

Supporting the Whole Child: Connecting Brain Health, Systems, and Practice

Supporting Youth Substance Use Prevention and Early Intervention in Schools and Communities

April 30th, 2026
Session #2



What This Series Is

- An ongoing, twice-monthly learning series
- Grounded in the Whole School, Whole Community, Whole Child (WSCC) framework
- Interactive and case-based (not just presentations)
- Designed for multiple disciplines and perspectives
- Focused on real-world practice and collaboration

A space to learn, share, and problem-solve together in support of the whole child



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Today's Session

- Teaches professionals how to **identify and respond to youth substance use risk** using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) framework and **interdisciplinary implementation strategies** within school and community settings.
- Counseling, Psychological, and Social Services



Learning Objectives

1. Describe approaches to early identification and response to youth substance use in school and community settings.
2. Identify practical strategies for implementing structured screening, brief intervention, and referral to treatment (SBIRT) approaches across systems.
3. Apply interdisciplinary problem-solving to real-world challenges related to youth substance use prevention and early intervention.



Why is Alcohol and Other Substance Use Prevention and Intervention Important?

The younger a person initiates substance use, the higher the risk for:

- Developing substance use disorder
- Death due to unintentional injury, suicide, and homicide



9 in 10 people who meet the criteria for a substance use disorder began using substances before age 18.



Substance use can have lasting effects on the developing brain.

Impaired memory, attention and quick importation processing, and executive functions.



Decrease in cognitive functioning, particularly learning and sequencing.



Substance use during adolescence **increases risk** of negative personal, social, and health outcomes.



SBIRT Overview



What is Screening, Brief Intervention, and Referral to Treatment (SBIRT)?

SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

- SAMHSA

- Evidence-based practice used by nonclinical and clinical professionals
- Integrated in a wide variety of settings
- Still new for many professionals

www.samhsa.gov/substance-use/treatment/sbirt

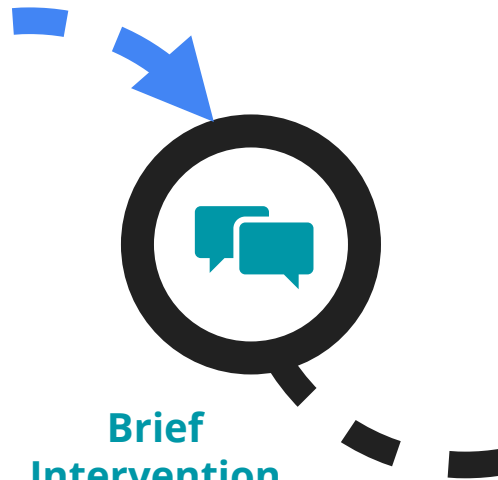


SBIRT is one of the leading ways to help reduce the impact of alcohol and other substance use.



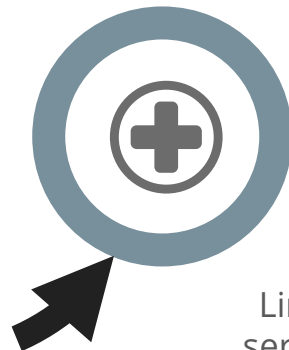
Screening

Process of identifying substance use risk, including risk of SUD.



Brief Intervention

A collaborative conversation focused on behavior change to reduce substance use risk.

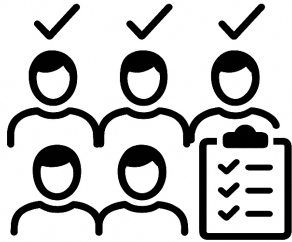


Referral to Treatment and Follow-up

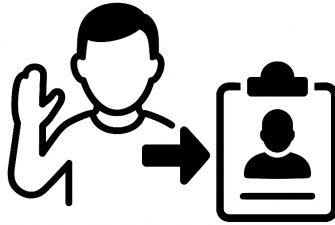
Linking to specialized services and resources, including treatment, and regularly checking in to facilitate sustained access.



Types of Screening



**Universal
Screening**



**Targeted
Screening**



**Indicated
Screening**



CRAFFT 2.1+N

The **CRAFFT** family of tools are the most popular substance use screening tools for youth.

