

Getting Candid:
Framing the Conversation Around
Youth Substance Use Prevention

Disclosure Information

Getting Candid: Framing the Conversation Around Youth Substance Use Prevention

- 6/28, 1:15-2:15pm ET
- No Financial Disclosures



Flannery Peterson, MPH, PMP



Pam Pietruszewski, MA

NATIONAL
COUNCIL
for Mental
Wellbeing



Learning Objectives



1. **Identify the impacts** of the COVID-19 pandemic on knowledge, attitudes, and beliefs of substance use and substance use prevention among youth ages 12 – 18 years.



2. **Recognize best practices** for building trust and rapport with a young person to deliver substance use prevention and intervention messages.



3. **Explain how to utilize** the five steps within the message guide to engage youth in substance use prevention and intervention conversations.



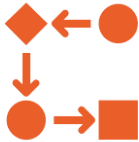
Project Overview



Primary Substances Alcohol, marijuana, and prescription opioids



Target Audience Youth-serving providers and organizations who work with youth ages 12 – 18



Activities

Environmental scan & literature review
National needs assessments of youth and providers
Key informant discussions
Message testing



Resources

Message guide & toolkit to support substance use prevention conversations with youth during and in the wake of COVID-19

This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,000,000 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS or the U.S. Government.



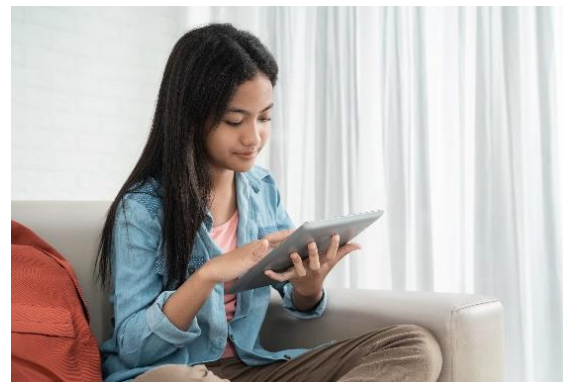
Online Need Assessments

First assessment conducted in January 2021

- Youth ages 13-18 (n=600)
- Youth-serving providers (n=761)
- *Assess impact of COVID on youth state of mind, knowledge and access to substance use prevention, messages, tools/resources*

Second assessment conducted in May 2021

- Youth ages 13-18 (n=600)
- *Test draft messages*



NATIONAL
COUNCIL
for Mental
Wellbeing



Youth Demographics

Race/Ethnicity (<i>more than one may apply</i>)	%
White	49.5%
Hispanic/Latino	23.5%
Black/African American	17%
Asian American	8%
Native American/American Indian/Alaska Native	3%
Other	2%
Arab American	1%
Prefer not to say	1%
Pacific Islander	0.5%

Metro Area	%
Big city	19.5%
Smaller city	34.5%
Suburb	28.5%
Rural	12.5%
Not sure	5.5%

Gender Identity	%
Male	48%
Female	45.5%
Gender non-conforming	3.5%
Transgender	1.5%
Other/self-describe	1%



Provider Demographics

Organization Type (<i>more than one may apply</i>)	%
Community behavioral health organization	44%
Youth-serving community-based organization	25%
Education-based organization	18%
Community coalition/network of youth-serving organizations	11%
Other health care-based organization	11%
State of local government agency serving youth	9%
Adolescent/pediatric health provider	7%
State or local health agency	6%
Juvenile legal-based organization	4%
Faith-based organization	2%
Other	3%



We Asked – Youth Answered



How do you feel most days?

Stressed	44%
Okay	27%
Worried	27%
Lonely	25%
Worried/Anxious	25%
Happy	25%
Depressed	24%



Who are you likely to trust in advising you not to use or to stop using substances?

Youth or adults who formerly used substances (68%)
Health care providers (68%)
Friends or peers (67%)
Parents/guardians (63%)



What do you do to cope when feeling sad, worried or stressed these days?

