

Discussing Substance Use

Addressing substance use is often an extended process requiring ongoing communication. One key is to target the discussion to the needs of the child or adolescent and his or her readiness to change. The following approaches have proven useful in communicating with children and adolescents about substance use.

The **FRAMES** mnemonic describes six principles of effective brief interventions (Miller and Sanchez, 1994).

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| F Feedback on risk/impairment | Use child's or adolescent's own description of current problem. E.g., "You've told me your grades have dropped this year, and you were in an accident after drinking at a party." |
| R Emphasis on personal responsibility for change | E.g., "I'd like to work with you, but it's up to you to take responsibility for changing things." |
| A Clear advice to change | E.g., "I believe the best thing for you would be to stop using drugs and alcohol." |
| M Menu of options for behavior change and treatment | E.g., "You could try stopping completely, or cutting down, or I could refer you to a specialist." |
| E Empathetic counseling style | E.g., "I know that these things may be difficult to hear, but I'm worried about you. I care about your health and your future." |
| S Faith in child's or adolescent's self-efficacy to change | E.g., "Even though this may be difficult to do, I believe in you and I know that you can do this if you try." |

Interventions and communications addressing substance use can be more effective if health professionals take into account a child's or adolescent's readiness for change at a moment in time. Recognizing that a child or adolescent moves through stages of change (see table 1 on page 64) can help health professionals tailor their message and feel less frustrated when immediate change does not occur.