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Massachusetts General Hospital
Founding Member, Mass General Brigham

HARVARD MEDICAL SCHOOL

Center for School Behavioral Health

# Addressing Student Substance Use Through Prevention, Education, and Service Referrals: Model School Policy

CENTER FOR SCHOOL BEHAVIORAL HEALTH
MASSACHUSETTS GENERAL HOSPITAL

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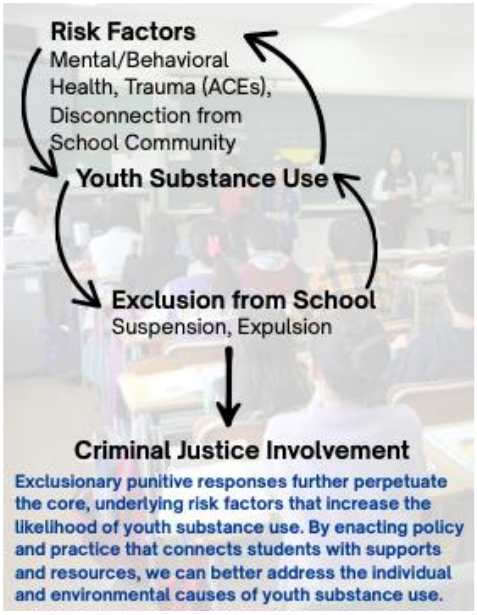
# Introduction

Schools play a pivotal role in promoting student behavioral health and substance use prevention and recovery by delivering Universal (Tier 1) and Targeted (Tier 2) interventions, particularly when supported by adequate funding and strong school-community partnerships. As the primary providers of mental health services for children and adolescents in the United States, schools surpass all other child-serving sectors in their reach and impact [SAMHSA 2025].

The purpose of this document is to support schools in aligning policy and practice specific to student substance use. This resource provides model policy language that can support school connection and foster equitable academic outcomes while also highlighting specific evidence-based strategies that schools may implement. The model policy prioritizes student well-being, academic success, and long-term health outcomes to support students in making positive decisions, reduce risk-taking behaviors related to substance use, help students addicted to substances recover and provide alternatives to the use of exclusionary disciplinary practices—which are known to be ineffective and carry consequences for students long-term academic and personal wellbeing. Policy recommendations provided here aim to emphasize supportive strategies that identify and address the root causes of substance use, including trauma, adverse childhood experiences (ACES), or other mental health challenges, particularly as they relate to the social determinants of health (SDoH), to promote improved academic achievement, reduced behavioral issues and discipline disparities, enhanced school climate and learning environments, and to increase student engagement and attendance. These SDoH, including housing, transportation, neighborhood, built environment, ecocomic stability, community context, and education and health care access and quality, are linked to youth substance use through their influence on various risk and protective factors that can increase or decrease an adolescents' likelihood of developing a substance use disorder.




This model policy is designed to build upon existing Massachusetts laws and mandates related to schools' response to student substance use, including M.G.L. c.71, § 96, which requires each public school to have a policy regarding substance use prevention and student education about the dangers of youth substance use and prescription misuse. By providing implementation-ready policy recommendations, the goal of this model policy is to reduce the burden on school officials while upholding best practices in applying current laws, mandates, and regulations. Specifically, this model policy integrates the preventive aims of Massachusetts General Laws Chapter 71, Section 97—which requires annual SBIRT (Screening, Brief Intervention, and Referral to Treatment) in two grades—with the restorative approaches mandated by Chapter 177 of the Acts of 2022. SBIRT facilitates individualized, supportive conversations between students and trusted school professionals, enabling early identification of substance use risks and connection to appropriate resources to help mitigate harms and increase substance use recovery. Chapter 177 prioritizes restorative practices like mediation and collaborative problem-solving over punitive discipline, fostering trust and accountability. By aligning these two frameworks, this model policy promotes a holistic, equitable approach that dismantles harmful, exclusionary disciplinary practices—especially those that have disproportionately impacted structurally marginalized students—and instead supports healthier choices, improved school climate, and better academic and social outcomes for all students.

This model policy aligns with the Department of Early and Secondary Education (DESE) guidance and requirements. Careful review of this model policy for alignment with existing school practices and policies is encouraged, to allow for local adaptation while ensuring statewide standards are met. If adopted, this policy shall be posted on the district's website, and notice shall be provided to all students and parents/guardians in accordance with state SAMHSA National Registry of Evidence Based Program.

# Model School Policy for Adoption and Adaptation

## Goals

[***INSERT DISTRICT NAME***] is committed to creating and maintaining school environments where all students can thrive academically, socially, and emotionally. The goal of this policy is to establish a comprehensive, restorative, and evidence-informed approach to addressing student substance use that prioritizes student well-being, academic success, student engagement, and school connectedness. Through the implementation of evidence-based, person-centered substance use prevention, addiction support and intervention strategies, the district will work to help students gain the skills to prevent and address addiction and connect students to additional services in collaboration with families and community partners. The district will work to eliminate the use of exclusionary discipline practices that are not shown to reduce use or benefit students and disproportionately harm students from structurally marginalized communities, including students of color, low-income students, students with disabilities, and LGBTQIA+ students. The model policy leverages restorative and health-centered approaches, aligns substance use along a mental health continuum, and prioritizes early identification and support to address root causes of substance use while promoting student well-being, academic engagement, and long-term health outcomes for all students.

## Policy

### Substance Misuse Prevention and Addiction Recovery Interventions

**Definition of Substances:** The term "substances" includes but is not limited to all illegal drugs, beverages containing alcohol, tobacco or nicotine products, cannabis, as well as the misuse of over the counter medication, prescription medication, inhalants, or any controlled substance as defined in MGL Ch94C.

**Definition of Misuse:** The use of a substance in a way that is unauthorized, harmful, or contrary to intended purpose.

In accordance with all state and locally applicable laws, students shall not, regardless of the quantity; use, consume, possess, conceal, transport, buy, sell, or give away any substances as defined above. This policy applies to school property, school functions, and any school-sponsored events.
https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C
Students who require medication during school hours are supported through the district's medication administration policies, which prioritize student health, safety, and development of personal responsibility. When indicated by a medical professional, students may self-carry and self-administer medications in accordance with Regulation 105 CMR 210. Students requiring life-saving medications such as inhalers, insulin, enzymes, and epinephrine work collaboratively with the school nurse to establish individualized self-administration plans. Any misuse of controlled substances, including medications that are prescribed or over the counter, are a violation of this policy.

Additionally, 105 CMR 210 contains a carve out for the storage, training and administration of opioid antagonists in the school setting. The regulation also contains a requirement for reporting of opioid antagonist doses administered in the school setting. In compliance with this regulation, [***INSERT DISTRICT NAME***] will have policy and procedures for education and training on overdose and overdose reversal, the storage and administration of opioid antagonists, and overdose/reversal postvention. The Massachusetts Department of Public Health provides information regarding opioid overdose prevention, response, and opioid antagonist administration, including several training providers that offer trainig and education.

### Prevention and Education

This policy intentionally aligns with the standards outlined in the Comprehensive Health and Physical Education Framework released by DESE in 2023 (CHPE, 2023). In compliance with these standards, this district is committed to:

- Implementing evidence-based and developmentally appropriate behavioral health promotion and substance use prevention programs. Educating students about behavioral health includes teaching them about the risks associated with early initiation of substance use, the interconnected relationship between substance use and other mental health concerns, and how each can influence the other.

