

## Evaluation of the Implementation of Brief Interventions to Substance Abuse in a Socioeducative Context

### Avaliação da Implementação de Intervenções Breves no Uso de Substâncias em Contexto Socioeducativo

Maria Angélica Alves da Silva<sup>I</sup>

Denise De Micheli<sup>III</sup>

Universidade Federal de São Paulo.

André Luiz Monezi Andrade<sup>II</sup>

Pontifícia Universidade Católica de Campinas.

#### Resumo

**Objetivo:** Avaliar o conhecimento e dificuldades dos profissionais de centros socioeducativos na realização triagem e intervenção breve (TIB) em adolescentes em conflito com a Lei. **Método:** 102 profissionais que participaram ou não de capacitações responderam a um questionário específico referente a TIB. **Resultados:** A falta de tempo na aplicação da TIB e o perfil do adolescente da Fundação Casa foram as principais crenças/dificuldades detectadas. Aqueles que realizaram um curso prévio de capacitação na área de álcool/drogas apresentaram menores chances de adesão e as dificuldades encontradas na aplicação da TIB reduziram a motivação dos profissionais para sua aplicação. **Conclusão:** Estes dados indicam necessidade na atualização da formação profissional a partir de um ambiente para o diálogo e supervisão dos procedimentos.

**Palavras-chave:** Transtornos relacionados ao uso de substâncias; comportamento do adolescente; intervenção breve; atos infracionais.

#### Abstract

**Objective:** To evaluate the knowledge and the difficulties of professionals who work in socio-educational contexts on the performing of screening and brief intervention (SBI) with youth in conflict with the law. **Method:** One hundred two professionals filled a specific questionnaire regarding SBI. **Results:** lack of time for application of SBI as well as the belief that this procedure is not efficient for these youths were the main difficulties observed. Those who concluded a prior course about substance abuse had fewer chances of adherence. Besides, the difficulties observed for applying SBI reduced their motivation to perform it. **Conclusion:** These data indicate the necessity to change some components of these training programs by introducing an environment for dialogue as well as supervision of all procedures adopted.

**Keywords:** Substance-Related Disorders; adolescent behavior; brief intervention; infractions

In Brazil, the population of children and youth is one of the most impaired by various socioeconomic problems that hamper the full growth and development. A significant portion of adolescents is deprived of opportunities as social inclusion in their community context. Infractions committed by adolescents are a complex phenomenon due to multiple causes involved such as the lack of adequate housing, restriction to the consumption of goods and services, low level of education, weakened interpersonal relationships and the exposition to violence in their communities (Assis & Constantino, 2005; Nunes, Andrade, & Morais, 2013). According to the Brazilian Institute of Geography and Statistics, 40% of Brazilians who live in poverty are people up to 14 years of age (IBGE, 2013).

The involvement with infractions is only one of several aggravations that make up the framework of the

vulnerability of these young people (Nardi, Jahan, & Dell'Aglio, 2014). Such infractions are related to a wide range of events in the life of these adolescents, which reflect the fragile condition during childhood and adolescence interfering their decision making (Marusch, Estevão, & Bazon, 2013).

Based on the National Survey of Socio-Educational Assistance to Adolescents in Conflict with the Law (Brasil, 2011), in 2010, 17,703 adolescents were on restriction and deprivation of liberty; 12,041 being imprisoned; 3,934 remanded in custody and 1,728 in semi-custody. This same report showed an increase of 4.5% of adolescents on restriction and deprivation of liberty in relation to the data of the previous year (2009). The common profile of these adolescents was: being an abusive drug user; having ages ranging from 13 to 17 years; having dropped out of school and/

<sup>I</sup> Universidade Federal de São Paulo.

<sup>II</sup> Centro de Ciências da Vida - Pontifícia Universidade Católica de Campinas.

<sup>III</sup> Universidade Federal de São Paulo.

or a low level of education; not working and living in regions of low socioeconomic power.

Between the 2010 and 2011, the data from National Council of Justice indicated that the average age of those teenagers who admitted having committed infractions was 16 years and 26% of the infractions were related to the use or trafficking of psychoactive substances (Brasil, 2012).

Regarding the use of the substance, most of the adolescents were using substances at the time of the infraction, mainly tobacco, alcohol, marijuana and crack (Brasil, 2011). These data are consistent with other studies, in which the use of the substance is more common among those who were serving correctional sentences (Ferigolo, Arbo, Malysz, Stein, & Barros; 2004; ILANUD, 2007). In the Southeast of Brazil, although drug trafficking corresponds to 32% of infractions (the second most practiced infraction), almost 78% of the adolescents reported using some illicit substance (Brasil, 2012). According to some authors, the sooner they begin using alcohol and marijuana, the sooner they commit infractions (Drazdowski, Jaggi, Borre, & Kliever, 2015).

