presentation to help provide some visual information that goes along with the topics we will be discussing. Let me know if you have any questions as we go through the information!

Part 1. Adolescent Brain Development

Today we will be discussing two main topics:

- 1. Adolescent Brain Development*
- 2. Cognitive and Emotional Regulation*

Knowledge of adolescent brain development can give parents/guardians an understanding as to why teens act the way they do, provide realistic expectations for behavior, and offer guidance for promoting independence and cognitive/emotional regulation. Cognitive/emotional regulation has to do with how individuals manage (or regulate) our thoughts, emotions, and behaviors, and the factors that influence our decisions and behaviors (such as our mood, our friends, hormones, etc.)

We are going to start off by watching a quick video on adolescent brain development. It was made by one of the directors of this program, Dr. Ken Winters.

See MPower Power Point presentation for link.

**CAUTION: TEEN
BRAIN UNDER
CONSTRUCTION**

Adolescent Brain Development – Main Concepts

- a. *Adolescence is a period of profound brain maturation.*
- b. *Development is finalized from the back of the brain to the front of the brain.*
- c. *Maturation is not considered complete until age 25.*

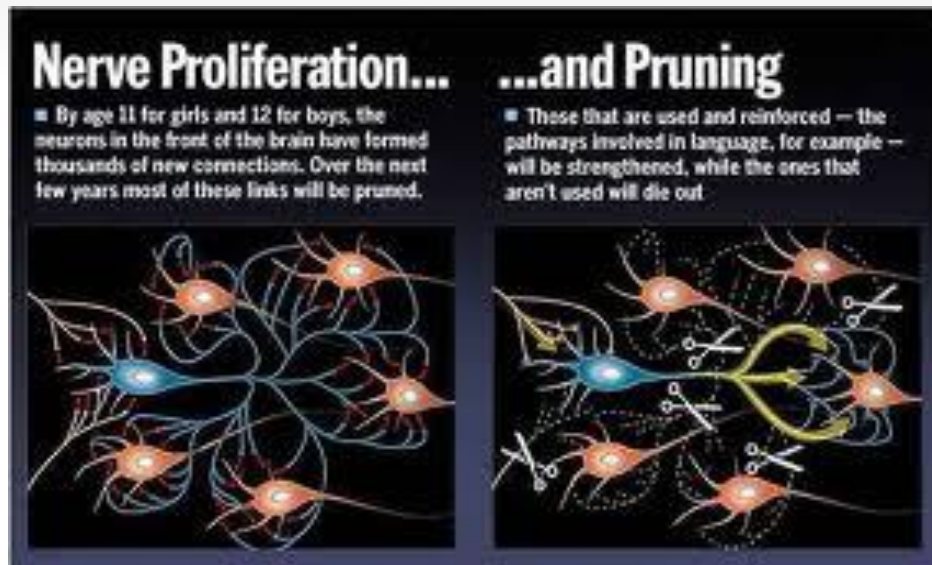


3 Important changes are occurring in the brain during adolescence:

1. **Pruning**
2. **White matter maturation**
3. **Gray matter maturation**

Pruning:

- **Throughout childhood your brain undergoes significant cell growth!**
- **Then, starting at age 11 for girls & 12 for boys, connections in the brain start to be pruned (cut).**
- **The connections YOU USE get bigger, stronger, and faster – Use it or lose it!**
- **The connections you DON'T USE get cut - 20% get pruned off.**
- **This pruning process makes the brain faster and more efficient.**
- **You can think of it like the pruning of a tree or shrub. You need to prune off the “straggly or sucker branches” that take up energy and interfere with full growth potential.**
- **We want to empower teens to make healthy choices for stress management, pleasurable activities, interests, communication, etc. that strengthen the desired neural connections. We don't want teens to strengthen the unhealthy neural connections that can result from alcohol & drug use and other unhealthy behaviors.**

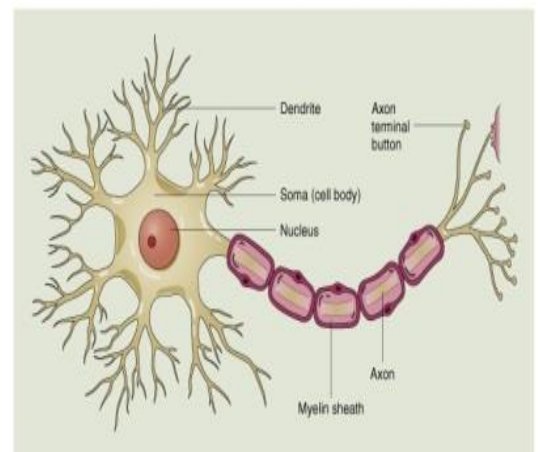


Jay N. Giedd, MD, National Institutes of Mental Health

White Matter Maturation:

Let's begin with a review of basic parts of a cell

- ***The axon is the long part of the cell that stretches out from the body of the cell***
- ***Signals (or messages) travel down this axon. These messages are being sent to "talk" to other cells nearby***
- ***The axon has a white protective coating call the myelin sheath. This myelin sheath acts as an insulator and helps the signal get stronger and move faster; helping the brain act quicker and more efficiently. This insulator (white matter of the brain) gets thicker during adolescence. Think of it as a coating over an electrical wire outside. We want the myelin sheath to get thicker in cells that are involved in healthy activities!***
- ***USE it or LOSE it: our experiences – the connections we use – grow stronger, and those that we don't use, can be pruned (20% of neural connections get pruned during adolescence). As parents, we want to encourage STRONG connections for prosocial behavior while discouraging unhealthy activities & connections, such as fighting, drug and alcohol use, and explosive behavior.***
- ***The brain matures from the back to the front***



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Gray Matter Maturation:

- **Gray matter is the cell BODY parts of the brain. The majority of gray matter in the brain is found on the outermost surface called the cerebral cortex. This is the “snake-like” part of the brain. This too is under construction during adolescence.**

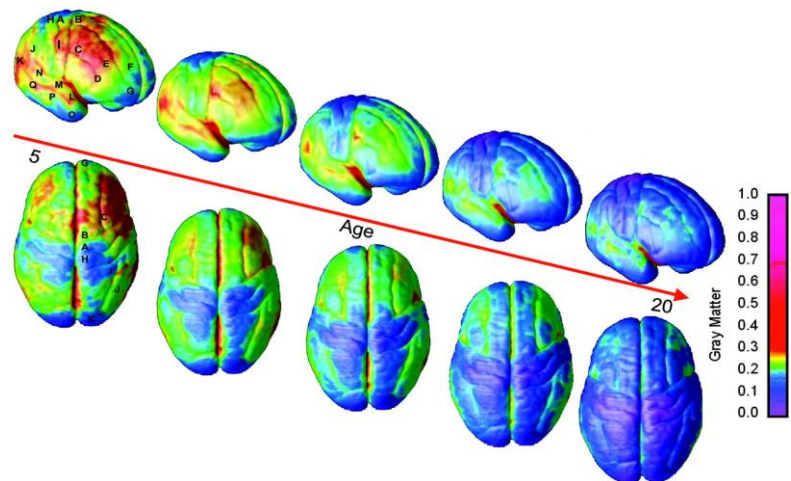
Interventionist show picture/slide of gray matter maturation

- **This picture helps us see the maturation of the brain through young adulthood when it finally finishes its development – usually around age 25, but can be later (age 29), especially for boys or individuals with mental health concerns such as ADHD. The blue color represents gray matter maturation.**

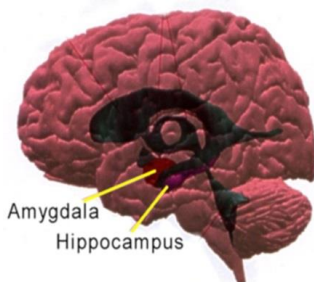
- **There are a few industries that make policy decisions consistent with information on adolescent brain maturation. Any ideas of what type of industries those might be? RENTAL CAR COMPANIES and HOTELS.**

Typically individuals can't rent a car until age 25 or a hotel room until age 21.

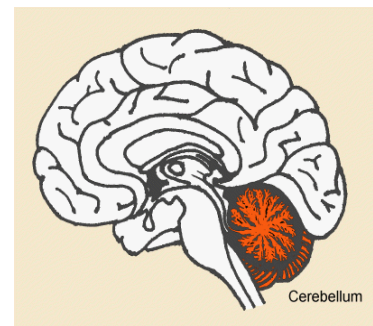
Gray Matter Maturation
(Gogtay et al., 2004)



Now keeping these three important changes in mind; pruning and white and gray matter maturation, let's consider the five parts of the brain that are being impacted during adolescence to help explain: WHY TEENS ACT THE WAY DO & WHY THE TEEN BRAIN IS SO VULNERABLE TO THE EFFECTS OF DRUGS AND ALCOHOL!



- **Cerebellum** (located in the back of the brain; interventionist should indicate its placement) **It is responsible for physical activity, coordination, balance, learning and remembering physical skills. This is one of the first sections of the brain to finalize its development. That is why it is important to keep teens physically active. Their brains are primed and ready to go physically!**



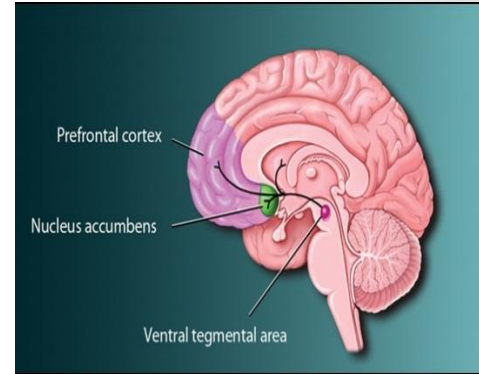
In the center of the brain (indicate where these are) are 3 important parts of the brain.

- 1. Hippocampus – responsible for learning, memory & spatial navigation**
- 2. Amygdala – responsible for emotions: fear, anger & happiness**
- 3. Nucleus Accumbens – responsible for pleasure seeking & motivation**

These three sections of the mid brain are not only being finalized in their development, but are also being influenced by high levels of testosterone (boys naturally produce this during puberty and girls turn estrogen into testosterone).

Lastly, we have the front part of the brain called the “new brain” that distinguishes us from other animals. It is the prefrontal cortex.

- Prefrontal Cortex – responsible for planning, putting on the BRAKES, making choices between right & wrong/good & bad, understanding consequences, & organization.**
- This is the last part of the brain to finalize its development!**



AN ADOLESCENT BRAIN IN DEVELOPMENT HAS A “FULLY FUNCTIONAL CAR ACCELERATOR BUT THE BRAKES HAVE NOT BEEN INSTALLED YET.”

(DAVID WALSH, 2004, P. 72)



Photo from www.montway.com

To summarize: In the teen brain...

- *the cerebellum is “physically ready to go!”*
- *the emotional, pleasure seeking, motivational, and memory parts of the brain are highly stimulated and getting stronger & faster (helps to explain why we see so much “DRAMA” during adolescence).*
- *the “weighing consequences, knowing right from wrong, and brakes” part of the brain (prefrontal cortex) is not fully functioning... until age 25).*

This brain maturation is what makes the teen brain so very VULNERABLE to drugs & alcohol! Key brain structures are solidifying and strengthening and drugs and alcohol will disrupt this process. We will be discussing the impact of drugs and alcohol on the developing adolescent brain in more detail during the final meeting with both you and your teen. We feel it is important to cover this topic more thoroughly when you are both present.

Knowledge of adolescent brain development can assist parents in their understanding of why teens act the way they do and how parents can adjust their reaction to their teen’s behaviors. In this way, it becomes a little easier for parents to “frame” the way they communicate with their child. For example:

Provide Infant analogy.

When a baby throws food on the floor while eating in the high chair, this behavior is generally regarded as developmentally appropriate and, though it may be annoying behavior, the parent doesn’t make a big deal about it. If the baby keeps playing the “dropsy game” the parent changes his/her behavior (i.e. leave it on the floor, keep it out of reach, etc.) because he/she understands this behavior is typical of a child at this stage in development. However, if a 10-year-old were to throw food on the floor, the parent would likely make a bigger deal of it and react differently because that behavior isn’t developmentally appropriate for that age/stage.

Parents of teens need to keep in mind the developmental aspects of the teen brain as well. The teen brain is “under construction” which gives explanation for many of the decisions and behaviors teens can display. When parents interact with a teen or reflect on their behavior, parents need to be cognizant of developmentally appropriate teen behavior and adjust their responses and thoughts accordingly. This doesn’t mean teens are not responsible for their behavior, it just means that parents can adjust their responses according to the developmental stage of the youth. These adjustments can help de-escalate a situation, help parents “pick their battles,” and provide opportunity for discussion with their teen about the choices the teen makes.

Let's review how your teen makes decisions. Tell me about a recent example where you were proud of the good decision that your teenager made. How did you respond?

Now tell me about a recent example where your teen didn't show good judgment. How did you respond?

Part 2. Cognitive Emotional Regulation

Suggested script:

Cognitive emotional regulation has to do with understanding the role our emotions play in our thoughts and behaviors. Emotions profoundly influence how we process a situation and our reaction to it. In this section we will integrate what we learned about adolescent brain development with how we can assist teens in better understanding how their thoughts and emotions play a significant role in their behavior. In addition, we want to help teens gain better control over their emotions in order to behave adaptively and have successful outcomes.

Earlier we learned that adolescents can be driven by their "brain under construction" - the amygdala with all its "emotion," the nucleus accumbens and its motivation for pleasure, and the fact that the "brakes & planning part of the brain" (prefrontal cortex) is not fully developed until the mid-20s! Helping teens understand how to best regulate their emotions and cognitions (thoughts) can be an important part of a parent's responsibility.

The following material on emotional regulation has been adapted from EROS Research Group, The Institute of Work Psychology (2015):

http://www.erosresearch.org/index.php/emotion_regulation/an%20easy%20guide/

Let's start by discussing what is emotion regulation?

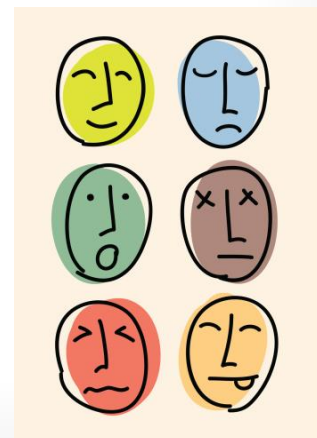
Emotion regulation describes the mental and behavioral processes by which people influence their own feelings and the feelings of other people.

Everyday examples of regulating your own emotions:

- **Cheering yourself up by doing something enjoyable**
- **Making yourself anxious by worrying**

Everyday examples of regulating someone else's emotions:

- **Making a friend angry by criticizing him or her**
- **Calming down an over-excited child**



What kinds of feelings are regulated?

Emotions and mood are NOT the same!!

Emotions are usually more short-lived than moods and are directed at something specific.

For example, emotions include feelings like anger, disgust, or fear, whereas moods include more generalized feelings of being calm or gloomy. Consider a time when you've been in a gloomy mood and how you experienced the emotion of anger – was this different than the feeling of anger when you're in a calm mood?

How do people regulate emotions?

People have hundreds of different strategies for influencing how they feel and how others feel. These strategies can be aimed at making themselves or others feel better or worse than they currently feel.

Emotional regulation strategies can involve:

THOUGHTS - such as thinking about a situation differently

BEHAVIORS - like doing something different to serve as a distraction

Sometimes people regulate their emotional expressions (face, tone and posture), rather than their feelings. For example, they may fake a smile, or suppress their anger.

Sometimes, our THOUGHTS can be influenced by our mood or emotions, which may lead to negative thinking.

COGNITIVE DISTORTIONS are ways that our mind convinces us of something that isn't really true. These inaccurate thoughts are usually used to reinforce negative thinking or emotions — telling ourselves things that sound rational and accurate, but really only serve to keep us feeling bad about ourselves.

Let's look at this Cognitive Distortion chart (show parent Cognitive Distortion chart). Think about ways and times when you or your teen may use some of these distortions.

What might be affecting that way of thinking?

Sometimes, these distortions are a learned behavior - we've seen or heard others use this method of dealing with situations, or we've tried it and gotten a desirable response, so we learned to continue using this method of addressing situations.

Sometimes they can arise out of self-esteem problems or mental health issues.

Despite the origin of the cognitive distortion, let's discuss way you could help your teen challenge these thoughts to allow for more productive, positive thoughts?

- *Embrace the positives and appreciate the accomplishments, no matter how small! Write them down so you don't forget!*
- *Remember that a single negative experience doesn't last forever. Negative experiences often promote change and growth quickly.*
- *Think of baby steps – a situation may appear to be insurmountable, but by breaking it down into smaller steps, it may become much more attainable.*
- *Take a step back before you jump to conclusions. Before you say it out loud, think clearly about the situation and look at all the possibilities, especially the positive ones.*
- *Avoid the words "never", "always" and "ever". Think about times when these words were not true. Instead of saying, "I always screw things up", consider times when things worked out well.*

Cognitive Distortions

Cognitive Distortion		Explanation
1	Catastrophize or Minimize	Exaggerate the importance of your mistakes or imperfections, do this to others, or minimize your academic achievements, good qualities, and those of others.
2	Jump To Conclusions	Interpret events negatively even if there's no support for your conclusion.
3	All-Or-Nothing Thinking	See things in absolute categories. For example, if your grades aren't perfect, you believe you are a total failure.
4	Mental Filter	Select a single negative detail and dwell on it so exclusively that it colors reality like one drop of ink colors a whole glass of water.
5	Mind Reading	Assume you know what others are thinking and that people are reacting negatively to you.
6	Emotional Reasoning	Assume that your emotions necessarily reflect reality. An example is, "I feel like an idiot therefore I must be one."
7	Disqualify The Positive	Ignore positive accomplishments and focus on negatives that prevent seeing or enjoying your successes.
8	Fortune Telling	Anticipate that things will turn out badly and convince yourself that your prediction will become fact, and then act accordingly.
9	Labeling	Involves emotionally loaded language. Instead of trying to fix an error or situation, you attach a negative label to yourself such as, "I am a terrible learner." When other people annoy you, you attach a negative label such as, "What a total @#\$\$%^!"
10	Overgeneralization	View a single negative event as a predictable pattern for a future of never-ending negative events.
11	Personalization	See yourself as causing a negative outcome even if in reality you are not responsible.
12	"Should" Statements	Try to motivate yourself with "shoulds", "ought to's", and "need to" statements. The emotional consequence is ineffectiveness, guilt, and depression. You apply your "shoulds" to other students and when unmet, you feel resentment or disappointment.

Encourage the parent to introduce this Cognitive Distortions chart to their teen. Remind the parent that the information on cognitive emotional regulation is outlined in the MPower Parent Manual and that it is recommended that creating opportunities to discussing some of this information with their teen may be beneficial.

What are the best ways of regulating feelings?