- Implementing curricula that provides accurate and current information on substances and their effects to empower students to understand how the industry targets them and how to make informed and healthy choices. The district relies on several directories and registries that provide evidence-based behavioral health promotion and substance use prevention programs including: the SAMHSA Registry of Prevention Programs, Blueprints for Health Youth Development; and the Prevention Technology Transfer Center (PTTC) Network.
- Fostering a supportive learning environment that prioritizes student mental health, well-being, and overall school connectedness. This includes prevention strategies that support positive student-teacher relationships grounded in warmth and empathy, as well as culturally affirming and respectful learning environments for all students.
- Continually exploring evidence-based substance use education and prevention initiatives, including peer support initiatives that invest in student leadership and development, to further cultivate a supportive learning environment.
- Providing parents/guardians with proper education on behavioral health and substance use that equips them to identify risk factors, address other mental health concerns, and engage in meaningful conversations with their student about healthy choices. Parents/guardians play a critical role in preventing substance use by recognizing early warning signs and fostering open communication with their students.
- Fostering this collaborative effort between schools, families, and the community to ensure a unified approach to supporting students' well-being. By aligning resources and fostering partnerships, the district aims to create a responsive environment that promotes prevention, early intervention, and long-term student success.

## Screening and Intervention

The district is committed to implementing substance use screening to support overall student well-being, reinforce healthy decisions not to engage in substance misuse, and to identify as early as possible those students who may benefit from support services, psychoeducation, intervention, or referral to treatment based on the level of risk indicated by their screening responses. Evidence-based and developmentally appropriate screening tools approved by DESE and DPH, can be utilized to ensure screening is a safe and confidential process. Staff shall be trained to approach screenings with sensitivity and cultural competence. Screening results will be subject to the information sharing limitations in M.G.L. c. 71 § 37L and should not be shared with or disclosed to law enforcement, results should solely be used to inform relevant treatment referrals to address addiction and support recovery pathways. It is crucial that school staff provide clear pathways for interventions, follow-up support, and connection to community resources when needed.

A. In accordance with state law (2016 Mass. Acts ch. 52), the district shall conduct annual Screening Brief Intervention and Referral to Treatment (SBIRT) in two grades, one in middle school (grades 6-8) and one in high school (grades 9-12). The Department of Public Health recommends schools/districts use their local substance use rate and risk/protective factor data to make determinations regarding the best grades to conduct screenings in.

B. Parents/Guardians shall be notified prior to screenings.

C. A student or their guardian may opt-out of the screening, in writing, at any time before or during the screening.

D. All screening statements are confidential, except in cases of immediate medical emergency or as required by law.

E. De-identified results shall be reported to the Department of Public Health within 90 days of screening completion.

There is insufficient scientific evidence to support the effectiveness of vape detectors in preventing or reducing youth vaping, and these devices do not address underlying causes of substance use such as industry marketing tactics targeting minors. As such, no federal, state, or district funds shall be used to purchase vape detectors. The Department of Public Health's Massachusetts Tobacco Cessation and Prevention Program (MTCP) supports universal screening as the evidence-based, trauma-informed approach to identifying youth who need additional support.

When appropriate, the district encourages staff and providers to conduct additional screening for SDoH that may be contributing to stress, anxiety, and/or other factors that may be related to any substance use. The National School-Based Health Alliance offers a Health-Related Needs Screening Tools resource.

## Graduated Responses to Substance Use Incidents

The policy provides the district with graduated responses to addressing substance use incidents that integrates three evidence-based frameworks - restorative practices, Collaborative Problem-Solving (CPS), and Motivational Interviewing (MI) - to ensure that every response is supportive, equitable, and effective. Together, these approaches ensure that students are met with appropriate interventions and supports with the goal of addressing substance use in a way that promotes accountability, healing, and long-term success for every student.

Rather than relying on exclusionary discipline, restorative practices engage students in meaningful dialogue, accountability, and opportunities to cultivate positive relationships and to recover from addiction. This process helps students reflect on their actions, rebuild their trust with adults and peers, and access support services, all while strengthening their sense of belonging within the school community. In cases of students found to be distributing substances, they will be evaluated for substance use and other mental health needs, with referral to the appropriate intervention(s) as detailed in the graduated responses below. However, any decisions regarding disciplinary or legal responses in these cases fall outside the scope of this policy and this discretion lies with school and district administrative personnel. The district will use restorative practices as appropriate to:

- Bring together the student, school staff, and family to discuss the impact of substance use, identify underlying causes, and collaboratively develop a plan to prevent future substance use, repair any harm, and restore the student's trust and relationships.
- Ensure understanding, accountability, healing, and reintegration into the school community, while maintaining clear behavioral expectations.

The Collaborative Problem-Solving (CPS) philosophy further guides our response by focusing on understanding the student's perspective and identifying the root causes of substance use. Through open-ended, nonjudgmental questions and collaborative dialogue, staff and students work together to uncover underlying issues and develop practical solutions. This approach prioritizes maintaining students' connection to school, community, and academic resources, rather than simply punishing the behavior.

Motivational Interviewing (MI) strategies complement these efforts by fostering student-centered, trauma-informed conversations about substance use. MI uses reflective listening, affirmations, and open-ended questions to explore a student's ambivalence and readiness for change. By uplifting any language that indicates a student's desire or intention to change, MI empowers students to take ownership of their choices, supports them in making healthier decisions, and provides them with support in recovering from addiction.

***[INSERT DISTRICT NAME]*** is committed to training the appropriate staff in these approaches to advance the goals of this policy and ensure students are engaged and supported.

**If there is any concern about a student's immediate need for medical attention, district staff are advised to contact 911.**

**A. First Offense**: The school nurse, school adjustment counselor, or other appropriate, designated school personnel will engage the student in a dialogue to understand underlying factors contributing to substance use by employing MI strategies. These strategies prioritize a student-centered, non-judgmental, and trauma-informed approach to conversations around substance use and addiction. MI leverages open-ended questions, affirmations, and reflective listening to explore a student's ambivalence around their own substance use and uplifts any language that may indicate a student's thoughts on addiction, substance use and ability for change. Through employing MI practices, staff will create a safe and supportive environment where students feel heard and understood. This process allows students to share their experiences and motivations—such as peer pressure, stress, or other personal challenges—enabling school personnel to identify underlying issues and connect students with appropriate support or intervention services. In lieu of exclusionary practices, i.e. detention or suspension, students will be offered the opportunity to, either:

[1] Participate and meaningfully engage in a psychoeducation group or individualized sessions on the risks associated with early substance initiation such as, iDECIDE™ or similar evidence-based, science-informed curriculum; *and/or*

[2] Participate in restorative practices, such as harm-repair circles, conflict-responsive dialogues, and reparative activities to address the impact/harm resulting from receiving a first offense for a substance use incident.

If a parent or guardian has concerns regarding their student's behavioral health, they are encouraged to contact their primary care provider, the Behavioral Health Helpline (BHHL) or visit their local Community Behavioral Health Center (CBHC) and request a mental health and substance use assessment by a Certified Adolescent Community Reinforcement Approach (A-CRA) clinician or other properly trained child and adolescent clinician. For further support and information on substance use resources and treatment options, families can also contact the Massachusetts Substance Use Helpline (Helpline) at 800-327-5050 or visit helplinema.org.

