

# ***The Crafty Pupil*** **Facilitator's Guide**

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**Topic:** Adolescent Substance Abuse

**Abstract:**

Use of psychoactive substances by teenagers is a serious national problem. Primary care clinicians are often consulted when substance use is discovered or suspected, and have an opportunity to intervene before serious harm results. They should know when referral to mental health professionals is warranted and be skilled in making such a referral. Clinicians should also know the elements of effective interventions. This case presents the story of a 16-year-old boy whose parents discover he is using marijuana. Clinicians will learn how to conduct an initial assessment and develop a brief treatment plan.

**Goal:**

To improve clinical skills in assessment and management of adolescent substance use in the medical office setting.

**Objectives:**

As a result of this session, learners will be able to:

1. List appropriate questions for assessing the use of alcohol and drugs.
2. Discuss the developmental spectrum of substance abuse, from experimentation through dependency.
3. Practice a brief therapeutic office intervention.

**Prerequisite Case:**

"But All My Friends Do It" (Middle Adolescent Health Screening)

**Related Cases:**

"Amy Goes to College" (Older Adolescent Health Screening)

"New World, Old Worries" (Young Adolescent Health Screening)

"The Silent Cry" (Child Neglect)

**Themes:** Adolescent Health, Child Development and Behavior

**Key Words:** Substance use, adolescent behavior, interview, health status



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### **Bright Futures Core Concepts:**

While all of the Core Concepts are included in each case, this particular case can be used to highlight communication, partnership, advocacy, and prevention/health promotion.

### **Materials Provided:**

- Facilitator's Guide
- 3-part Case Narrative: Part I, Part II, Epilogue
- Handout #1: How to Ask Teenagers About Alcohol and Drugs
- Handout #2: Alcohol and Drug Use: A Developmental View
- Handout #3: The "FRAMES" mnemonic
- Bibliography

### **Facilitator Preparation:**

Facilitators should thoroughly review this guide and the other materials provided. Participants should also be familiar with how to conduct a routine office screening of adolescent patients, and with the "Stages of Change" theoretical model included in the Middle Adolescent Health Screening module. This case is meant to follow that session ("But All My Friends Do It").

At the end of the guide we have included a section entitled, "**Independent Learning/Prevention Exercises**," that will further stimulate group and individual education on this topic.

### **Suggested Format for a One Hour Discussion:**

**We anticipate that case facilitators will modify implementation of the case session to best fit their educational setting and learners. For detailed recommendations on case facilitation, please see the chapter entitled, "A Brief Guide to Facilitating Case-Discussion," found in *The Case Teaching Method; and Growth in Children and Adolescents* (book 1 of this series).**

**Introduction:** The use of alcohol and other drugs by adolescents is a major problem. Studies indicate that almost 90% of high school seniors have begun to drink alcohol, and over 35% of them are binge drinkers.\* This is particularly important as automotive crashes are the leading cause of mortality for adolescents and a significant percentage (45%) of young people dying in accidents are intoxicated. Drug use by adolescents in the U.S. is on the rise. Half the students in high school have used an illicit drug, with marijuana and inhalants being most common. Prescription drug abuse (stimulants, tranquilizers, and anabolic steroids) also occurs among teenagers. Thus, all adolescents should be periodically screened for alcohol and drug use. Specific recommendations in this regard have been made in the *Guidelines for Adolescent Preventive Services* (GAPS) of the American Medical Association and in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*.

Aside from screening, primary care clinicians often see teenagers who present with problems that are related to the use of alcohol and drugs (e.g., school failure, accidents and injuries, sexually transmitted diseases or pregnancy), and need to know how to assess the magnitude of the substance

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\*Teaching Note: Facilitators may wish to review their own state Youth Risk Behavior Survey results prior to the teaching session, or national studies such as the Monitoring the Future Study or National Household Survey on Drug Abuse (see Bibliography page).

abuse and initiate treatment or referral. When possible, the clinician should try to gather information from both parent(s) and teenager. They should be interviewed separately and assured that what they tell you will be kept confidential except in life-threatening situations. Parents will sometimes ask “*What did my son/daughter tell you?*” Should this happen, clinicians must explain to parents the importance of confidentiality in the doctor-patient relationship if you are to help their child. You can reassure them that you will let them know if there is a significant danger to their son/daughter. Adolescents should be told that “*anything you tell me will be kept confidential unless I think there is a risk to your safety, or some else’s safety. Should that happen, I will let you know, and you and I together will figure out how to tell your parents.*”