For the effectiveness of socio-educational measures, it is necessary that the professionals involved with these adolescents be well prepared for this activity. If they have success, these measures can display some corrective/protective effects and support the adolescents to get involved in the society again. In Brazil, there is a law (12,594/2012) to assist those adolescents in conflict with the law, which was established by Brazilian National System of Socio-Educational Service (SINASE). Thus, SINASE proposed that competent institutions seek qualified professionals to work with teenagers who are serving correctional sentences and/or offer them some sort of training or continuing education.

The implementation of prevention programs is critical for more effective results, because an early detection and interventions on substance abusers may be more effective in reducing the substance consumption (Schmidt, Schulte, Seo, Kuhn, Donnell, Kriston, et al., 2015). Among different kind of interventions, Screening and Brief Intervention (SBI) is one of the most effective strategies which is based on the principles of the motivational interview (Keurhorst, Van de Glind, Amaral-Sabadini, Anderson, Kaner, Newbury-Birch, et al., 2015). In addition, professionals of different backgrounds can perform SBI and that has a duration of application between 20 and 40 minutes. Due to this fact, SBI is a widely disseminated technique supported by the World Health Organization focusing on those professionals who work in primary care centers (Schmidt et al., 2015, Darnell, Dunn, Atkins, Ingraham & Zatzick, 2015; Clifford & Shakeshaft, 2011). Some

authors observed that SBI was effective to reduce the consumption of different kind of psychoactive substances, such stimulants (Goncalves, Ometto, Bechara, Malbergier, Amaral, Nicastrri, et al., 2014), depressants (Klimas, Marie-Henihan, McCombe, Swan, Anderson, Bury et al., 2015) and hallucinogens (Fuster, Cheng, Wang, Bernstein, Palfai, Alford, et al., 2015).

Despite the effectiveness of SBI, its implementation in health primary care units and social centers still is difficult in Brazil. Some authors evaluated the implementation of SBI in a specialized service for firefighters and observed a good effect of SBI (Ronzani, Ribeiro, Amaral & Souza-Formigoni, 2005). In this study, the authors highlighted some difficulties in SBI's implementation, like the absence of administrative organization and the limitations of management and motivation of the professionals involved. The characteristics of the professionals, such as their beliefs on the use of drugs, confidence and prior knowledge on the substance abuse subject seem to improve the effectiveness of SBI in adolescents (Ronzani, Castro, & Souza-Formigoni, 2008).

The main objective of this study was to evaluate the acceptability and feasibility of a training program to psychologists and social workers who works in different socio-educational institutions. As a secondary aims, we intend to: identify the perception of these professionals on the conducting of the SBI on their routine practice; compare the knowledge and the difficulties described by previously trained professionals in relation to those who had not undergone training; analyze possible predictors of adherence and motivation to perform the SBI their routine practice.

## METHOD

### *Sample*

We carried out a cross-sectional study and the sample was composed of 102 professionals working in four Provisional Correctional Detention Centers of Fundação Casa (FCASA) who filled out the instruments correctly after previous SBI training (valid questionnaires). The criteria for inclusion were: being permanent employees at one of the four Institutions, working as social workers or psychologists. We excluded 86 professionals who did not fill out the questionnaires.

### *Local*

The management of the Centers of Socio-Educational Assistance is distributed among 11 Regional

Divisions throughout the State of São Paulo. Four divisions participated in this study, two belonging to the metropolitan region of São Paulo (Eastern Metropolitan Regional Division 1 – Tatuapé, DRM III – Eastern Metropolitan Regional Division II – Brás (main entrance to Fundação CASA) and two in the countryside of the State (DRL– Coastal Regional Division and DRMC – Metropolitan Regional Division of Campinas).

### *Instruments*

For assessment of the basic concepts of psychoactive substances and evaluation of the perception of the professionals on the applicability of SBI we designed an anonymous self-completed questionnaire, with 36 questions. Eight questions were related to conceptual aspects of drug abuse and SBI, 12 on their professional profile and 16 were related to the personal opinions of the professionals on the implementation of SBI from dichotomous variables.