Music, art, read, write	25%
Talk with friends or family	20%
Video games, TV, movies	18%

Youth Perceptions of Harm & Access



Substance	“Very easy” to get	“Much easier” to get during COVID-19
Alcohol	19%	14%
Tobacco/nicotine	19%	11%
Marijuana	18%	11%
Prescription drugs	10%	6%
Other illicit drugs	5%	4%

Substance	Risk of harm from this substance	No risk of harm from this substance
Alcohol	66%	22%
Tobacco/nicotine	72%	17%
Marijuana	53%	35%
Prescription drugs	69%	17%
Other illicit drugs	80%	7%



What Providers Believed about Youth

Matters most: Peers, friends, fitting in & appearance

Most trusted messengers: Parents/adult guardians

Key reason not to use is concern about not wanting to mess up future plans

In-person is the most effective engagement strategy

What Youth Identified About Themselves

Matters most: Family

Most trusted messengers: Those who formerly used substances & health care providers



Your Role as a Youth-Serving Provider

Effective early identification and intervention of youth substance use decreases the likelihood of developing a substance use disorder in the future, and other consequences related to the use of alcohol and other drugs.

- Create a safe space to normalize conversations about substance use and connection to health, school, finances, and relationships
- Maximize regular touch points and pre-established, relationships to reinforce prevention messages and encourage healthy peer relationships
- Identify potential risk/protective factors



NATIONAL
COUNCIL
for Mental
Wellbeing



Message Guide

PURPOSE

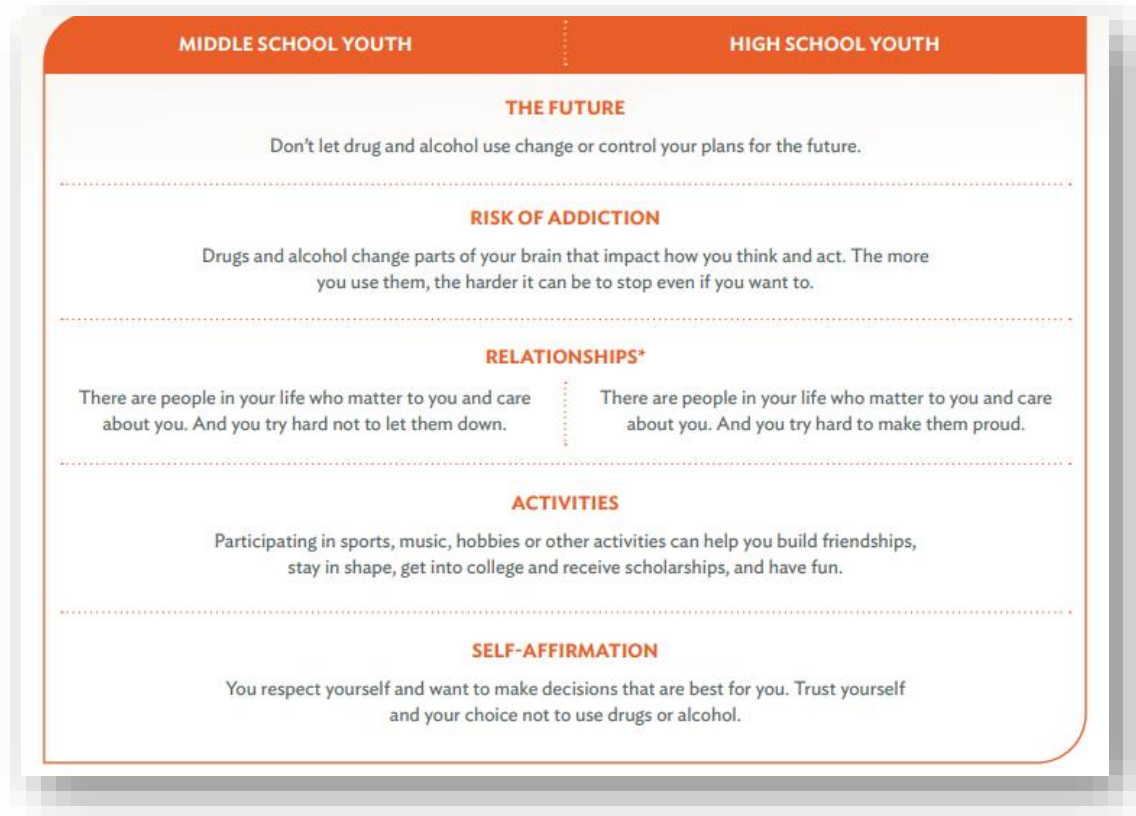
- Equip youth-serving providers with substance use prevention messaging that appeals to a large and broad population of youth
- Share guidance on how to effectively deploy the messaging with middle and high school age youth (12 – 18 years)