**Open the Discussion: Introduce the case title and the session goal. Explain that this will be an interactive case discussion and not a lecture. Distribute Part I of the case and ask one or more of the participants to read it aloud.**

### **Part I**

Mark is a 16-year-old boy whose father became concerned when he overheard a telephone conversation in which Mark was discussing the purchase of “*a forty bag*” with a close friend. When Mark was out that evening, his mother and father searched his room. They found a plastic bag with a small amount of marijuana, a “roach clip,” cigarette papers, several tiny pieces of paper with little rainbows on them, and about \$100 in cash. These items were tucked in a shoebox in the back corner of Mark’s closet.

When confronted later that evening, Mark responded angrily, “*This is none of your business. You guys like to drink now and then, my friends and I like to smoke weed. And I can’t believe you searched my room. Stay out of my life!*” Mark’s father requests that you see his son and perform “*a drug test*” to see how bad the problem is. To pacify his parents, Mark reluctantly agrees to see you.

Mark’s past medical history is positive for mild asthma, which has been successfully controlled with an albuterol inhaler. Mark has had no hospitalizations, no surgeries, and has no known drug allergies.

Mark is in his sophomore year at a private high school known for academic excellence. During his freshman year, he maintained a “C” average, although this declined slightly during the last term. This year, he states he has a “D” average in everything but Spanish, which he is failing. Although he was a starting player on the Junior Varsity Basketball Team last year, he is not planning to play this year because, “*Running fast makes me wheeze more.*”

Physical examination reveals a tall adolescent with long blonde hair, dressed in faded jeans and a rock band T-shirt. His pupils are midline and the conjunctivae are clear. Nasal mucosae are not inflamed. The only positive physical finding is scattered wheezes on chest auscultation.

**Following this reading, ask all participants “*So what do you think about this case? What would you like to focus on during our discussion today?*” List agenda items on a blackboard or flipchart. Then use the questions below to guide the discussion. Remember that the key to successfully leading a small group is facilitation of the discussion rather than lecture. Draw as many participants as possible into the discussion. Allow silences while group members think about questions. Present material from the discussion guide only when needed to complement or redirect the group discussion.**

## **Guiding Questions for Discussion:**

### **What questions would you like to ask Mark about his use of alcohol and drugs?**

A transitional strategy works best, i.e., asking first those questions that are least threatening and then gradually moving to the more difficult questions. Begin with a few open-ended questions about how things are going at home and at school, and transition into questions about Mark's use of tobacco, alcohol, marijuana, and other illicit drugs.

*"It seems that your parents are quite upset. What's been going on at home?"*

*"How are things going for you at school? Is there very much drinking at your school? What kinds of drugs are being used at your school?"*

*"Do you use tobacco? Can you tell me a little bit about your experience with alcohol? What about marijuana? What has that been like for you? What about your experience with other drugs?"*

The style of the interview should be one of alliance and mutual discovery, using open-ended questions and concentrating on what the effects of alcohol or drug use have been. This is contrasted to the potentially alienating interrogative style that concentrates on amount, frequency, and types of substances used.

### **Distribute Handout #1 and review the contents.**

The CRAFFT test is one brief screening device that can help the clinician identify serious alcohol and drug problems.

**C** *"Have you ever ridden in a CAR driven by someone (including yourself) who was 'high' or had been using alcohol or drugs?"*

**R** *"Do you ever use alcohol or drugs to RELAX, feel better about yourself or fit in?"*

**A** *"Do you ever use alcohol or drugs while you are by yourself, ALONE?"*

**F** *"Do you ever FORGET things you did while using alcohol or drugs?"*

**F** *"Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?"*

**T** *"Have you ever gotten into TROUBLE while you were using alcohol or drugs?"*

Two or more "yes" answers suggest a serious problem with alcohol or drugs.

**What will you do about the Mark's father's request for a drug test?** Drug testing should never be done without the knowledge and consent of the adolescent unless life threatening circumstances exist (e.g., acute drug overdose). Mark's father should be told that coercing a teenager into such testing is often counter-productive, and that the history is usually reliable and a good guide to treatment need. The typical urine drug screen has both a limited range (5-6 drugs included) and limited sensitivity. Some teenagers know that they can produce a negative urine test by diluting or adulterating specimens. Many drugs of abuse have a brief half-life and will only be identified when testing is done within 24 hours of the last dose. On the other hand, the period of detection for Marijuana's active ingredient (THC) varies from 4 days to 4 weeks,

depending on whether the pattern of use is occasional or chronic. This makes a single positive test difficult to interpret.