**B.** **Second Offense**: As in the initial response, designated school personnel will engage the student in a supportive, non-judgmental dialogue to explore underlying factors and connect them with appropriate support services. In lieu of exclusionary practices, i.e. detention or suspension, students will be offered the opportunity to, *either*:

[1] Complete a substance use assessment conducted by a Certified A-CRA clinician or other properly trained child and adolescent clinician at their local CBHC or at a specialized adolescent substance use clinic. **A full directory of statewide providers can be found through the Helpline or the BHHL**.

[2] Participate in restorative practices, such as harm-repair circles, conflict-responsive dialogues, and reparative activities to address the impact/harm resulting from receiving a second offense for a substance use incident.

[3] Discuss with the student and parent/guardian the appropriateness of participation in the Positive Alternatives for Student Support (PASS) program or similar therapeutic, addiction program which provides therapeutic interventions, individualized academic support, and connections to community resources.

Parents and guardians are encouraged to access psychoeducation and support through resources such as Allies in Recovery—which offers online CRAFT-based training, support groups, and expert guidance for navigating the treatment system—and the Massachusetts General Hospital Addiction Recovery Management Service (MGH ARMS), which provides parent education, support groups, and coaching to help families understand substance use and effectively support their child's recovery.

**C.** **Third and Subsequent Offense**: As in the initial response, designated school personnel will engage the student in a supportive, non-judgmental dialogue to explore underlying factors and connect them with appropriate supports. In lieu of exclusionary practices, i.e. detention or suspension, students will be referred to treatment at the local CBHC, or other specialized adolescent substance use clinic, where a clinical determination will be made on the most appropriate level of care, i.e. outpatient, partial-hospitalization, withdrawal management, or residential treatment to meet the student's addiction health needs. For students with a diagnosed substance use disorder or dependency, Recovery High School (RHS) programs should also be considered as an alternative treatment option for students that would like to continue working toward their high school degree in a supportive environment that reinforces their recovery goals and supports their adherence to a recovery plan. Intake for these programs typically includes an admissions process involving a written application, intake form, and interviews, in some cases, to determine if placement is appropriate.

Documentation from the treating clinician confirming the student has been assessed, is actively engaged in care, and is making progress toward their individual clinical treatment goals will be required. This documentation should not include specific diagnoses, medication details, or information discussed during treatment sessions unless previously agreed to by student and parent/guardian. The purpose of documentation is to ensure the student is receiving the appropriate clinical treatment and is safe to return to school.

Furthermore, prior to the student's re-entry following an out-of-school placement for behavioral health needs, every effort should be made for a re-entry meeting - which accommodates the parents'/guardians' schedule and flexibility. Schools should leverage available re-entry programs such as the Building Resilience in Youth Transitions (BRYT) model when accessible, which provides structured support for students returning from psychiatric hospitalization or residential treatment. These specialized programs offer evidence-based frameworks for coordinating care transitions and can significantly enhance the effectiveness of the collaborative re-entry planning process. This meeting will include the student, their parent/guardian, relevant school personnel, and as appropriate, external treatment providers. The goal is to collaboratively develop a successful re-entry plan that identifies any additional resources or supports needed to facilitate the student's transition back to school. A point person within the school will be designated as the primary

contact for the student should they require assistance, and a clear process will be established for keeping all relevant parties informed and coordinated throughout the transition. When a virtual or in person re-entry meeting is not possible, this communication can occur via telephone or email communication to enhance the students' successful transition back to school. This comprehensive approach ensures continuity of care, fosters a supportive environment, and maximizes the likelihood of the student's ongoing success and well-being within the school community.

Parents/Guardians are strongly encouraged to access comprehensive psycho-education and resources to effectively navigate the treatment system and support their student's recovery journey. Available resources include the online Allies in Recovery platform, specialized support services through MGH ARMS that offer parent education about substance use, support groups, and individualized parent coaching. Additionally, iCARE provides a free, self-paced educational program specifically designed for parents/guardians addressing adolescent substance use, funded by the Massachusetts Department of Public Health and accessible via computer, tablet, or phone. The iCARE program includes evidence-based modules covering the neurobiology of substance use, industry tactics and media literacy, risk and protective factors, and effective communication strategies to enhance family support and intervention outcomes.

## Support and Referrals

The district shall establish partnerships with community resources to provide appropriate intervention or treatment services for students in need, including connections to organizations that offer parent and guardian education and support, resources addressing social determinants of health, and assistance with health coverage through the MassHealth Enrollment Center or assistance with health referrals and guidance to help navigate access to mental health and wellness care through the Massachusetts Behavioral Health Helpline or the William James INTERFACE Referral Service.

For parents or guardians seeking additional resources, the National Institute on Drug Abuse (NIDA), Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline, Centers for Disease Control and Prevention (CDC), and the American Academy of Child and Adolescent Psychiatry (AACAP) offer parents and guardians comprehensive, evidence-based information on adolescent substance use. These resources provide guidance on understanding the risks and protective factors associated with youth substance use, practical strategies for prevention, and tips for fostering open, supportive communication with your student.

## Policy Review and Reporting

This policy shall be reviewed annually and updated as needed to reflect current research and best practices. This policy shall be reviewed and discussed with students annually at the beginning of each school year. The district shall file a copy of this policy with DESE as required and in the manner requested by DESE.

## Implementation

By adopting a science-based approach that moves away from punitive and exclusionary practices, the district can create a more equitable, effective, and compassionate response to student substance use and addction, ultimately addressing the root causes of substance use, promoting positive behavioral change, and improving outcomes for all students while strengthening the entire school community.

### Role Specific Guidance to Support Implementation

- **District Leadership** (Superintendent, Assistant Superintendent, Department Leaders, etc.):
  District Leadership shall support policy efforts and offer support and resources to school-based leaders to support adoption and implementation.
- **School-based Leadership** (Princial, Assistant Principal[s], Dean[s], etc.):
  School-based Leadership shall support school-based adoption and implementation of policy, and lead efforts to build sustainable prevention and intervention models. School-based Leadership shall lead communication with parent(s)/guardian(s), and make support enacting action-plans recommended by providers, especially escalations to higher levels of care. They will address student refusals for non-punitive responses and involved consequences.
- **Guidance Department** (School Adjustment Counselors, School Counselors, School Social Workers, etc.):
  Guidance staff shall provide opportunities for therapeutic engagement, and provide interventions as identified by the school and defined in policy.
- **Nurse(s)**:
  Nurse(s) shall support screening, and intervention when identified by the school.
- **Classroom Teachers** (Core Academic Teachers, Unified Arts Teachers, etc.):
  Classroom Teachers may be involved in interventions, as identified trusted adults. They will also support education of processes and interventions, providing referrals for students when appropriate.
- **Support Staff** (Paraeducators, etc.):
  Support Staff may be involved in interventions, as identitifed trusted adults.

This policy is effective immediately upon adoption by the School Committee.

# Recommended Student Handbook Language

*Please review and adapt the recommended language below to add to your school's student handbook.*

**Substance Use Policy Statement:**
Our school is committed to supporting the health, safety, and well-being of every student. We recognize that substance use and addiction can have significant impacts on students, families, and our school community. In addressing substance use, our approach is rooted in respect, empathy, and the belief that it is the communities responsibility to provide a safe and protective environment for our students. We will work toward improving the community facilitators to substance use services and supports, and address barriers to treatment.

**Motivational and Restorative Approach**

- When concerns about substance use arise, our response is guided by restorative practices.
- We seek to engage students in open, nonjudgmental conversations that help them explore their own values, goals, and motivations for change, rather than relying solely on punitive measures.
- Our aim is to foster students' intrinsic motivation to make healthy decisions, support their self-efficacy, and encourage personal responsibility.