The professionals were also trained to apply the ASSIST instrument (Alcohol, Smoking and Substance Involvement Screening Test) during the screening of the adolescents. ASSIST was developed by researchers from the World Health Organization and has eight questions to assess the severity of use alcohol and/or other drugs. In Brazil, the ASSIST instrument was validated and showed robust psychometric properties (Henrique, De Micheli, Lacerda, & Formigoni, 2004). Some characteristics of this instrument, make it suitable for the use in different contexts: its standardized structure, ease and speed in application (not exceeding seven to nine minutes), concurrent addressing of several classes of substances, ease in the interpretation of its scores, use by health professionals of diverse backgrounds; it promotes the planning of the intervention to be performed. (De Micheli, Fisberg, & Souza-Formigoni, 2004).

### *Ethics*

This study was approved by the Ethics and Research Committee of the Universidade Federal de São Paulo - UNIFESP (CAAE 32787714.3.0000.5505) and by Escola de Formação e Capacitação Profissional of FCASA. The FCASA is responsible for authorization of studies with admitted adolescents and/or servers.

### *Procedures*

After obtaining the approval of both Ethics Committees, we booked a meeting with the managers

of the Provisional Correctional Detention Centers (CDCs) to present as the objectives of this study as to discuss the procedure to collect the data. These four CDCs were selected for being places where the initial screening of the adolescents occurs. Thus, considering the objectives of this study, these CDCs are strategic for concentrating the professionals who are responsible for carrying out the screening performed with the adolescents, at the time of their arrival at FCASA.

All participants assigned the Terms of Informed Consent before the training program. Thereafter, we performed a training with the 188 professionals interested in participating in the study. This training program is part of a continuous improvement program proposed by SINASE in order to qualify psychologists and social workers who work at CDCs. The training course was conducted by experienced professionals in SBI and has approximately 8 hours and the main topics covered were; (a) general concepts on psychoactive substances; (b) different patterns of consumption; (c) importance of early detection (screening) and use of the ASSIST instrument in practical exercise; (d) conditions for performance of SBI from the FRAMES's structure (Feedback, Responsibility; Advice, Menu of Options, Empathy, Self-Efficacy) based on the model proposed by Sanchez-Craig, Neumann, Souza-Formigoni and Rieck (1991).

One week after the training program, the participants filled the questionnaire and placed them into ballot boxes located in different Institutions. We used ballot boxes to avoid any embarrassment on the part of the participants, while preserving the anonymity of the professionals. The ballot boxes were available during one week in the four institutions described above.

### *Data Analysis*

Initially, we evaluated the normality of the distribution of the continuous variables through the Shapiro-Wilk test by using a significance level of 5%. The continuous variables were transformed into Z-score to detect possible data outliers that could affect the analysis. We used  $\chi^2$  test for the analysis of categorical variables and Analysis of Variance (ANOVA) for the continuous variables. Depending on the number of groups, it was used one or two way's ANOVA. When significance was detected through ANOVA, we used the Scheffé's test to identify specific differences.

In accordance with the recommendation from the American Psychological Association, we described in the tables both the significance level and the effect size, and

the confidence intervals (CI 95%) (Cumming, Fidler, Kalinowski, & Lai, 2012). Regarding effect sizes, we used Eta-squared Test ( $\eta^2$ ) for analyses by ANOVA considering (0 to .4 = low effect; .41 to .79 = medium effect; .8 to 1 = high effect) (Levine & Hullett, 2002). When used  $\chi^2$  test, Cramer's V Test was performed to show the effect sizes, considering the following degrees of freedom;  $df(1)$  (0 to .1 = small effect; .11 to .3 = medium effect; .31 to 1, large effect);  $df(2)$  (0 to .07 = small effect; .08 to .21 = medium effect; 0.22 to 1, large effect) (Cohen, 1988).

We analyzed the understanding of participants about the SBI procedures and some conceptual aspects of drug abuse by calculating the sum of the adjustments of each question to get a simple arithmetical average of the number of correct answers. We considered as adhesion's criteria those professionals who reported to apply SBI during their routine practice and "motivation for applying SBI" those who reported they felt motivated to apply the SBI. For both criteria, the following variables were included in the regression models: gender (0 = male; 1 = female), difficulties in the application of SBI (0 = no; 1 = yes) and specific course in the field (having some specific training course in the field prior to the training offered at FCASA (0 = no; 1 = yes). These analyses were based on previous studies (Babor, Higgins-Biddle, Dauser, Higgins, & Bureson, 2005; Patterson, 2015).

The significance level adopted in all analyses was 5% and we used Statistica 14.0 (Statsoft Inc) and the software GraphPad Prism 6.0 to perform all analyses.