In the case presented, Mark has already admitted to using marijuana, and performing a drug test would add little information unless he is using other substances. Performing such a test, however, may destroy any chance of establishing a trusting relationship between Mark and you. Discussing the pros and cons is helpful. Some adolescents want to “prove” they are not using other substances; in others, trust may be lost. Thus, the potential risk outweighs the potential benefit.

## **Distribute Part II of the case and have participant(s) read it aloud.**

### **Part II**

After you explain to him the risks and limitations of urine drug testing, Mark’s father agrees that it need not be done. Instead, you meet with Mark to obtain more information about his substance use.

“So tell me a little about your experience with alcohol and drugs,” you say.

“Well, I first started about a year ago. One of my friends turned me on to some mad cool weed. We partied pretty much every weekend at school, and then during the summer we partied like every day,” he replies.

Mark also says he began drinking wine over the summer “because smoking makes me thirsty.” He denies using any other drugs. When asked about the LSD blotters his parents found, he states, “I was holding them for a friend of mine.”

You then ask, “Have you ever tried to cut back on your use?”

“Well, after the summer, when school started, I thought I’d better cut back to just weekends,” Mark responds.

“How did that work out?” you ask.

“Well, it was OK at first,” he answers, “but a couple of months ago I decided it was cool to smoke on weeknights. I sometimes have a blunt with my friends before class, too. It makes me more creative.”

You continue with the CRAFFT questions, “Have you ever ridden in a car driven by someone (including yourself) who was ‘high’ or had been using alcohol or drugs?”

Mark admits to having a minor car accident after leaving a party where he had been drinking wine. “It was no big deal. No one got hurt.”

“Do you ever use alcohol or drugs to relax, feel better about yourself or fit in?”

“Yeah, sure, it helps me relax,” he replies.

“Do you ever use alcohol or drugs when you’re alone?”

“Sometimes late at night. It helps me get to sleep,” he says.

“Do you ever forget things you did while using alcohol or drugs?”

“Nope.”

“Do your family or friends ever tell you that you should cut down on your drinking or drug use?”

“Just my parents,” he says with a scowl.

“Have you ever gotten into trouble while you were using alcohol or drugs?”

“No, not really,” he replies. “But I did have one close call. We got pulled over by the police one time driving home from a party. He didn’t find anything, though, so he had to let us go.”

**What is your assessment of Mark’s substance use?** According to the new Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version, substance use must be viewed on a continuum from the *developmental variation* of experimentation, through a *problem* phase, to the *disorders* of abuse and dependency.

## **Distribute Handout #2 and discuss the contents.**

Abstinence is the stage at which adolescents have not yet begun to use any psychoactive substances. Experimental Use is characterized by the use of tobacco products, alcohol, and marijuana, usually obtained from and consumed with friends. Associated problems are uncommon, but risks are significant. Being inexperienced, teenagers do not know their own limits or safe “doses”. Urged on by their peers, they may rapidly consume toxic quantities of alcohol without realizing the potential danger. They may put themselves and others at risk by driving a car or engaging in some other hazardous activity.

Regular Use refers to continuing, but occasional, use of alcohol or drugs. In adults, this may be referred to as “Social Use.” This term may be misleading if applied to teenage drinking because the typical “social” pattern is binge drinking (5 or more drinks in a row).

Problem Use is defined by the appearance of adverse consequences associated with use, even though the adolescent may not realize or acknowledge that there is any cause and effect relationship. Therefore, clinicians should ask about school failure, detentions, suspensions, problems with parent or peer relationships, motor vehicle accidents, emergency room visits, and physical or sexual assaults when conducting an assessment. When questions are answered “yes”, clinicians should then ask “*Were you using alcohol or drugs around the time this happened?*” and “*Have you ever considered that there could be a link between your alcohol or drug use and (the problem)?*” At the problem use stage, some individuals may be able to cut back or eliminate their use with minimal interventions. Those who are unable or unwilling to cut back or stop have likely crossed over some “invisible line” into the disorders of abuse and dependency.