This often depends on the context. However, reappraisal (i.e. thinking about things from a different perspective) and distraction (i.e. thinking about or doing something different) have been found to be generally most effective in producing a desired change in feeling.

Venting feelings (e.g., shouting, complaining to others) and avoiding thinking about things are often ineffective and can be counterproductive. Likewise, regulating one's expressions (also known as surface acting) can be less effective than regulating one's feelings (also known as deep acting) because it can come across as inauthentic to others.

Like other behaviors, regulating feelings can take time and practice! Be patient. Role modeling some of these cognitive and emotional regulation strategies for your family can be an excellent way for teens to become familiar with the information and it creates opportunity for discussion.

Parents may also benefit from the Four Areas of Development That Affect Teen Decision Making handout, located in the FLEX portion of this session. With parents' new knowledge of adolescent brain development and emotional regulation, this handout may serve as a beneficial guide to support their teen in making good decisions independently.

Part 3. FLEX

This FLEX segment is for the interventionist to re-visit issues and topics discussed earlier with the parent or to introduce new information that the interventionist deems important to this family. This segment can also be an opportunity to discuss how parents can help their teen take a bigger role in their health and well-being including topics stress management, activities that bring their teen pleasure (as discussed with teen is Session One), mental health, and even taking more responsibility for their own health choices (and health care).

Introduce the FLEX portion by going back to their responses in the core portion of the session.

Suggested script:

Thanks for your time and help talking through those topics with me. I appreciate your willingness to share your thoughts and ideas! As we wind down our meeting, is there anything that we talked about that you'd like to discuss in more depth? Or is there another topic that we didn't discuss that you would like to address?

Allow the parent to express any needs or concerns to be addressed in the FLEX portion. This can include issues touched upon in the Core section. If the parent expresses a desire to discuss something that is not previously discussed, or not directly related to the general topics of the program, be sure to validate their ideas and briefly address the issue.

For any topics discussed in the FLEX segment let the parent know that you can connect them with additional resources if desired. Names and contact information of other professionals, trusted websites, and reading materials may be distributed. If a parent desires, the interventionist can directly connect them with another professional (reassuring parent of confidentiality).

If the parent does not express interest in discussing any issues, but the interventionist has concerns and sees benefit in discussing a topic in more detail, the interventionist may suggest his/her concerns.

Suggested script:

When we were talking earlier, I noticed that _____ appeared to be a meaningful or challenging topic for you or (you previously mentioned that the topic of _____ was something that was important to you) or (I feel _____ might be something that may be helpful for you [or for your family] to discuss). Do you mind if we take a few minutes to talk a bit more about that?

Possible probes:

What are some examples where this issue has occurred?

Describe some ways you have handled the situation?

Are there things we have talked about earlier that can be helpful when addressing this issue next time?

If the parent indicates that he or she does not want to talk further, simply accept that choice, thank them for being honest and for spending time with you today. Provide your contact information for further questions.

FLEX Resources:

1. ***Inside the Teen brain –Behavior Can Be Baffling When Young Minds Are Taking Shape***
US News and World Report, July 18, 2013; By Shannon Brownlee
2. ***Inside the Teenage Brain: A PBS special***
<http://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/interviews/todd.html>
3. ***What Makes Teens Tick?***
TIME Magazine, Science section, (163) pages 57-65, May 10, 2004; By C. Wallis
4. ***Helping Adolescents Take Responsibility for their Health*** (see page 56)
5. ***Eating & Exercise for Teens*** (see pages 57-60)
6. ***Square Breathing*** (see page 28)
7. ***Exercise is Wise*** (see page 34)
By Teen Health http://kidshealth.org/teen/your_body/take_care/exercise_wise.html
8. ***Controlling Anger – Before It Controls You***
By the American Psychological Association
<http://www.apa.org/topics/anger/control.aspx>
9. ***Why Am I in Such a Bad Mood?***
By Teen Health
http://kidshealth.org/teen/cancer_center/q_a/bad_mood.html
10. ***Mindfulness, Mood, and Your Mental Health***
By Elisha Goldstein, Ph.D.
<http://blogs.psychcentral.com/mindfulness/2009/02/mindfulness-mood-and-your-mental-health/>
11. ***Depression in Teens***
http://kidshealth.org/teen/your_mind/feeling_sad/depression.html

12. **CHADD - Children and Adults with ADHD**
Website and national organization
www.CHADD.org

13. **Teen Resilience and other health-related topics**
American Psychological Association <http://www.apa.org/topics/teens/index.aspx>

14. **Four Areas of Development That Affect Teen Decision Making** (see page 139)
Summarized from the Community Youth Connection, ©2004
By S. Zeldin, PhD, C. Mook, S. Mahon, & C. O'Connor; School of Ecology, U of WI
Madison

Helping Adolescents Take Responsibility for Their Health

We want to emphasize that you can help your teen understand how their “brain is under construction”. This developing brain may too often make decisions based on the “fun” part of life, such as:

- immediate rewards
- pleasure seeking
- not always appreciating that things can go wrong when tempted to do something
- letting one’s emotions take control of decision making

Helping teens to strengthen their decision-making brain areas (there’s that Prefrontal Cortex again!) through increased responsibility can be a challenging task for any parent. When considering responsibility and your teen, you might be thinking, “My teen? Responsible? I can’t even get him/her to take out the trash!” But remember that pruning process (“use it or lose it!”) and the importance of continuing to guide your child as they become more autonomous and transition into adulthood.

One of the most important goals as parents/guardians is to prepare your children for adulthood. This might include teaching your child how to cook, wash and dry laundry, manage money, and maintain regular attendance at school. In addition, learned responsibilities might include general healthcare: What does one do when they become sick? Where should they go for regular check-ups? What happens if they break a bone? Encouraging increased responsibility of healthcare for your teen NOW can ease the transition into adulthood for this most important topic.

In next week’s teen-only session, we will be discussing how to use online/other resources to answer important health-related questions/make healthcare appointments/etc.). Your teen will then teach you what they have learned in our final parent-teen session.

There are a lot of critical but basic behaviors that are important to think about in terms of teens’ overall health. Parents are used to focusing a lot on the physical needs of young children, but healthy eating and getting enough exercise, as well as getting plenty of quality sleep, are equally important for teens.

Eating & Exercise For Teens

The number of overweight teens in this country has doubled since 1980. This is mainly due to unhealthy eating habits and not enough exercise. A combination of factors such as genetics, family eating patterns, and other lifestyle habits can contribute to becoming overweight.

Being overweight and out of shape can increase a teen's risk for health problems now and later in life. If they are eating foods high in calories, fat, sugar, and salt, this can increase the risk for developing:

- High cholesterol
- High blood pressure
- Asthma
- Type 2 diabetes

It is important to help your teen to continue to develop healthy habits that will lay the groundwork for health and well-being throughout their lifetimes. Here are some tips for leading a healthier lifestyle.

Healthy Eating

Being active every day is the best way to keep extra weight off and feel great. Teens' bodies and minds are changing and growing a lot. They need healthy foods and exercise for strength and energy.

- Fueling up with breakfast every morning.
- Getting 5 to 9 servings of fruits and vegetables every day.
- Drinking 3 cups of low-fat milk or eating other dairy products. This will help them get the amount of calcium they body needs every day.
- Eating at home more often. Try to sit down to eat a meal with your family or roommates. Households who cook and eat together usually eat healthier, since food made at home tends to be more nutritious.
- Preparing for snack attacks. Keep healthy snacks around for after school or between classes. Pretzels, popcorn, or fruit are all good low-fat choices.
- Paying attention to portion sizes. A cup is about the size of your fist. A serving of meat is the size of a deck of cards. Teens could be eating extra-large helpings without knowing it.

In order to maintain healthy eating habits, there are also some things to avoid:

- Skipping meals or going too long without eating. If they are too hungry, they may be more likely to overeat or choose unhealthy foods.

- "Crash" diets. They may lose some weight (usually water) but will likely gain it all back, plus more. Emphasizing that diet pills and supplements don't work and can be dangerous.
- Spending time in front of the screen. Cut back on screen time (TV, computers, and video games) to no more than 1 or 2 hours a day.
- Drinking calories. Sodas are liquid sugar (up to 12 spoonsful in a can) and have been linked to weight gain. Sweet teas, juice, and sports drinks are all loaded with sugar and extra calories. Cut back or switch to sugar-free drinks or water instead.
- Alcohol. Besides adding extra calories, drinking alcohol is dangerous.

If teens are hanging out with friends after school or on the weekend, they may be going out and eating fast food. If they are going to eat out, they can reduce fat and calories by:

- Ordering food without cheese, sour cream, or mayonnaise. Trying ketchup or mustard instead.
- Avoiding deep-fried foods like fries, chips, onion rings, and chicken strips.
- Drinking water or low-fat milk instead of soda.
- Sharing a meal with a friend or ordering smaller sizes.
- Ordering just the sandwich and holding the fries, or trying a side salad instead.

Staying Active

There are lots of reasons to be active – it lifts your mood, adds energy, and makes you look and feel great. And it helps to maintain a healthy weight. Encourage teens to move their body every day using these tips:

- Try to get 60 minutes of physical activity each day to be healthy.
- Don't feel pressured to do all of 60 minutes of physical activity at once. Break up activities throughout the day, if needed.
- Get more intense physical activity several times a week.
- Try walking instead of getting a ride to school.
- Take the stairs instead of the escalator.
- Try out different activities and sports.

Being active throughout the day will help them to:

- Feel less stressed.
- Boost their mood.
- Build self-confidence.
- Have more energy all day.
- Reach a healthy weight.
- Prevent health problems.

It's important to start slowly when trying to make a change. Remember that small changes will add up over time.

Body Image

Many teens try to change their bodies by dieting all the time. They need support from you or another adult they trust or talk to, to help make the right decisions for their health.

Remember that:

- To succeed, they should set a goal to reach a healthy weight.
- There is no ideal or perfect body.
- Fad diets do not work.
- Losing weight and keeping it off is a lifetime commitment.

Healthy eating and active living will help them look and feel their best. If you are concerned that your child may have a distorted body image or an eating disorder, you should discuss this with them and a professional, such as their physician.

Sleep

New research is finding out how critical healthy sleep is to everyone, especially teenagers. Teenagers need around 9 hours of sleep each night for their brains to function properly. Even so, most teenagers do not get enough sleep. They might stay up late watching TV, texting, socializing on the phone or computer, or finishing homework.

They might also not sleep the same amount of time each night. For example, they may stay up late and then sleep in late on the weekends but then get up early again for school during the week. This pattern can interfere with their natural sleep rhythms and affect how well they sleep. They might find themselves lying awake until the early hours of the morning even though they still have to get up early.

Sleep helps manage stress, concentrate, study, and be successful in daily activities. Not getting enough sleep can contribute to developing other health problems, such as depression.

Trying to get regular exercise, taking a short afternoon nap, and making a “to-do” list to reduce stress can help people sleep better at night. If they continue to have trouble sleeping, you and your child should consider talking to a health care professional.

Causes

There are many reasons why they might not be getting enough sleep. A few common causes are stress and illness. Sleep apnea, a condition where a person temporarily stops breathing during sleep, can cause frequent waking. Depression can also interfere with sleep, or it can occur as a result of not getting enough sleep.

Other causes of sleep problems are nightmares, sleepwalking, and too much acid in your stomach (reflux) that causes heartburn when you lie down.

When children become teenagers, it's also natural to get sleepy later at night and then need to sleep later in the morning. In fact, they may find it difficult to fall sleep before 11:00 p.m. Their body produces a hormone (melatonin) that triggers sleepiness based on your biological (circadian) rhythms. Teens produce melatonin later in the night than younger children or adults. This is why they don't feel sleepy until later in the evening, while younger children and adults may already be sleepy.

Although it's not common, some teenagers develop a sleep problem called narcolepsy. They may suddenly fall asleep during the day without warning. It can also cause them to wake up throughout the night.

Lack of sleep affects the brain and the body. It can cause problems with concentration, cause moodiness, poor school performance, and may even cause behavioral problems. A lack of sleep can also cause acne, unhealthy eating, and weight gain. It may also make teens crave caffeine, alcohol, or nicotine, which can make sleep problems worse.

Prevention

Getting regular exercise during the day can help people to sleep better at night. A short nap during the day might also help teens function better. Just make sure not to nap too close to their regular bedtime. It helps if the bedroom is dark, quiet, and not too warm. Avoid drinking caffeine and energy drinks, exercising, or eating close to bedtime. It also helps to stay off the computer or phone, and avoid watching TV. Screen time too close to bedtime can overstimulate the brain and make it harder to get restful sleep.

To fight the natural tendency to fall asleep later and wake up later, encourage teens to set a routine that lets them relax before bedtime. This might include listening to soft or gentle music, writing in a journal, or reading. Avoid video games, TV, computer, phone, or any activity that will stimulate their mind. You might want to establish a "no electronics after 10:00 pm" rule. They should try to stick to a regular sleep schedule as much as possible, even on the weekends.

They should try to finish their homework early instead of saving it for later in the evening. It may help to keep a "to do" list so they don't suddenly remember an assignment late in the evening. Writing down the things they need to do can also prevent them from worrying about them while they are sleeping.

FOUR AREAS OF DEVELOPMENT THAT AFFECT DECISION MAKING

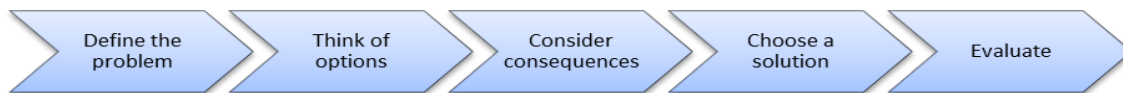
Development in each particular area occurs differently for each adolescent. These domains do not all have the same amount of influence on decision-making.

Physical development

Hormonal changes are occurring throughout the body, which begins the process of puberty to sexual maturity. This change can begin at different ages for all adolescents. Because of the different time of onset, it's important to recognize that it may cause self-consciousness for those that begin early or late. During this time, you may also become more attracted to others and become concerned about your appearance. But how does this affect your decision-making? You may tend to make decisions to appear attractive, look good, or prevent yourself from looking ugly or undesirable in front of your peers. It can also be hard to make choices when you're trying to impress someone, and not always thinking rationally.

Cognitive Development

During this stage of development, your thinking skills improve! You're beginning to be able to think about several things at once, think abstractly (outside of the box), and about the future. You gain the ability to think rationally about emotions, which will help you make more logical choices. But how does this affect your decision-making? Cognitive development provides you the ability to think through decisions, and not rely solely on emotions. It also helps you brainstorm and compare different solutions to a problem before making a final decision. Below illustrates how cognition plays a role.



Socio-emotional Development

During this stage of development, peer relationships become more important, and you want to spend more time with friends. You may try on different identities to see which fits best, by exploring different interests or friend groups. But how does this influence decision-making? Maintaining your social connections may become your primary motivation for decision-making. Remember: exploration of your identity during this time is an important, health step in the development of your adolescence.

Moral Development

During this stage of development, you start to internalize and take ownership of values and/or religious beliefs. You may move beyond your parents' beliefs, and begin to define what is important to your own life and identity. It becomes easier to understand that things are not always "black and white", which in result, helps you comprehend others' perspectives and empathize more. But how does this affect decision making? During this time, your choices are no longer based on "following the rules". You may begin to consider why rules exist, and whether or not they are worth following. You may also worry about how your decisions may affect current relationships, and you take other's feelings into consideration before making a choice.

This information came in part from Zeldin, S., Mook, C., Mahon, S., & O'Connor, C. (2004).

Part 4. Goals

The last significant topic for the session focuses on assisting the parent to establish a goal. Given the non-judgmental philosophy of the brief intervention, the interventionist is encouraged to support any positive changes to which the parent is willing to agree. Perhaps the goal will be as minimal as simply “to think about how to help their teen increase healthy positive activities, revise how they may react to their teen’s behavior now knowing more about adolescent brain development, serving as a role model for their family in regard to recognition of the impact of emotions on their thinking and behavior and how to better regulate them (cognitive and emotional regulation).” Admittedly, some goals may seem like a small gain to most, but it is important to begin the change process somewhere!

Suggested script for the process of establishing goals:

- ***Where does this leave us now?***
OR
What do you think has to change?
- ***How would you like things to be different?***
- ***Is there something you could see yourself doing differently?***

Elicit what the parents may like to change about their parenting or other interactions with their adolescent. If the participant cannot come up with any parenting practices-related goals, suggest a more behavior-oriented, solution-focused goal, such as spend a certain amount of time each night being engaged with the adolescent, or find a way to strengthen the relationship with the teen.

Encourage the parent to come up with one small, concrete goal that is achievable and measurable, so they can know/see if the goal has been accomplished.

- Reflect responses and generate clearly specified goal
- Identify people who might be helpful in this regard
- Reinforce goal with statements

Possible Goal - Record the goal on ESTABLISH GOALS Worksheet.

1. Self-monitoring
2. Stress reduction/management
3. Time with teen
4. Engaging in or enhancement of healthy behaviors, such as improved relationships, emotional regulation, job attainment, etc.
5. Role modeling
6. Presenting to another caregiver or teen how the parent plans to change their thinking or behavior based on program information

EXPLORING BARRIERS TO CHANGE

Of course, parent is likely to face obstacles toward achieving his or her goals. Here are scripted questions below.

- ***What might get in the way of you trying to reach this goal?***
Or
- ***What might make it hard to actually change your behavior?***
- ***What do you need to do to achieve this goal?***

Transcribe the answers to the bottom half of the “ESTABLISH GOALS” Worksheet. Discuss with the parent how each goal may be faced with a barrier and remind them of the alternative activities that they had discussed earlier in the session. Review ways to respond to possible obstacles accordingly.

ESTABLISH GOALS WORKSHEET

1. The change(s) that I will work on are:

CHANGE GOAL (what needs to be changed)

2. The steps I plan to take in changing are:

3. The ways other people can help me are:

GOAL	Possible ways they can help me
A.	
B.	

4. Some things that could interfere with the plan are:

5. I will address those obstacles by:

Conclusion of Session Two

Review the worksheets from this session. Place an emphasis on the ESTABLISH GOALS Worksheet and request that the parent/guardian work on these goals prior to the next meeting (Session Four), and provide a copy of the goals to the participant as a reminder. Ask if the parent/guardian has any questions as to what action steps have been agreed upon. Thank the participant for his or her time.

Session Three: Teen Only

Exploring Healthy Choices



The future depends on what you do today.

-Mahatma Gandhi

Introduction

This second session with the adolescent should be used to:

- 1) Review progress made since the first session
- 2) Explore personal relationship with risky behaviors, including alcohol and/or drug use
- 3) Establish goals

Start this session with a brief check-in and a review of confidentiality and program goals. Review if the adolescent's support system was a barrier or a facilitator to the goals. Make suggestions when needed. Help the adolescent to deal with any frustrations he or she may have experienced in his or her effort to change their behavior. Offer support for continued application of helping techniques and strategies that were discussed in Session One, and offer new ones as appropriate. Be supportive, positive, and non-judgmental.