CONTENT

- Getting grounded in the attitudes and beliefs of young people
- Message framework when communicating with youth
- Communication pathway



A New Message Framework



- Two ways of “framing” the conversation – the future and risk of addiction – were found to resonate the most with youth.
- Three others were found to be only slightly less motivating.
- Any one of these frames can be used in communicating with youth, although the first two are recommended when communicating broadly with youth (e.g., via social media or advertising) since they resonate across the widest range of middle and high school aged youth

Communication Pathway



ESTABLISH TRUST

Build rapport and establish trust.



GATHER INSIGHTS

Seek guidance and input from youth on what matters to them.



FRAME THE COMMUNICATION

Choose the frame for communication based on insights from youth.



MAKE THE CASES

Select evidence to provide compelling reasons not to use drugs or alcohol.



SUGGEST ACTION

Select one or more actions to suggest.



Communication Pathway: Establish Trust



ESTABLISH TRUST

- Ask permission before sharing info.
- Create a safe space.
- Be authentic.
- Approach the conversation informally.
- Do more listening than talking.
- Be transparent and trustworthy.
- Pay attention to body language.

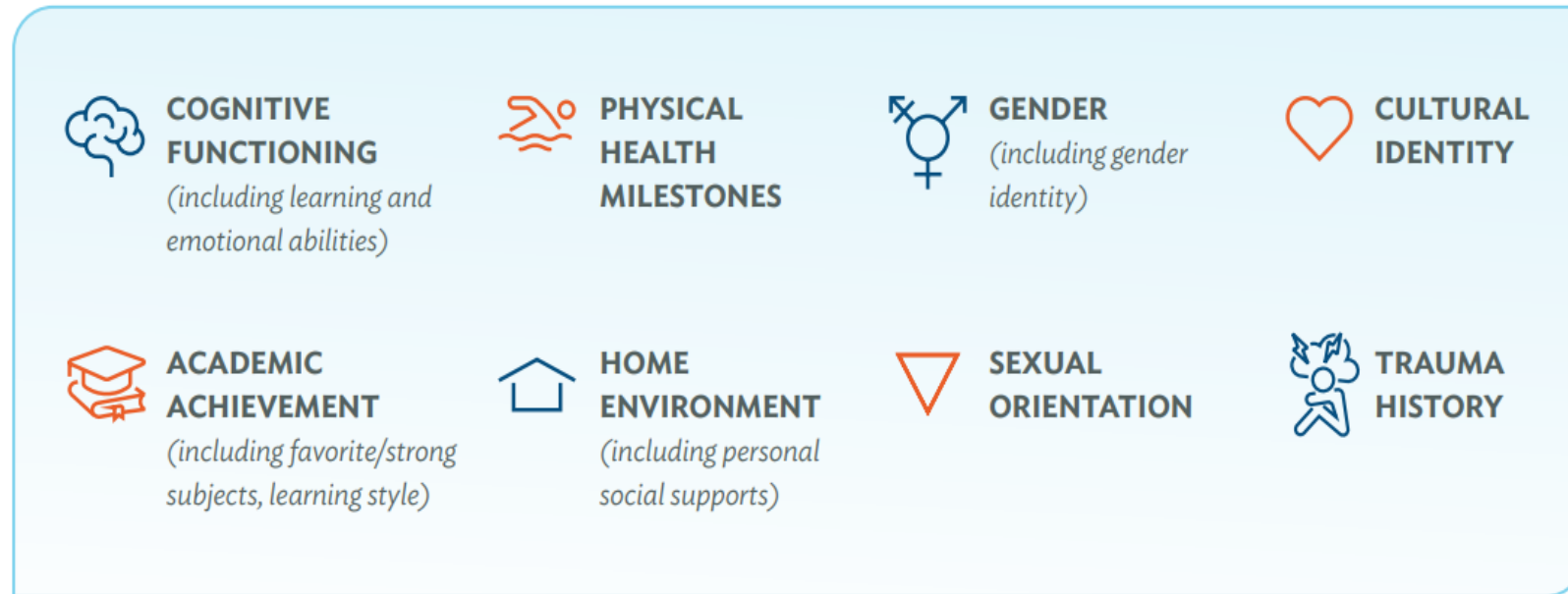


Building Trust & Rapport with Youth

Check biases and create space for self-reflection.