## RESULTS

Regarding the participants' characteristics, 58% were psychologists, 92% being female, the average age was 47 years (SD = 7.1) and about 50% had postgraduate courses (*latolstricto sensu*). When analyzed the specific courses concerning the use/abuse of drugs, 37% concluded some extra course and 76% concluded the basic training offered by FCASA. In addition, 51% of the professionals had between 15 and 20 years of service at FCASA and 12% of having another employment relationship. As regards gender factor, it was not detected any difference between the professionals who were trained or not at FCASA, as shown in Table 1. A one-way ANOVA detected a significant effect of age between groups in which those participants from trained group had a higher average age ( $p < .01$ ). In addition, significant differences were observed regarding the time of service at FCASA (in months), for the group that received training had served longer at FCASA. The same was observed concerning time (in months) in the socio-educational experience of these professionals.

**Table 1**

*Sociodemographic and professional profile of participants.*

	Trained	95% CI	Non-trained	95% CI	Test	$p$	Effect size
Age (M, SD)	46.4 ( $\pm$ 8.8)	[44.3- 48.6]	40.9 ( $\pm$ 9.0)	[37.4 – 44.5]	$F(1, 92) = 7.01$	*	.74
Time of degree in years (M, SD)	18.1 ( $\pm$ 7.9)	[16 – 20.1]	16.3 ( $\pm$ 9.5)	[13 – 19.6]	$F(1, 92) = 0.85$		.15
Total time worked at FCASA in months (M, SD)	140.7 ( $\pm$ 7.6)	[121.1 – 160.5]	100.6 ( $\pm$ 109.3)	[66.9 – 134.4]	$F(1, 100) = 4.15$	*	.52
Total time worked at CDC in months (M, SD)	63.8 ( $\pm$ 50.7)	[53.3 -74.4]	26.7 ( $\pm$ 30.5)	[8.7 - 44.8]	$F(1, 100) = 12.3$	*	.93
Gender					$\chi^2 = .65$		.08
Male	5 (6.6%)	[.02 - .14]	3 (11.6%)	[.02 - .03]			
Female	71 (93.4%)	[.86 - .98]	23 (88.4%)	[.70 - .98]			
Profession					$\chi^2 = .19$		.04
Psychologist	43 (56.6%)	[.44 - .67]	16 (61.5%)	[.40 - .79]			
Social Worker	33 (43.4%)	[.32 - .55]	10 (38.5%)	[.20 - .60]			
Do you have a postgraduate education?					$\chi^2 = .62$		.08
Yes	37 (48.7%)	[.37 - .60]	15 (57.7%)	[.37 - .76]			
No	39 (51.3%)	[.40 - .62]	11 (42.3%)	[.23 - .63]			

Have you ever take an extension course on substance abuse?					$\chi^2 = 2.77$	.17
Yes	32 (42.2%)	[.31 - .54]	6 (24%)	[.08 - .43]		
No	43 (57.8%)	[.46 - .68]	19 (76%)	[.56 - .91]		
Do you have an experience on socio-educational methods?					$\chi^2 = .53$	.07
Yes	58 (81.7%)	[.7 - .89]	22 (88%)	[.69 - .97]		
No	13 (18.3%)	[.1 - .29]	3 (22%)	[.09 - .45]		
Do you have a second job?					$\chi^2 = 4.66$	* .21
Yes	6 (7.9%)	[.03 - .16]	6 (24%)	[.09 - .45]		
No	70 (92.1%)	[.83 - .97]	19 (76%)	[.56 - .91]		

Note: Trained ( $n = 76$ ) and Non-trained ( $n = 26$ ) participants. Effect size was expressed based on Cramer's V Test for analyses with  $\chi^2$  and Eta Square Test ( $\eta^2$ ) for ANOVA. \* $p < .05$ , \*\* $p < .01$

About the main beliefs/difficulties highlighted by the professionals, the lack of time was a significant factor between the groups, since those non-trained professionals argued that this is one of the main obstacles to implementing the SBI (93%) in their practice routine. In addition, almost 30% of this group pointed out that the profile of the adolescents did not

correspond to the proposal of SBI. In the category "others", they mentioned some difficulties such as the possibility of the adolescents lying when giving answers, inappropriate instrument or location for the performance of SBI and impossibility of continuation of the intervention when the adolescents left the CDCs.