If the original goals appear to be too difficult or unattainable in the short run, then adjustments are in order. Also, be alert for signs of significant concern, and consider the value of referring the client to a formal mental health and/or chemical dependence evaluation.

Suggested script:

Thanks so much for coming here today to meet with me again as part of the MPower Program! How have things been going since we last met? How was your week? (get a general feel on how they are doing).

What was it like working on your goal(s) last week? (review their specific goal) ***What did you do to help achieve this goal? What got in the way, if anything?***
(If goal was met) ***What was this change like for you?***

We'll be setting another goal at the end of today's meeting, so let's keep in mind how your experiences with these goals went.

Before we get started today, I just wanted to remind you that I will not be sharing information that we discuss in meetings with you or parent/guardian nor will I be sharing any information discussed throughout this program with your school or others. I take confidentiality very seriously. One exception is that I am a mandated reporter so, if I find out that someone is at risk of being harmed, then I will need to talk to the proper authorities to make sure people are safe. Do you have any questions about that?

Also, you may remember that I met with your parent/guardian prior to this meeting to discuss brain development and ways to help teens make healthy life choices. Did you & your parent discuss that meeting at all? Do you have any questions about that meeting?

I want to remind you that a goal of this program is to empower teens by providing tools for them to make educated and healthy choices. We also empower parents/guardians to support their teen through effective communication, enhanced parenting practices, knowledge of adolescent brain development and increased family bonding. Following today's meeting I will meet with both you and your parent/guardian one more time for a final meeting to discuss ways that you both can get on the same page and work together.

As we move into this week's topic, let's first recall some of the issues we discussed at our last meeting. What were some of the key points that you recall from our last meeting?

Add ideas or your own recap of Session One.

Part 1. Pros and Cons of Risky Behaviors

The next section builds upon the previous session topics, including decision-making, stress management, and social support. It expands the discussion to help the adolescent become aware of the thought-processes included in risky behaviors. Engage the teen in a discussion of previous risky decisions/behaviors and talk about why it might have been risky and how they would do it differently, if they had the opportunity. Even if the teen has not used alcohol or other drugs, they will encounter the opportunity to use at some point, so it's still beneficial to discuss the topic. However, the teen may also benefit from an extended discussion regarding other risky behaviors they may have experienced, such as sneaking out of the house, driving with an impaired driver, or risky sexual behavior, or even verbal risk-taking/talking back to authorities.

Following up on our previous discussion about decision-making, I would like to learn more about possible times that your decision-making style didn't work well – would you be willing to share an example or two of a time when you made a not-so-good decision or did something risky?

Engage the teen in a discussion of previous risky decisions/behaviors and talk about why it might have been risky and how they would do it differently, if they had the opportunity.

Wow, it sounds like that could have been a (dangerous/frightening/stressful/etc.) situation! If you were able to re-do that situation, what would you do differently? What did you learn from that situation?

Today, our topic is discussing healthy life choices, including the use of drugs and/or alcohol and maybe see if, together, we can come up with some ways to avoid problems in the future.

To get us started, it would be helpful to understand where you're coming from:

- **Have you been offered opportunities to use alcohol/drugs? How did you handle that?**
- **Tell me a little about alcohol/drugs in your environment? Do you know many people who use? How often do you encounter the choice to use?**
- **What role does peer pressure play for you?**

If the teen HAS used substances:

- **What kinds of substances have you used?**
- **How often do use alcohol or other drugs?**
- **How old were you when you started to use?**
- **Was there anything going on in your life when you started to use?**
- **Have you had any consequences related to your use?**



THE DECISIONAL BALANCE EXERCISE

To move the first session from an introductory orientation to a more focused session, the decisional balance exercise is utilized. This exercise is basically an exploration and discussion regarding the positive and negative consequences of the adolescent's risky behaviors, especially alcohol or other drug use. The answers to the questions being asked in this exercise are to be recorded on the PROS AND CONS WORKSHEET on page 73. Summarize the answers provided by the participant, and clarify any inconsistencies.

Questions:

1) What do you like about using drugs and/or alcohol? What are the good things about using?

Or

What are the good things about _____ (given risky behavior)?

2) What else? (Ask repeatedly until they have no more answers to provide)

GROUP FORMAT

IN A GROUP SETTING, PARTICIPANTS CAN DISCUSS THE QUESTIONS WHILE THE FACILITATOR TAKES NOTES ON A WHITEBOARD/POSTER PAPER, TO VISUALIZE HOW THE CONS OUTWEIGH THE PROS. INDIVIDUALS IN THE GROUP CAN THEN WRITE DOWN THEIR OWN PROS AND CONS ON THE WORKSHEET PRIVATELY.

Now let's look at this another way:

3) What don't you like as much about using drugs and/or alcohol? What are the not-so-good things about using?

Or

What are the not-so-good things about _____ (given risky behavior)?

4) What else? (Ask repeatedly until they have no more answers to provide)

5) Think of a time when you chose to refuse alcohol/drugs (or to NOT do the risky behavior). What did that time look like? What type(s) of decision-making did you use then?

Encourage teen to discuss what made them decide to act impulsively or engage in risky behavior. How did their friends react? How did their family react? How did they feel afterward?

ENVISION THE FUTURE: PROS AND CONS OF CHANGING PATTERNS

Asking the adolescent to think about their future can sometimes be a difficult task. The objective here is to help the young person to imagine the future if he/she did not use alcohol or other drugs, or engage in other risky behavior. For students who are engaging in risky behaviors, a positive change in behavior may result in reduced penalties, consequences, and hassles from family and friends. The adolescent may gain back some privileges and freedoms that have been taken away as a consequence of their behavior. Suggest that they can shed a reputation (as a "druggie," "drunk" "loser", etc.) and that the change will increase their self-respect.

For students who do not use substances, this exercise can stimulate and reinforce thinking about long-term benefits of their choice to not use alcohol or other drugs.

Record the participant's answers on the **lower half** of the PROS AND CONS WORKSHEET.

- ***Now if we think about alcohol or drug use more specifically (even if you don't use it now, chances are you'll encounter it or have the opportunity to use one day!), what do you think will happen if you (or people in general) continue to use the same way?***
- ***By reducing the use of drugs, you (or people in general) benefit from.....?***
- ***What do you think would be the good things that would happen if you (or people in general) stopped using as much?***

If the participant leaves out the major consequences if use were to continue, ask:

May I tell you some of my own concerns as well?

If yes, discuss possible consequences that the client may face based on what you have learned from prior discussions. Consequences might be getting arrested for a DUI/DWI, losing your driver's license until age 21, or encountering other legal problems and fines.

If the client leaves out some major benefits associated with discontinuing or reducing use, ask:

- ***May I suggest one or two more?***

If yes, organize your discussion around benefits that might occur based on prior discussions. For example, the benefits of discontinuing may be to regain privileges, or regain respect from his or her parents.

If the teen doesn't use substances, it is still beneficial to discuss this section, and if there is time, help the teen draw parallels to his/her other risky behaviors – ***are there pros & cons to that behavior? How would a positive change in the behavior affect your relationship with your family? Friends?***

BRINGING FRIENDS AND FAMILY INTO THE DISCUSSION

It is recommended that the discussion of the pros and cons of use be extended to include additional questions regarding the attitudes of family and friends toward the client's drug use:

- ***What do your friends think about alcohol/drug use?***
- ***How does this affect your decisions about using?***
- ***What does your family (parents, siblings, grandparents, etc.) think about alcohol/drug using?***
- ***How do their attitudes affect your decisions about using?***

Summarize these answers on the PROS AND CONS WORKSHEET and share them with the adolescent. Discuss answers. Clarify any inconsistencies and answers provided by the youth.

The list of “Advantages of Not Using Drugs” may be used by the interventionist to help probe for ideas in the Pros/Cons section. It may also be given to the client at the conclusion of the session. A copy of this sheet can be found in the Copy-Ready section of this manual.

- Keep your head clear
- Better relationship with family
- Feel better physically
- Save money
- Would not have to hide it anymore
- Feel better about yourself
- Think more clearly
- More time to enjoy hobbies, sports, etc.
- Not have to worry about getting kicked off sports teams or benched
- Better able to control moods and feelings
- Good for weight control (less calories)
- Don't have to worry about making a fool of yourself at parties
- Don't wake up wondering what happened the night before
- No more hangovers
- Self-confidence from overcoming the urge to use
- Wouldn't have a bad reputation
- Wouldn't regret things
- Health reasons
- Improved communication skills – not so snappy
- Better sleep
- Not so worried about others knowing
- Improved relationships with others, including family
- More time for yourself and your family and friends
- Able to plan for your future more clearly
- No worries about embarrassing/incriminating pictures showing up on Facebook, Instagram, Twitter, etc.



PROS AND CONS OF SUBSTANCE USE

1. Let's talk about the *positive* things that happen when people use alcohol and other drugs. Why do you think people like to use alcohol or other drugs?

- A. _____
- B. _____
- C. _____

2. Now let's talk about the *negative* things that occur when people use alcohol and other drugs. What do you think can be a negative thing when a person uses alcohol or other drugs?

- A. _____
- B. _____
- C. _____

3. Now, let's think about the positive things that happen when people **avoid** using alcohol or other drugs. What are good things about NOT using?

- A. _____
- B. _____
- C. _____

4. Similarly, are there any negative things about **avoiding** drug & alcohol use? What could be not-so-good things about NOT using?

- A. _____
- B. _____
- C. _____

My friends' attitudes toward alcohol/drug use are: _____

My family's attitudes toward alcohol/drug use are: _____

How do the attitudes of all these people affect my decisions to use or not use?

Part 2. Triggers and Cravings

If the adolescent chooses to begin making changes in his/her substance use or other unhealthy behaviors, there will be difficulties along the way. These blockades occur most frequently in the beginning of the stages of change. However these obstacles can last for extended periods of time if not recognized or addressed. It is important that the adolescent understand that continued urges (to use drugs or engage in other unhealthy behaviors) may be a normal part of the change process, and that there are specific strategies to cope in these situations.

To begin, it is important for the young person to discover what may trigger the unhealthy behavior. Then the client is encouraged to learn skills for how to deal with these situations with healthier responses. The goal of this activity is to encourage the adolescent to engage in rewarding activities that do not promote or activate drug use behaviors or other undesirable options.

Encourage the adolescent to think carefully about the triggers of his or her harmful behavior, and engage the adolescent in a conversation about alternative activities to assist in avoiding or dealing with triggers (THINGS THAT MAY MAKE YOU HAPPY worksheet may be used here).

For adolescents who do not use alcohol or other drugs, engage a conversation about times when they have made an unwise/unhealthy choice. Assist them in recognizing their decision-making process and triggers that precede an impulsive or unhealthy choice.

GROUP FORMAT

IF IN A GROUP SETTING, THE FACILITATOR MAY AGAIN OPEN THE DISCUSSION TO THE WHOLE GROUP AND TAKE NOTES ON THE WHITEBOARD/POSTER BOARD, THEN ENCOURAGE PARTICIPANTS TO WRITE THEIR PERSONAL RESPONSES ON THE HANDOUT.

Suggested Script:

Let's take a minute to think about the times when you have acted in an unhealthy or unsafe way, such as choosing to use drugs or alcohol, choosing to ride in a car driven by someone under the influence of drugs/alcohol, choosing to sneak out of the house after curfew, driving recklessly, or any other similar type of behavior. What was happening at that time that may have affected your decision to act that way? What were your "triggers"?

Review possible risky-behavior triggers with the adolescent. Below is a list of triggers often cited by young people for the interventionist to use as probing questions.



For example, triggers can be:

- **Boredom**
- **Exposure to the drug or activity** (i.e. watching someone drive recklessly, or smelling cigarette smoke)
- **Watching others people engage in the activity**
- **Situations where that behavior is perceived to be expected** (i.e. we might feel like we have to drink alcohol at a party, just because that's what people do at parties)
- **Certain emotions** - for example anger, frustration, boredom, and even excitement can be triggers
- **Physical symptoms** – feeling frustrated, angry, nervous, or tense are common triggers for people to make unhealthy choices.

Can you think of any others? Please tell me about them.

(Adapted from U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism, 1999: *Cognitive-Behavioral Coping Skills Therapy Manual*.)

Keep these responses in mind as you work on the REASONS AND ALTERNATIVES WORKSHEET, located on page 77.

Whenever we have a behavior that is triggered by something (like we just talked about!) - even something as simple as watching TV before bed to wind down, or having a cup of coffee in the morning to wake up – even if it's not a daily habit, making changes to that behavior can be very difficult. If we take that behavior away, it can create a void or hole in our life and our day just isn't normal or comfortable without it, especially during the times when we experience the trigger. However, if we find something healthy to fill that hole, we can more easily manage to live without that action or habit. Making changes in our unhealthy or unsafe behaviors can difficult for the same reason, even if it's not occurring regularly. If it served a purpose, such as _____ (insert example from discussion of "Pros & Cons" and "Reasons" sections above), something else needs to take its place that can fill the same purpose.

With this in mind, can you think of other activities that you used to enjoy that you don't engage in as frequently now? Or are there activities that you've wanted to try but haven't?

Together, discuss healthy alternatives to address the reasons that were stated earlier.

Transcribe some alternate activities to help cope with triggers or cravings on the *REASONS AND ALTERNATIVES WORKSHEET*, and encourage the client to envision the pros and cons of the alternate activity versus the drug use.

In addition, assist the youth in envisioning situations in which triggers or cravings may appear, then find alternative situations or activities to modify those triggers according to their decision-making style. Suggested scenarios are listed on page 78.

REASONS AND ALTERNATIVES WORKSHEET

POSSIBLE TRIGGERS/REASONS: Things that might make you want to make risky choices (circle reasons that apply to you)	POSSIBLE ALTERNATIVES: What are other activities/alternatives that you could do to manage the trigger in a healthy way?
<p>Boredom – feeling that there is nothing else to do that is worthwhile. Choosing unhealthy/unsafe activities to make the boredom pass more quickly or to make boring activities seem more fun.</p>	
<p>Escape – to avoid uncomfortable situations, arguments, memories, or actual physical pain. Also called self-medicating.</p>	
<p>Relaxation – to unwind and reduce tension.</p>	
<p>Socialization – engaging in risky activities to help to reduce uncomfortable feelings and to help relax in a social situation</p>	
<p>Improved self-image – to make one’s self look better in the eyes of others.</p>	
<p>Attraction or Romance – to invoke excitement or the feeling of being in love or having someone be attracted to you.</p>	
<p>To heck with it – feeling that nothing matters and there is no reason to <i>not</i> do it.</p>	
<p>No control – feeling that it’s too much effort to fight the urge to drink or use drugs, or to do other unsafe behaviors.</p>	
<p>Other reasons:</p>	

DECISION-MAKING SCENARIOS

1. You had a really hard day: You got an “F” on your test, your best friend has turned on you and you are really frustrated. How would you have handled this situation in the past? Is there another way/healthier way that you could handle this situation? What would it take to make you decide to act on a healthier option?

2. You have a big presentation in front of the entire class tomorrow. You are really nervous and are having a hard time falling to sleep. What have you done in the past to relieve this anxiety? What else could you do?

3. You are at a party with your friends and someone passes you a blunt. You know that your parents will be very upset if you smoke. What would your first reaction be? Is there another way/healthier way that you could handle this situation? What would it take to make you decide to act on a healthier option?

4. Considering the decision-making styles we just discussed, how do you make a decision when you are on-the-spot, faced directly with a problem? How well does that decision-making style work for you? If you changed your decision-making style, how might the outcomes be different?

Sometimes it's not easy to just say "No"! Remember, the ways you say NO can vary, depending on the place and people you are with. It's good to have multiple ways to say no, so you have a variety of refusal techniques to choose from. Here are some ways to deal with pressures to use alcohol or drugs (see below). Let's read through them and check off the ones you think would work for you.

Ways to say "No thanks"

- Give a reason or excuse (e.g., "No thanks, I have a test/big game tomorrow").
- Use your health as an excuse – (e.g., "I'm fighting off a cold – I don't feel like it tonight", "I'm allergic to smoke").
- Use your parents as an excuse – "My parents are on my back about using and they're going to test me if they get suspicious". Or, "My parents are super strict and would be furious if they caught me."
- "Not now, I'm not ready."
- Just say "no thank you" and leave it at that.
- Broken record – keeping saying "no" over and over again.
- Walk away – ignore the person and the situation.
- Avoid the situation – if you know there will be drugs/alcohol at the party don't go.
- Change the subject – start talking about something else.
- Strength in numbers – be with friends that you can trust.
- Use humor – make a joke of the situation.
- Reverse the pressure - (e.g., "If you want a beer, go ahead and get one").
- Be honest- tell them you are not into it (e.g., "It's just not my thing").
- Suggest an alternative – try something else to do.

Part 3. FLEX

The FLEX resource list immediately following this section are supplemental materials that can be utilized by the interventionist to provide additional skill-building information and drug education information for the adolescent. Drug education information will be reviewed in the next session with the parent and teen together, but if the teen has questions about drugs that they don't want to discuss in front of a parent/guardian, this may be a good opportunity to address those questions. The interventionist can select FLEX Worksheets/topics/handouts based on the individual needs of the adolescent. The interventionist is also encouraged to incorporate and/or distribute additional handouts or informational resources pertaining to a specific mental health issue, or other related topics as they arise. It is recommended that the interventionist compile an arsenal of resources so they are readily available during the session.

Introduce the FLEX portion by referring to their responses in the core portion of the session.

Suggested script:

Thanks for your time and help talking through those topics with me. I appreciate your willingness to share your thoughts and ideas! As we wind down our meeting, is there anything that we talked about that you'd like to discuss in more depth? Or is there another topic that we didn't discuss that you'd like to address?

Allow the teen to express any needs or concerns to be addressed in the FLEX portion. If the teen expresses a desire to discuss something that is unrelated to the discussion, or irrelevant to the program, be sure to validate their ideas, and briefly address the issue.

If you are not able to address an issue due to relevance, significance of the concern, or the fact that it may be best addressed by another professional/individual, let them know that you can connect them with someone who might be able to help. Reassure the teen of confidentiality (do not give out the teen's name or contact information without written consent). You can also give the teen the name and contact information of the professional or a trusted website or other resource if they prefer.

If the teen would like to further discuss issues related to the Core section of the manual, including alcohol and drug information, some of the following resources may be useful to the interventionist, or the interventionist may bring in additional resources relevant to the topic.

If the teen does not express interest in discussing any issues, but the interventionist has concerns and sees benefit in discussing a topic in more detail, the interventionist may suggest his/her concerns.