Learn more: <https://crafft.org/>

The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none. # of days
2. Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "synthetic marijuana" (like "K2," "Spice")? Put "0" if none. # of days
3. Use anything else to get high (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none. # of days
4. Use a vaping device* containing nicotine and/or flavors, or use any tobacco products? Put "0" if none.
*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches. # of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.
- If you put "1" or more for Questions 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW.
- If you put "1" or more for Question 4 above, ANSWER ALL QUESTIONS ON BACK PAGE.

Circle one

5. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? **No** **Yes**
6. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? **No** **Yes**
7. Do you ever use alcohol or drugs while you are by yourself, or ALONE? **No** **Yes**
8. Do you ever FORGET things you did while using alcohol or drugs? **No** **Yes**
9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? **No** **Yes**
10. Have you ever gotten into TROUBLE while you were using alcohol or drugs? **No** **Yes**



Brief Intervention

If screening indicates use, brief, solution-focused motivational interventions can be very effective in helping to reduce or stop problematic substance use.

O

Open-ended questions

A

Affirmations

R

Reflective listening

S

Summary reflections

Often immediately follows screening. A gap of a few days or a week may not dilute the effectiveness. **Avoid delays**

Short Duration: Ranges from < 5 min. to 10-15 min.

Brief, non-judgmental, structured conversation that draws on **Motivational Interviewing skills (OARS)** to evoke motivation, elicit and strengthen **Change Talk**, and empower youth to adopt health-promoting behavior.



Brief Negotiated Interview (BNI)

1.Engagement

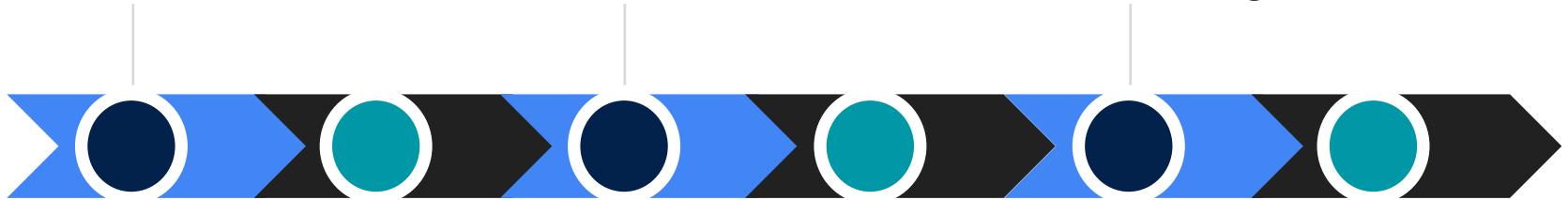
- Ask Permission
- Build Rapport

3.Feedback

- Ask permission
- Provide information/ normative feedback
- Elicit response

5.Negotiate Action Plan

- Write down Action Plan
- Envisioning the future
- Exploring challenges/supports
- Drawing on past successes
- Benefits of change



2.Pros and Cons

- Explore pros and cons
- Use reflective listening
- Summarize/ highlight discrepancy

4.Readiness Ruler

- Readiness Ruler
- Reinforce positives
- Envisioning change

6.Summarize and Thank

- Summarize
- Provide handouts
- Give action plan
- Thank the youth
- Schedule follow up

BNI Resources

Potential consequences of alcohol and drug use:

Alcohol use is related to the most common causes of injury and death among adolescents.

How much is one drink?

Any Drink Containing about 14 Grams of Alcohol
www.aa.org/Recovery/meaning/14gramsAA/BNI.pdf

Risk Levels

- Never/No use = No risk.
- Once or twice in past year = Low risk.
- Monthly use = Moderate risk.
- Weekly or more = High risk.

Adapted from SBIRT

What is binge drinking?

	YEARS	DRINKS IN A SITTING
FEMALES	9-17	3
	18-24	4
	25-31	5
MALES	9-13	3
	14-15	4
	16-17	5

HOW IMPORTANT IS IT TO YOU? | HOW READY ARE YOU? | HOW CONFIDENT ARE YOU?

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 EXTREMELY

01 RAISE THE SUBJECT Build rapport: Explore how things are going. Ask permission: "Would it be ok to discuss your answers to the alcohol and drug questions?"

02 PROVIDE FEEDBACK

- Review reported responses. Reinforce positive choices: "It's great that you've chosen not to use alcohol or drugs at this stage of your life. What made you make that decision?"
- Provide feedback: "Alcohol/marijuana use can be especially harmful at this stage of your life when your brain is still developing..."
- Recommend abstinence: "Because I care about your well-being, the best choice is to completely avoid alcohol and drugs at this time in your life."
- Elicit response: "What do you think about this information?"