**Restorative Practices**

- Instead of automatic suspension or exclusion, students who violate the substance use policy may be invited to participate in a restorative process.
- This process brings together the student, school staff, and family to discuss the impact of substance use, identify underlying causes, address addiction and collaboratively develop a plan to repair harm experienced by the student and restore relationships.
- The restorative process emphasizes accountability, healing, and reintegration into the school community, while promoting the cultivation of positive, trusting relationships.

**Graduated Response**

- Students will be offered access to counseling, educational resources, and, when appropriate, referrals to community-based support services.
- Our approach to addressing substance use is progressive and tailored to the individual needs and circumstances of each student. Responses may range from supportive conversations and educational interventions for a first concern, to more structured support plans or restorative circles for repeated concerns. Disciplinary actions, if necessary, will be considered only after supportive and restorative options have been explored, and will always be accompanied by opportunities for learning and growth.
- Each case will be handled with sensitivity and respect, ensuring that interventions are fair, developmentally appropriate, and focused on helping students succeed both academically and personally.

**Confidentiality and Respect**

- All conversations and interventions are conducted in strict compliance with FERPA and HIPAA privacy requirements, ensuring student confidentiality in maintained throughout the process.
- All conversations and interventions related to substance use are handled with the utmost respect for students' privacy and dignity.
- Our goal is to provide a safe, supportive environment where students feel empowered to seek help and take positive steps forward.

This policy reflects our commitment to a safe, inclusive, and supportive school climate, where every student is valued and empowered to succeed.

# Resources

Any school or parent/guardian looking to identify behavioral health services for their student should contact the following statewide resources:

1. Massachusetts Behavioral Health Helpline (BHHL) can connect any Massachusetts resident directly to clinical help in their community, even if you are uncertain what kind of help your student needs.
    a. It is free, confidential, and no health insurance is required.
    b. Real-time interpretation of 200+ languages.
    c. Deaf or hard of hearing? Contact MassRelay at 711, or use your video relay or caption provider of choice.

2. Community Behavioral Health Center (CBHC) are one-stop shops for a wide range of mental health and substance use services and treatment. The statewide network of CBHCs includes centers across Massachusetts that offer immediate, confidential care. Crisis services are available around the clock for anyone who feels they may be experiencing a mental health crisis. This 24/7 in-person crisis support can be used by anyone in Massachusetts, regardless of insurance.

Other statewide resources to share with students and families:

- 988 provides free emotional support and includes call, chat, and text options. Through 988, trained Lifeline specialists are available to provide free, confidential emotional support to all callers. For LGBTQ+ Youth, the Trevor Project offers a connection to counselors who are trained to serve LGBTQ+ youth via call, chat, and text options.
- The Massachusetts Quitline connects people of all ages to a FREE trained quit coach by phone or online. Youth and young adults can also call My Life, My Quit™, a program designed to help young people quit vaping or using other tobacco products.
- The Massachusetts Substance Use Helpline is a statewide, public resource for finding substance use harm reduction, treatment, recovery, and problem gambling services. Helpline services are free and confidential, and available 24/7. Call 800-327-5050 or text HOPE to 800327 for support.
- Mass 211 is an easy to remember telephone number that connects callers to information about critical health and human services available in their community, including food banks and after school programs.
- Young Adult Access Centers are unique community spaces that allow young adults with mental health concerns to access services and supports in a timely and effective manner. The services are free and available to all young adults. No diagnosis is required.
- Safe Spaces for LGBTQIA+ youth provide community drop-in spaces for LGBTQ+ youth in communities across the state. These spaces offer emotional and social support and opportunities for youth to build positive relationships with their peers. Find additional organizations supporting LGBTQ + youth.
- The Massachusetts Tobacco Cessation and Prevention Program's Tool Kit, found on GetOutraged.org, provides resources for Massachusetts schools, community-based organizations, and providers who are working to address the use of e-cigarettes and other vaping products by youth. It outlines opportunities for action that can be taken by various school and community-based organization staff and providers, along with resources and tools to help.
    - Free resources to help youth quit vaping: mylifemyquit.org
    - Massachusetts' youth movement for tobacco prevention: The 84
- BRYT (Building Resilience in Youth Transition) a tier-3 school-based mental health support and re-entry program that supports students with mental and behavioral health challenges structured support to re-enter general education settings.

Additional Resources to Support the Workforce:

- The Careers of Substance Resources page offers many resources to support professionals working with youth and young adults using substances.
- The Massachusetts Health Promotion Clearinghouse provides MOUD Practice Guidance for non-prescribers who work with youth aged 16-24 to enable service providers to better engage, retain, and support this population's treatment process.
- Allies in Recovery offers resources and trainings that target supporting youth addressing substance use challenges.

**Collaborative Problem Solving**

Collaborative Problem Solving (CPS) Tip Sheet (Appendix A): Describes the three key actions of empathize, share, and collaborate that comprise a proactive, non-judgmental conversation with a student about a substance use-related problem to be solved. Provides a structure for moving through the conversation and incorporating various engagement tools such as clarifying questions, educated guesses, reflective listening, and reassurance. The CPS Tip Sheet also offers guiding prompts to support employing these tools in conversations, aiming to strengthen relationships with students and build skills to support behavior change.

**Restorative Practices**

Restorative practices Tip Sheet (Appendix B): Basic background on restorative harm-repair circles, and specific application of harm-repair circles in context addressing youth substance use, including a scope and sequence of the restorative process, and example of youth substance use harm-repair circle sequence. The final page offers sample questions, group agreements and harm-repair activities to be utilized as needed. All harm-repair circles should be responsive to those involved and the needs of the greater school-community.

**Motivational Interviewing**

Motivational Interviewing (MI) Tip Sheet (Appendix C): Open-ended questions, Affirmations, Reflections, and Summarize (OARS) provides sample questions and prompts to facilitate empathetic, student-centered dialogue. For example, prompts like "Can you say a little more about…?" or "What was it like…?" encourage students to share their experiences and motivations. The MI tip sheet also summarizes key principles such as expressing empathy, supporting self-efficacy, and rolling with resistance.

**iDECIDE** (Drug Education Curriculum: Intervention, Diversion, and Empowerment)

iDECIDE Overview (Appendix D): iDECIDE is a tier-2 behavioral health invention, designed as an alternative to suspension, that empowers both clinical and non-clinical school- and community-based providers to deliver psychoeducation and healthy decision-making strategies to support students in making sustainable behavior changes related to substance use.

**SBIRT in Schools – MASBIRT TTA**

SBIRT in Schools Toolkits: Comprehensive toolkits, such as the one developed by Boston University, walk school staff through the SBIRT (Screening, Brief Intervention, and Referral to Treatment) process. They include step-by-step guides for conducting brief interventions using motivational interviewing, as well as worksheets and sample scripts for both students who screen negative (using the REACT model: Reinforce, Educate, Anticipate Challenges of Tomorrow) and students who screen positive (using the Brief Negotiated Interview, or BNI). These resources help staff build rapport, explore pros and cons of use, provide feedback, assess readiness to change, and collaboratively develop action plans.

**Quick Guides and Online Training**

Organizations like the National Association of School Nurses and the School Based Health Alliance provide quick-reference guides and online modules on motivational interviewing and brief interventions, offering practical examples and conversation starters for real-life school scenarios.

**Materials for Parents and Guardians**

iCARE is a free, self-paced educational program accessible via computer, tablet, or phone, that includes evidence-based modules covering the neurobiology of substance use, industry tactics and media literacy, risk and protective factors, and effective communication strategies to enhance family support and intervention outcomes.

