



Regular article

Project CHAT: A brief motivational substance abuse intervention for teens in primary care

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Abstract

Many adolescents use alcohol and drugs (AODs); however, most do not seek help because of stigma or confidentiality concerns. Providing services in settings that teens frequent may decrease barriers. We examined the feasibility of adapting a brief motivational intervention (MI) for high-risk adolescents (age 12–18 years) in a primary care (PC) setting by conducting small feedback sessions with adolescents, parents, and clinic staff, and pilot testing the MI with adolescents. Findings from feedback sessions indicated that clinic staff thought teens would not talk about AOD use. In contrast, adolescents reported that they would talk about their AOD use; however, they were afraid of being judged. Parents were also concerned that the PC provider might be judgmental. Feedback from the MI pilot indicated that teens were willing to talk about their AOD use and indicated readiness to change. Findings suggest that providing a brief MI in a PC setting is a viable approach for working with high-risk youth. © 2006 Published by Elsevier Inc.

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1. Introduction

Although adolescent drug use has decreased slightly over the past 2 years (Johnston, O'Malley, Bachman, & Schulenberg, 2005), a significant portion of youth still report having used marijuana (16% of 8th graders, 46% of 12th graders), inhalants (17% of 8th graders, 11% of 12th graders), and stimulants (8% of 8th graders, 15% of 12th graders) in their lifetime. Alcohol use has remained fairly stable over the past several years, with 19% of 8th graders and approximately 48% of all 12th graders reporting past-month use, and 11% of 8th graders and 29% of 12th graders reporting heavy drinking (five drinks in a row) in the

previous 2 weeks (Johnston et al., 2005). It is well known that alcohol and drug (AOD) use can influence interpersonal, educational, and occupational functioning (Brown, D'Amico, McCarthy, & Tapert, 2001), and that the consequences of AOD use can be serious, including school dropout (Muthén & Muthén, 2000), delinquency (Bui, Ellickson, & Bell, 2000), psychological distress (Hansell & White, 1991), and injury (Hingson, Heeren, Jamanka, & Howland, 2000). In addition, many adolescents who use AODs report enough problems from use to meet diagnostic criteria for a substance abuse disorder during high school (14% and 23% in Grades 9 and 12, respectively) (Dukes, Marinex, & Stein, 1997), and many of these youth may go on to have a substance abuse or dependence disorder in late young adulthood (D'Amico, Ellickson, Collins, Martino, & Klein, 2005).

Most of these teens do not seek help, however, because of stigma associated with help seeking (Corrigan, 2004),

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