

**THE SUBSTANCES AND CHOICES SCALE
BRIEF INTERVENTION MANUAL
Abridged Version**

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This document has been written by Dr Grant Christie to support a series of Brief Intervention workshops coordinated by the Werry Centre for Child and Adolescent Mental Health Workforce Development.

The Substances and Choices scale (SACS) and the Substances and Choices Scale Brief Intervention (SACSBI) are available for use by researchers and not-for-profit health agencies that provide services to enhance the health and well-being of young people. They have been designed to be used by health professionals who have an active and ongoing relationship with the recipient of the questionnaire or intervention. This is so that issues around confidentiality can be discussed, and so that appropriate mental health support can be accessed if required. Those involved in developing the SACS do not accept any responsibility or liability for any direct or indirect loss, problems or consequences of any kind arising from the use or misuse of the SACS.

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INTRODUCTION

The SACS as a Brief Intervention

The Substances and Choices Scale (SACS) is a youth AOD (alcohol and other drug) screening and outcome measurement instrument developed and tested in New Zealand. While researching the acceptability of the SACS, the young people who participated reported (unprompted) that completing the SACS gave them an opportunity to reflect on and consider their own (drug-taking) behaviour¹.

What the young people reported is part of a brief intervention. Brief interventions involve gathering information about a person's substance use, giving them the opportunity to reflect on their behaviour and providing them with feedback and advice about changing^{2, 3}. Potential outcomes from a brief intervention include increasing a young person's awareness of risks, a change in behaviour leading to harm reduction or successfully engaging a young person into longer-term treatment.

This summary manual intends to give AOD and mental health clinicians with experience and training in AOD assessment and treatment, guidelines to assist them to perform a brief intervention using the SACS. Clinicians with less experience are encouraged to refer to the full manual.

Limitations of this manual

There are numerous ways to provide effective AOD interventions to young people. This manual describes just one type of intervention that is time limited and client focused. Clearly the SACSBI has limitations and will not be transferable to every clinical situation that presents. However, hopefully it is flexible enough such that clinicians, experienced in providing various treatments across the developmental spectrum, will be able to apply it in an individualized way to best suit the needs of the young person in front of them.

The SACSBI may not be appropriate for some cultural groups and those using the manual need to use their judgment to assess this, and if necessary utilise cultural support and expertise to assist them in applying it to their young people.

Although the SACSBI is not a family based intervention, involving family in treatment is often the best way to optimize outcomes in young people. It may be possible for a skilled clinician, experienced in working systemically, to adapt the principles of the SACSBI to use within a family setting and this is certainly encouraged as long as confidentiality and safety issues are addressed appropriately along the way.

THE SUBSTANCES AND CHOICES SCALE (SACS)

Screening tests

AOD screening tests are brief questionnaires that attempt to identify people who are experiencing substance related problems or may be at risk of problems in the future. They can raise awareness of AOD concerns in young people and increase the focus onto AOD interventions. They provide young people with personal feedback about their behaviour and provide a benchmark against which they can measure themselves against their peers (usually a strong motivating factor in young people). Screening also provides information that a young person and health worker can plan change around¹⁹.

The Substances and Choices Scale

The Substances and Choices Scale is a validated screening test that is highly acceptable to young people and easy for clinicians to use and score¹. It is a one-page pencil and paper instrument that takes about 5 minutes to complete. Its reliability and validity is equivalent or better than other available youth alcohol and other drug (AOD) instruments. It rates the number of occasions of substance use over the last month and yields a 'difficulties' score out of 20 that can be used to assess morbidity and track progress in treatment. It has been designed to be used in conjunction with The Strengths and Difficulties Questionnaire (SDQ), which is a similar consumer rated tool that measures psychiatric functioning in adolescents. Together the two instruments can provide a broad snapshot of a young person's psychosocial functioning. The SACS is free and easily accessible via the Internet (go to www.sacsinfo.com for more information).

When should you use the SACS?

For young people entering a health service it is recommended that the SACS is used at assessment, during their treatment and at the time of discharge. Even if a young person is accessing a service for reasons other than AOD treatment (diabetes or depression for example), it is still recommended that a screening instrument such as the SACS be used. Because young people access services so rarely (and even more rarely for substance related problems) it's important to use any opportunity that presents to screen for substance related problems.