The Massachusetts Cessation and Tobacco Prevention Program, through GetOutraged.org, offers parents and guardians basic information about vaping, strategies for having a supportive conversation, and resources to help their child quit.

The Substance Abuse and Mental Health Services Administration (SAMHSA) also offers materials to empower parents and guardians to have supportive conversations about adolescent substance use. They offer fact sheets and brochures that provide information and engagement strategies specific to different substances that teens may be exploring.

# Appendix A: Collaborative Problem Solving Tip Sheet

## Collaborative Problem Solving® with Students Guide

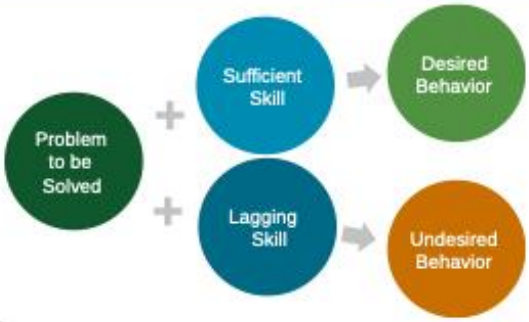
J. Stuart Ablon, PhD & Alisha R. Pollastri, PhD

Think:Kids
MASSACHUSETTS GENERAL HOSPITAL

### The Philosophy behind Collaborative Problem Solving® (CPS)

**When students repeatedly...**

- Miss class.
- Forget homework.
- Bring drugs to school.
- Act verbally or physically aggressive.
- Disrupt others during class.
- Appear under the influence of substances.
- Disengage from learning...




**They lack the SKILL, NOT the WILL to behave better.**

**KIDS DO WELL IF THEY CAN.**

**If they're not doing well, it's our job to figure out why...**
**and to help them build the skills to do better.**

Students who exhibit Undesired Behavior often struggle to manage the demands of their environment.

Why? Because they have trouble with **SKILLS** like tolerating frustration, being flexible, and solving problems. They don't need more motivation to behave well. They need more skills.

**Treat Undesired Behavior like a learning disability:**

- Assess which skills are struggles.
- Use an alternative approach to teach those skills in increments that the student can handle.
- During the skill-building phase, adjust expectations so that they are appropriate to the student's actual skill level.

The CPS approach teaches skills using a structured problem-solving process with students. While solving problems together, students practice being flexible, managing frustration, and other essential problem-solving skills. As skills develop, challenging behavior will be reduced, and the student will be able to solve problems more independently in the future.

# THINKING SKILLS

Students need a range of thinking skills in order to meet adult expectations. Some students who have trouble meeting expectations are struggling in just one skill area; other students may have skill struggles in multiple areas. Understanding which skills are getting in the way of a student's ability to meet expectations and leading to challenging behaviors is important because:

- It helps adults have empathy for the student
- It lets the adult know what skills need to be built

## LANGUAGE AND COMMUNICATION

- Ability to understand and express thoughts, feelings, and concerns in words

**What you might see if the student struggles with this skill:**

- Swearing/cursing, even when not upset
- Silence, delays in responding, frequently saying "I don't know"
- Trouble keeping up with rapid conversation

## ATTENTION AND WORKING MEMORY

- Ability to avoid distractions, pay attention, hold and think about multiple things at once

**What you might see if the student struggles with this skill:**

- Student seems scattered; loses or forgets things
- Doesn't do what you asked, especially a series of tasks
- Has a hard time predicting consequences
- Substance use

## EMOTION- AND SELF-REGULATION

- Ability to manage and control emotional responses
- Ability to manage their state of arousal
- Ability to control their impulses

**What you might see if the student struggles with this skill:**

- Explosive behavior
- Meltdowns
- Withdrawal
- Impulsive behavior
- Difficulty controlling themselves
- Substance use

## SOCIAL THINKING

- Ability to attend to, interpret, and employ verbal and non-verbal tools used to relate to others

**What you might see if the student struggles with this skill:**

- Annoying others without realizing
- Subtle or explicit isolation from peers

## COGNITIVE FLEXIBILITY

- Ability to adjust to change, shift from an original idea or plan, and think hypothetically

**What you might see if the student struggles with this skill:**

- Rigidity
- Exaggerating and overgeneralizing, e.g., "You never let me..."

## Collaborative Problem Solving helps students to practice...

**LANGUAGE & COMMUNICATION**
- Following and engaging in conversations
- Telling people what's bothering them

**ATTENTION & WORKING MEMORY**
- Holding two concerns in their mind at once
- Thinking through consequences of different options
- Maintaining attention

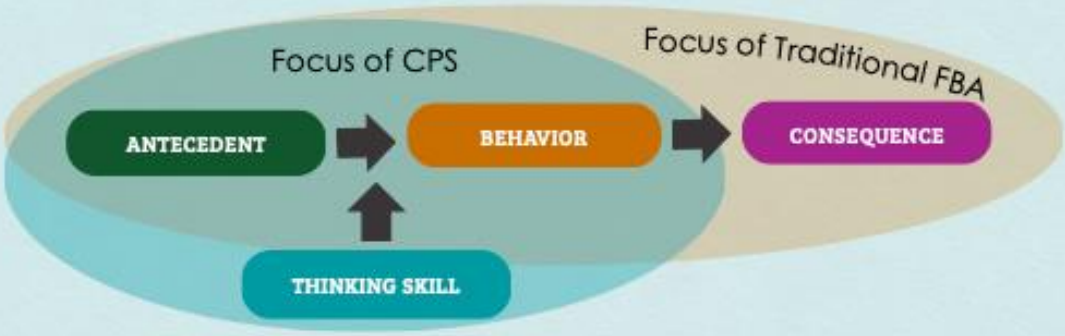
**EMOTION- & SELF-REGULATION**
- Thinking and communicating calmly while upset
- Controlling impulses

**SOCIAL THINKING**
- Taking another person's perspective
- Understanding how others perceive them
- Empathy

**COGNITIVE FLEXIBILITY**
- Generating multiple solutions to a problem
- Moving off an idea and trying something else

## 1. The Assessment Phase

In contrast to a traditional Functional Behavior Assessment (FBA), a CPS Assessment assumes that students do well if they can. Identifying antecedents is still important, but instead of focusing on the consequences, a CPS Assessment focuses on the thinking skill struggles that are the reason those antecedents lead to Undesired Behavior. We refer to the antecedents as the Problems to Be Solved!



You can use the CPS Assessment and Planning Tool, available at thinkkids.org, to separate the Problems to Solve from the student's skill struggles and Undesired Behaviors. Here is an example:

|  **PROBLEMS TO BE SOLVED** |  **SKILL STRUGGLES** |  **UNDESIRED BEHAVIORS** |
|---|---|---|
| The situations WHEN the student has difficulty. Also known expectations, precipitants, antecedents, triggers, or contexts that can lead to Undesired Behavior. When making your list, describe the who, what, when, and where and be specific! | The reasons the student is having difficulty handling these specific situations. Use the list of problems as your clues and refer to the list of Thinking Skills. If the problems are the WHEN, the skill struggles are the WHY. | The observable responses that often bring up the greatest concerns for educators and parents.<br><br>Examples are yelling, swearing, refusing, hitting, crying, shutting down, etc. |
| • Substance use<br>• Transitioning from hall to science class<br>• Bringing materials home to do homework<br>• Handing in homework | • Planning and organizing<br>• Keeping track of time<br>• Adjust energy level at the right times or adjust energy levels when expected to<br>• Understanding the impact her behavior has on others | • Arrives late to class<br>• Barges into class loudly<br>• Distracts others from "do-nows" by talking<br>• Failing due to missed homework |
| You may be inclined to combine these two Problems into one called "doing homework," but specifying is important since they will be solved separately. Be as specific as possible. | Focus on the skills needed to handle the Problems you listed. Remember to be specific and not just list the category of skill struggle (e.g., emotion regulation). | This is where you list all of the student's challenging behaviors. Make sure these don't sneak onto the list of problems! |

# 2. The Planning Phase

In the Behavior Intervention Planning phase, you will assign a Plan to each of the Problems to Be Solved that are listed on the student's CPS-APT.