Substance Abuse, according to DSM IV, is a maladaptive pattern of use that causes problems (i.e., impairment in social or school functioning, recurrent physical risk, or legal problems) and continued use despite harm over a 12-month period. Thus, the defining criterion is a loss of control over use of mood altering chemicals, although the individual may insist that this has not happened. “*I could stop if I wanted to. I just don’t want to.*” An abstinence challenge test is a good way to determine whether or not an individual has lost control. (see below) Any one who makes a promise (to themselves or someone else) to stop using drugs or alcohol, and then breaks that promise, has a serious problem.

Dependency is defined as a maladaptive pattern of use, preoccupation with use, and the appearance of tolerance and/or withdrawal symptoms. Individuals at this stage no longer have a return to baseline mood and feeling after using, and using more seems to be the only way to deal with these negative feelings. There is an increase in risk-taking and self-destructive behavior. At this stage, referral to a formal treatment program is required.

“Secondary” Abstinence becomes the goal of treatment. Once lost, control over use is almost impossible to re-establish.

In the case presented, Mark’s use probably lies in the area of problem use or abuse. The most important assessment, however, is Mark’s own. Does he believe he has a problem? Does he believe he is losing control? A trial of abstinence, described below, is one way to find out.

**What will you say to Mark now?** It is certainly possible, albeit somewhat unlikely, that Mark is under the influence of marijuana during the present visit. As it is difficult to reason with someone in this condition, the best strategy would be to set up another appointment if that were the case. This should be done as soon as possible and Mark should be asked to abstain from using before that visit. The clinician must weigh the potential benefit of a “sober” visit, however, against the risk of a subsequent “no-show” visit. Whether the clinician decides to

intervene right away, or wait for another visit, Mark and his parents should be offered a referral to a substance abuse specialist for a complete assessment and intensive treatment.

**Distribute Handout #3 and give participants a few minutes to review the contents.**

Miller and Sanchez have described six principles of effective brief interventions, summarized by the acronym **FRAMES**. The clinician should begin with feedback concerning problem or risk behavior by listing the **F**acts, stated in the patient's own words. Facts are less likely to lead to arguments than interpretations or diagnoses. After listing the facts, emphasize that the patient is the one who is **R**esponsible if change is to occur. Physicians, in particular, should be clear about the nature of their recommendations, stating in precise terms that their **A**dvice is to stop, cut down, or otherwise moderate behavior. Patients should be offered a **M**enu of choices for behavior change and/or treatment. At all times, the practitioner must project an attitude of **E**mpathy and understanding, and faith in the patient's ability to make the necessary change (**S**elf-efficacy). FRAMES could be used in offering Mark a referral to treatment as illustrated below:

*"A number of things we discussed on today's visit are concerning to me. You told me that you are now smoking marijuana on school nights as well as weekends. Your grades have fallen over this past year and you are in danger of failing at least one course. You were involved in a car accident after drinking at a party, and came very close to being arrested another time. You also told me that your parents have lost faith in you, and you are arguing with them a lot more. I believe that your asthma is made worse by your marijuana smoking, and this is why you're not playing basketball anymore. In fact, I noticed wheezing today on your physical exam."*

*"I'm worried about you. I'd like to work with you, but you have to take the responsibility for changing things. The best thing right now would be for you to go to a treatment program, one that will work with both you and your parents. We can investigate some of the choices together to see what's best for you. I often recommend formal counseling and a 12-step program, or day treatment, as a first step. Or we could consult with a psychiatrist. I know this is a difficult step for you to take, but I believe that you can do it. Can we work on this together?"*

**\*\*Optional Exercise:** Facilitators may wish to lead the group in a role play of this conversation, with one person playing Mark and another playing the clinician. The role play can be orchestrated to evolve in several different ways, with Mark agreeing or refusing the referral to treatment, an abstinence trial, or controlled use trial (see below); or even agreeing only to giving it some further thought and returning for follow-up.

Every clinician must become familiar with the treatment resources available in his/her community. When referrals are made, they should be to a specific individual or place, much the same as giving a patient who has a heart murmur the name and phone number of the local cardiologist.

If Mark refuses the referral, you might try an abstinence challenge.

*I suggest you try to completely stop using drugs and alcohol at least for a while. This is known as an "Abstinence Challenge" test. If you can do it, we'll both know that you can still control*

*your use. If you can't do it, this probably means the problem has progressed to a point where you need more outside help. In that case, we'll both know that you need more intensive treatment."*

*"I know that this may be difficult, but I'm asking you to do it because I care about your health and future. I also believe in you, and think you can do it if you try. So what do you say? Will you work with me on this?"*

Many teenagers, issued such a challenge, will agree to try. Occasionally, they will not. In this situation, the clinician should suggest a Controlled Use Trial (CUT) as an alternative on the "menu" of FRAMES.