**Table 2**

*The main difficulties observed for the performing of SBI among participants.*

	Trained		95% CI	Non-trained		95% CI	Test	p	Effect size
	n	%		n	%				
The SBI have to be performed only by experts.							$\chi^2 = 2.55$	.11	.25
Agree	24	31.6	[.21 - .43]	4	15.4	[.04 - .34]			
Disagree	52	68.4	[.56 - .78]	22	84.6	[.65 - .95]			
The SBI is not effectiveness to those adolescents who are serving correctional sentences.							$\chi^2 = 3.39$	*	.33
Agree	11	14.5	[.07 - .24]	8	30.8	[.14 - .51]			
Disagree	65	84.6	[.74 - .91]	18	69.2	[.48 - .85]			
I have no specific knowledge about ASSIST							$\chi^2 = .51$	*	.05
Agree	18	23.7	[.14 - .35]	8	30.8	[.14 - .51]			
Disagree	58	76.3	[.65 - .85]	18	69.2	[.48 - .85]			
I have no specific knowledge about SBI							$\chi^2 = .06$	.80	.00
Agree	5	6.6	[.02 - .14]	13	50	[.30 - .70]			
Disagree	71	93.4	[.85 - .98]	13	50	[.30 - .70]			
I have no specific knowledge about substance abuse							$\chi^2 = .24$	.62	.02

Agree	4	5.3	[.01 - .13]	15	57.7	[.39 - .76]	$\chi^2 =$ 12.86	***	1.27
Disagree	72	94.7	[.87 - .99]	9	42.3	[.23 - .63]			
I have no time to perform the SBI in practice routine.									
Agree	17	22.3	[.13 - .33]	24	93	[.74 - .99]			
Disagree	59	77.7	[.66 - .86]	2	7	[.01 - .25]			

Note: Trained ( $n = 76$ ) and Non-trained ( $n = 26$ ) participants. Effect size was expressed based on Cramer's V Test for analyses with  $\chi^2$  and Eta Square Test ( $\eta^2$ ) for ANOVA. \* $p < .05$ , \*\*\* $p < .001$

Table 3 indicates the main predictors of the professionals for adherence to training and motivation in the application of SBI on their workplaces. The adjusted logistic regression showed that those with a prior course in the field of alcohol and drugs adhered less than professionals

who had not completed any courses. Regarding the predictors for motivation, the more difficulties observed by the staff in the implementation of SBI, the smaller the chances of motivation for the implementation of SBI. The other variables were not predictors for the model.

**Table 3**

*Adjusted ordered regression (aOR) predicting adherence (N = 100) and motivation (N = 100) to perform SBI.*

	<b>Adherence</b>	<b>95% CI</b>	<b>p</b>	<b>Motivation</b>	<b>95% CI</b>	<b>p</b>
<b>Gender</b>						
Male	1			1		
Female	.69	[.10 - 4.58]	.72	.45	[.08 - 2.46]	.37
<b>Do you have difficulties to implement SBI in your practice routine?</b>						
No	1			1		
Yes	.48	[.16 - 1.41]	.18	.35	[.13 - .90]	*
<b>Have you ever take an extension course on substance abuse?</b>						
No	1			1		
Yes	.29	[.09 - .94]	*	1.28	[.53 - 3.10]	.57

(N = 100) to perform SBI. \* $p < .05$

## DISCUSSION

Our main findings showed that certain difficulties/beliefs of the professionals were more prominent, as many of them mentioned that do not have time for the application of SBI and that the profile of the adolescents of FCASA does not apply for the conducting of SBI. In addition, those who completed a prior course in the field of alcohol/drugs had lower chances of adherence to apply the SBI, and the difficulties observed in its application reduced the motivation of the professionals for doing it.

Although evidence about the effectiveness of SBI, there is still some resistance from health professionals for its implementation in their routine practices (Babor & Kadden, 2005; Keurhorst et al., 2015; Ronzani, Mota & Souza., 2009). In this way, some difficulties observed in this study were similar to other findings in which the lack of time as one of the greatest limitations

among health professionals for the application of SBI (Babor et al., 2005). However, the authors argue that the lack of time is not justified, for a percentage of only 5% to 20% of the population screened in primary health meet the criteria for receiving a SBI. This argument is debatable on the socio-educational context, because the percentages of substance use among adolescents in conflict with the law are significantly higher than those estimated by the authors based on primary health care contexts (Davoglio & Gauer, 2011; Martins & Pillon, 2008; Pinho, Dunningham, Aguiar, Filho, Guimarães, Almeida, et al., 2006). Thus, the high demand in the socio-educational context may interfere with on perception of the professionals about the time available, as a difficulty for implementation of SBI. Likewise, some authors also identified sub-dimensioning of human resources to the demand as a major difficulty for the implementation of routines of monitoring

and application of SBI (Rahm, Boggs, Martin, Price, Beck, Backer, Dearing et al., 2015)