Suggested script:

When we were talking earlier, I noticed that _____ appeared to be _____ (e.g., stressful, charged, important to you, something you wanted to talk about, something that bothered you). Do you mind if we take a few minutes to talk a bit more about that?

If the teen indicates that he or she does not want to talk further, simply accept that choice, thank them for being honest and for spending time with you today. Provide your contact information for further questions.

Proceed to Goal Setting section.

If the teen *does* want to discuss any FLEX topics, the following topics/resources may be useful.

FLEX RESOURCES

If the teen expresses interest in more information regarding substance use, the following websites may be useful for the interventionist (or teen) to search for specific information:

1. Information intended for parents and educators regarding a wide variety of drug-related topics: <http://www.drugabuse.gov/parents-educators>
2. Research and resources on a variety of substance use and mental health issues: <http://www.samhsa.gov/topics>
3. Occasional Marijuana Use May Change Structure of Young People's Brains; research article by Join Together, 2014 regarding the impact of even occasional marijuana use on young brains: <http://www.drugfree.org/join-together/occasional-marijuana-use-may-change-structure-of-young-peoples-brains-study/>
4. Facts for Families: Marijuana and Teens, by the American Academy of Child & Adolescent Psychiatry, July 2013: http://www.aacap.org/App_Themes/AACAP/docs/facts_for_families/106_marijuana_and_teens.pdf
5. Seven Myths about Marijuana and Your Health, by Kevin Sabet: <http://kevinsabet.com/seven-myths-about-marijuana-and-your-health>
6. Questions about Marijuana, by American Lung Association of Colorado: <http://www.lung.org/associations/states/colorado/assets/pdfs/marijuana.pdf>
7. Marijuana Drug Facts, by the National Institute on Drug Abuse: <http://www.drugabuse.gov/sites/default/files/drugfactsmarijuana2014.pdf>

8. Marijuana Poses More Risks Than Many Realize, by Liz Szabo, USA Today:
<http://www.usatoday.com/story/news/nation/2014/07/27/risks-of-marijuana/10386699/>
9. Marijuana facts for Teens, by the National Institute on Drug Abuse:
<http://teens.drugabuse.gov/drug-facts/marijuana>
10. Pot Studies Suggest Regular Use is Bad for Teen Brains, by USA Today:
<http://www.usatoday.com/story/news/nation/2014/08/09/marijuana-teens-brains/13802545/>
11. Marijuana Users have Abnormal Brain Structure and Poor Memory: Drug abuse appears to foster brain changes that resemble schizophrenia, by Marla Paul, Northwestern University:
<http://www.northwestern.edu/newscenter/stories/2013/12/marijuana-users-have-abnormal-brain-structure--poor-memory.html>
12. Is there a link between marijuana use and mental illness? By National Institute on Drug Abuse: <http://www.drugabuse.gov/publications/research-reports/marijuana/there-link-between-marijuana-use-mental-illness>
13. Underage Drinking: Myths vs Facts, by the US Department of Health and Human Services:
http://www.stopalcoholabuse.gov/media/pdf/MythsFactsBrochure_508compliant.pdf
14. Expectations and Alcohol: The Fun May Be In Your Head, by the National Institute on Drug Abuse: <http://teens.drugabuse.gov/blog/post/expectations-and-alcohol>
15. Alcohol Dangers Go Beyond Drunk Driving, by National Institute on Drug Abuse:
<http://teens.drugabuse.gov/blog/post/alcohol-dangers-go-beyond-drunk-driving>
16. The Facts about Youth and Alcohol, by National Institute on Alcohol Abuse and Alcoholism: <http://pubs.niaaa.nih.gov/publications/PSA/factsheet.pdf>
17. Fact Sheets: Underage Drinking, by Centers for Disease Control and Prevention:
<http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>
18. Too Smart to Start: Alcohol Facts by Substance Abuse and Mental Health Services Administration: <http://toosmarttostart.samhsa.gov/tweens/facts/#2>
19. Make a Difference: Talk to Your Child about Alcohol, by National Institute of Alcohol Abuse and Alcoholism:
http://pubs.niaaa.nih.gov/publications/MakeADiff_HTML/MakeAdiff.pdf

20. Teen Drinking May Cause Irreversible Brain Damage, by Michelle Trudeau, National Public Radio:

<http://www.npr.org/templates/story/story.php?storyId=122765890>

21. PowerPoint by researcher Susan Tapert:

http://www.dss3a.com/btg/pdf/Plenaries/susan_tapert.pdf

Part 5. Goal Setting

The session has progressed to the point where now it is time to take a “temperature reading” of the adolescent’s willingness to change his or her risky behaviors.

So far, we have discussed the pros and cons of alcohol/drug use, how substance use is affected and impacted by family and friends, triggers for risky behaviors and alternative activities, and ways to say no. Now I’m interested in finding out how you feel about making healthy changes in your risky behaviors at this time.

Place a mark on the READY TO CHANGE WORKSHEET that fits how the client feels right now.

READY TO CHANGE WORKSHEET

Here is a scale that will help us to determine how ready you are to change your use of alcohol and/or drugs, or make a change in other risky behaviors. Circle a number on the scale that indicates how you feel about this right now.

The risky behavior that I'm referring to is: _____

1	2	3	4	5	6	7	8	9	10
Not ready			somewhat ready				very ready		

You have marked a _____. This means you are _____ ready to change. Let's use this information to set a goal to work on over the next week or two.

ESTABLISHING GOALS

The last significant task for the session focuses on assisting the adolescent to establish a goal. Given the non-judgmental philosophy of the brief intervention, the interventionist is encouraged to support any positive changes to which the client is willing to agree. Perhaps the goal will be as minimal as simply "to think about reducing drug use in the future." Admittedly, this goal may seem like a small gain to most, but it is important to begin the change process somewhere with a client. It comes as no surprise for professionals who have worked with many drug-abusing youth in treatment that most teenage clients do not readily choose abstinence as an immediate treatment goal. Risk reduction, use reduction, and normalization of use are meaningful improvements for the short-term. Abstinence can still be a logical long-term goal even when attaining this is preceded by non-abstinence goals.

For those teens who do not use substances, this may be a place to make (or maintain) healthy behaviors in stress management, anger management, interactions with parents/other adults, etc. Again, guide the adolescent to create concrete, measurable, and attainable goals. A lofty goal that is likely unattainable will only serve to discourage the teen or create a feeling of hopelessness. Help set them up to succeed!

Here is a suggested script for the process of establishing goals:

- ***Where does this leave us now?***
OR
What do you think has to change?

- ***How would you like things to be different?***

Elicit what the youth would like to change about their drug using behaviors, or other unhealthy life choices. If the participant cannot come up with any goals, suggest a behavior-oriented, solution-focused goal, such as spend a certain amount of time each night on homework, or find a way to strengthen the relationship with a parent or sibling.

Encourage them to come up with one small, concrete goal that is achievable and measurable, so they can know/see if the goal has been accomplished.

- Reflect responses and generate clearly specified goal
- Identify people who might be helpful in this regard
- Reinforce goal with statements such as:
 - That might be safer
 - That would be less risky
 - You could do that!

Possible Goals (record the goal on ESTABLISH GOALS WORKSHEET):

- Self-monitoring (for the most recalcitrant client)
- Minimize risky behavior
- Risk/harm reduction
- Engaging in or improvement of other healthy behaviors, such as improved communication, academic achievements, stress reduction, anger management, or job attainment.

EXPLORING BARRIERS TO CHANGE

Of course, your client is likely to face obstacles toward achieving his or her goals. Here are scripted questions below.

- ***What might get in the way of you trying to reach this goal?***
- Or
- ***What might make it hard to actually change your substance using behaviors?***

 - ***What do you need to do to achieve this goal?***

Transcribe the answers to the bottom half of the “ESTABLISH GOALS” WORKSHEET. Discuss with the client how each goal may be faced with a barrier and remind them of the alternative activities that they had discussed earlier in the session. Review with the teen how to respond to possible obstacles accordingly.

ESTABLISH GOALS WORKSHEET

1. The change that I will work on:

CHANGE GOAL (what needs to be changed)

2. The steps I plan to take in changing are:

3. The ways other people can help me are:

Possible ways others can help me
A.
B.

4. Some things that could interfere with the plan are:

5. I will address those obstacles by:

Conclusion of Session Three

Review the worksheets from this session. Place an emphasis on the ESTABLISH GOALS WORKSHEET and request that the adolescent work on these goals prior to the next session, and provide a copy of the goals to the teen as a reminder. Ask if the adolescent has any questions as to what action steps have been agreed upon. Thank the adolescent for his or her time.

Getting on the Same Page



“That’s what people do who love you. They put their arms around you and love you when you’re not so lovable.”

– Deb Caletti

Introduction

This final session joins the adolescent with the parent and should be used to:

- 1) Review progress made since the first session
- 2) Discuss drug education – even among families with teens who have not used alcohol or other drugs, emphasize that this discussion is important to have before use begins, to initiate a non-judgmental and open conversation regarding the topic.
- 3) Explore communication habits, including respectful arguing
- 4) Discuss next steps and additional areas of desired growth

Be sure to begin by reviewing confidentiality and program goals.

Part 1. Reconnection and Check-in

Begin with some casual conversation. Review any events that may have occurred since the last meeting and discuss efforts made to achieve a healthier lifestyle (**being very aware to not break confidentiality by discussing individual meeting information**). Ask open-ended questions rather than yes/no or close-ended questions, and be sure each participant has an opportunity to answer each question. Try to keep the conversation positive and balanced so it does not “pick on” the adolescent or the parent weaknesses.

Suggested Script:

Thanks for meeting with me again today; I look forward to hearing about how your situation has progressed over the past month or so, and to start discussing what types of actions to take at this point, together as a family.

Before we get started, I would like to talk for a moment about confidentiality. I want to reiterate that things we discussed in our previous meetings will not be shared today, unless you choose to bring that to the conversation.

Likewise, any issues discussed today will not be shared with school, work, other family members, etc. (other than mandated reporting situations, of course).

To start, how have things been going since we last met? What changes have occurred? How have these changes impacted your feelings or behaviors over the past few weeks? (Be sure to let both parent and youth discuss their perspective of the past few weeks).

GROUP FORMAT

If utilizing a group session with multiple families present, be sure to discuss confidentiality protocol between the various families – i.e., parents should not bring up topics that other parents previously initiated. Use the policy of: If it's not your information, it's not your place to share it.

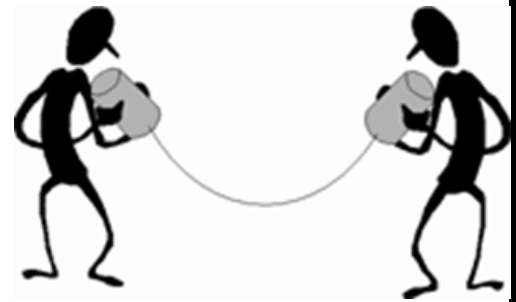
If parent and youth are willing to discuss their goals created during their last meeting, this is a good place to reinforce their efforts! Be careful to adhere to confidentiality guidelines and don't pressure participants to reveal their previous goals. If desired and/or possible, check in with parent and teen individually to review their goal progress.

Reinforce the positive changes that both the youth and parent have accomplished and explore ideas for possible change. Encourage patience, persistence, and recognition of "baby steps". Remind the parents that current behaviors have taken years to develop and that the behaviors will not likely disappear overnight; change takes time and patience, and it will help parents to remember the developmental stage of the adolescent brain!

Part 2. Effective Communication Skills

For many families, this topic is a very difficult one. For example, on the issue of drug use, some parents choose to not address it; others become upset by accidentally discovering some drug paraphernalia and then end up lecturing or berating their child about the dangers of drugs.

Research has shown that one of most powerful influences that can be exerted by parents in an effort to reduce the likelihood that their child will use drugs or engage in other risky behavior is to communicate personal disapproval of the behavior. Likewise, effective communication skills in all areas of life can greatly improve the relationship, increase trust and respect, reduce defensiveness, and reduce anxiety.



Let's spend some time on the topic of how your family communicates, or talks to each other on a daily basis. How would you describe your day-to-day conversations with each other? Does one person usually initiate the conversation? How does this feel? What would you like to change about your communication habits with your family?

Encourage the family to maintain eye contact during day-to-day conversations (if that's appropriate for the cultural norms of that family), and reinforce positive communication skills that they exhibit.

Now, please tell me about your communication during a stressful situation. How are conflicts addressed? How do people in the family cope with a stressful situation?

How does it feel for you when you're engaged in these arguments or stressful conversations?

One effective and straightforward approach to communication was created around a six-step process that attempts to reduce defensiveness and open the lines of communication. Here are the six steps. Let's review each of these steps.

Give the parent/guardian and youth each a copy of the SIX-STEPS HANDOUT and review each step with them, personalizing each step with a way it may be used in their particular situation. Answer any questions and address any concerns they may have. Encourage them to try this process, and to remain patient; changes in communication strategies are often challenging to implement and may take time, but are worth the effort!

Six Steps: Effective Communication in Stressful Situations

Step One – “I care”

Tell the other person that you care about him or her. Attempt to build upon your relationship to help to reduce the potential defensiveness in your child. An example of this approach is, “I care about you and I don’t want you to get hurt.”

Step Two – “I see”

In this step, you need to tell the person what they have done that has caused you concern. Just give the facts, not your opinion, based upon what you have seen or found. An example of this is, “when you came in last night you were three hours late and smelled like alcohol”.

Step three – “I feel”

This is where you tell person about how this behavior or discovery has made you feel. Be sure to take away any blame from this step. For example, “I felt really concerned that something bad may have happened to you.”

Step four – “Listen”

This is one of the most important steps. You will need to listen to what the other person has to say about the situation. Some may not say anything at all at this point but it is useful to allow this opportunity for the other person to tell their side. It is possible that they are not ready to talk. You can tell them that you are available to listen to what they have to say at another time.

Step five – “I want”

After hearing the other person’s side, you need to tell them what you want to happen next and what you want them to do. For example, “I don’t want you to use drugs at all.” Reinforce that you “want” him or her to visit a therapist if the problem does not get better.

Step six – “I will”

This final step is where you tell the person what you will and will not do in order to help with this problem. Some may choose to be available to just listen when the person chooses to discuss the issue. Others may choose to make an appointment with a mental health or chemical health counselor. The best time to talk is when you have calmed down from the initial shock of the situation. You will need to find a place to talk where you cannot be interrupted. The time to talk is not while anyone involved in the conversation is under the influence of drinking or using other drugs.

(Adapted from Walking the Talk: A Program for Parents about Alcohol, Tobacco and Other Drug Use and Nonuse - A Participant Workbook. Developed by The Center for Substance Abuse Prevention, Rockville, MD, 2001).

RESPECTFUL ARGUING

This topic, similar to effective communication, can be very difficult for families to incorporate into their daily life, because the techniques used in communication and arguments are often a deeply ingrained habit that may have been used for generations. Review the following Respectful Arguing techniques, and encourage the family to create some of their own “respectful-arguing rules”. Remind parents that they are modeling problem-solving skills and the ability to deal with disagreement/confrontation. Again, encourage persistence and patience in developing these new habits.

In addition to the Six Steps for Effective Communication, it is often helpful to have some guidelines to follow during a confrontation or argument. As we go through these guidelines, please tell me what “rules” your family already follows and which ones would be beneficial for you to start using.

Be sure to encourage both the parent and the teen to respond and engage in the discussion.

Respectful Arguing

Stay on the topic

No “kitchen sinking.” Stay on topic - do not bring everything but the kitchen sink into the argument.

If another topic comes up, save it and state that you can discuss it at another time.

Put boundaries around the subject matter so the argument doesn’t become a free-for-all.

Avoid character assassination

No put downs/name calling/use of “shut up”.

Use “I feel” statements. (“When you do __, I feel ____.”)

Allow for retreat

State that you need a break/space, if you need to calm down or rethink the situation.

Agree to come back to discussion if needed at a later point.

Retreat may not be used to “run away” from the conversation; agree on a reasonable time to return to the conversation.

Use good listening skills

Listen intently and repeat what you understand the other person has said.

Verify correctness of interpretation of what was said.

Take turns – really.

Don’t interrupt.

Keep your body in check

Be aware of your body (how loud are you talking, what is your body posture).

Take a few deep breaths.

Count to ten to prevent an explosion.

Respect physical boundaries/proximities.

Choose your battles

You don’t need to have an argument over every little thing you don’t agree with about the other person’s behavior.

Remember to look for the positive things too.

Watch for clues of an escalating situation, such as rising voices, aggressive body postures, etc.

Recognize if you’re “pushing buttons”.

Try to deescalate the situation by talking slowly, quietly, and calmly.

Agree to disagree.

Have a release when discussion is complete

Engage in a healthy activity to help your body release the stress:

Take a walk, play a video game, take a bath, listen to music, do something physical.

Do not turn to drugs or alcohol to help you release the stress, because that method of stress relief can cloud your judgment and reasoning of the situation, as well as compound the problem.

Part 3. Drug Education

This section is very important, but can be potentially difficult. It is important to be sensitive because of parental or familial history of drug use.

There is a plethora of information available on many of the common drugs – here is a sample script for the interventionist but the interventionist should personalize to regional and cultural needs relevant to the participants.

I was wondering if we could talk for a few minutes about drug information so everyone can get on the same page with the various myths and facts about alcohol and other common drugs.

Alcohol

Starting with alcohol, what are some things you know about alcohol? (Be open to various responses, and avoid any blaming or judgmental responses between parent and teen). Be prepared to talk factually about the substance, including, but not limited to:

- ***Alcohol is categorized as a “depressant”. What does this mean?*** (“Depressant” depresses, or squashes the central nervous system – including the brain – so this is why we slur our words or can’t walk a straight line when intoxicated). ***What effect might this have on the developing adolescent brain?*** (If the growing adolescent brain is repeatedly exposed to the depressant, the neurons keep getting “squashed” down and don’t have the full opportunity to grow healthier connections)
- ***Alcohol has different effects on teenagers than it does on adults. Can you think of some examples? Why might this occur?*** (Teens don’t feel the effects the same way adults do because the adolescent GABA receptors – the “stop signs” of our brain – are not fully developed. This is why teens & young adults more often drink until they are highly intoxicated, vomiting, or passed out. Also, due to the developing neural connection, alcohol can cause more lasting damage to the adolescent brain than to the adult brain.)
- ***Alcohol affects girls differently than boys. Have you seen examples of this? Why might this happen?*** (Women don’t have the same amount of dehydrogenase – the enzyme that metabolizes alcohol – as men do, so women’s bodies don’t break down alcohol as quickly. Also, women’s bodies, on average have more body fat than men’s bodies; thus, women have less body water to dilute alcohol causing a higher blood alcohol concentration).