**There are 3 plans to choose from:**

### PLAN A: Impose adult will (addresses Adult concern)

**You are using Plan A if you address the problem in a way that only addresses your concern.** Plan A can be harsh and punitive ("Sit in your seat and don't get up or you will be sent to the office!") or it can be polite ("I really don't want you to miss recess, so I need you to stay seated and not disrupt others"). Either way, since it doesn't address the child's concern or perspective, it is Plan A.

### PLAN B: Solve the problem collaboratively (addresses BOTH concerns)

**You are using Plan B when you invite the student to work together with you to address BOTH their concern and your concern.** You do this by first hearing the student's concern about the problem to be solved, then expressing your concern, and finally working together to find a solution that works to address both sets of concerns. "I hear you saying that if you sit too long, you get sleepy. And it's important to me that you're not disrupting others. I wonder if there's a way that you're not sitting so long you get sleepy, and also not disrupting others." Watch out for students who suggest solutions that only address your concern, for example, "I guess I could just try harder to sit without falling asleep." These are enticing, but not durable solutions! If this happens, keep brainstorming until you have a solution that addresses both concerns and is realistic and doable.

### PLAN C: Drop it, for now (addresses Child concern)

**You are using Plan C when you proactively decide to remove an expectation.** Plan C is not the same as giving in; it is being strategic to remove the expectation, for now. You might use Plan C when you're working on solving other problems that are higher priority. You might use Plan C when you realize that the expectation isn't that important to you, and it's causing a lot of challenging behavior. For example, "It seems hard for you to stay seated, so you can stand or walk around if that's better for you." In either case, if your solution only addresses the student's concern without addressing your expectation or concern, that's Plan C.

## When deciding which Plan to use for each problem, consider that each of the 3 Plans addresses different goals:

| GOAL | PLAN A | PLAN B | PLAN C |
|---|---|---|---|
| Trying to get expectation met | ✓ | ✓ | X |
| Reducing Undesired Behavior | X | ✓ | ✓ |
| Building skills | X | ✓ | X |
| Solving problem durably | X | ✓ | X |
| Building relationship | X | ✓ | ? |

The 3 Steps of Plan B

# 3. The Intervention Phase

The Plan B conversation is the heart of the CPS Intervention. Once you have a problem you've decided to address with Plan B, pick a neutral time and place so you can address the problem proactively. Then follow these steps. Remember, you don't need to complete all three steps in one conversation. And if you get stuck in a step, or the student gets too upset, revert back to Step 1 to reflect and reassure some more.

## 1. EMPATHIZE: Understand the student's concern

### START THE CONVERSATION WITH A NEUTRAL OBSERVATION ABOUT THE PROBLEM, NOT THE UNDESIRED BEHAVIOR!

- Be specific about the problem.
- Ask, "What's up?" or "Can you fill me in?" or "What's going on?"
- Stick to the facts; don't assume or blame.

### USE YOUR INFORMATION GATHERING AND REGULATING TOOLS.

- Provide reassurance.
- Ask clarifying questions.
- Take educated guesses.
- Reflect what you hear.

### MOVE ON WHEN...

- You understand their perspective.
- Maybe you've learned something new.
- The student is reasonably calm and accessible.

### EXAMPLES

**Neutral Observation:**

- I've been told that... you've been smoking/vaping at school recently. I'm sure there are good reasons, and I just want to understand. What's up?

**Clarifying Questions:**

- Have you been smoking outside school, too, or just in school?
- Do you see any issues with it?
- Is it something you are concerned about?
- Does it help you with anything?

**Educated Guesses:**

- Is it something about being in school specifically?
- Is it about your academics? Social stuff? Or things outside school, maybe?
- Is it something about how you feel when you are not smoking that you don't like?

## 2. SHARE: Present your concern

### BE SPECIFIC BUT BRIEF.

- Start with 'And' instead of 'But."
- Is it about... Health? Safety? Learning? Impact on others?
- If the student gets upset, go back to Step #1.

### MOVE ON IF...

- You have two sets of concerns (not solutions) on the table.
- Everyone is calm.

### EXAMPLES

**Adult Concern:**

- I'm worried that you might not be able to concentrate and focus as well on your learning.
- I'm concerned that it might lead to some disciplinary or even legal action.
- I'm concerned that you don't seem as interested in things like sports and extracurriculars as you used to.
- I'm concerned that you maybe you are smoking to try to help you manage some tough feelings or situations.

## 3. COLLABORATE: Brainstorm, Assess & Choose

### FRAME THE PROBLEM

- Say: "I wonder if there's a way we can address [student's concern] and also [adult's concern]."
- Make sure the challenging behaviors haven't snuck back into the conversation.
- Ask if the student has any ideas. Let them share all of theirs before you share yours.

### CONSIDER ALL POTENTIAL SOLUTIONS WITH 4 "LITMUS TEST" QUESTIONS.

- Does it address the student's concern?
- Does it address the adult's concern?
- Is it realistic?
- Would it bring up any other concerns?

### YOU'RE DONE IF YOU HAVE...

- A mutually satisfactory and realistic solution.
- A plan to enact the solution.
- A time to revisit the solution to see if it worked... and to problem-solve again if it didn't.

**EXAMPLE**

**Invite:**

- I wonder if there is a way that you could not feel like you are jumping out of your skin when you are supposed to be sitting and listening in class AND you wouldn't have to worry about whether you are breaking school rules or laws?