Regarding the difficulties observed by the professionals, some of them believe that SBI would not be effective on those adolescents within the CDCs context. These data were observed mainly on those professionals from the non-trained group. Some authors observed that professionals who believe that any use of substance represents dependence are more resistant to associate with users and believe that interventions are not very effective (Bakhshi & While, 2014). Clifford and Shakeshaft (2011) evaluated the implementation process of SBI in a primary health care service in New Zealand and found that the negative attitudes of professionals were acquired from their beliefs about the impossibility of changing the behavior of users. Moreover, these attitudes also influenced their behavior of resistance and hostility in dealing with the substance users. The authors stated that continuous training programs could contribute to improving the perception and attitude of the professional concerning this specific population. Regarding the knowledge on the SBI procedure and use of ASSIST instrument, professionals from both groups reported having a robust prior knowledge, both on the instrument and on the intervention. However, a portion of the trained professionals believed that these procedures should be performed only by specialists, similar findings having been observed by other authors (Amaral-Sabadini, Saitz, & Souza-Formigoni, 2010; Babor et al., 2005).

When analyzed the predictors of adherence to the course, having a prior specific course in the field reduced the chances to adhere to the intervention. This is an important issue due to the training offered on SBI field can enhance performance both in quality and in quantity of applications of ASSIST and brief interventions carried out in primary care services (Cruvinel, Richter, Bastos, & Ronzani, 2013). In our study, the logistic model indicated that those who reported some difficulties to implement an SBI program on their CDCs feel less motivated to perform SBI on their routine practices. Our data are similar to some authors in which the adherence is closely linked with the levels of motivation (Azari, Ratanawongsa, Hettema, Cangelosi, Tierney, Coffa, et al., 2015; Darnell et al., 2015).

Overall, our results showed slight behavioral changes in the practice routine of those professionals submitted to our program training compared with non-trained participants. Although the training is important, they do not necessarily quite change the work practice of the professionals, nor the difficulties encountered

in everyday life, which may leave them to feelings of unpreparedness, disorientation and fear (De Micheli et al., 2004). One reason to a slight effect was the duration of the training conducted in this study (8h), which may have been insufficient to clarify some preconceptions of the professionals. Even more intensive training does not preclude the need for a permanent and continuing education process that enables continuous changes in the practices and concepts, producing effective changes both in the context in which they occur, and in beliefs, care models, practices and values (Babor & Kadden, 2005).

According to SINASE, professionals should have specific theoretical and practical knowledge of their field of work. In this study, we observed that some professionals had some postgraduate degrees (*lato-sensu*) that have little relation to the work performed at FCASA. These data, taken together suggest a professional distancing from the guidelines of the implementation of Provisional Detention and socio-educational measures. Bazon (2002) presented a differentiated professional training model established in Canada, in which professionals of different education backgrounds could join a department of the university and undergo a training process for working with vulnerable populations. Thus, these professionals could serve these populations guided by a specific training and, only then, would be considered as qualified to work within the socio-educational context and related fields.

This study has limitations as the sample size that does not allow more robust analyses and due to this fact, these data should not be extrapolated to the profiles in general of professionals who apply SBI in socio-educational contexts. Moreover, our sample was also limited in four CDCs of FCASA of the State of São Paulo. Another limitation is that the training was conducted by psychologists and social workers jointly, without taking into account specific aspects of each. As some properly capacitated professionals took part in the training, there was no control if all those who completed it had the exact same productivity. Thus, it is possible that the difficulties of professionals in other contexts and in different regions of Brazil are different with specific demands of the adolescents and sociocultural aspects of each location. Future studies on this issue need to consider increase the sample size and evaluate new modalities of training/intervention taking into account specific characteristics of these professionals and adolescents.

Considering the perception of the professionals of this study regarding the practice of SBI, so that the

transposition of the challenges/difficulties for carrying out the procedures of SIB is possible, and for the alignment of the practices to specific guidelines for the socio-educational context, actions must go beyond training. These data highlight the need to think about alternatives for the structuring of more integrated and interactive training based on strategies such as periodic recycling, the creation of environments for dialogue and supervision of routine procedures that can motivate and encourage the application of SBI.