Some reading resources focusing on alcohol facts that the interventionist may refer to, or provide for the family, can be found here. They may also be useful in the FLEX portion of the session. These resources are also listed in the FLEX portion of Session Three, Exploring Healthy Choices:

- Information on brain development and addiction:
<http://teens.drugabuse.gov/drug-facts/brain-and-addiction>
- Information on adolescent alcohol use:
http://www.stopalcoholabuse.gov/media/pdf/MythsFactsBrochure_508compliant.pdf
<http://teens.drugabuse.gov/blog/post/expectations-and-alcohol>
<http://teens.drugabuse.gov/blog/post/alcohol-dangers-go-beyond-drunk-driving>
<http://pubs.niaaa.nih.gov/publications/PSA/factsheet.pdf>
<http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>
<http://toosmarttostart.samhsa.gov/tweens/facts/#2>
http://pubs.niaaa.nih.gov/publications/MakeADiff_HTML/MakeAdiff.pdf
<http://www.npr.org/templates/story/story.php?storyId=122765890>
http://www.dss3a.com/btg/pdf/Plenaries/susan_tapert.pdf

Marijuana

- ***How about marijuana? What are some of the drug facts and/or myths you have heard?***
Again, be open to various responses, and avoid blaming or judgmental responses. Also be prepared to talk factually about the drug, including medical marijuana and legalized recreational marijuana, and/or any locally relevant topics. Discussion should include, but not limited to:
 - ***Is marijuana addictive? What does it mean to “be addicted”?*** (Due to the developing brain, teens are more at risk of becoming addicted to marijuana than adults.)
 - ***Is marijuana harmful?*** (Yes, especially when used more frequently, but new evidence shows that it changes brain functioning even with occasional use (see drugfree.org article, listed below). Evidence shows support that marijuana use increases the risk of lung cancer, decreases memory and learning capabilities, and decreases attention and focus. In addition, it causes increases social harm as evidenced by increased traffic accidents by those under in the influence of marijuana, and the increase in social and family harm often associated with drug use.)
 - ***Does marijuana affect teens differently than adults?*** (Yes. Because the adolescent brain is “under construction” it grows according to our experiences. USE IT OR LOSE IT! Thus, if we repeatedly expose the adolescent brain to marijuana, the brain becomes more likely to become dependent on the drug. 1 in 6 adolescents who use marijuana will become addicted, compared to 1 in 10 adults who use it.)

Some reading resources focusing on marijuana facts that the interventionist may refer to, or provide for the family, can be found here. They may also be useful in the FLEX portion of the session. These resources are also listed in the FLEX portion of Session Three, Exploring Healthy Choices:

- <http://www.drugfree.org/join-together/occasional-marijuana-use-may-change-structure-of-young-peoples-brains-study/>
- http://www.aacap.org/App_Themes/AACAP/docs/facts_for_families/106_marijuana_and_teens.pdf
- <http://kevinsabet.com/seven-myths-about-marijuana-and-your-health>
- <http://www.lung.org/associations/states/colorado/assets/pdfs/marijuana.pdf>
- <http://www.drugabuse.gov/sites/default/files/drugfactsmarijuana2014.pdf>
- <http://www.usatoday.com/story/news/nation/2014/07/27/risks-of-marijuana/10386699/>
- <http://teens.drugabuse.gov/drug-facts/marijuana>
- <http://www.usatoday.com/story/news/nation/2014/08/09/marijuana-teens-brains/13802545/>
- <http://www.northwestern.edu/newscenter/stories/2013/12/marijuana-users-have-abnormal-brain-structure--poor-memory.html>
- <http://www.drugabuse.gov/publications/research-reports/marijuana/there-link-between-marijuana-use-mental-illness>

Are there any other questions or comments about drug facts that you're interested in knowing? If I don't know the answer, I can find out and get you a response!

Next let's talk about different factors that can protect or increase risk with substance use.

The interventionist should encourage discussion about the differences of using substances harmfully or problematically, versus using recreationally. The list on page 100 outlines factors that **occur** DURING adolescent years, but serve as a risk or protective barrier from having problematic levels of use *as an adult*. It may be helpful for the interventionist to use a neutral, real-life, example to highlight these factors – be careful to avoid any examples that may be offensive or hurtful to the family; oftentimes, public figures with a publicized history of substance use can often serve as a safe example (i.e., as you discuss each factor, say something like, “***I wonder if*** (insert celebrity name here) ***started using alcohol or other drugs before the age of 15?***”)

Oftentimes, participants – especially adolescents - can get quiet in this portion. That is OK! They may be considering the consequences with the real-life examples, and that is not always easy to digest and discuss. Be open to neutral and honest discussion, and avoid discussion of any close family members (i.e., steer the conversation in a different direction if parent starts to talk about a family member who is not present).

Factors that may increase PROTECTION from having problematic use	Factors that may increase RISK of having problematic use
<ul style="list-style-type: none"> • Feeling connected with and valued by family and other significant adults • High educational goals and expectations • Strong bonds w/ social organizations (school, community, extra-curricular activities, church) • Parent involved with child’s activities • Parents who discuss expectations/consequences for using alcohol or other drugs • Personal disapproval of alcohol or other drug use • Parental supervision • Involvement in activities that provide joy, self-esteem, prevent idle time • Parental follow-through on consequences 	<ul style="list-style-type: none"> • Early age of first alcohol or other drug use (age 13 or younger) • Difficulty coping with problems • Experiences depression, anxiety, aggression, or impulsivity (to a greater degree than others) • Thoughts or feelings of being unloved • Low levels of parental supervision, monitoring, & follow-through with consequences • Perception that others (peers, family, community) approve of drug use or find it amusing • Associating with friends/peers who are getting in trouble • Chaotic home environment • Past or current drug or alcohol problems within the family • Past or current abuse or neglect

Part 4. FLEX

This FLEX segment can be used for families to re-visit issues and topics discussed earlier. Introduce the FLEX portion by going back to their responses in the core portion of the current and previous sessions.

Suggested script:

Thanks for your time and help over the past few weeks, talking through all the topics with me. I appreciate your willingness to share your thoughts and ideas! As we wind down our meeting, is there anything that we talked about that you'd like to discuss in more depth? Or is there another topic that we didn't discuss that you'd like to address?

If the parent and teen do not express interest in discussing any issues, but the interventionist has concerns and sees potential benefit in discussing a topic in more detail, the interventionist may suggest his/her concerns. Suggested script:

When we were talking earlier, I noticed that _____ appeared to be a meaningful or challenging topic for you or (you previously mentioned that the topic of _____ was something that bothers you). Do you mind if we take a few minutes to talk a bit more about that?

Possible probes:

What are some examples where this issue has occurred?

Describes some ways you have handled the situation?

Are there things we have talked about earlier that can be helpful when addressing this issue next time?

As an additional option or activity, the interventionist may want to suggest a role play between the parent and teen (or between the interventionist and the teen or parent) to increase awareness or interactions and ways to handle the situation differently. For example, a good exercise to help clarify how important it is to create a "space" for listening is to try having a conversation with someone who has one iPod earbud in, listening to music, and at the same time, another person is going through a list of behaviors you need to take care of. This exercise will help to see how important it is to have important conversations in a calm space with few distractions.

If the parent and teen indicate that they do not want to talk further or practice skills with a role play, simply accept that choice, thank them for being honest and for spending time with you today, and proceed to the Next Steps section.

Part 5. Next Steps

Review with the family the risk and protective factors present in their situation. Review steps to increase the assets, decrease the risks, increase effective communication, and any other steps they may need to incorporate healthy lifestyle changes. Encourage the family to consider what has worked well in their current interactions, and ways they can continue those positive actions. Likewise, what are ways they can change the unhelpful interactions?

Discuss with the family what their goals for the next year may be. These goals may be centered around any healthy area of life, including relationships, school goals, parenting behaviors, and drug/alcohol use behaviors. Remember to encourage realistic, concrete goals so that they are attainable and so that the family has a greater likelihood of experiencing success.

Engage the family in a discussion of what they need to maintain the positive changes they have already made, and if they need, or would like, additional resources for continued change. This input from the family will be incorporated in the Referral for Treatment or Services section of MPower.

Suggested script:

Considering these changes that you think will be (or already are) positive changes to your relationship, let's think of some concrete goals to help the family achieve or maintain those changes. (Parent): What is (at least) one thing you can do to work on the goal(s). Provide suggestions if parent can't think of any.

(Teen): How about for you? What is something that you can do to work toward the goal? Provide suggestions if needed.

Continue the discussion of goals to encourage the parent and teen to consider their support system and what might be likely obstacles to reaching the goals. What are ways they can address those obstacles and cope with stressors related to change?

Where does that leave us? What are some other resources that might be beneficial to you? Should we discuss the need for more services in the community?

Use Referral guides in the next section to inform discussion of next steps.

Family Change Plan

1. The changes that WE will work on are:

CHANGE GOAL (what needs to be changed)
A. (PARENT CHOICE)
B. (ADOLESCENT CHOICE)

2. The steps WE plan to take in changing are:

3. The ways other people can help us are:

Goal	Possible ways they can help
A.	
B.	
C.	

4. Some things that could interfere with the plan are:

5. WE will address those obstacles by:

Conclusion of Session Four

Review the worksheets from this session. Place an emphasis on the ESTABLISH GOALS WORKSHEET and encourage both the teen and parent to work on these goals over the next week. Provide a copy of the goals to the family as a reminder. Ask if either the parent or the adolescent has any questions as to what action steps have been agreed upon. Let them know that you will be calling within the next week or so to discuss and confirm next steps (the Referral for Treatment/Services portion of MPower). Thank the family for their time and participation in the program, and encourage them to maintain the great work they've started!

REFERRAL FOR TREATMENT/SERVICES

REFERRAL FOR TREATMENT OR SERVICES

People influence people. Nothing influences
people more than a recommendation from a
trusted friend.

-Mark Zuckerberg

This portion of the MPower program is a culmination of the interventionist's experience with the parent and youth participants. It can be formally administered at the end of the fourth session, or, if the interventionist needs more time to consider next steps for the family, it can be completed as a phone session within a week of completing the fourth BI session.

Introduction

In working with the family over the course of four sessions, some issues or concerns may have arisen that deserve further attention, outside the scope of this program. These issues may be derived directly from conversations with the parent or youth, or they may be triggered by observations or other concerns by the interventionist. Either way, determine with the family if other resources are needed. Address any referrals for mental health issues, chemical use, individual or family counseling, or school services.

One of the struggles in creating solid referrals for treatment is that the range of problems plaguing families is broad, and the services available vary greatly by geographic region; it is impossible for an individual interventionist to be aware of every resource available for a given family. Another struggle with creating a referral system is that resources are continually evolving. Funding, research, and staffing all affect the lifespan of a referral resource. The fluidity of these resources mandates regular updating. Thus, the strategies outlined below attempt to assist in the creation of referral network that can be individualized to the participant's needs. Interventionists should take some time prior to utilizing this program to personalize the referral network, making it relevant to the specific geographic area, as well as update it at least annually to add new programs and resources as well as delete outdated or non-functioning programs and resources.

The MPower program provides a manualized method of conducting referrals for treatment while simultaneously allowing flexibility for clinical judgment and site-specific matters. The following pages include a trajectory by which interventionists can determine appropriate next steps for the participant, as well as educational resources for participants (reading and website recommendations). A Microsoft Windows Excel template file is also provided as an adjunct to this manual to help the interventionist assist the participant in making connections to community resources.

TRAJECTORIES

Interventionists may use the following graph to help determine continued intervention for the participants. This continued intervention varies by the participant’s level of functioning and individual need, and should be used only as a guide; the participant’s engagement in the Brief Intervention sessions should also be considered, as well as his or her motivation to change.

In determining next steps for the family, interventionists should:

1. Refer to the post-intervention assessment for empirical results
2. Discuss with the family about issues in which they would like continued assistance (especially at the conclusion of the fourth session)
3. Utilize clinical judgment, using interactions over the previous 4 sessions to help form a professional understanding of services from which the participant may benefit.

Table 1 indicates scoring on post-intervention assessments (as described in the MPower Overview section) to help guide the interventionist in understanding the adolescent’s progress throughout the MPower brief intervention sessions. Interventionists are encouraged to compare these results with their own clinical judgment to check for consistency in the recognition of progress. Inconsistent results may warrant a follow-up call to the family to see how they view the adolescent’s progress.

Table 1. Drug use problems and mental health functioning based on baseline PESQ+ scores

	Score on CRAFFT (Knight et al., 2002)	Score on PESQ+, qx 1-3 (adapted from Winters, 2002)
Substance use		
Low Risk	≤ 2	No use
Medium Risk	3-4	Use not exceeding 3-5 for any drug
High Risk	5-6	Use exceeding 6+ for any drug
Mental health functioning	Not measured on CRAFFT	Inspect responses to individual items on the PESQ+, qx 11-16

Table 2 provides a generalized trajectory to help guide the interventionist in creating a referral. These trajectories look at levels of drug use and level of mental health functioning, as measured by clinical judgment and/or the PESQ+ screening tool.

When evaluating outcomes and their trajectories in creating an intervention plan, the interventionist should consider how well the teen and parent responded to the intervention, as well as the family's basic living needs, financial resources, and cultural factors when helping the family determine next steps. Also, screening information can be included in the referral decisions. Referral needs also need to include the following: securing food and shelter, legal aid, obtaining employment, and day care needs.

For those participants who have responded well to the program, the intervention plan may be as simple as the interventionist providing some educational handouts or recommended websites for the parent and teen to look at and keep as a reference tool. In these cases, it will be beneficial for the interventionist to maintain a repertoire of resources (news articles, research findings, websites, books, etc) from which they can immediately access and provide to the participant. A "Reading List and Resource Guide For Parents of Adolescents" is provided on page 111 for interventionists to hand out, if desired.

For those participants who did not respond well to the program, or there are strong indications of significant problems (based on the baseline scores on the PESQ+ or what was learned during the intervention), a more intensive service-oriented referral may be indicated. The interventionist may benefit from taking some time to reflect upon the issues and needs of the family and have a conference call later in the week to discuss options for the family.

Table 2. Drug use and mental health outcome trajectories with treatment plan suggestions

Trajectory #	Assessment Outcomes	Intervention Plan Suggestions
1	LOW Drug Use Frequency (DUF), LOW Mental Health Symptomology (MHS)	<ul style="list-style-type: none"> • Drug education & prevention • MH/coping skills development
2	LOW DUF, MEDIUM MHS	<ul style="list-style-type: none"> • Drug education & prevention • MH/coping skills development • Suggestion of MH counseling
3	LOW DUF, HIGH MHS	<ul style="list-style-type: none"> • Drug education & prevention • Referral to MH treatment
4	MEDIUM DUF, LOW MHS	<ul style="list-style-type: none"> • Recommendation of early intervention and/or continued Brief Intervention • MH/coping skills development
5	MEDIUM DUF, MEDIUM MHS	<ul style="list-style-type: none"> • Recommendation of early intervention and/or continued Brief Intervention • MH/coping skills development • Suggestion of MH counseling
6	MEDIUM DUF, HIGH MHS	<ul style="list-style-type: none"> • Recommendation of early intervention and/or continued Brief Intervention • Referral to MH treatment
1	HIGH DUF, LOW MHS	<ul style="list-style-type: none"> • Referral to more intensive drug treatment program • MH/coping skills development
2	HIGH DUF, MEDIUM MHS	<ul style="list-style-type: none"> • Referral to more intensive drug treatment program OR Dual Diagnoses treatment program • MH/coping skills development • Suggestion of MH counseling
3	HIGH DUF, HIGH MHS	<ul style="list-style-type: none"> • Referral to more intensive drug treatment program • Referral to MH treatment • OR Refer to Dual Diagnoses treatment

The “Referral for Intervention Guidelines”, on page 110 may be used by the interventionist to document the intervention progress and referral resources, and to track referral follow-up by the family, if needed.

As this portion of the MPower program comes to a close, thank the family for their time and willingness to share information with you, and (if applicable) invite them to contact you if they have further questions or concerns.

Referral to Treatment/Services Guidelines

Client Progress	Response
<p>FAVORABLE</p> <ul style="list-style-type: none"> • engaged during sessions • worked on the goals • made good progress with goals • expressed intent to continue behavior change • Low drug use risk and low mental health risk 	<ul style="list-style-type: none"> ➤ No additional services; support progress; reinforce importance of continuing to work on goals ➤ Psychoeducational materials as needed
<p>MINIMAL CHANGE</p> <ul style="list-style-type: none"> • mixed engagement during sessions • some or mixed progress with goals • signs of intent to continue behavior change • Low to medium drug use and/or mental health risk 	<ul style="list-style-type: none"> ➤ No additional services if no interest in more counseling; support what progress has been made; reinforce importance of continuing to work on goals ➤ Offer referral plan for problem areas the client has indicated more help is desired; options include youth or family counseling ➤ Psychoeducational materials as needed
<p>NO CHANGE OR WORSENING</p> <ul style="list-style-type: none"> • no engagement during sessions • minimal or no progress with goals • poor problem recognition • Medium to high drug use and/or mental health risk 	<ul style="list-style-type: none"> ➤ Refer for specialized services; additional drug abuse and/or mental health services may be needed. This may include a dual program.
<p>DATE OF REFERRAL: _____</p> <p>REFERRAL SUGGESTIONS: _____</p> <p>_____</p> <p>_____</p>	

Reading List and Resource Guide For Parents of Adolescents

Pertaining to Adolescents, Drug Use, Mental Health, & Parenting

Books

Adolescent Depression: A Guide for Parents (A Johns Hopkins Press Health Book)

by [Francis Mark Mondimore, MD](#)

In *Adolescent Depression: A Guide for Parents*, Johns Hopkins psychiatrist Francis Mondimore helps parents understand that serious depression in adolescents is an illness—an illness that can be effectively treated. He describes the many forms of depression and the many ways it can appear in young people—from intensely sad feelings to irritability, anger, and destructive rages. And he answers parents' questions, including: What are the danger signals of serious depression in teenagers? How are mood disorders diagnosed? How do medications work? What about talking therapies? How does depression relate to other problems, such as drug abuse, ADHD, and eating disorders and other self-injurious behaviors?

Age of Opportunity: Lessons from the New Science of Adolescence

by [Laurence Steinberg, PhD](#)

In *Age of Opportunity*, Steinberg leads readers through a host of new findings — including groundbreaking original research — that reveal what the new timetable of adolescence means for parenting 13-year-olds (who may look more mature than they really are) versus 20-somethings (who may not be floundering even when it looks like they are). He also explains how the plasticity of the adolescent brain, rivaling that of years 0 through 3, suggests new strategies for instilling self-control during the teenage years.

Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs

by [Dick Schaefer](#)

Choices & Consequences tells you precisely how you can help. Written for parents, teachers, family doctors, mental health professionals, school guidance counselors, social workers, juvenile justice workers, clergy, and anyone else who cares about teenagers, it describes a step-by-step process called “intervention” that you can use to stop a teenager's harmful involvement with chemicals.