- What have been key experiences that have shaped my identity?
- What is the level of cultural privilege associated with my identity?
- To what extent am I able to be objective, clear, concise and neutral?

Consider developmental factors that can contribute to youth awareness, maturation and experiences:



NATIONAL
COUNCIL
for Mental
Wellbeing

Building Trust & Rapport with Youth

Do not assume to understand the experiences and/or identities of people from different cultures and/or religions.



Ask youth how they would like their sexual orientation, gender identity, cultural and/or religious background recognized and respected when receiving care.



Be respectful of boundaries the youth may place on things they do not want to discuss based on their culture and/or religion.



Ask youth to briefly explain their cultural and/or religious background, to include the meaning of traditions, some of the holidays and/or celebrations, and important people within the group.



Ask youth about any doubts or concerns and try to uncover any misconceptions they may have about seeking services. If possible, politely and respectfully help resolve any doubts and correct any misconceptions.



NATIONAL
COUNCIL
for Mental
Wellbeing



Communication Pathway: Gather Insights



ESTABLISH TRUST



GATHER INSIGHTS

Seek guidance and input from youth on what matters to them.

Ask things like...

- What matters most to you in your life and why?
- What do you look forward to most in the coming year (or after you graduate, or beyond) and why?
- When you're faced with making a tough choice or decision, what do you consider or think about most?



“What Matters” Becomes the Framework

If youth responds in a way that suggests the following are important to them...	...then frame the conversation in terms of:
Their plans for the coming year, for entering high school, college or for the future, in general.	The future
Their physical or mental health.	Risk of addiction
Their relationships (e.g., parents/guardians, friends, teachers, coaches, mentors).	Relationships
Their activities in or out of school (e.g., sports, music, volunteering).	Activities
Being respected for their autonomy and being able to make their own choices.	Self-affirmation



Communication Pathway: Frame the Communication



ESTABLISH TRUST



GATHER INSIGHTS



FRAME THE COMMUNICATION

The future: Don't let drug and alcohol use change or control your plans for the future.

Risk of addiction: Drug and alcohol use change parts of your brain that impact how you think and act. The more you use them, the harder it can be to stop, even if you want to.

Relationships: There are people in your life who matter to you. *(For middle school)* And you try hard not to let them down. *(For high school)* And you try hard to make them proud.

Activities: Participating in sports, music, hobbies or other activities can help you build friendships, stay in shape, get into and receive scholarships for college and have fun.

Self-affirmation: You respect yourself and want to make decisions that are best for you. Trust yourself and your choice not to use drugs or alcohol.

NATIONAL
COUNCIL
for Mental
Wellbeing



Tips for Framing

- If more than one frame could resonate, **weave them** throughout the conversation, return to each periodically or find connections between them.
- If limited time to engage or for broader and less direct communication (e.g., social media, group setting) **The Future** and **Risk of Addiction** effectively tested most widely across the youth population.
- If generating a series of communications (e.g., multiple posts to build awareness and education) focus on **one frame at a time**, with each outlining the issue differently to target various audiences with different values (e.g., risk of addiction, self-affirmation).



Communication Pathway: Make the Cases



ESTABLISH TRUST



GATHER INSIGHTS



FRAME THE COMMUNICATION



MAKE THE CASES

Some statements considered most convincing by youth:

- Not only is purchasing drugs and alcohol illegal for people your age; it also takes money you could be saving or spending on other things you want, need or enjoy.
- Marijuana use directly affects the brain, especially at your age when your brain is still developing. It can make it harder to pay attention, remember things and learn.
- More than 30 people die from overdoses involving prescription pain medications every day.
- Even people who are prescribed pain medications by a doctor can become addicted. Signs of addiction can include feeling nauseated when you stop taking the drug or needing to take more medication than before to feel better.
- Alcohol can alter your mood, energy, memory and increase anxiety or depression.