*"If you aren't willing to stop completely right now, then I would ask you to at least cut down (e.g., weekend use only). I also ask that you not drive or ride in a car with someone else who has been using. If you'd like, I can work with your parents on a 'rescue plan'. That means you can call home any hour and ask for a ride home with no questions or punishments."*

In those cases where even the CUT is declined, the clinician's last response should be:

*"Well, you're the one in charge. Will you at least give some thought to what I said and come back to see me next week?"*

This sets up a "win-win" situation for the practitioner. Some patients will agree to stop or cut down, and others at least to "contemplate" the problem further. And contemplation is a step forward on the pathway of behavior change. Lastly, and most importantly, *always follow up*. Find out how things are going; offer support and encouragement. Let your teenage patient know that you care and will always be there for them, no matter what.

### **Distribute the Bibliography page and Epilogue. Ask someone to read the Epilogue aloud.**

#### **Epilogue**

Mark does not agree to go to treatment at the initial visit. *"I don't have a problem, Doctor. My parents are the problem,"* he says. You ask him to try a period of abstinence, which he also refuses. He does contract with you to: 1) confine his use to weekends, 2) not drive while using, not ride in a car with a driver who has been using, and 3) return for follow up. You give Mark and his parents a referral to a social worker for counseling, but they do not follow through and make an appointment. Over the next few months, you see Mark once in your office because he needs a new prescription for his albuterol inhaler. When asked about his marijuana use at this visit, he tells you *"I just don't want to talk about that now. It's really not a problem."* Mark's father also calls your office twice to express frustration with Mark's poor academic performance and choice of friends. You tell him that you would be happy to meet with Mark again, but no appointment is made.

Two months later, Mark calls your office and says he is having *"more trouble in school."* He has, in fact, been expelled because of poor academic performance. He agrees to come back for a return office visit with both of his parents.

You first meet with Mark who now acknowledges that he has a problem. You suggest a trial of abstinence and again make a referral for individual and family counseling. He agrees. You then ask his parents to join the two of you and say, *"Mark has realized that alcohol and drug use do not belong in his life. He plans to begin a new chapter today, and is willing to work hard to turn things around. I will work with him, but also recommend that he begin*

*counseling, and that all of you participate in treatment together. My hope is that you can work on better family communication and re-establishing trust. Are you willing to give this a try?" They agree.*

One year later Mark has abstained from marijuana use with the exception of two weekend "slips." He is able to discuss things somewhat more openly with his parents. He is in a new (public) school and his grades are improving.

**Refer back to group's learning agenda and summarize the key teaching points that were made. This will give the group a sense of accomplishment, and emphasize the important messages. Suggest further sources of reading or other information if there are agenda items that were not covered in the discussion.**

**Independent Learning/Prevention Exercises:** Facilitators may wish to assign "Independent Learning/Prevention Exercises" to the group, particularly if time constraints hinder the completion of the case. The following list includes suggestions to explore the available community resources that focus on Adolescent Substance Abuse, as well as other avenues of pertinent interest that can be integrated during or after the session. If the exercise is done in the absence of the facilitator, learners should take notes on their experience, then discuss with a faculty member for feedback.

1. Attend an open AA or Ala-non meeting
2. Invite a speaker from AA or Ala-non to speak at the session. If inviting a speaker, specify a *young* person in recovery.

\*\*Meetings and possible speakers can be located by calling the AA or Ala-non central service number in the telephone directory.

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### **Part I**

Mark is a 16-year-old boy whose father became concerned when he overheard a telephone conversation in which Mark was discussing the purchase of “*a forty bag*” with a close friend. When Mark was out that evening, his mother and father searched his room. They found a plastic bag with a small amount of marijuana, a “roach clip,” cigarette papers, several tiny pieces of paper with little rainbows on them, and about \$100 in cash. These items were tucked in a shoebox in the back corner of Mark’s closet.

When confronted later that evening, Mark responded angrily, “*This is none of your business. You guys like to drink now and then, my friends and I like to smoke weed. And I can’t believe you searched my room. Stay out of my life!*” Mark’s father requests that you see his son and perform “*a drug test*” to see how bad the problem is. To pacify his parents, Mark reluctantly agrees to see you.