How to Talk so Teens Will Listen and Listen so Teens Will Talk

by [Adele Faber & Elaine Mazlish](#)

Internationally acclaimed experts on communication between parents and children, Adele Faber and Elaine Mazlish “are doing for parenting today what Dr. Spock did for our generation” (*Parent Magazine*). Now, this bestselling classic includes fresh insights and suggestions as well as the author’s time-tested methods to solve common problems and build foundations for lasting relationships, including innovative ways to:

- *Cope with your child's negative feelings, such as frustration, anger, and disappointment
- *Express your strong feelings without being hurtful
- *Engage your child's willing cooperation
- *Set firm limits and maintain goodwill
- *Use alternatives to punishment that promote self-discipline
- *Understand the difference between helpful and unhelpful praise
- *Resolve family conflicts peacefully

How to Talk With Teens about Love, Relationships, and Sex: A Guide for Parents

by [Charles Miron, PhD & Amy Miron](#)

The Miron, a husband and wife team of sex educators and certified sex therapists, have co-written a thoughtful, well-organized volume that covers most of the common topics for discussion and several you might not have thought of on your own. It also contains eye-opening facts from a teen sexuality survey and “Try This” assignments for parents and teens.

No: Why Kids--of All Ages--Need to Hear It and Ways Parents Can Say It

by [David Walsh, PhD](#)

Successful psychologist, bestselling author, and nationally known parenting expert Dr. David Walsh provides you with an arsenal of tactics, explanations, and examples for using “No” the right way with your kids. His memorable, affecting, and sometimes humorous anecdotes help you regain confidence in your own judgment and ability to say “No” as they remind you that you're not alone in your parenting struggles. With Dr. Walsh's down-to-earth advice, you can immediately assess and improve your relationship with your kids, set and enforce limits that make sense for different ages (from toddlers to teens), and otherwise make “No” a positive influence on kids' behavior and in your overall family life.

Reviving Ophelia: Saving the Selves of Adolescent Girls

by [Mary Pipher, PhD](#)

Crashing and burning in a “developmental Bermuda Triangle,” adolescent girls are coming of age in a media-saturated culture preoccupied with unrealistic ideals of beauty and images of dehumanized sex, a culture rife with addictions and sexually transmitted diseases. They are losing their resiliency and optimism in a “girl-poisoning” culture that propagates values at odds with those necessary to survive.

Told in the brave, fearless, and honest voices of the girls themselves who are emerging from the chaos of adolescence, *Reviving Ophelia* is a call to arms, offering important tactics, empathy, and strength, and urging a change where young hearts can flourish again, and rediscover and reengage their sense of self.

Taking Charge of ADHD: The Complete, Authoritative Guide for Parents (Revised Edition)

by [Russell A. Barkley, PhD](#)

From distinguished researcher/clinician Russell A. Barkley, this treasured parent resource gives you the science-based information you need about attention-deficit/hyperactivity disorder (ADHD) and its treatment. It also presents a proven eight-step behavior management plan specifically designed for 6- to 18-year-olds with ADHD. Offering encouragement, guidance, and loads of practical tips, Dr. Barkley helps you:

- *Make sense of your child's symptoms
- *Get an accurate diagnosis
- *Work with school and health care professionals to get needed support
- *Learn parenting techniques that promote better behavior
- *Strengthen your child's academic and social skills
- *Use rewards and incentives effectively
- *Restore harmony at home

The Everything Parenting a Teenager Book: A Survival Guide for Parents

by [Linda Sonna, PhD](#)

This authoritative book, written by child psychologist Dr. Linda Sonna, helps parents navigate the emotional teen years, when "no" means "yes" and "I'm fine" means "help me." In reader-friendly language, Dr. Sonna offers advice on everything from establishing curfews and handing over the car keys to coping with the more serious issues, such as substance abuse and school violence.

Uncommon Sense for Parents with Teenagers, Third Edition

by [Michael Riera, PhD](#)

Since its initial publication in 1995, *Uncommon Sense for Parents with Teenagers* has ushered countless families through the trying years of adolescence. In this fully revised and updated edition, Riera tackles some of the newest issues facing parents and teens, and gives a second look to the old standbys—alcohol and drugs, academics, sex and dating, sports and extracurriculars, eating disorders, making friends, single parenting, divorce, and more. Riera channels his unpatronizing approach and two decades of experience working with teens into this optimistic and indispensable book.

Why Do They Act That Way?: A Survival Guide to the Adolescent Brain for You and Your Teen

by [David Walsh, PhD](#)

Why Do They Act That Way? was the first book to explain the scientific, brain-based reasons behind teens' impulsive behavior, lack of focus, self-consciousness, territoriality, fatigue, and their quickness to anger and take risks—to name just a few common teen problems. All these behaviors are linked to physical changes and growth in the adolescent brain. Ten years ago, there was no Facebook, Instagram, or Snapchat. Now every kid has a smartphone and a Twitter account. Award-winning psychologist Dr. David Walsh has now updated his 2004 classic with the most current research into the adolescent

brain, and he's also updated his guidance for parents and teens on navigating the new challenges of the 24/7 online world.

With real-life stories and reassuring guidance, Walsh provides realistic solutions for dealing with everyday and major challenges. Sample dialogues help teens and parents talk civilly and constructively with one another; behavioral contracts and Parental Survival Kits provide practical advice for dealing with issues like curfews, disrespectful language and actions, and bullying.

Wonderful Ways to Love a Teen: Even When It Seems Impossible

by [Judy Ford](#)

Wonderful Ways to Love a Teen is composed of 60 two-page essays, to help busy parents develop healthy parenting styles. Through practical suggestions and true-life stories, the book teaches readers how to shift the focus from the hardships and the mishaps to the joys and heartfelt moments. With gentle wisdom, honesty, and a healthy dose of good humor, Judy Ford guides parents and teenagers through one of the most difficult times in their relationship.

You and Your Adolescent, New and Revised Edition: The Essential Guide for Ages 10-25

by [Laurence Steinberg, PhD](#)

"Relax! The horror stories you have heard about adolescence are false." This is Dr. Laurence Steinberg's reassuring message to parents in this newly revised edition of his classic book *You and Your Adolescent*, which *Publishers Weekly* says is "filled with solid advice for the parents of adolescents." Among the new topics in this updated edition:

- * An expanded definition of adolescence to age 25, recognizing that college graduates often remain dependent on their parents for an extended period, creating a new parent-child dynamic
- * A discussion of social media that addresses whether parents of preteens and young teens should monitor use of these new communication tools
- * What new research into the adolescent brain tells us about teenage behavior

Articles

What Makes Teens Tick? Time Magazine (163) pages 57-65, May 10, 2004

by [C. Wallis](#)

What Makes Teens Tick? provides some of the scientific details of brain development in humans from conception to the mid-20s. Parents/Guardians who understand the brain's development will be better able to make wise decisions that will help keep their children safe.

Websites

howtoparentateen.wordpress.com (not updated in last 2.5 years...still use?)

How To Parent A Teen is a coaching and consulting business, founded by Karen Vincent, CEC, LICSW, that is designed specifically for parents of teenagers. Articles and postings assist parents of teens in resolving the most challenging issues they are experiencing with their teenager. Through individual and group coaching, as well as through the use of many free resources, parents of teenager get the support and guidance they need to improve communication with their teenager, effectively address their teenager's behavioral issues, gain new ideas and tools for managing situations with their teenager, improve their relationship with their teenager and restore peace of mind during the teenage years.

www.drugfree.org

A website dedicated to reducing teen substance use while supporting families that are impacted by substance use and addiction. Filled with information, statistics, and how-tos, this website is great for parents who are interested in learning more information about drug and alcohol use and obtaining help and support when they fear their child might be using (or is using).

www.mentorfoundation.org

Mentor International is the center of knowledge and information about effective policy and practice, and the access point and disseminator of this learning. Mentor provides a communication link for others working in prevention policy and practice. For those outside of prevention policy and practice, Mentor International provides a glossary of types of drugs as well as the latest research findings related to substance use and abuse.

www.nida.nih.gov

The National Institute on Drug Abuse website provides the latest science-based information about the health effects and consequences of drug abuse and addiction and resources for talking with kids about the impact of drug abuse on health. Glossaries on drug types and consequences are provided as well as information regarding how to seek help (treatment).

www.pbs.org/wgbh/pages/frontline/shows/teenbrain/work/adolescent.html (Article and Video)

It's the mystery of mysteries -- especially to parents -- the unpredictable and sometimes incomprehensible moods and behaviors of the American teenager. Generations of adults have pondered its cause. Hormones? Rock music? Boredom? Drugs? In *Inside the Teenage Brain*, FRONTLINE chronicles how scientists are exploring the recesses of the brain and finding some new explanations for why adolescents behave the way they do. These discoveries could change the way we parent, teach, or perhaps even understand our teenagers.

www.samhsa.gov/about/topics.aspx

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. The website itself provides information pertaining to substance use and abuse as well as challenging mental health concerns. How to obtain substance use treatment or other mental health services is shared as are the programs/campaigns currently funded by the administration.

www.talklineforparents.org

TALK Line Family Support Center offers a safe, respectful and comfortable place where parents and caregivers are supported. Parents and caregivers residing in San Francisco are welcome to use the services regardless of whether a child is present. The TALK Line operates round-the-clock (24 hours a day, 7 days a week, 365 days a year) and has provided service virtually uninterrupted for more than 30 years. Enhanced translation capacity allows the TALK Line to handle critical calls in more than 170 languages. The TALK Line is free of charge for all callers.

The TALK Line's trained volunteer counselors provide early interventions, referrals and support to every parent and caregiver who calls. TALK Line counselors and professional clinical staff provide counseling and support on any topic of concern for a parent or caregiver.

www.youtube.com/watch?v=Xelvtx6HHLg (Adolescent Brain Development Video)

For more than twenty years, National Institute of Mental Health neuroscientist Dr. Jay Giedd has studied the development of the adolescent brain. Decades of imaging work have led to remarkable insight and a more than a few surprises. This five minute video presents Dr. Giedd's findings on the adolescent developing brain.

Copy-Ready Worksheets

Session 1: Coping with Life Stressors

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| 2. Social Support | 119 |
| 3. Stress & Stress Management (2 pages) | 120 |
| 4. Things that May Make You Happy | 122 |
| 5. Decision-Making Styles | 123 |
| 6. 2 Minute Vacation | 124 |
| 7. Square Breathing | 125 |
| 8. Health and Wellness for Teens (5 pages) | 126 |
| 9. Why Exercise is Wise (2 pages) | 131 |
| 10. Goal Setting | 133 |

Session 2: Parenting Teens

PARENT ONLY

- | | |
|--|-----|
| 1. Cognitive Distortions | 134 |
| 2. Eating and Exercise for Teens (4 pages) | 135 |
| 3. Four Areas of Development That Affect Decision-Making | 139 |
| 4. Goal Setting | 140 |

Session 3: Exploring Choices

TEEN ONLY

- | | |
|---------------------------------|-----|
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| 4. Decision Making Scenarios | 144 |
| 5. Ways to Say No Thanks | 145 |
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| 7. Goal Setting | 147 |

Session 4: Getting on the same page

TEEN AND PARENT TOGETHER

- | | |
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| 2. Respectful Arguing | 149 |
| 3. Personal Risk & Protective Factors | 150 |
| 4. Family Change Plan | 151 |

Exploring My Strengths

1. What are some things you are good at or that you like to do?

2. What do others (such as friends, family, teachers, etc.) say are some of your strengths, things you are good at, what do people like about you?

3. Other things you may be good at but you may not have thought about (circle all that apply).

- | | |
|--|----------------------------------|
| 1. Staying calm in a difficult situation | 10. Being musical |
| 2. Being good with children | 11. Being a good friend |
| 3. Being flexible | 12. Being a good listener |
| 4. Relating to animals | 13. Being creative |
| 5. Being a hard worker | 14. Being spiritual |
| 6. Being organized | 15. Being a good role model |
| 7. Being compassionate | 16. Being pretty self-aware |
| 8. Being optimistic | 17. Having a good sense of humor |
| 9. Being able to read people well | 18. _____ (Other) |

4. How do your strengths help you in everyday situations?

5. How could your strengths help you in the future (with friends, family, school, work, etc.)?

6. What area/aspect do you want to enhance in your life? What strength do you want to further develop?

7. What area/aspect do you want to enhance in your life, say become more of a strength for you?

SOCIAL SUPPORT WORKSHEET

1. Who do you think may be able to offer you support?

Suggestions:

- Think of people who have been helpful to you in the past such as friends, family members or other people that you know.
- Find people who are not biased. Those who will not pick sides.
- If you can't think of people who can be of help to you now, think of those who may be helpful later on.

It's beneficial to have several people in your support network. Who do you know that....

- is good at coming up with ideas and activities that are healthy choices (Problem-solver)?
- who listens, is supportive, and understanding (Moral supporter)?
- can help take-off some of the pressure (Load sharer)?
- can answer questions and help to find other resources and information (Information provider)?
- if all else fails, you can always call for help (Emergency back-up)

2. Think of ways that these supportive people can help you. List at least three.

3. Name someone to whom you are supportive. Tell how you support them.

(Adapted from Sampl, S. and Kadden, R. (2001). Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.)

Stress & Stress Management

Teenagers and adults alike may experience stress every day and can benefit from learning stress management skills.

What is stress?

When we view a situation as difficult or painful, our bodies release certain hormones and create changes in our brains and bodies to prepare us to respond to danger.

This "fight, flight, or freeze" response includes faster heart and breathing rate, increased blood to muscles of arms and legs, cold or clammy hands and feet, upset stomach and/or a sense of dread.

Where does stress come from?

Sources of stress vary, but some stress for teens might come from the following:

- Problems with a teacher or class at school
- Negative thoughts and feelings about yourself
- Problems with friends or family
- Problems with students at school
- Problems at home
- Death of a loved one (including pets)
- Moving or changing schools
- Family financial problems

How is stress managed?

- As soon as our mind and body decide that a situation is no longer dangerous, hormones are released again to help us relax and calm down, including slowing down our heart rate and breathing.
- Experts say that an important way to deal with stress is to learn ways that will relax and calm your body and mind. Learning to manage stress helps us feel more confident and improves our ability to concentrate.
- You can decrease stress with the following behaviors and techniques (See below):

Adapted from: The American Academy of Child and Adolescent Psychiatry (AACAP) No. 66; May 2005
http://www.aacap.org/cs/root/facts_for_families/helping_teenagers_with_stress

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Stress & Stress Management

Ideas for relieving or decreasing stress

➤ **Learn relaxation exercises (breathing and muscle relaxation techniques):**

- Take 10 deep, slow breaths before responding.
- Imagine a peaceful setting and focus on controlled, relaxing breathing.
- Focus on slowly tensing and then relaxing each muscle group.

➤ **Express your feelings in a polite but firm way; do not be overly aggressive ("I feel angry when you yell at me", "Please stop yelling.")**

➤ **Learn practical coping skills. For example, break a large task into smaller, easier tasks.**

➤ **Decrease negative self-talk: challenge negative thoughts about yourself with alternative neutral or positive thoughts. "My life will never get better" can be transformed into "I may feel hopeless now, but my life will probably get better if I work at it and get some help".**

➤ **Learn to feel good about doing a "good job" rather than demanding perfection from yourself and others.**

➤ **Rehearse and practice situations which cause stress. Practice with someone you are comfortable with. Then practice using tools that help relieve the stress.**

➤ **Take a break when things get very stressful and do something that makes you happy: What are some things that make you happy?**

Reflect on the "Things that may make you happy" worksheet

Things that may make you happy

1. Taking a long hot bath
2. Going to hear live music
3. Thinking about your future
4. Going for a drive
5. Watching a favorite TV show
6. Hanging out with a boyfriend/girlfriend
7. Going to a movie
8. Going to a park
9. Jogging
10. Going to the mall
11. Going for a walk
12. Writing in a diary
13. Listening to music
14. Sitting in the sun & relaxing
15. Spending time with a child
16. Reading a magazine or book
17. Going on a picnic
18. Hanging out with friends
19. Meditating
20. Painting your nails
21. Playing cards
22. Dancing
23. Seeing or showing photos
24. Rearranging your room
25. Doing word puzzles
26. Making a gift for someone
25. Downloading music
26. Watching sports on TV or going to a game
27. Buying clothes
28. Going out to dinner
29. Working
30. Getting your hair cut or styled
31. Going for coffee or tea
34. Cooking
35. Playing pool
36. Taking your dog for a walk
37. Playing video games
38. Going swimming
39. Talking on the phone
40. Drawing or doodling
41. Getting a massage
42. Exercising
43. Do crossword puzzles, words searches or Sudoku
44. Playing sports
45. Talking with a friend or relative
46. Singing
47. Going bowling
48. Rollerblading or roller skating
49. Playing with a pet
50. Painting
51. Going on a bike ride
52. Doing a puzzle
53. Going shopping
54. Playing a musical instrument
55. Spending time with a pet
56. _____
57. _____