Communication Pathway: Suggest Action



ESTABLISH TRUST



GATHER INSIGHTS

Actions identified by youth as those they would most likely take:



Explore new ways of dealing with **stress**, like music, reading, art, getting outdoors, talking with friends you trust or just being by yourself.*



Make your own personal **commitment** or pledge to avoid alcohol, tobacco/ nicotine, marijuana and other drugs.*



Educate yourself about alcohol, tobacco/nicotine, marijuana and other drugs by visiting a website or information on social media.



Find someone you can **talk** to if you feel tempted or pressured to use alcohol, tobacco/nicotine, marijuana or other drugs.



Talk to your **friends** and encourage them not to use alcohol, tobacco/ nicotine, marijuana and other drugs.*



FRAME THE COMMUNICATION



MAKE THE CASES



SUGGEST ACTION

**Resonated with middle school youth.*



Communication Pathway: Putting it All Together



ESTABLISH TRUST

- Inclusive
- Private space
- Respectful
- Informal
- Non-judgmental listening



GATHER INSIGHTS

What are some things that matter most in your life? (Youth responds)

Sounds like you're close to your mom and try hard not to let her down.



FRAME THE COMMUNICATION

How might she react if you were involved with drugs or alcohol? (Youth responds)

Alcohol can affect things like mood, energy, memory, anxiety, depression.



MAKE THE CASES

How does this fit with what you've been thinking about? (Youth responds)

What would it be like if you made a pledge to yourself not to get involved with drugs and alcohol? How do you think your mom would feel about that decision?

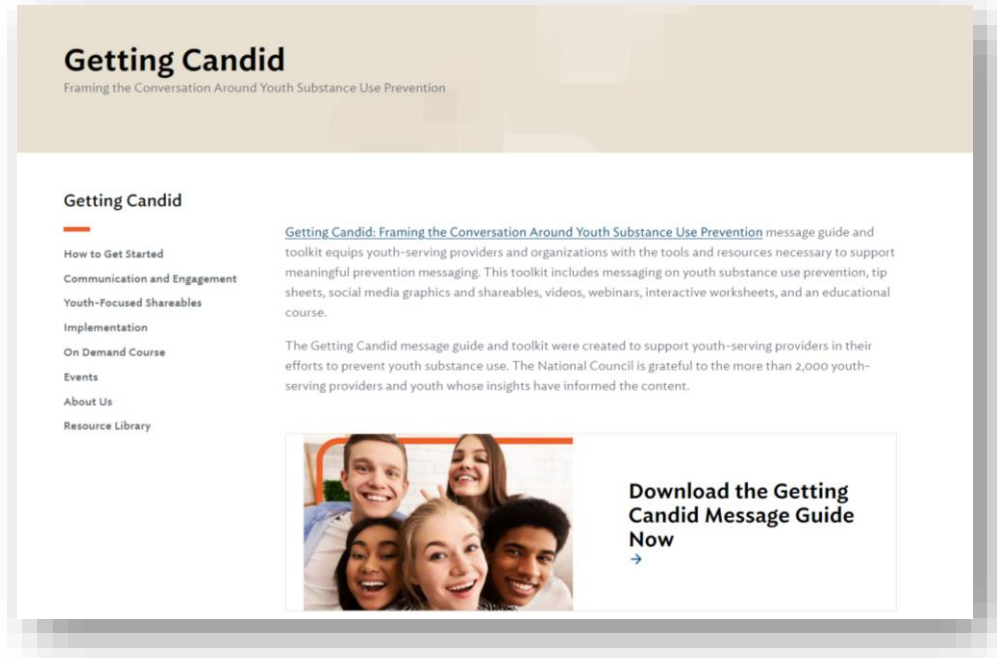


SUGGEST ACTION

NATIONAL
COUNCIL
for Mental
Wellbeing



Toolkit Overview



- [How to Get Started](#)
- [Communication & Engagement](#)
- [Youth-focused Shareables](#)
- [Implementation](#)
- [On-demand Course](#)
- [Events](#)
- [About Us](#)
- [Resource Library](#)

<https://www.thenationalcouncil.org/program/getting-candid/>



How to Get Started

- Purpose of the toolkit and how to use it
- Your role as a youth-serving provider or a community-based organization or coalition



Communication & Engagement

GETTING CANDID: FRAMING THE CONVERSATION AROUND YOUTH SUBSTANCE USE PREVENTION
Motivational Interviewing Tips for Engaging with Youth
NATIONAL COUNCIL for Mental Wellbeing

“Motivational interviewing (MI) is a collaborative approach to strengthening a person's own motivation and commitment to change.”