Feedback from the SACS research included participants report that simply completing the questionnaire made them consider their own (drug-taking) behaviour in more depth. If just completing the SACS helps young people to think in more depth about their use and related behaviour, then taking this opportunity to further explore their use and plans goals around minimizing substance related harm (conducting a brief intervention) is essential. The SACS can be used as a motivational tool to assist young

people to plan towards goals. It is not for use when a client is intoxicated, very distressed, or has active symptoms of severe mental illness.

Scoring the SACS

The SACS is a screening instrument. It does not yield diagnoses and is a guide only. A high score should prompt the clinician to review the individual items on the SACS and is likely to indicate a need for further assessment in these areas. A low score does not rule out problems. Young people commonly under-report their substance use and may not answer the SACS honestly.

Section A - The SACS use scale

Section A of the SACS looks at the number of occasions different types of substance have been used over the last month. Remember this is a record of the number of occasions of use but not of how much is used on each occasion. This scale has not been validated but is a useful guide to the young person's amount and range of use. It is often enlightening for a young person to see the extent of their use written down and described. This question can lead to further discussion about the patterns of use (such as bingeing), the amounts used and comparisons with recommended safe drinking levels (in the case of alcohol).

Section B - The SACS difficulties score

Section B incorporates the SACS difficulties score and has been validated. As such it is a reliable and valid indication of a young person's current substance use issues compared to community norms. This part of the questionnaire is summed to yield a SACS difficulties score out of 20. Not true items are scored 0, somewhat true 1, and definitely true, 2. Try to score the SACS difficulties scale with the young person and use it to prompt discussion with them. Remember to refer back to the actual items on the questionnaire as these indicate specific areas of concern (such as unsafe sex) and are much more meaningful than a number out of 20.

A SACS difficulties score of 2 and above likely indicates a need for further assessment and/or a brief intervention. Scores 4 and above usually signify problems that are clinically significant and require more in depth interventions. Remember however, that a brief intervention will often be a useful starting point for longer-term interventions and may be all that is possible in a precontemplative client. Scores 6 and above are usually indicative of serious problems requiring a specialist substance use service.

THE SACS BRIEF INTERVENTION (SACSBI)

Ten steps

To follow are 10 steps that you can take with a young person to perform a brief intervention with the SACS. You may need to adapt them to suit various clinical situations. The key aspects of the SACSBI include providing positive feedback (to avoid the exercise becoming too problem saturated) and choosing one thing to change. If the young person experiences success in changing one thing, this will hopefully generalize to other risky behaviours identified in the SACS. On the other hand, setting a number of goals runs the risk of overwhelming the young person.

1. Do the SACS

Ask the young person if they'd like to do a questionnaire that looks at their substance use, how much they are using and whether it is safe or not. Tell them it is easy to do and that it takes no more than 5 minutes to fill out. Reiterate issues of confidentiality; that it will be going in their confidential client file and is not something that will be publicly available. Encourage them by saying sometimes it is easier to answer questions by writing them down than by just talking. Offer to answer any questions they might have about the SACS.

2. Check in

When they have completed the SACS, check in with the young person how it was filling it out. The questions may have brought up specific matters or questions for them and it's important to address these, or at least note them down so they can be discussed later. Give the young person a time-line so that they have a sense of what you will be doing over the rest of the session. Tell them that you will score the SACS quickly, discuss what the score means in general and then take some time to go over any particular items or questions that they scored in more detail. Let them know that if the SACS brought up any sensitive issues, which they don't want to talk about, that is okay too.

3. Score the SACS

Explain to the young person how the scoring system works and then score the questionnaire with them. The more involved they can be in this process the better. If they become involved in what is a fairly non-threatening process, they are more likely feel comfortable with a discussion about harder issues later. The SACS difficulties score will yield a score out of 20. It may be useful feedback for a young person that scores above 2 usually mean further assessment and intervention may be required, and that scores above 4 usually indicate difficulties that are serious enough to warrant specialist treatment.

4. Review and discuss the individual items

SACS use scale

Firstly look at the first section of the SACS, which lists the number of occasions of use over the last month. Ask whether the last month was typical for them or whether they have used other substances in differing amounts at other times. Any response indicating use 'nearly every day' needs to be explored in detail. Likewise, responses that show use of a range of substances (more than 1) probably warrant further exploration. When looking at the responses to the alcohol question, make sure you ask further about how much they use on each occasion. Young people usually use alcohol in a binge pattern and even if they are only using once in the weekends, they may be drinking to states of severe intoxication and/or blackout, which is extremely serious and an important area in which to minimize harm.