Mark’s past medical history is positive for mild asthma, which has been successfully controlled with an albuterol inhaler. Mark has had no hospitalizations, no surgeries, and has no known drug allergies.

Mark is in his sophomore year at a private high school known for academic excellence. During his freshman year, he maintained a “C” average, although this declined slightly during the last term. This year, he states he has a “D” average in everything but Spanish, which he is failing. Although he was a starting player on the Junior Varsity Basketball Team last year, he is not planning to play this year because, “*Running fast makes me wheeze more.*”

Physical examination reveals a tall adolescent with long blonde hair, dressed in faded jeans and a rock band T-shirt. His pupils are midline and the conjunctivae are clear. Nasal mucosae are not inflamed. The only positive physical finding is scattered wheezes on chest auscultation.

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### **Part II**

After you explain to him the risks and limitations of urine drug testing, Mark's father agrees that it need not be done. Instead, you meet with Mark to obtain more information about his substance use.

*"So tell me a little about your experience with alcohol and drugs,"* you say.

*"Well, I first started about a year ago. One of my friends turned me on to some mad cool weed. We partied pretty much every weekend at school, and then during the summer we partied like every day,"* he replies.

Mark also says he began drinking wine over the summer *"because smoking makes me thirsty."* He denies using any other drugs. When asked about the LSD blotters his parents found, he states, *"I was holding them for a friend of mine."*

You then ask, *"Have you ever tried to cut back on your use?"*

*"Well, after the summer, when school started, I thought I'd better cut back to just weekends,"* Mark responds.

*"How did that work out?"* you ask.

*"Well, it was OK at first,"* he answers, *"but a couple of months ago I decided it was cool to smoke on weeknights. I sometimes have a blunt with my friends before class, too. It makes me more creative."*

You continue with the CRAFT questions, *"Have you ever ridden in a car driven by someone (including yourself) who was 'high' or had been using alcohol or drugs?"*

Mark admits to having a minor car accident after leaving a party where he had been drinking wine. *"It was no big deal. No one got hurt."*

*"Do you ever use alcohol or drugs to relax, feel better about yourself or fit in?"*

*"Yeah, sure, it helps me relax,"* he replies.

*"Do you ever use alcohol or drugs when you're alone?"*

*"Sometimes late at night. It helps me get to sleep,"* he says.

*"Do you ever forget things you did while using alcohol or drugs?"*

*"Nope."*

*"Do your family or friends ever tell you that you should cut down on your drinking or drug use?"*

*"Just my parents,"* he says with a scowl.

*"Have you ever gotten into trouble while you were using alcohol or drugs?"*

*"No, not really,"* he replies. *"But I did have one close call. We got pulled over by the police one time driving home from a party. He didn't find anything, though, so he had to let us go."*

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### **Epilogue**

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Two months later, Mark calls your office and says he is having *"more trouble in school."* He has, in fact, been expelled because of poor academic performance. He agrees to come back for a return office visit with both of his parents.

You first meet with Mark who now acknowledges that he has a problem. You suggest a trial of abstinence and again make a referral for individual and family counseling. He agrees. You then ask his parents to join the two of you and say, *"Mark has realized that alcohol and drug use do not belong in his life. He plans to begin a new chapter today, and is willing to work hard to turn things around. I will work with him, but also recommend that he begin counseling, and that all of you participate in treatment together. My hope is that you can work on better family communication and re-establishing trust. Are you willing to give this a try?"* They agree.

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## **Handout #1: How to Ask Teenagers about Alcohol and Drugs**

### **A Transitional Approach Adapted From *Bright Futures Guidelines***

#### **FAMILY:**

How are things going at home?  
 Who do you live with? How do you get along with the other members of your family?  
 Are you worried about any family members and how much they drink or use drugs?  
 What would you like to change about your family if you could?

#### **SCHOOL:**

Compared with others in your class (not just your friends), how well do you think you are doing?  
 Average? Better than average? Below average?  
 Do you receive any special educational help?  
 How often do you miss school? Have you ever been suspended from school?

#### **FRIENDS:**

Have any of your friends tried cigarettes? Smokeless tobacco? Alcohol? Marijuana? Other drugs? Are you worried about any of your friends' use of alcohol or drugs?  
 Do any of your friends try to pressure you to do things that you don't want to do? How do you handle that?