GETTING CANDID: FRAMING THE CONVERSATION AROUND YOUTH SUBSTANCE USE PREVENTION
Social Media Tip Sheet
NATIONAL COUNCIL for Mental Wellbeing

MI is a change practice that motivates people to take action.

GETTING CANDID: FRAMING THE CONVERSATION AROUND YOUTH SUBSTANCE USE PREVENTION
Language Matters When Discussing Substance Use
NATIONAL COUNCIL for Mental Wellbeing

Language is **powerful**. It affects the way individuals interpret ideas, perceive intentions and view the world around them. The words we use **matter**. This is especially true when talking about substance use. That's why it's important to use **non-stigmatizing, person-first language** to reduce stigma and negative bias.

WHAT IS STIGMATIZING LANGUAGE?
Stigma is a negative association with a circumstance or trait that can result in discrimination against a person for a certain characteristic(s). Stigma can also be described as internal feelings of shame or judgement from others. Stigmatizing language includes words or phrases with negative labels that assign judgement.
For example, terms like “addict” or “junkie” are stigmatizing terms for someone with a substance use disorder (SUD) because they imply that the person is at fault for their health condition.¹ This stigma may stem from a lack of education or understanding that a combination of biological, environmental and developmental factors can influence the risk for a SUD.²

WHAT IS PERSON-FIRST LANGUAGE?
Person-first language emphasizes the person rather than their diagnosis, which helps remove stigma. Person-first language reframes the situation by removing stigmatizing language and not labeling an individual only by their condition. For example, person-first language may look like “a person with a substance use disorder” or “a person in recovery.” The following table includes examples of how to use person-first language when discussing substance use.

WHY DOES THIS MATTER?

GETTING CANDID: FRAMING THE CONVERSATION AROUND YOUTH SUBSTANCE USE PREVENTION
Building Trust and Rapport with Youth
NATIONAL COUNCIL for Mental Wellbeing

Trust and rapport are critical for working with youth. The following considerations provide insight on how to effectively build rapport and trust with youth and should be adapted to fit each relationship, as one size does not fit all.

Check your bias and create space for self-reflection. Take an honest inventory of personal reactions and biases on an ongoing basis. Avoid allowing biases or personal experience to interfere with providing objective, clear and concise advice, and regularly check your ability to be neutral.¹ [The Implicit Bias Workbook](#) provides sample questions and exercises to aid in the self-reflection process.

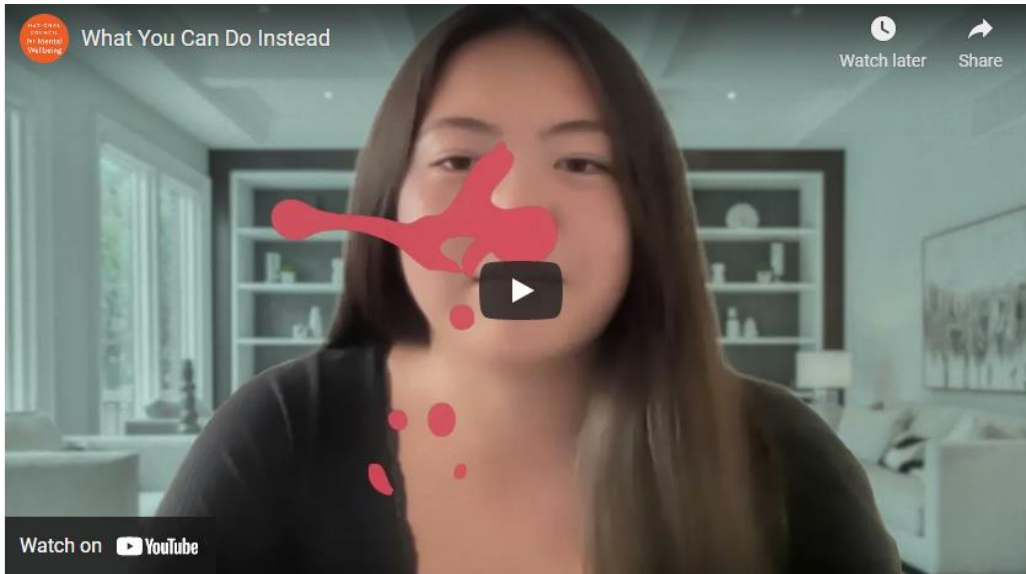
Consider the developmental factors of the youth you serve. It is important to take into consideration the age of the youth you serve and their developmental level. Understanding the following developmental factors that can contribute to youth awareness, maturation and experiences, is essential as you work to develop rapport and trust.²