**A NOTE ABOUT "EMERGENCY PLAN B"**

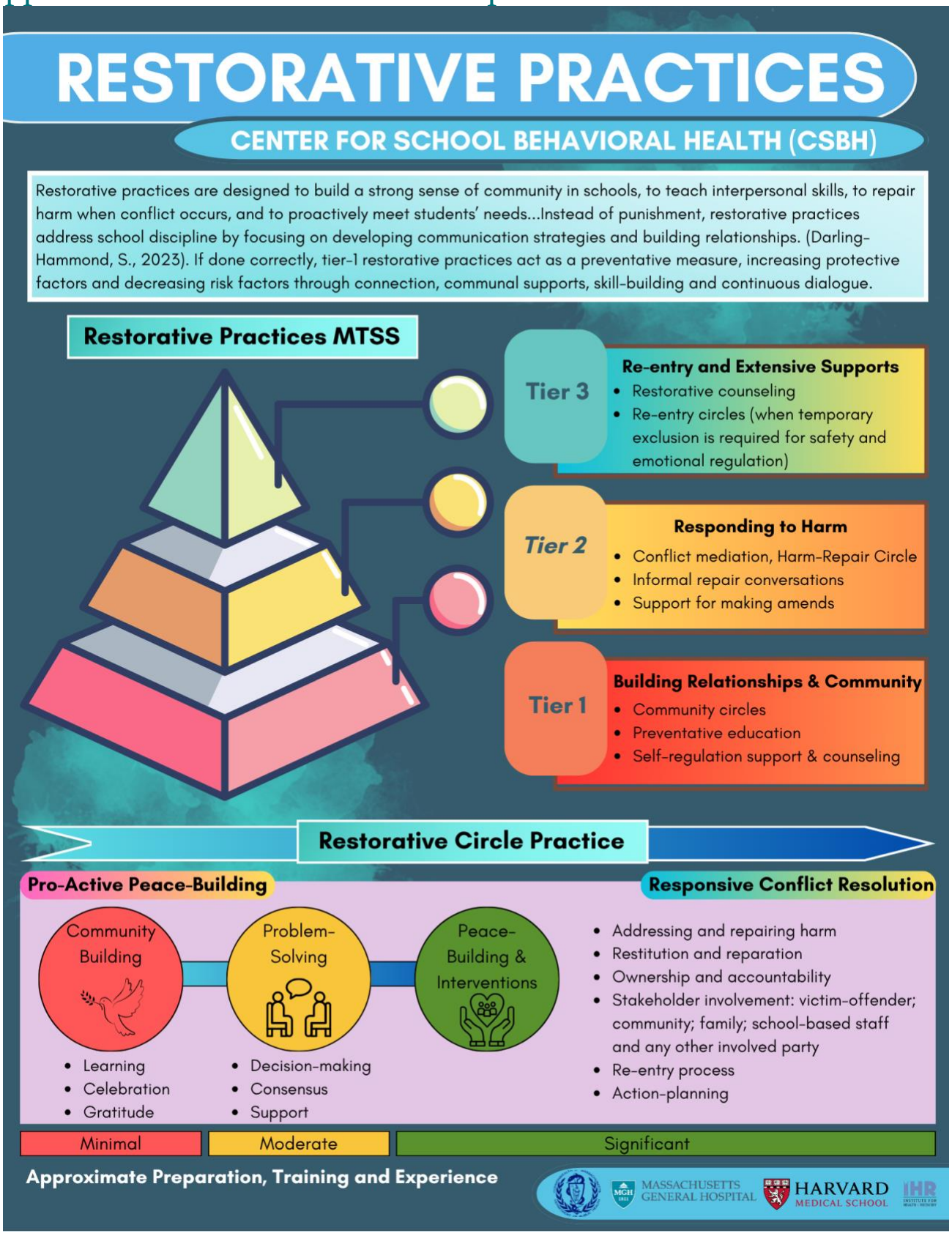
The skills needed for good problem-solving aren't usually accessible when either you or the student is upset. That's why Proactive Plan B is your best bet. However, if you haven't had a chance to solve a problem proactively, and the student is currently engaging in challenging behavior, you can try Emergency Plan B. Use the same 3 steps, but focus mostly on the regulating tools to de-escalate the situation: reflective listening and reassurance.

**Learn More About Collaborative Problem Solving**

Think:Kids is a program in the Department of Psychiatry at Massachusetts General Hospital. Please contact us at ThinkKids.org/Contact to schedule a conversation and learn how we can customize our training and support services to meet your school's unique needs.

Think:Kids MASSACHUSETTS GENERAL HOSPITAL

## Appendix B: Restorative Practices Tip Sheet



# RESTORATIVE PRACTICES

## AND YOUTH SUBSTANCE USE

| Approximate Time Commitment | |
|---|---|
| **Variable** | **1.** Harm Occurs, Chemical Use Infraction<br>A student engages in behaviors relating to substance use, or is under the influence of substances on school property, or during a school sponsored function. When such harm occurs, students are referred to the harm-repair circle process, specific to youth substance use. Before doing so, make every effort to figure out if this is the appropriate intervention, considering circumstances and the student's willingness to engage. |
| **10-20 minutes** | **2.** Contact Parent(s)/Caregiver(s), Stakeholder(s)<br>The student's parent(s)/caregiver(s) are contacted, informed of the situation, and allowed time to ask questions about the process. Psychoeducation around youth substance use, and background around harm-repair circles may be required. All stakeholder(s) are invited to participate in the harm-repair circle process. The student can invite a trusted peer and/or adult to participate as well. |
| **60 minutes** | **3.** *Harm-Repair Circle Preparation and Planning*<br>Conduct outreach to involved parties to find a time and space that is acceptable for all. Ensure that information gathering has occurred, educational resources shared, and expectations are clear. On the day of, gather and setup all materials (talking piece, center piece, guiding questions, circle format, chart paper/board). |
| **60 minutes** | **4.** *Harm-Repair Circle*<br>All participate in harm-repair circle, with the intention of further educating student on impact of their decisions and actions around substance use. All stakeholder(s) have time and space to share their perspective with the student, and hear their story/point of view as well. Further details provided on "Harm-Repair Circles" document. |
| **Variable** | **5.** Repair Harm and Follow-up<br>Student will engage in action-plan to repair harm considering consensus arrived at by student and stakeholder(s) during harm-repair circle. Have formal follow-ups with student, and stakeholder(s) when able, to encourage continued harm reduction around substance use. Some follow-ups may require light mediation, depending on circumstances. |

***Tier 2***

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# HARM-REPAIR CIRCLES

Tier 2

## AND YOUTH SUBSTANCE USE

| Approximate Time Commitment | |
|---|---|
| 30 minutes | **1.** Harm-Repair Circle Preparation and Planning: First, make sure to connect with the student to figure out what people in their lives are relevant to invite to this process (EX: parent(s)/caregiver(s), sibling(s), trusted school adult(s), peer(s), etc.). Share guiding questions in advance. Having the materials prep completed in advance and stored for continued use when needed will reduce preparation time in the future, and encourage sustainable intervention(s). |
| 20-30 minutes | **2.** Connecting with student and stakeholder(s): Briefly counsel student and stakeholder(s) on their needs, focusing on what they need to feel prepared and comfortable to actively participate in the harm-repair circle. Recognize that some stakeholders may have elevated emotions and ingrained opinions about substance use and the student's behavior. Work to proactively address this to encourage a positive and productive experience. |
| 10 minutes | **3.** Opening Ceremony, Group Agreements: Welcome the student and stakeholder(s) as they sit in the circle around the centerpiece, thanking them for taking the time to be there to address the student's behavior. Proceed with opening ceremony: intention(s), talking piece protocol, introductions and group agreements. Ensure that if there is a defined "victim," they are situated to will feel comfortable while engaging with those who caused the harm. |
| 45 minutes | **4.** Guiding Questions and Process: Allow all involved the time and space to have a structured dialogue around the student's substance use, using the guiding questions to lead the group towards understanding and healing. The circle keeper should focus on mediation and support, but not actively sharing or participating in the discussion. Keep in mind, due to the varied nature of circumstances, the size of a circle and time required can vary. |
| 5 minutes | **5.** Closing Ceremony: Arrive at consensus for student's harm-reduction goal(s) and action-plan to address repairing the harm resulting from the student's decisions and actions relating to substance use. Schedule formal follow-up meetings with student to hold all accountable to agreed upon course of action. Leave lines of communication open to continuously support student making a lasting change. |

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# HARM-REPAIR CIRCLE RECOMMENDATIONS

## FOR YOUTH SUBSTANCE USE

### Sample Guiding Questions

- What happened? Why are we here today?
- How does substance use impact *[your/your child's/your sibling's/your student's/your friend's]* (quality of) life?
- How does *[your/your child's/your sibling's/your student's/your friend's]* substance use make you feel?
- How does substance use impact *[your/your child's/your sibling's/your student's/your friend's]* others, your school-community?
- How do you imagine *[your/your child's/your sibling's/your student's/your friend's]* substance use impacting your future, your goals?
- What understanding and support is needed to make a change around *[your/your child's/your sibling's/your student's/your friend's]* substance use?
- Is there anything else that you need to share today around *[your/your child's/your sibling's/your student's/your friend's]* substance use?