#### **TOBACCO, ALCOHOL, AND DRUGS:**

What education have you had about tobacco, alcohol, and drugs?  
 Have you smoked cigarettes, or used tobacco in any other form since our last visit?  
 Have you drunk alcohol since our last visit? Smoked marijuana? Used other drugs? "Sniffed" or "huffed" anything (i.e. used inhalants)?  
 Tell me about your experience with alcohol/drugs. What was good about it? Was there anything you didn't like about it?  
 Has anyone (a friend, teacher, parent, or counselor) ever thought you had a problem with alcohol or drugs?

#### **CRAFFT QUESTIONS:\***

<b>C</b>	Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
<b>R</b>	Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?
<b>A</b>	Do you ever use alcohol or drugs while you are by yourself, <b>ALONE</b> ?
<b>F</b>	Do you ever <b>FORGET</b> things you did while using alcohol or drugs?
<b>F</b>	Do your family or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?
<b>T</b>	Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?

2+ "yes" answers suggests a serious problem with alcohol or drugs.

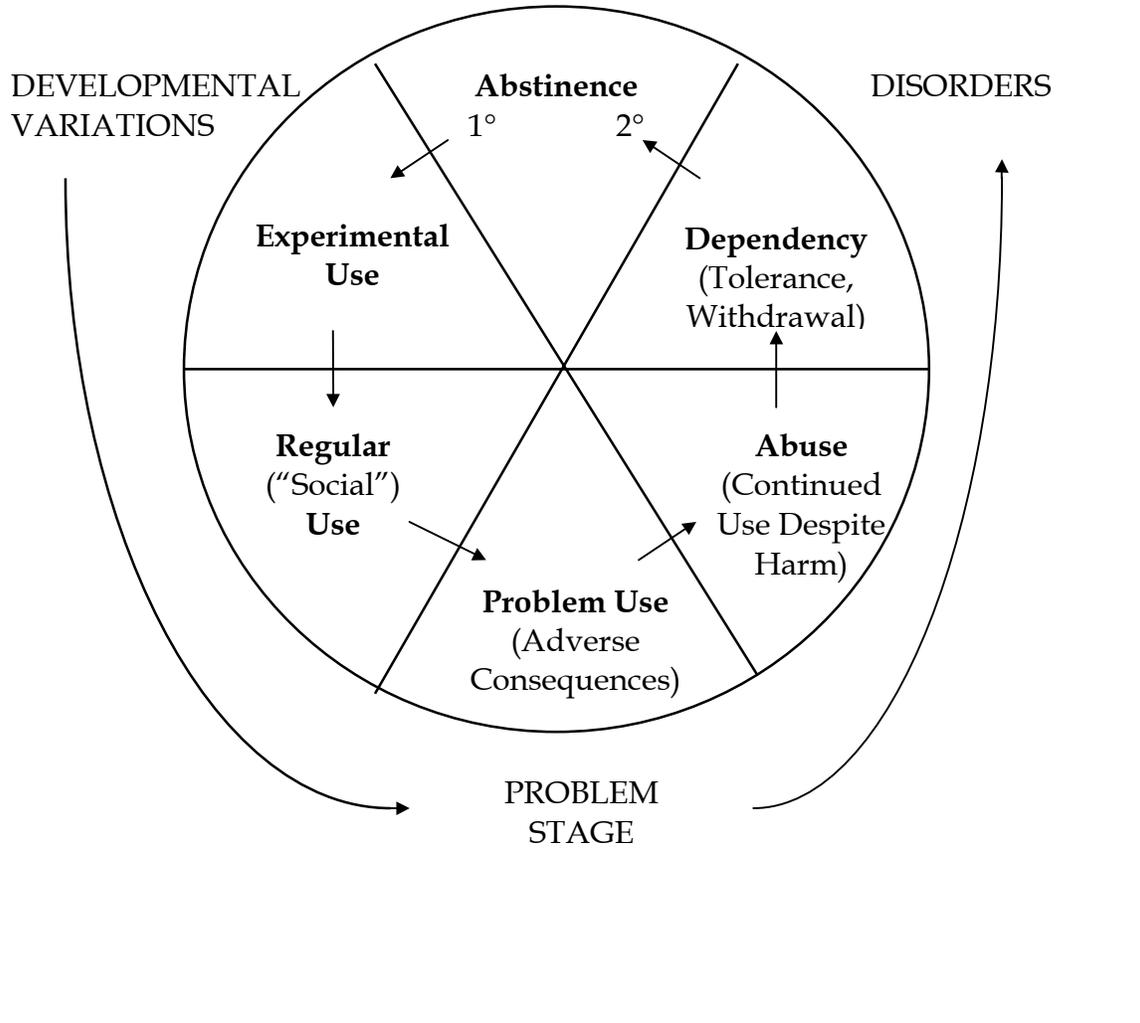
#### **OTHER USEFUL QUESTIONS:**

Have you ever passed out or had an overdose? An emergency room visit?  
 Have you ever been arrested? Placed in protective custody? Any car accidents or traffic tickets?  
 Have you had sexual intercourse while using alcohol or drugs? Been assaulted? Exchanged sex for alcohol or drugs or a place to stay? Have you ever thought of hurting yourself or someone else? Were you using alcohol or drugs at the time?

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**Handout #2: Alcohol and Drug Use: A Developmental View**

**DRUG AND ALCOHOL USE:  
A DEVELOPMENTAL VIEW  
(The DSM-PC Model)**



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**Handout #3: Components of an Effective Brief Intervention**  
**(“FRAMES”)**

<b>F</b>	<b>FEEDBACK</b> on personal risk or impairment
<b>R</b>	Emphasis on personal <b>RESPONSIBILITY</b> for change
<b>A</b>	Clear <b>ADVICE</b> to change
<b>M</b>	A <b>MENU</b> of alternative change options
<b>E</b>	<b>EMPATHY</b> as a counseling style
<b>S</b>	Facilitation of patient <b>SELF-EFFICACY</b> or optimism

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## **Suggested Readings (Annotated):**