DECISION-MAKING STYLES

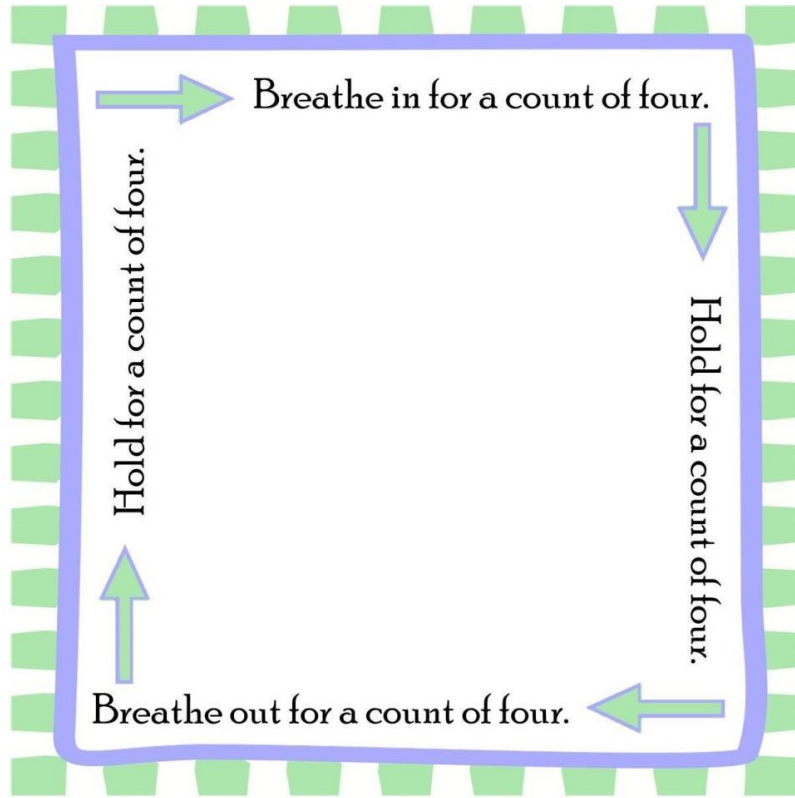
Style	Description	Examples
No-Brainer decision	<ul style="list-style-type: none"> • Facts are the main ingredient • Are low in emotion (no drama) or controversy • Have clear rules that are well-known • Are low risk • Are ones that you can very easily tell if it was a good decision • Factors such as safety are involved 	<ul style="list-style-type: none"> ➤ <i>Making sure the door is locked before I leave the house/apartment</i> ➤ <i>Stopping to look both ways before I cross the street</i> ➤ <i>Putting on my coat when I leave the house in the winter</i>
Over-thinking decision	<ul style="list-style-type: none"> • Decision is set aside while you get more information • All the time spent “thinking” exceeds the value of the decision • The need to collect more information and “think about it” shuts out other important factors involved (e.g., People want my decision by Friday.) • You may feel stuck as you “chew” on a decision longer than necessary 	<ul style="list-style-type: none"> ➤ <i>Trying on 12 different outfits before deciding what to wear on the first day of school</i> ➤ <i>Changing the caption on my photo six times before posting it</i> ➤ <i>Taking an hour to figure out what to eat for dinner</i>
Knee-jerk decision	<ul style="list-style-type: none"> • Quick reaction without hearing available information • You over-react to a situation • Your reaction causes later regret about how the decision was handled • There is strong emotion behind the decision • Available information and others’ input are downplayed 	<ul style="list-style-type: none"> ➤ <i>Hearing that a friend was spreading rumors about me, so I yelled at her (him) during lunch in front of our friends.</i> ➤ <i>Getting grounded by mom, and telling her I hate her and never want to speak to her again.</i> ➤ <i>Breaking-up with my girlfriend (boyfriend), because I thought she (he) was going to break-up with me.</i>
Complex decision	<ul style="list-style-type: none"> • Thoughts from impacted people are considered • You understand what feelings are involved (i.e., anger, sadness) • The main purpose of the decision is kept separate from trivial information • Your final decision is based on being informed and having knowledge 	<ul style="list-style-type: none"> • <i>After taking 4 different tours, & discussing with my parents, I have decided where I am going to college.</i> • <i>Needing money after my parents cut my allowance, I got a part-time job.</i> • <i>My siblings’ regular babysitter cancelled so I said I would babysit Friday night so my parents could go out, even though I really want to be with my friends.</i>

Relax with a *2 Minute Vacation*

1. Close your eyes
2. Take a deep breath
3. Think of a relaxing place
4. Ask yourself to imagine...
 - a. What do you see?
 - b. What do you smell?
 - c. What do you hear?
 - d. What do your hands and feet touch?



Square Breathing



Health and Wellness for Teens

Think about how good it would feel to be stronger and healthier. Taking care of your body can help you look and feel your best. Here are some tips for leading a healthier lifestyle:

- Get moving. Aim for at least 60 minutes of activity each day.
- Pull the plug by limiting screen time on TV, computers, and video games to 1 to 2 hours each day. You may also want to move the TV out of the bedroom.
- Eat smart by getting started with breakfast, and eat 5 to 9 servings of fruits and vegetables a day.
- Choose water or nonfat milk and limit your consumption of soda and sports drinks.

Healthy Eating

If you are concerned about your weight, you are not alone. The number of overweight teens in this country has doubled since 1980. This is mainly due to unhealthy eating habits and not enough exercise. A combination of factors such as genetics, family eating patterns, and other lifestyle habits can contribute to becoming overweight.

Being overweight and out of shape increases your risk for health problems now and later in life. If you are eating foods high in calories, fat, sugar, and salt, this can increase the risk for developing:

- High cholesterol
- High blood pressure
- Asthma
- Type 2 diabetes

Learn to appreciate your changing body. Being active every day is the best way to keep extra weight off and feel great. Your body and mind are changing and growing a lot. You need healthy foods and exercise for strength and energy. Make sure you stay healthy and get more energy by:

- **Fueling up with breakfast every morning.**
- **Getting 5 to 9 servings of fruits and vegetables every day.**
- **Drinking 3 cups of low-fat milk or eating other dairy products.** This will help you get the amount of calcium your body needs every day.
- **Eating at home more often.** Try to sit down to eat a meal with your family or roommates. Households who cook and eat together usually eat healthier, since food you make at home tends to be more nutritious.
- **Preparing for snack attacks.** Keep healthy snacks around for after school or between classes. Pretzels, popcorn, or fruit are all good low-fat choices.
- **Paying attention to portion sizes.** A cup is about the size of your fist. A serving of meat is the size of a deck of cards. You could be eating extra-large helpings without knowing it.

In order to maintain healthy eating habits, there are also some things to avoid:

- **Skipping meals or going too long without eating.** If you are too hungry, you may be more likely to overeat or choose unhealthy foods.
- **"Crash" diets.** You may lose some weight (usually water) but will likely gain it all back, plus more. Remember that diet pills and supplements don't work and can be dangerous.
- **Spending time in front of the screen.** Cut back on screen time (TV, computers, and video games) to no more than 1 or 2 hours a day.
- **Drinking calories.** Sodas are liquid sugar (up to 12 spoonfuls in a can) and have been linked to weight gain. Sweet teas, juice, and sports drinks are all loaded with sugar and extra calories. Cut back or switch to sugar-free drinks or water instead.
- **Alcohol.** Besides adding extra calories, drinking too much alcohol is dangerous.

If you're hanging out with friends after school or on the weekend, you may be going out and eating fast food. If you are going to eat out, you can reduce fat and calories by:

- Ordering food without cheese, sour cream, or mayonnaise. Try ketchup or mustard instead.
- Avoiding deep-fried foods like fries, chips, onion rings, and chicken strips.
- Drinking water or low-fat milk instead of soda.
- Sharing a meal with a friend or ordering smaller sizes.
- Ordering just the sandwich and holding the fries, or trying a side salad instead.

Staying Active

There are lots of reasons to be active – it lifts your mood, adds energy, and makes you look and feel great. And it helps you maintain a healthy weight. Move your body every day using these tips:

- **Try to get 60 minutes** of physical activity each day to be healthy.
- **You don't have to do all of your physical activity at once.** You can break up activities throughout the day.
- **Get more intense physical activity** several times a week.
- **Try walking** instead of getting a ride to school.
- **Take the stairs** instead of the escalator.
- **Try out different activities** and sports until you find the ones that you enjoy.

Being active throughout the day will help you:

- Feel less stressed.
- Boost your mood.
- Build self-confidence.
- Have more energy all day.
- Reach a healthy weight.
- Prevent health problems.

Remember to ask for support. Tell your friends and family you are working on eating well and getting more exercise. You do not have to give up all of the things you like.

When you are ready to make a change, start slowly. Pay attention to how you feel as you add more healthy foods and regular exercise to your day. Remember that small changes that you can stick with add up over time.

Body Image

Many teens try to change their bodies by dieting all the time. Get support from an adult you trust or talk to us so we can help you make the right decisions for your health. Remember that:

- To succeed, set a goal to reach a healthy weight.
- There is no ideal or perfect body.
- Diets do not work.
- Losing weight and keeping it off is a lifetime commitment.

Healthy eating and active living will help you look and feel your best. If you are concerned that you may have a distorted body image or an eating disorder, we can help.

Sleep

As a teenager, you need at least 9 hours of sleep each night for your brain to function properly. Even so, most teenagers do not get enough sleep. You might stay up late watching TV, texting, socializing on the phone or computer, or finishing homework.

You might also not sleep the same amount of time each night. For example, you may stay up late and then sleep in late on the weekends but then get up early again for school during the week. This pattern can interfere with your natural sleep rhythms and affect how well you sleep. You might find yourself lying awake until the early hours of the morning even though you still have to get up early.

Sleep helps you manage stress, concentrate, study, and be successful in daily activities. If you don't get enough sleep, you could end up developing other health problems, such as depression.

If you have trouble sleeping, try to get regular exercise, take a short afternoon nap, and make a "to-do" list to reduce stress and help you sleep better at night. If you continue to have trouble sleeping, make sure to schedule (or ask your parents to schedule) an appointment so we can help.

Causes

There are many reasons why you might not be getting enough sleep. A few common causes are stress and illness. Sleep apnea, a condition where a person temporarily stops breathing during sleep, can cause frequent waking. Depression can also interfere with sleep, or it can occur as a result of not getting enough sleep.

Other causes of sleep problems are nightmares, sleepwalking, and too much acid in your stomach (reflux) that causes heartburn when you lie down.

When you become a teenager, it's also natural to get sleepy later at night and then need to sleep later in the morning. In fact, you may find it difficult to fall sleep before 11:00 p.m. Your body produces a hormone (melatonin) that triggers sleepiness based on your biological (circadian) rhythms. Teens produce melatonin later in the night than younger children or adults. This is why you don't feel sleepy until later in the evening, while younger children and adults may already be sleepy.

Although it's not common, some teenagers develop a sleep problem called narcolepsy. You may suddenly fall asleep during the day without warning. It can also cause you to wake up throughout the night.

Types

The following are symptoms of a few common types of sleep problems:

Insomnia means you have trouble falling or staying asleep. Usually it's caused by stress or illness. Everybody has insomnia once in a while, but if you have insomnia for a month or longer, call us (or have your parents call us) so we can help. Sometimes, you can get insomnia from worrying about not sleeping.

Delayed sleep phase syndrome means you can't get to sleep until the early hours of the morning but still must get up early. You are extremely sleep-deprived and can't perform daily activities.

Depression or "the blues" can interfere with sleep or can be caused by not getting enough sleep.

Sleep apnea means you temporarily stop breathing while you are sleeping because your airway gets blocked or shrinks (narrows). This can happen if your tonsils become inflamed or enlarged or if you are overweight. Symptoms include snoring, problems breathing, sweating during the night, and being really sleepy or grumpy during the day.

Reflux means that acid from your stomach moves up your esophagus when you lie down. It causes burning (heartburn) and sometimes produces a small amount of vomit in your throat.

Narcolepsy means that you suddenly fall asleep during the day without warning. You may also frequently wake up throughout the night. It can be dangerous to be driving a car or performing another task and suddenly fall asleep.

If you have symptoms of any of these conditions or if you are consistently not able to get enough sleep each night, be sure to let your parents or an adult know.

Symptoms and Diagnosis

Lack of sleep affects your brain and your body. It can cause problems with concentration, make you feel moody, lead you to perform poorly in school or other activities, and may even cause you to develop behavioral problems. A lack of sleep can also cause acne, unhealthy eating, and weight gain.

It may also make you feel like you want to drink caffeine, alcohol, or use nicotine, which can make sleep problems worse.

Prevention

Getting regular exercise during the day can help you sleep better at night. A short nap during the day might also help you function better. Just make sure you don't nap too close to your regular bedtime. It helps if your room is dark, quiet, and not too warm. Avoid drinking caffeine and energy drinks, exercising, or eating close to bedtime. It also helps to stay off the computer or phone, and avoid watching TV. Screen time too close to bedtime can overstimulate the brain and make it harder to get restful sleep.

To fight the natural tendency to fall asleep later and wake up later, try to set a routine that lets you relax before bedtime. This might include listening to soft or gentle music, writing in a journal, or reading. Avoid video games, TV, computer, phone, or any activity that will stimulate your mind. Try to stick to a regular sleep schedule as much as possible, even on the weekends.

Try to finish your homework early instead of saving it for later in the evening. It may help to keep a "to do" list so you don't suddenly remember an assignment late in the evening. Writing down the things you need to do can also prevent you from worrying about them while you are sleeping.

Treatments

Using a special type of light, known as light therapy, may reset your body's sleep patterns and reduce symptoms of depression. Light therapy can be helpful for certain kinds of sleep problems. Treatment involves sitting in front of a special light for a certain period of time each day.

Also try to follow good prevention measures, such as not watching TV, texting, or playing video games right before you go to bed. Avoid drinking caffeine, especially after dinner. Make sure your room is comfortable and dark at bedtime.

There are many ways you can improve your sleep patterns and get better sleep. Getting the right amount of sleep may help you concentrate, get better grades, and be able to enjoy your daily activities more.

TeensHealth.org

A safe, private place to get doctor-approved information on health, emotions, and life.



Why Exercise Is Wise

You've probably heard countless times how exercise is "good for you." But did you know that it can actually help you feel good, too? Getting the right amount of exercise can rev up your energy levels and even help improve your mood.

Rewards and Benefits

Experts recommend that teens get 60 minutes or more of moderate to vigorous physical activity each day. Here are some of the reasons:

- **Exercise benefits every part of the body, including the mind.** Exercising causes the body to produce endorphins, chemicals that can help a person to feel more peaceful and happy. Exercise can help some people sleep better. It can also help some people who have mild depression and low self-esteem. Plus, exercise can give people a real sense of accomplishment and pride at having achieved a certain goal — like beating an old time in the 100-meter dash.
- **Exercising can help you look better.** People who exercise burn more calories and look more toned than those who don't. In fact, exercise is one of the most important parts of keeping your body at a healthy weight.
- **Exercise helps people lose weight and lower the risk of some diseases.** Exercising to maintain a healthy weight decreases a person's risk of developing certain diseases, including type 2 diabetes and high blood pressure. These diseases, which used to be found mostly in adults, are becoming more common in teens.
- **Exercise can help a person age well.** This may not seem important now, but your body will thank you later. Women are especially prone to a condition called osteoporosis (a weakening of the bones) as they get older. Studies have found that weight-bearing exercise — like jumping, running, or brisk walking — can help girls (and guys!) keep their bones strong.

The three components to a well-balanced exercise routine are: aerobic exercise, strength training, and flexibility training.

Aerobic Exercise

Like other muscles, the heart enjoys a good workout. You can provide it with one in the form of aerobic exercise. Aerobic exercise is any type of exercise that gets the heart pumping and quickens your breathing. When you give your heart this kind of workout regularly, it will get stronger and more efficient

in delivering oxygen (in the form of oxygen-carrying blood cells) to all parts of your body.

If you play team sports, you're probably meeting the recommendation for 60 minutes or more of moderate to vigorous activity on practice days. Some team sports that give you a great aerobic workout are swimming, basketball, soccer, lacrosse, hockey, and rowing.

But if you don't play team sports, don't worry — there are plenty of ways to get aerobic exercise on your own or with friends. These include biking, running, swimming, dancing, in-line skating, tennis, cross-country skiing, hiking, and walking quickly. In fact, the types of exercise that you do on your own are easier to continue when you leave high school and go on to work or college, making it easier to stay fit later in life as well.

Strength Training

The heart isn't the only muscle to benefit from regular exercise. Most of the other muscles in your body enjoy exercise, too. When you use your muscles and they become stronger, it allows you to be active for longer periods of time without getting worn out.

Strong muscles are also a plus because they actually help protect you when you exercise by supporting your joints and helping to prevent injuries. Muscle also burns more energy when a person's at rest than fat does, so building your muscles will help you burn more calories and maintain a healthy weight.

Different types of exercise strengthen different muscle groups, for example:

- For arms, try rowing or cross-country skiing. Pull-ups and push-ups, those old gym class standbys, are also good for building arm muscles.
- For strong legs, try running, biking, rowing, or skating. Squats and leg raises also work the legs.
- For shapely abs, you can't beat rowing, yoga or pilates, and crunches.

Flexibility Training

Strengthening the heart and other muscles isn't the only important goal of exercise. Exercise also helps the body stay flexible, meaning that your muscles and joints stretch and bend easily. People who are flexible can worry less about strained muscles and sprains.

Being flexible may also help improve a person's sports performance. Some activities, like dance or martial arts, obviously require great flexibility, but increased flexibility can also help people perform better at other sports, such as soccer or lacrosse.

Sports and activities that encourage flexibility are easy to find. Martial arts like karate also help a person stay flexible. Ballet, gymnastics, pilates, and yoga are other good choices. Stretching after your workout will also help you improve your flexibility.

ESTABLISH GOALS WORKSHEET

1. The changes that I will work on are:

CHANGE GOAL (what needs to be changed)

2. The steps I plan to take in changing are:

3. The ways other people can help me are:

Possible ways they can help me
A.
B.

4. Some things that could interfere with the plan are:

5. I will address those obstacles by:

Cognitive Distortions

Cognitive Distortion		Explanation
1	Catastrophize or Minimize	Exaggerate the importance of your mistakes or imperfections, do this to others, or minimize your academic achievements, good qualities, and those of others.
2	Jump To Conclusions	Interpret events negatively even if there's no support for your conclusion.
3	All-Or-Nothing Thinking	See things in absolute categories. For example, if your grades aren't perfect, you believe you are a total failure.
4	Mental Filter	Select a single negative detail and dwell on it so exclusively that it colors reality like one drop of ink colors a whole glass of water.
5	Mind Reading	Assume you know what others are thinking and that people are reacting negatively to you.
6	Emotional Reasoning	Assume that your emotions necessarily reflect reality. An example is, "I feel like an idiot therefore I must be one."
7	Disqualify The Positive	Ignore positive accomplishments and focus on negatives that prevent seeing or enjoying your successes.
8	Fortune Telling	Anticipate that things will turn out badly and convince yourself that your prediction will become fact, and then act accordingly.
9	Labeling	Involves emotionally loaded language. Instead of trying to fix an error or situation, you attach a negative label to yourself such as, "I am a terrible learner." When other people annoy you, you attach a negative label such as, "What a total @\$%^!"
10	Overgeneralization	View a single negative event as a predictable pattern for a future of never-ending negative events.
11	Personalization	See yourself as causing a negative outcome even if in reality you are not responsible.
12	"Should" Statements	Try to motivate yourself with "shoulds", "ought to's", and "need to" statements. The emotional consequence is ineffectiveness, guilt, and depression. You apply your "shoulds" to other students and when unmet, you feel resentment or disappointment.

Eating & Exercise For Teens

The number of overweight teens in this country has doubled since 1980. This is mainly due to unhealthy eating habits and not enough exercise. A combination of factors such as genetics, family eating patterns, and other lifestyle habits can contribute to becoming overweight.

Being overweight and out of shape can increase a teen's risk for health problems now and later in life. If they are eating foods high in calories, fat, sugar, and salt, this can increase the risk for developing:

- High cholesterol
- High blood pressure
- Asthma
- Type 2 diabetes

It is important to help your teen to continue to develop healthy habits that will lay the groundwork for health and well-being throughout their lifetimes. Here are some tips for leading a healthier lifestyle.

Healthy Eating

Being active every day is the best way to keep extra weight off and feel great. Teens' bodies and minds are changing and growing a lot. They need healthy foods and exercise for strength and energy.