## REFERENCES

- Amaral-Sabadini, M.B., Saitz, R., & Souza-Formigoni, M.L.O. (2010). Do attitudes about unhealthy alcohol and other drug (AOD) use impact primary care professionals' readiness to implement AOD-related preventive care? *Drug and Alcohol Review*, 29(6), 655-661. doi: 10.1111/j.1465-3362.2010.00222.x
- Assis, S. G., & Constantino, P. (2005). Perspectivas de prevenção da infração juvenil masculina. *Ciência & Saúde Coletiva*, 10(1), 81-90. doi: 10.1590/S1413-81232005000100014
- Azari, S., Ratanawongsa, N., Hetteima, J., Cangelosi, C., Tierney, M., Coffa, D., Shapiro, B., et al. (2015). A Skills-Based Curriculum for Teaching Motivational Interviewing-Enhanced Screening, Brief Intervention, and Referral to Treatment (SBIRT) to Medical Residents: *MedEdPORTAL Publications*. doi: 10.15766/mep\_2374-8265.10080
- Babor, T. E., Higgins-Biddle, J., Dauser, D., Higgins, P., & Bureson, J. A. (2005). Alcohol screening and brief intervention in primary care settings: implementation models and predictors. *Journal of Studies on Alcohol and Drugs*, 66(3), 361-368. doi: 10.15288/jsa.2005.66.361
- Babor, T. F., & Kadden, R. M. (2005). Screening and interventions for alcohol and drug problems in medical settings: what works? *The Journal of Trauma*, 59(3 Suppl), S80-87; discussion S94-100. doi: 10.1097/01.ta.0000174664.88603.21
- Bakhshi, S., & While, A. E. (2014). Health professionals' alcohol-related professional practices and the relationship between their personal alcohol attitudes and behavior and professional practices: a systematic review. *International Journal of Environmental Research and Public Health*, 11(1), 218-248. doi: 10.3390/ijerph110100218
- Bazon, M. R. (2002). *Psicoeducação: Teoria e prática para a intervenção junto a crianças e adolescentes em situação de risco psicossocial*: Holos, Ribeirão Preto.
- Bernado, J.F. (2011). *Competência moral e perfil de profissionais que atendem o adolescente em conflito com a lei*. Dissertação de Mestrado. Universidade Estadual Paulista, Faculdade de Filosofia e Ciências, Marília-SP. Retrieved from: <http://repositorio.unesp.br/handle/11449/91220>
- Brasil. (2011). Presidência da República. Secretaria de Direitos Humanos (SDH). Levantamento Nacional Atendimento Socioeducativo ao Adolescente em Conflito com a Lei. Brasília. Retrieved from: <http://www.sdh.gov.br/sobre/aceso-a-informacao/auditorias/relatorios/2011/relatorio-de-gestao-2011>
- Brasil. (2012). Conselho Nacional de Justiça. Panorama Nacional: A execução de Medidas Socioeducativas de Internação Programa Justiça ao Jovem. Brasília. Retrieved from: [http://www.cnj.jus.br/images/programas/justica-ao-jovem/panorama\\_nacional\\_justica\\_ao\\_jovem.pdf](http://www.cnj.jus.br/images/programas/justica-ao-jovem/panorama_nacional_justica_ao_jovem.pdf)
- Clifford, A., & Shakeshaft, A. (2011). Evidence-based alcohol screening and brief intervention in Aboriginal Community Controlled Health Services: experiences of health-care providers. *Drug and Alcohol Review*, 30(1), 55-62. doi: 10.1111/j.1465-3362.2010.00192.x
- Cruvinel, E., Richter, K. P., Bastos, R. R., & Ronzani, T. M. (2013). Screening and brief intervention for alcohol and other drug use in primary care: associations between organizational climate and practice. *Addiction Science & Clinical Practice*, 8 (4), 1-8. doi: 10.1186/1940-0640-8-4
- Cumming, G., Fidler, F., Kalinowski, P., & Lai, J. (2012). The statistical recommendations of the American Psychological Association Publication Manual: Effect sizes, confidence intervals, and meta-analysis. *Australian Journal of Psychology*, 64(3), 138-146. doi: 10.1111/j.1742-9536.2011.00037.x
- Darnell, D., Dunn, C., Atkins, D., Ingraham, L., & Zatzick, D. (2015). A Randomized Evaluation of Motivational Interviewing Training for Mandated Implementation of Alcohol Screening and Brief Intervention in Trauma Centers. *Journal of Substance Abuse Treatment*. doi: 10.1016/j.jsat.2015.05.010
- Davoglio, Tácia Rita, & Gauer, Gabriel José Chittó. (2011). Adolescentes em conflito com a lei: aspectos sociodemográficos de uma amostra em medida socioeducativa com privação de liberdade. *Contextos Clínicos*, 4(1), 42-52.