03 ENHANCE MOTIVATION

- Explore pros and cons: "What do you like about drinking/using marijuana?" "What are some of the not so good things about drinking/using marijuana?" Summarize both sides.
- Explore readiness to change: "On a scale where 0 is not at all ready and 10 is very ready, how ready are you to stop drinking/using marijuana?" Respond: "What made you choose x and not a lower number?"
- Reasons to change: "What are some of the best reasons you can think of to avoid alcohol/marijuana?"

04 NEGOTIATE AND ADVISE

- Reinforce autonomy: "What you choose to do is up to you." Elicit input from adolescent: "What next steps would you like to take?"
- Negotiate a goal.
- Harm reduction: Contract for Life (if 'yes' to car question). Ask: "What steps could you take to reduce harms from alcohol or drug use?"
- Assist with developing a plan. Address co-occurring mental health and other issues.
- Arrange follow-up: depends on level of risk.
- Thank them.

OPTIONS FOR MORE HELP
Referral • www.colorado.gov/ladders

This guide can be used for other risky behaviors, such as tobacco or illicit drug use. ©2018
ONE CHOICE: WITH THE SUPPORT OF SBIRT in Colorado

Original content developed with funding from SAMHSA and Colorado Office of Behavioral Health. SBIRT in Colorado | 303.369.0039 ext. 245 | www.SBIRTcolorado.org

BNI Pocket Cards

Youth BNI Algorithm		
BNI Steps	Elements	Example Dialogue
Engagement	<ul style="list-style-type: none"> • Ask permission • Build rapport 	<ul style="list-style-type: none"> • "Would you mind taking a few minutes to talk about your [use of X, answers to the questions about substance use]?" • "Before we start, would you mind telling me a little bit about yourself?" "What is a typical day like for you? What do you do for fun?" • "What are the most important things in your life right now?" • "Tell me about when you first used [X, e.g., alcohol, marijuana]. What was it like for you?"
Pros and Cons	<ul style="list-style-type: none"> • Explore pros and cons • Use reflective listening • Summarize/ highlight discrepancy 	<ul style="list-style-type: none"> • "I'd like to understand more about your use of [X]. What do you enjoy about [X]? What are the good things about using [X]? What else?" • "What do you enjoy less about [X] or regret about your use?" "What is not so good about using [X]?" • If NO cons: Explore problems mentioned during the screening. "You mentioned that... Can you tell me more about that situation?" • "So, on one hand, you say you enjoy [X] because... And on the other hand, you say..."
Feedback	<ul style="list-style-type: none"> • Ask permission • Provide information • Elicit response 	<ul style="list-style-type: none"> • "I have some information about the guidelines for low-risk alcohol and other substance use. Would you mind if I shared them with you?" • "We know that for youth, drinking alcohol and using other substances such as marijuana, prescription, and over-the-counter medications can put you at risk for problems in school, accidents, and injuries, especially in combination with other drugs or medications. It can also lead to problems with the law or with relationships in your life." • "What are your thoughts on that?" • "In what ways is this information relevant to you?"
Readiness Ruler	<ul style="list-style-type: none"> • Readiness ruler • Reinforce positives • Envisioning change 	<ul style="list-style-type: none"> • "To help me better understand how you feel about making a change in your use of [X] [show Readiness Ruler]... On a scale from 1-10, how ready are you to change any aspect related to your use of [X]?" • "That's great! It means you're ___% ready to make a change." • "Why did you choose that number and not a lower one like a 1 or a 2?" • "What would have to be different for you to choose a higher number?" • "It sounds like you have reasons to change. Changing your use of [X] will allow you to..."
Negotiate Action Plan	<ul style="list-style-type: none"> • Write down action plan for change • Envisioning the future • Exploring challenges/ supports • Drawing on past success • Benefits of change 	<ul style="list-style-type: none"> • "What changes would you like to make? What is your most important goal?" • "What is the most important reason for making a change?" • "What steps do you plan to take or are willing to try for now to be healthy and safe?" • "What are some challenges to reaching your goal?" • "Who could support you with making a change?" • "What has helped you make a change in the past?" • "How does making a change fit with where you see yourself in a year? In 5 years?" • "If you make these changes, how will you know your plan is working? How would things be better now or in 5 years?"
Summarize and Thank	<ul style="list-style-type: none"> • Summarize • Referral resources • Educational resources • Give action plan • Thank you • Schedule follow-up 	<ul style="list-style-type: none"> • "Let me summarize what we've been discussing, and you let me know if there's anything you want to add or change..." [Review action plan] • [Provide referral resources, if needed; follow policy]. "Which of these services, if any, are you interested in?" • "Here are educational materials that others I work with find helpful." • "Here's the Action Plan for Change we discussed. This is really an agreement between you and yourself." • "Thanks so much for sharing with me today!" "Would you mind if we set a follow-up appointment in [X] weeks so I can check in with you to see how things are going?"