**These questions are meant to offer direction to the dialogue, and to increase comfort around what to expect. However, understand that they are a means to support the discussion, but should not impede the youth and/or stakeholder's from speaking their truths.**

### Group Agreements

- Respect, *treat all as you would hope to be treated (including yourself)*
- Confidentiality, *what is said in this space, stays in this space*
- Accountability, *take ownership for actions*
- Truth, *be honest and share your perspective(s)*
- Listen with Compassion, *listen to what is shared openly, without judgement*

**It is important to create group agreements that all can understand through accessible language. Likewise, to further encouragement engagement, allow all stakeholders to present agreements to the group that they require to feel comfortable participating.**

### Harm-Repair Activties & Follow-up

- Harm-Reduction Goal(s):
  - Goal 1: Reduce substance use from all-day, everyday, to nights and weekends.
  - Goal 2: Reduce substance use to only weekends.
- Harm-Repair Activity: Spend 20-hours supporting care for local elderly in recovery from SUD to further reflect on how substance use might impact their life, and how it might impact those around them.

**Harm-repair activities can be both inner work and outer work.**

1. **Student(s) should define harm-reduction goal(s) relating to their substance use.**
2. **Student(s) should also define an activity to repair harm caused to their school community that is relevant to the harm caused.**

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## Appendix C: Motivational Interviewing Tip Sheet

# MOTIVATIONAL INTERVIEWING: TALKING WITH STUDENTS ABOUT SUBSTANCE USE

**"MOTIVATIONAL INTERVIEWING (MI) IS A *COLLABORATIVE, GOAL-ORIENTED* STYLE OF COMMUNICATION WITH PARTICULAR ATTENTION TO THE LANGUAGE OF CHANGE. IT IS DESIGNED TO *STRENGTHEN PERSONAL MOTIVATION* FOR AND COMMITMENT TO A SPECIFIC GOAL BY ELICITING AND EXPLORING THE PERSON'S OWN REASONS FOR CHANGE WITHIN AN ATMOSPHERE OF *ACCEPTANCE* AND *COMPASSION*." (W. MILLER & S. ROLNICK, 2013)**

There are different reasons that a student may use substances. **It is important not to assume we know why, and using MI strategies can support a conversation.** Following a substance use infraction, students may feel a loss of autonomy, betrayal, and lack of trust. **Ensuring that MI is practiced through a trauma-informed lens enables us to repair relationships, promote healing, and engage students more authentically.**

A student may feel an acute sense of ambivalence after a substance use infraction. Exploring this ambivalence and uplifting any "change talk" that arises is key to promoting positive behavior change. **Change talk is language used by a person that indicates thoughts of change around a behavior**. "DARN CAT" is a useful acronym for identifying types of change talk and enhancing a student's intrinsic motivation to change.


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# MOTIVATIONAL INTERVIEWING: TALKING WITH STUDENTS ABOUT SUBSTANCE USE

**OARS** is an easy way to remember the core skills of MI. This acronym also reminds us that the student should be guiding the conversation (holding the oars) as we, the adults, help them move toward more positive, healthy behaviors.

## OPEN-ENDED QUESTIONS

Open questions facilitate a dialogue and encourage students to do most of the talking, moving the conversation forward.
Examples:

- "Tell me more about..."
- "What has your experience been with..."

## AFFIRMATIONS

Affirmations promote self-efficacy and can boost students confidence in their ability to change, which is vital after a substance use infraction.
Examples:

- "You're really dedicated to your studies."
- "It means a lot that you showed up for..."

## REFLECTIVE LISTENING

This conveys that you're truly listening to the students and helps ensure that you understand what they're sharing. Repeating or rephrasing what a student says can ensure you're on the same page.
Examples:

- "It sounds like you..."
- "You're feeling hurt by..."

## SUMMARIZE

Summaries distill the essence of the conversation, uplift any change talk that arose, and identify next steps following an infraction. They prompt self-reflection among students and reinforce any movement toward change.
Examples:

- "So today we decided that we would..."
- "Let's review what we've talked about..."

**SCENARIO**: Jocelyn, a 14-year old student, gets caught vaping in the bathroom and is sent to your office. She is a good student but vapes throughout the day because it helps her stay awake during classes.

**Counselor**: Jocelyn, I really appreciate you being here today (affirmation). Why do you think you're finding it difficult to stay awake during the day (open question)?

**Jocelyn**: I started working after school to save up money for college. My mom lost her job recently, and we've had to cut back a lot at home.

**Counselor**: I'm sorry to hear that. It sounds like you're feeling stressed about affording college (reflective listening). Can you tell more about what vaping does for you (open question)?

**Jocelyn**: Yeah, I'm feeling overwhelmed by it, but vaping helps me stay awake after a long night and keeps me calm. But I know it has a lot of harmful chemicals in it.

**Counselor**: That's great that you know about the harmful effects of vaping (affirmation).

**Jocelyn**: I used to run to deal with stress, but I just don't have time or energy anymore between school and work.

**Counselor**: That's a great way to deal with stress (affirmation)! It sounds like you want to stop vaping and you're curious about other ways to reduce stress (reflective listening).

**Jocelyn**: I'm considering cutting back on the vaping, but am really struggling to balance school with work.

**Counselor**: I admire your dedication to your studies and the way you value your health (affirmation). Can I share some financial aid resources for us to review together?

**Jocelyn**: Yeah, I would like that.

**Counselor**: Great! I will send those to you, along with more information about next steps (summarize).

*This tip sheet was informed by the National Council for Mental Wellbeing resource, "Getting Candid: Framing the Conversation Around Youth Substance Use Prevention, Motivational Interviewing Tips for Engaging with Youth."*

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# Appendix D: iDECIDE Overview

## iDECIDE

Drug Education Curriculum: Intervention, Diversion, & Empowerment

### About

iDECIDE, promotes education and empowerment, instead of punishment, as an equitable response to adolescent substance use. Providing youth with science-based knowledge and skills, iDECIDE challenges young people to make decisions that align with their core values and future goals to support their own personal well-being.

### Partners

iDECIDE was designed in collaboration between Massachusetts General Hospital, the Massachusetts Department of Public Health, and the Institute for Health and Recovery. iDECIDE is available to hundreds of middle and high schools as well as community agencies across Massachusetts.

### Content

iDECIDE can be used to support students using alcohol or any other drug. The curriculum includes 4 core modules that cover topics such as teen brain development, neurobiology of addiction, drug effects, industry tactics, risk and protective factors, motives for use, triggers and healthy alternatives, core values, wellness, and long term goal setting. Content for parents is currently under development.

iDECIDEmyfuture.org

# Structure

- Can be administered one-on-one or in a group format
- Includes videos, guided discussions, worksheets, knowledge checks, and on-your-own assignments
- ADA accessible
- Available in multiple languages

# Contact Us

Reach out to our team via email at iDECIDE@mgh.harvard.edu.

# Follow us on Social Media!

Website: www.iDECIDEmyfuture.org
Instagram: @MGH4Schools
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