COGNITIVE FUNCTIONING (including learning and emotional abilities)	PHYSICAL HEALTH MILESTONES	GENDER (including gender identity)	CULTURAL IDENTITY
ACADEMIC ACHIEVEMENT (including favorite/strong subjects, learning style)	HOME ENVIRONMENT (including personal social supports)	SEXUAL ORIENTATION	TRAUMA HISTORY

- Social Media Tip Sheet
- Language Matters guide
- Building Trust and Rapport with Youth guide
- Motivational Interviewing Tips for Engaging with Youth
- Engaging parents/caregivers resources
- Telehealth resources

Youth-focused Shareables

- Substance Fact Sheets
- Risk and Protective Factors Guide
- Share Your Why videos



Implementation

GETTING CANDID: FRAMING THE CONVERSATION AROUND YOUTH SUBSTANCE USE PREVENTION
Resource Referral Planning Guide
NATIONAL COUNCIL for Mental Wellbeing

Identifying community partners and a process for referring youth to additional services takes intentional effort. This guide is intended to help youth-serving providers identify the right referral partners based on the needs of their community and work together to best address the needs of shared clients.

IDENTIFYING THE RIGHT REFERRAL PARTNER
Consider the needs of youth you work with by asking...

GETTING CANDID: FRAMING THE CONVERSATION AROUND YOUTH SUBSTANCE USE PREVENTION
Implementation Recommendations and Considerations
NATIONAL COUNCIL for Mental Wellbeing

Recommendations for youth-serving providers and community-based organizations to communicate with youth about substance use prevention using the **Getting Candid: Substance Use Prevention** toolkit. It includes strategies around goal setting, where and how materials may be deployed within communities served. The recommendations in this guide are not "one size fits all" and should be adapted accordingly, as well as on whether it occurs at the individual or organizational level.

GETTING CANDID: FRAMING THE CONVERSATION AROUND YOUTH SUBSTANCE USE PREVENTION
Provider Self-Reflection Tool
NATIONAL COUNCIL for Mental Wellbeing

This self-reflection tool is designed to gauge youth-serving providers' level of comfort and use of specific approaches when having conversations about substance use with youth. The communication pathway within the **Getting Candid: Framing the Conversation Around Youth Substance Use Prevention Message Guide** contains five conversation stages: Establish trust, gather insights, frame communication, make the case and suggest action. Use this tool to assess proficiency in each stage. The resources and tips in the message guide and accompanying toolkit can support capacity building in lower scoring stages.

GETTING CANDID: FRAMING THE CONVERSATION AROUND YOUTH SUBSTANCE USE PREVENTION
Warm Handoffs for In-person and Virtual Services
NATIONAL COUNCIL for Mental Wellbeing

Warm handoffs between care team members are a best practice for integrated care (integrating mental health and substance use treatment services with primary and/or specialty medical services). These tips for in-person and virtual exchanges will help refine your processes and make the most of the transfer, not only of information, but also trust.

PRIORITY APPROACH
In-person transition with all three participants (client, providers, referral partner)

The warm handoff — a best practice for integrated care — is an immediate introduction of the client from one staff member to another with all three parties present. For example: primary care provider to mental health or substance use treatment provider or vice versa, nurse to nutritionist, care coordinator to housing specialist — all with the client present. The warm handoff serves as a meet and greet to reduce barriers associated with the referral process and eases the client into services. Ideally, it includes helping the client identify one small step that can improve their functioning that day.