BNI Algorithm

Referral and Follow-up

Warm handoff and linkage for further diagnostic assessment and specialized services and supports.

Who should be referred?

Youth who:

- Score at high risk
- Experiencing negative and serious consequences of use
- Unsuccessful in reducing/abstaining.



It may be advisable to pursue **more intensive treatment** when co-occurring medical, substance use, and/or mental health concerns (e.g., depression, anxiety, suicide risk) exist.



Questions?



Case Discussions



Case Discussion: Screening

School A Scenario:

School implements a targeted screening approach in which school personnel refer to a designated school professional. Student charged with vandalizing school property after painting graffiti outside the school. Because this was the first offense, they were instructed to participate in a student support program. School administrator conducted an internal referral using warm handoff to a social worker who administered the CRAFFT. Student screened positive for substance use risk.

School B Scenario:

School implements universal screening through school clinic (school-based health center) as part of routine health care. Student visited the clinic because they felt sick for several days. Nurse asked the CRAFFT questions as part of standard intake process. Student screened positive for substance use risk. Nurse conducted warm handoff via telehealth to Community Health Worker (CHW) trained to provide behavioral interventions and support care navigation for students and families.





What would screening look like in your school, community, program, or service setting?

When and where would it occur?

Who will do it?

What advantages do you see in embedding screening this way?

Case Discussion: Brief Intervention

School A Scenario:

Social worker conducts BI immediately after screening. Student CRAFFT score of 1 indicated lower substance use risk. Student vaped one time in the last year and got in “TROUBLE” for using family member’s vaping device. BI focused on building awareness and reducing risk. Other questions asked by social worker do not indicate co-occurring mental health risk (e.g., depression, suicide). Student shares other concerns at home (not getting along with family, says caregiver “nags” about grades), and access to food and transportation.

School B Scenario:

After conducting screening using the CRAFFT and addressing the primary presenting concerns, nurse conducts warm handoff **via telehealth** to CHW expressing concern that student’s physical symptoms are related to use of alcohol and marijuana. Student CRAFFT score of 2 indicates higher substance use risk and need for referral for further assessment and services. CHW conducts BI focused on reducing risk and connecting to care. With permission of student engages caregiver **by phone**.





Where does BI fit in your school, community, program, or service setting?

Where and when would it occur?

Who will do it?

What advantages do you see in embedding BI this way?

Case Discussion: Referral

School A Scenario:

After BI, social worker determines referral for further substance use assessment not indicated. Uses professional judgment based on BI conversation, no co-occurring mental health risks identified, and CRAFFT score of 1 (vaped once and got in “TROUBLE”). Social worker refers family to school district-approved community resources to assist with access to food/transportation, and schedules follow-up as part of student support program.

School B Scenario:

After conducting BI **via telehealth**, CHW conducts referral using warm handoff with student/caregiver to local physician for substance use assessment and provides information on free national provider locator service and directories. CHW provides care navigation and schedules follow-up with student and caregiver to support initiation and engagement in services, address barriers/challenges.





Where does referral and follow-up fit in your school, community, program, or service setting?

Where and when would it occur?

Who will do it?

What advantages do you see in embedding referral and follow-up this way?

Today's Ripple



- Youth SBIRT can be seamlessly integrated into school and community settings with trained professionals in different roles and with diverse backgrounds.
- Readily available SBIRT tools and resources are available at no cost to implement in your setting tomorrow.
<https://www.sbirteducation.com/adolescents/resources>
- Adolescent SBIRT on-demand training available at no cost. <https://www.sbirteducation.com/adolescents/4-part-webinar-series>



What's Next

Supporting the Whole Child

Catch It Early: Preventing and Addressing Youth Gambling Behaviors

Join us May 13th at 9 AM CT with Ken C. Winters & Jerry Bauerkemper



Thank you!