- Fueling up with breakfast every morning.
- Getting 5 to 9 servings of fruits and vegetables every day.
- Drinking 3 cups of low-fat milk or eating other dairy products. This will help them get the amount of calcium they body needs every day.
- Eating at home more often. Try to sit down to eat a meal with your family or roommates. Households who cook and eat together usually eat healthier, since food made at home tends to be more nutritious.
- Preparing for snack attacks. Keep healthy snacks around for after school or between classes. Pretzels, popcorn, or fruit are all good low-fat choices.
- Paying attention to portion sizes. A cup is about the size of your fist. A serving of meat is the size of a deck of cards. Teens could be eating extra-large helpings without knowing it.

In order to maintain healthy eating habits, there are also some things to avoid:

- Skipping meals or going too long without eating. If they are too hungry, they may be more likely to overeat or choose unhealthy foods.
- "Crash" diets. They may lose some weight (usually water) but will likely gain it all back, plus more. Emphasizing that diet pills and supplements don't work and can be dangerous.
- Spending time in front of the screen. Cut back on screen time (TV, computers, and video games) to no more than 1 or 2 hours a day.

- Drinking calories. Sodas are liquid sugar (up to 12 spoonsful in a can) and have been linked to weight gain. Sweet teas, juice, and sports drinks are all loaded with sugar and extra calories. Cut back or switch to sugar-free drinks or water instead.
- Alcohol. Besides adding extra calories, drinking alcohol is dangerous.

If teens are hanging out with friends after school or on the weekend, they may be going out and eating fast food. If they are going to eat out, they can reduce fat and calories by:

- Ordering food without cheese, sour cream, or mayonnaise. Trying ketchup or mustard instead.
- Avoiding deep-fried foods like fries, chips, onion rings, and chicken strips.
- Drinking water or low-fat milk instead of soda.
- Sharing a meal with a friend or ordering smaller sizes.
- Ordering just the sandwich and holding the fries, or trying a side salad instead.

Staying Active

There are lots of reasons to be active – it lifts your mood, adds energy, and makes you look and feel great. And it helps to maintain a healthy weight. Encourage teens to move their body every day using these tips:

- Try to get 60 minutes of physical activity each day to be healthy.
- Don't feel pressured to do all of 60 minutes of physical activity at once. Break up activities throughout the day, if needed.
- Get more intense physical activity several times a week.
- Try walking instead of getting a ride to school.
- Take the stairs instead of the escalator.
- Try out different activities and sports.

Being active throughout the day will help them to:

- Feel less stressed.
- Boost their mood.
- Build self-confidence.
- Have more energy all day.
- Reach a healthy weight.
- Prevent health problems.

It's important to start slowly when trying to make a change. Remember that small changes will add up over time.

Body Image

Many teens try to change their bodies by dieting all the time. They need support from you or another adult they trust or talk to, to help make the right decisions for their health. Remember that:

- To succeed, they should set a goal to reach a healthy weight.

- There is no ideal or perfect body.
- Fad diets do not work.
- Losing weight and keeping it off is a lifetime commitment.

Healthy eating and active living will help them look and feel their best. If you are concerned that your child may have a distorted body image or an eating disorder, you should discuss this with them and a professional, such as their physician.

Sleep

New research is finding out how critical healthy sleep is to everyone, especially teenagers. Teenagers need around 9 hours of sleep each night for their brains to function properly. Even so, most teenagers do not get enough sleep. They might stay up late watching TV, texting, socializing on the phone or computer, or finishing homework.

They might also not sleep the same amount of time each night. For example, they may stay up late and then sleep in late on the weekends but then get up early again for school during the week. This pattern can interfere with their natural sleep rhythms and affect how well they sleep. They might find themselves lying awake until the early hours of the morning even though they still have to get up early.

Sleep helps manage stress, concentrate, study, and be successful in daily activities. Not getting enough sleep can contribute to developing other health problems, such as depression.

Trying to get regular exercise, taking a short afternoon nap, and making a “to-do” list to reduce stress can help people sleep better at night. If they continue to have trouble sleeping, you and your child should consider talking to a health care professional.

Causes

There are many reasons why they might not be getting enough sleep. A few common causes are stress and illness. Sleep apnea, a condition where a person temporarily stops breathing during sleep, can cause frequent waking. Depression can also interfere with sleep, or it can occur as a result of not getting enough sleep.

Other causes of sleep problems are nightmares, sleepwalking, and too much acid in your stomach (reflux) that causes heartburn when you lie down.

When children become teenagers, it’s also natural to get sleepy later at night and then need to sleep later in the morning. In fact, they may find it difficult to fall sleep before 11:00 p.m. Their body produces a hormone (melatonin) that triggers sleepiness based on your biological (circadian) rhythms. Teens produce melatonin later in the night than younger children or adults. This is why they don’t feel sleepy until later in the evening, while younger children and adults may already be sleepy.

Although it's not common, some teenagers develop a sleep problem called narcolepsy. They may suddenly fall asleep during the day without warning. It can also cause them to wake up throughout the night.

Lack of sleep affects the brain and the body. It can cause problems with concentration, cause moodiness, poor school performance, and may even cause behavioral problems. A lack of sleep can also cause acne, unhealthy eating, and weight gain. It may also make teens crave caffeine, alcohol, or nicotine, which can make sleep problems worse.

Prevention

Getting regular exercise during the day can help people to sleep better at night. A short nap during the day might also help teens function better. Just make sure not to nap too close to their regular bedtime. It helps if the bedroom is dark, quiet, and not too warm. Avoid drinking caffeine and energy drinks, exercising, or eating close to bedtime. It also helps to stay off the computer or phone, and avoid watching TV. Screen time too close to bedtime can overstimulate the brain and make it harder to get restful sleep.

To fight the natural tendency to fall asleep later and wake up later, encourage teens to set a routine that lets them relax before bedtime. This might include listening to soft or gentle music, writing in a journal, or reading. Avoid video games, TV, computer, phone, or any activity that will stimulate their mind. You might want to establish a "no electronics after 10:00 pm" rule. They should try to stick to a regular sleep schedule as much as possible, even on the weekends.

They should try to finish their homework early instead of saving it for later in the evening. It may help to keep a "to do" list so they don't suddenly remember an assignment late in the evening. Writing down the things they need to do can also prevent them from worrying about them while they are sleeping.

FOUR AREAS OF DEVELOPMENT THAT AFFECT DECISION MAKING

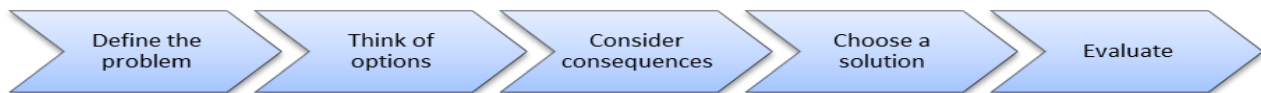
Development in each particular area occurs differently for each adolescent. These domains do not all have the same amount of influence on decision-making.

Physical Development

Hormonal changes are occurring throughout the body, which begins the process of puberty to sexual maturity. This change can begin at different ages for all adolescents. Because of the different time of onset, it's important to recognize that it may cause self-consciousness for those that begin early or late. During this time, you may also become more attracted to others and become concerned about your appearance. But how does this affect your decision-making? You may tend to make decisions to appear attractive, look good, or prevent yourself from looking ugly or undesirable in front of your peers. It can also be hard to make choices when you're trying to impress someone, and not always thinking rationally.

Cognitive Development

During this stage of development, your thinking skills improve! You're beginning to be able to think about several things at once, think abstractly (outside of the box), and about the future. You gain the ability to think rationally about emotions, which will help you make more logical choices. But how does this affect your decision-making? Cognitive development provides you the ability to think through decisions, and not rely solely on emotions. It also helps you brainstorm and compare different solutions to a problem before making a final decision. Below illustrates how cognition plays a role.



Socio-emotional Development

During this stage of development, peer relationships become more important, and you want to spend more time with friends. You may try on different identities to see which fits best, by exploring different interests or friend groups. But how does this influence decision-making? Maintaining your social connections may become your primary motivation for decision-making. Remember: exploration of your identity during this time is an important, health step in the development of your adolescence.

Moral Development

During this stage of development, you start to internalize and take ownership of values and/or religious beliefs. You may move beyond your parents' beliefs, and begin to define what is important to your own life and identity. It becomes easier to understand that things are not always "black and white", which in result, helps you comprehend others' perspectives and empathize more. But how does this affect decision making? During this time, your choices are no longer based on "following the rules". You may begin to consider why rules exist, and whether or not they are worth following. You may also worry about how your decisions may affect current relationships, and you take other's feelings into consideration before making a choice.

This information came in part from Zeldin, S., Mook, C., Mahon, S., & O'Connor, C. (2004).

ESTABLISH GOALS WORKSHEET

1. The change(s) that I will work on are:

CHANGE GOAL (what needs to be changed)

2. The steps I plan to take in changing are:

3. The ways other people can help me are:

GOAL	Possible ways they can help me
A.	
B.	

4. Some things that could interfere with the plan are:

5. I will address those obstacles by:

Advantages of Not Using Drugs

- Keep your head clear
- Better relationship with family
- Feel better physically
- Save money
- Would not have to hide it anymore
- Feel better about yourself
- Think more clearly
- More time to enjoy hobbies, sports, etc.
- Not have to worry about getting kicked off sports teams or benched
- Better able to control moods and feelings
- Good for my weight (less calories)
- Don't have to worry about making a fool of yourself at parties
- Don't wake up wondering what happened the night before
- No more hangovers
- Self-confidence from overcoming the urge to use
- Wouldn't have a bad reputation
- Wouldn't regret things
- Health reasons
- Improved communication skills – not so snappy
- Better sleep
- Not so worried about others knowing
- Improved relationships with others, including family
- More time for yourself and your family and friends
- Able to plan for your future more clearly
- No worries about embarrassing/incriminating pictures showing up on Facebook, Instagram, etc.



PROS AND CONS OF SUBSTANCE USE

1. Let's talk about the *positive* things that happen when people use alcohol and other drugs. Why do you think people like to use alcohol or other drugs?

- A. _____
- B. _____
- C. _____

2. Now let's talk about the *negative* things that occur when people use alcohol and other drugs. What do you think can be a negative thing when a person uses alcohol or other drugs?

- A. _____
- B. _____
- C. _____

3. Now, let's think about the positive things that happen when people **avoid** using alcohol or other drugs. What are good things about NOT using?

- A. _____
- B. _____
- C. _____

4. Similarly, are there any negative things about **avoiding** drug & alcohol use? What could be not-so-good things about NOT using?

- A. _____
- B. _____
- C. _____

My friends' attitudes toward alcohol/drug use are: _____

My family's attitudes toward alcohol/drug use are: _____

How do the attitudes of all these people affect my decisions to use or not use?

REASONS AND ALTERNATIVES WORKSHEET

POSSIBLE TRIGGERS/REASONS: Things that might make you want to make risky choices (circle reasons that apply to you)	POSSIBLE ALTERNATIVES: What are other activities/alternatives that you could do to manage the trigger in a healthy way?
<p>Boredom – feeling that there is nothing else to do that is worthwhile. Choosing unhealthy/unsafe activities to make the boredom pass more quickly or to make boring activities seem more fun.</p>	
<p>Escape – to avoid uncomfortable situations, arguments, memories, or actual physical pain. Also called self-medicating.</p>	
<p>Relaxation – to unwind and reduce tension.</p>	
<p>Socialization – engaging in risky activities to help to reduce uncomfortable feelings and to help relax in a social situation</p>	
<p>Improved self-image – to make one’s self look better in the eyes of others.</p>	
<p>Attraction or Romance – to invoke excitement or the feeling of being in love or having someone be attracted to you.</p>	
<p>To heck with it – feeling that nothing matters and there is no reason to <i>not</i> do it.</p>	
<p>No control – feeling that it’s too much effort to fight the urge to drink, use drugs, or other unsafe behaviors.</p>	
<p>Other reasons:</p>	

DECISION-MAKING SCENARIOS

1. You had a really hard day: You got an “F” on your test, your best friend has turned on you and you are really frustrated. How would you have handled this situation in the past? Is there another way/healthier way that you could handle this situation? What would it take to make you decide to act on a healthier option?

2. You have a big presentation in front of the entire class tomorrow. You are really nervous and are having a hard time falling to sleep. What have you done in the past to relieve this anxiety? What else could you do?

3. You are at a party with your friends and someone passes you a blunt. You know that your parents will be very upset if you smoke. What would your first reaction be? Is there another way/healthier way that you could handle this situation? What would it take to make you decide to act on a healthier option?

4. Considering the decision-making styles we just discussed, how do you make a decision when you are on-the-spot, faced directly with a problem? How well does that decision-making style work for you? If you changed your decision-making style, how might the outcomes be different?

Ways To Say “No Thanks”

- Give a reason or excuse (e.g., “No thanks, I have a test/big game tomorrow”).
- Use your health as an excuse – (e.g., “I’m fighting off a cold – I don’t feel like it tonight”, “I’m allergic to smoke”).
- Use your parents as an excuse – “My parents are on my back about using and they’re going to test me if they get suspicious”. Or, “My parents are super strict and would be furious if they caught me.”
- “Not now, I’m not ready.”
- Just say “no thank you” and leave it at that.
- Broken record – keeping saying “no” over and over again.
- Walk away – ignore the person and the situation.
- Avoid the situation – if you know there will be drugs/alcohol at the party don’t go.
- Change the subject – start talking about something else.
- Strength in numbers – be with friends that you can trust.
- Use humor – make a joke of the situation.
- Reverse the pressure - (e.g., “If you want a beer, go ahead and get one”).
- Be honest- tell them you are not into it (e.g., “It’s just not my thing”).
- Suggest an alternative – try something else to do.

ESTABLISH GOALS WORKSHEET

1. The change that I will work on:

CHANGE GOAL (what needs to be changed)

2. The steps I plan to take in changing are:

3. The ways other people can help me are:

Possible ways others can help me
A.
B.

4. Some things that could interfere with the plan are:

5. I will address those obstacles by:

Six Steps: Effective Communication in Stressful Situations

Step One – “I care”

Tell the other person that you care about him or her. Attempt to build upon your relationship to help to reduce the potential defensiveness in your child. An example of this approach is, “I care about you and I don’t want you to get hurt.”

Step Two – “I see”

In this step, you need to tell the person what they have done that has caused you concern. Just give the facts, not your opinion, based upon what you have seen or found. An example of this is, “when you came in last night you were three hours late and smelled like alcohol”.

Step three – “I feel”

This is where you tell person about how this behavior or discovery has made you feel. Be sure to take away any blame from this step. For example, “I felt really concerned that something bad may have happened to you.”

Step four – “Listen”

This is one of the most important steps. You will need to listen to what the other person has to say about the situation. Some may not say anything at all at this point but it is useful to allow this opportunity for the other person to tell their side. It is possible that they are not ready to talk. You can tell them that you are available to listen to what they have to say at another time.

Step five – “I want”

After hearing the other person’s side, you need to tell them what you want to happen next and what you want them to do. For example, “I don’t want you to use drugs at all.” Reinforce that you “want” him or her to visit a therapist if the problem does not get better.

Step six – “I will”

This final step is where you tell the person what you will and will not do in order to help with this problem. Some may choose to be available to just listen when the person chooses to discuss the issue. Others may choose to make an appointment with a mental health or chemical health counselor. The best time to talk is when you have calmed down from the initial shock of the situation. You will need to find a place to talk where you cannot be interrupted. The time to talk is not while anyone involved in the conversation is under the influence of drinking or using other drugs.

(Adapted from *Walking the Talk: A Program for Parents about Alcohol, Tobacco and Other Drug Use and Nonuse - A Participant Workbook*. Developed by The Center for Substance Abuse Prevention, Rockville, MD, 2001).

Respectful Arguing

Stay on the topic

No “kitchen sinking.” Stay on topic - do not bring everything but the kitchen sink into the argument.

If another topic comes up, save it and state that you can discuss it at another time.

Put boundaries around the subject matter so the argument doesn’t become a free-for-all.

Avoid character assassination

No put downs/name calling/use of “shut up”.

Use “I feel” statements. (“When you do __, I feel ____.”).

Allow for retreat

State that you need a break/space, if you need to calm down or rethink the situation.

Agree to come back to discussion if needed at a later point.

Retreat may not be used to “run away” from the conversation; agree on a reasonable time to return to the conversation.

Use good listening skills

Listen intently and repeat what you understand the other person has said.

Verify correctness of interpretation of what was said.

Take turns – really.

Don’t interrupt.

Keep your body in check

Be aware of your body (how loud are you talking, what is your body posture).

Take a few deep breaths.

Count to ten to prevent an explosion.

Respect physical boundaries/proximities.

Choose your battles

You don’t need to have an argument over every little thing you don’t agree with about the other person’s behavior.

Remember to look for the positive things too.

Watch for clues of an escalating situation, such as rising voices, aggressive body postures, etc.

Recognize if you’re “pushing buttons”.

Try to deescalate the situation by talking slowly, quietly, and calmly.

Agree to disagree.

Have a release when discussion is complete

Engage in a healthy activity to help your body release the stress:

Take a walk, play a video game, take a bath, listen to music, do something physical.

Do not turn to drugs or alcohol to help you release the stress, because that method of stress relief can cloud your judgment and reasoning of the situation, as well as compound the problem.

Factors that may increase PROTECTION from having problematic use	Factors that may increase RISK of having problematic use
<ul style="list-style-type: none"> • Feeling connected with and valued by family and other significant adults • High educational goals and expectations • Strong bonds w/ social organizations (school, community, extra-curricular activities, church) • Parent involved with child's activities • Parents who discuss expectations/consequences for using alcohol or other drugs • Personal disapproval of alcohol or other drug use • Parental supervision • Involvement in activities that provide joy, self-esteem, prevent idle time • Parental follow-through on consequences 	<ul style="list-style-type: none"> • Early age of first alcohol or other drug use (age 13 or younger) • Difficulty coping with problems • Experiences depression, anxiety, aggression, or impulsivity (to a greater degree than others) • Thoughts or feelings of being unloved • Low levels of parental supervision, monitoring, & follow-through with consequences • Perception that others (peers, family, community) approve of drug use or find it amusing • Associating with friends/peers who are getting in trouble • Chaotic home environment • Past or current drug or alcohol problems within the family • Past or current abuse or neglect

Family Change Plan

1. The changes that WE will work on are:

CHANGE GOAL (what needs to be changed)
A. (PARENT CHOICE)
B. (ADOLESCENT CHOICE)

2. The steps WE plan to take in changing are:

3. The ways other people can help us are:

Goal	Possible ways they can help
A.	
B.	
C.	

4. Some things that could interfere with the plan are:

5. WE will address those obstacles by:

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