SACS difficulties scale

After looking at the first series of items, move on to the SACS difficulties scale. Any positive responses here warrant discussion, however be mindful of the time and try and keep time at the end for setting goals. Ask for elaboration or further information. Are they concerned or do they want to change? Have they considered what they might do? If there are a number of scoring items then try and concentrate on the ones that the young person seems most concerned about, or those that are most concerning. For example if your young person reports unsafe or unwanted sexual contact, this will likely be an important focus.

5. Provide positive feedback

At this point it is useful to provide some positive feedback for the young person, especially for those who have scored reasonably highly. It's unlikely that they will have ticked a box for every risky behaviour, thus you may want to focus briefly on something that they are not doing, or doing well. For example you may note that they are not drinking alone. You may want to reflect on this response and note that for young people using substances is largely a social thing, and those who drink or smoke cannabis alone may be at risk, or in the process of developing problems. If there is little from the questionnaire to feel positive about, you may want to praise them for their honesty in answering the questions. The important thing is the discussion doesn't get too problem saturated as you run the risk of making the interaction a negative one, or alternatively, making them feel hopeless about their situation. Remembering to provide some positive feedback during the process of discussing the SACS keeps the focus on supporting self-efficacy and increases confidence to change.

6. Choose one thing to change

Next, try to summarise as best you can the issues you have discussed and then suggest that they choose one of the items, or something else that has come up during the discussion, to change. It might be a risky or harmful behaviour, how they are using or the amount they are using. Ideally it should be their concern rather than yours, however if there is a finding on the SACS that is particularly harmful or of concern then you may want to use a motivational approach to steer the conversation in the direction that you feel would be most strategic. On the other hand, trying to influence a behaviour that they young person has absolutely no concern or awareness of, is unlikely to be successful.

7. Brainstorm possible strategies for change

Once you have chosen something to change, explore different ways that the young person might achieve this. Again, the most successful strategies are likely to be the ones that the young person thinks of or agrees with, so do your best to elicit ideas from the young person. If this proves difficult, then it is okay to suggest some of your own, however make sure that you make them personally relevant to the young person. So if you are talking about drinking and driving, the conversation needs to be about who in their group of friends would be supportive of taking turns at being a designated driver rather than talking abstractly about the issue. Having a 'menu' of options for change has been shown to be a key part of successful brief interventions so spend some time on this. The process is about more than just finding the right strategy. In doing it, you are promoting self-efficacy, showing the young person that they have a number of options and modelling how to problem solve.

8. Choose a strategy for change

Once you have come up with a few ideas about how to change or at least some safer choices, ask the young person to decide on which would suit them best, and which they would most likely be able to achieve. Explore the pros and cons of this strategy if possible and look at what are the factors that are likely to increase the chances of it being successful. Likewise you may want to look at those things that increase the risk of it not being successful and plan ahead for this.

9. Agree and commit to a goal

This step is essentially a summary of the conversation that you have just had with the young person. Revisit the initial thing that the young person wanted to change and why. Then connect it to the strategy that the young person decided

they would employ to achieve it. If possible, reformulate this as a specific goal and discuss how the young person might measure their success or otherwise at it. Try to put the goal down on paper if possible and give it to the young person to take away.

10. Emphasize self-efficacy

Although this should have been occurring throughout the brief intervention, this is an excellent way to wrap things up. Express your confidence in the young person achieving the goal that you have just set and also in the other challenges that they are likely to face.

BASIC PRINCIPLES OF PROVIDING EFFECTIVE BRIEF INTERVENTIONS IN YOUNG PEOPLE

The challenge of engaging young people

To access the young people who most need AOD interventions, services need to be flexible, have minimal barriers to access and be able to provide timely (within a few days of referral) interventions. All services (whatever their specialty) need to have the capacity to provide brief AOD interventions in an opportunistic way.

People are usually ambivalent about changing their substance use because of the powerful rewards that maintain their behaviour and young people are often reluctant about accessing treatment. Because of this, addiction (and other youth) services need to have an engagement focus.

An engagement focus means having a goal of retaining the young person in treatment (if only for a short period). Assessment is, of course, a key part of alcohol and drug treatment however a sophisticated assessment, formulation and diagnosis is of little use if the client never returns to the service for treatment.

Bear in mind that the process of assessment is more likely to lead to engagement if it is experienced as *for* the young person rather than being *about* them.