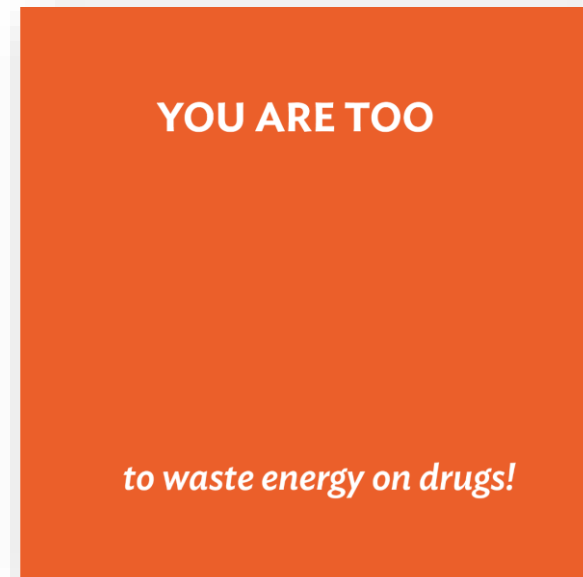
Warm handoffs can reduce the likelihood of no-shows and initiate access to other services as part of team-based care, as the client is able to meet someone who can address some of their immediate needs. The transparent exchange of information with the client present serves as an opportunity to demonstrate team collaboration, as well as an opportunity to transfer the rapport and trust that the client has from one team member to another.

SECONDARY APPROACH
Scheduling referral during appointments or at checkout

If a warm handoff is not possible, the second-best approach is to establish a backup or proxy (for example a care manager or care coordinator). This is a person who can answer basic questions, describe the requested services and the process (whether virtual or in-person). The proxy must have a genuine ability to represent the receiving person to not further promulgate a feeling of being passed around, and provide a "no wrong door" approach.

It is critical that the proxy has access to the receiving person's schedule to facilitate an appointment before the client's appointment. If the proxy is not available, the client should be informed of the proxy's availability and the proxy's contact information.

- Implementation Guide
- Resource Referral Planning Guide
- Warm Handoffs Guide
- Provider Self-Assessment
- Sample Social Media Posts

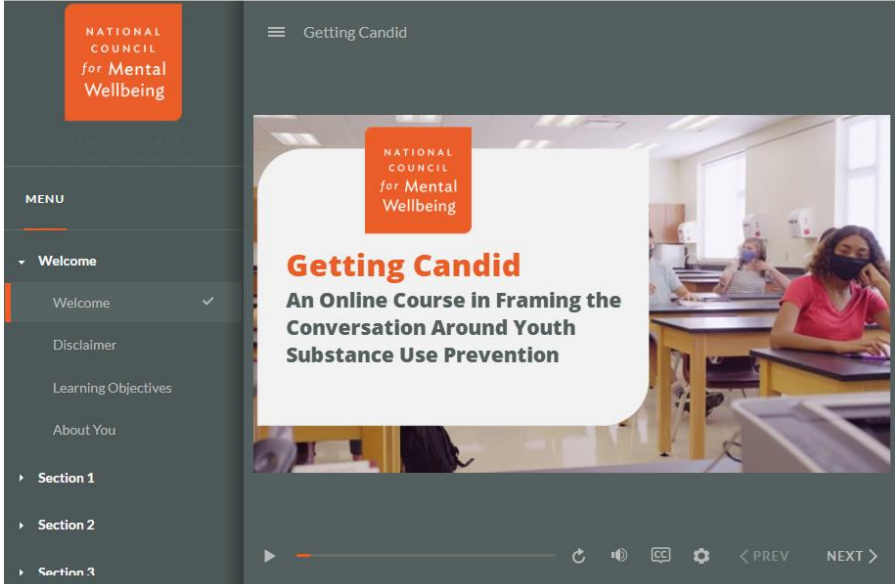


On-demand Course

- 30-minute course
- In-depth look at how to have meaningful conversations with youth about substance use prevention
- Certification of completion provided

<https://www.thenationalcouncil.org/program/getting-candid/on-demand-course/>

Take the Course



Who should take the course?

This course is designed for youth-serving individuals and organizations, including behavioral health providers, primary care providers, social workers, etc.

How long does the course take to complete?

Opportunities

1. **Download** the message guide and access the supplemental resources at <https://www.thenationalcouncil.org/program/getting-candid/>
2. **Implement** the message guide in your interactions with youth
3. **Share** the message guide within your networks of youth-serving providers
4. **Interested in further training?** Complete this workshop request form: <https://www.surveymonkey.com/r/ttarequestform>



Questions?



For more information or to inquiry about these resources, please email gettingcandid@thenationalcouncil.org