**Knight JR. Adolescent substance use: screening, assessment, and intervention in medical office practice.** *Contemporary Pediatrics* 1997;14(4):45-72. The review article provides a concise guide to clinical management of adolescent drug and alcohol use in the medical office setting. Screening instruments are discussed, and the developmental model of use and abuse is presented. Also included is an introduction to office intervention, motivational interviewing, and referral to treatment programs.

**Schonberg SK, editor. Substance Abuse: A Guide for Health Professionals. Elk Grove Village, IL: American Academy of Pediatrics; 1988.** This is a soft-cover guide book for pediatric practitioners. It includes a review of epidemiology and risk factors. Screening techniques are discussed, including the pros and cons of urine drug testing. Characteristics of the various drugs of abuse are presented.

**Miller WR. Rediscovering fire: Small interventions, large effects. *Psychology of Addictive Behaviors* 2000;14(1):6-18.** This very powerful article reviews a number of surprising findings in alcohol treatment research, which indicate that brief interventions or even single encounters can have dramatic effects. The author reviews the importance of the clinician-patient interaction, and explores the possibility that unconditional acceptance, patience, and a hopeful outlook may be the factors most responsible for producing positive change.

**Miller WR, Rollnick S. *Motivational Interviewing*. New York: Guilford Press; 1991.** This is a complete guide to the principles of brief office treatment for drug and alcohol abuse, and a valuable resource for clinicians who wish to develop skills beyond the level of minimal competency. Topics discussed include stages of change theory, motivational theory, brief interventions, and motivational enhancement therapy. One chapter is devoted to working with youth.

#### **Educational Resources on the World Wide Web:**

*National Clearinghouse for Alcohol and Drug Information (NCADI)*

<http://www.health.org>

For further information and free copies of reports on the epidemiology of alcohol and drug use, call the NCADI at 1-800-487-4889.

*Youth Risk Behavior Survey (YRBS)*

<http://www.cdc.gov/nccdphp/dash/yrbs/index.htm>

*Monitoring the Future* study home page

<http://www.isr.umich.edu/src/mtf/index.html>

*National Household Survey on Drug Abuse*

<http://www.samhsa.gov/NHSDA.htm>

*National Institute on Drug Abuse*

<http://www.nida.nih.gov/NIDAHome.html>

For more information on national trends and statistics of drug abuse, go to:

<http://165.112.78.61/DrugPages/Stats.html>

*American Academy of Child and Adolescent Psychiatry—Facts for Families.*

This site provides access to the AACAP's award winning "Facts for Families" pamphlet series on various developmental topics. The information sheets on Adolescent Substance Abuse are #3 and #41.

<http://www.aacap.org/publications/factsfam/index.htm>