Getting young people to talk about substance use

Establish rapport with discussion about 'easy' topics before rushing in and talking about substances. Make sure you have an open and non-judgemental approach.

Be clear about issues of confidentiality as until you do this, young people may not be totally honest and without a genuine history, you are unlikely to gain useful information. Safety issues, of course, limit confidentiality and you need to assess these from a developmental perspective.

A useful first thing to ask a young person is 'What are the good things about using?' This helps build rapport, minimises resistance and will set the stage (and hopefully promote a more honest discussion) when you go on to ask what are the less good things about using? Ask open ended questions.

The Substances and Choices Scale (SACS)

AOD screening tests are brief tests that attempt to identify young people who are experiencing substance related problems or may be at risk of

problems in the future. The Substances and Choices Scale is a validated screening test that is highly acceptable to young people and easy for clinicians to use and score. It has been designed to be used in conjunction with The Strengths and Difficulties Questionnaire (SDQ) and is free and easily accessible via Internet (go to www.sacsinfo.com for more information). The SACS can also be used as a motivational tool to assist young people to plan towards goals. Because young people access services so rarely (and even more rarely for substance related problems) it's important to use any opportunity that presents to screen for substance related problems.

The SACS is a screening instrument. It does not yield diagnoses and is a guide only. A high score should prompt the clinician to review the individual items on the SACS and is likely to indicate a need for further assessment in these areas.

Section A of the SACS looks at the number of occasions of use of different types of substance over the last month.

Section B is the SACS difficulties items and has been validated. As such it is a reliable and valid indication of a young persons current substance use issues compared to community norms.

Motivation and behaviour change

Being able to assess a young person's motivation to change can help guide you in the approach you take with that young person. The stages of change are often described as a wheel with people moving back and forth depending on their current circumstances.

- Precontemplation is when the client is not worried or concerned about their substance use or don't see they have a problem.
- Contemplation is when the client has some concerns and is thinking about change.
- Determination and Action stages reflect when a client is planning or making change.
- Maintenance is when a client has made healthy change and is trying to keep it.

For those who are precontemplative or contemplative your need to aim to:

- Increase their awareness of the risks and consequences of their behaviour
- Explore reasons for change
- Explore the problems with not changing

For those who are in the determination and action stages you can be more ambitious and aim to:

- Cement their decision to change
- Enhance their belief they are capable of change
- Provide options for change
- Help set goals and promote commitment to change

A Motivational Approach

A brief intervention is more likely to be successful if a motivational approach is used. Some of the key principles (as they might be practically applied within a brief intervention setting) are:

1. Be warm and empathic
2. Challenge gently.
3. Avoid argument and 'roll with resistance'.
4. Support self-efficacy

Brief Interventions

Brief interventions are well recognised in the addiction field as an efficacious and cost-effective means to minimise substance related harm.

Brief interventions cost little to administer and are easily learned by health workers. They are an ideal way to access youth populations who tend to attend health care reluctantly and are difficult to engage into longer-term treatments.

In most cases a brief intervention is recognised as a 10 - 30 minute therapeutic conversation targeting the harmful effects substance abuse and the impact it is having on the individual. Advice and education (including self help materials) is provided that is personally relevant to the client. Brief interventions are flexible and can range from 10 minutes of discussion to a few sessions of therapy.

The central components of a brief intervention that research has shown to be effective are summarized by the acronym FRAMES as follows:

1. Feedback about risk
2. Responsibility is with the individual
3. Advise and educate
4. Menu (provide a) of strategies and options
5. Empathic approach is essential
6. Self-efficacy and optimism are emphasized

The SACS Brief Intervention

1. Do the SACS
2. Check in

3. Score the SACS
4. Review and discuss the individual items
5. Provide positive feedback
6. Choose one thing to change
7. Brainstorm possible strategies for change
8. Choose a strategy for change
9. Agree on a goal
10. Emphasise self-efficacy

Harm Reduction

Harm reduction includes a wide range of strategies and information. It's actually anything that aims to minimise the harmful effects of substance use on young people's lives.

Potential areas to focus on when trying to reduce harm include:

1. Reducing levels of use and abstaining
2. Changing to a safer mode of use
3. Education around decreasing health risks
4. Environmental factors - planning ahead
5. Environmental factors - driving
6. Safe sex
7. Legal information
8. Psychiatric problems
9. Overdose
10. Risks to personal reputation
11. Risks to relationships
12. Risks to future life goals