- Retrieved from: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1983-](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1983-)
- De Micheli, D., Fisberg, M., & Souza-Formigoni, M.L.O. (2004). Estudo da efetividade da intervenção breve para o uso de álcool e outras drogas em adolescentes atendidos num serviço de assistência primária à saúde. *Revista da Associação Médica Brasileira*, 50 (3), 305-313. doi: 10.1590/S0104-42302004000300040
- Drazdowski, T. K., Jaggi, L., Borre, A., & Kliwer, W. L. (2015). Use of prescription drugs and future delinquency among adolescent offenders. *Journal of Substance Abuse Treatment*, 48(1), 28-36. doi: 10.1016/j.jsat.2014.07.008
- Ferigolo, M. B., Arbo, E., Malysz, A.S, Stein, A.T., & Barros, H. (2004). Prevalência do consumo de drogas na FEBEM, Porto Alegre. *Revista Brasileira de Psiquiatria*, 26(1), 10-16. doi: 10.1590/S1516-44462004000100006
- Fuster, D., Cheng, D. M., Wang, N., Bernstein, J. A., Palfai, T. P., Alford, D. P., Samet, J.H. et al. (2015). Brief intervention for daily marijuana users identified by screening in primary care: a subgroup analysis of the ASPIRE randomized clinical trial. *Substance Abuse*, 0, 1-7. doi: 10.1080/08897077.2015.1075932
- Goncalves, P. D., Ometto, M., Bechara, A., Malbergier, A., Amaral, R., Nicastrí, S., Martins, P.A., et al. (2014). Motivational interviewing combined with chess accelerates improvement in executive functions in cocaine dependent patients: a one-month prospective study. *Drug and Alcohol Dependence*, 141, 79-84. doi: 10.1016/j.drugalcdep.2014.05.006
- Henrique, I. F. S., De Micheli, D., Lacerda, R.B., & Souza-Formigoni, M.L.O. (2004). Validação da versão brasileira do teste de triagem do envolvimento com álcool, cigarro e outras substâncias (ASSIST). *Rev Assoc Med Bras*, 50(2), 199-206. doi: 10.1590/S0104-42302004000200039
- Instituto Brasileiro de Geografia e Estatística (IBGE). (2013). *Síntese de indicadores sociais: Uma análise das condições de vida da população brasileira. Estudo e Pesquisa: informação demográfica e socioeconômica*. Rio de Janeiro. Retrieved from: <http://biblioteca.ibge.gov.br/visualizacao/livros/liv66777.pdf>
- Instituto Latino Americano das Nações Unidas para Prevenção de Delito e Tratamento de Delinquente - ILANUD. (2007). Mapeamento nacional das medidas socioeducativas em meio aberto [Relatório Resumido]. Brasília, DF: Secretaria Especial de Direitos Humanos/Presidência da República.
- Retrieved from: [http://www.ilanud.org.br/midia/doc/relatorio\\_resumido\\_mapeamento\\_mse\\_abr2009.pdf](http://www.ilanud.org.br/midia/doc/relatorio_resumido_mapeamento_mse_abr2009.pdf)
- Klimas, J., Marie-Henihan, A., McCombe, G., Swan, D., Anderson, R., Bury, G., Dunne, C., et al. (2015). Psychosocial Interventions for Problem Alcohol Use in Primary Care Settings (PINTA): Baseline Feasibility Data. *Journal of Dual Diagnosis*, 11(2):97-106. doi: 10.1080/15504263.2015.1027630
- Levine, T. R., & Hullett, C. R. (2002). Eta squared, partial eta squared, and misreporting of effect size in communication research. *Human Communication Research*, 28(4), 612-625. doi: 10.1111/j.1468-2958.2002.tb00828.x
- Martins, M. C., & Pillon, S. C. (2008). A relação entre a iniciação do uso de drogas e o primeiro ato infracional entre os adolescentes em conflito com a lei. *Cadernos de Saúde Pública*, 24(5), 1112-1120. doi: 10.1590/S0102-311X2008000500018
- Marusch, M. C., Estevão, R. & Bazon, M. R. (2013). Aplicação de Medidas Socioeducativas em Adolescentes: Avaliação Auxiliar às Tomadas de Decisão. *Psico*, 44(3), 453-463. Retrieved from: <http://revistaseletronicas.pucrs.br/ojs/index.php/revistapsico/article/view/15828/10420>
- Nardi, F. L., Jahn, G. M., & Dell'Aglio, D. D. (2014). Perfil de adolescentes em privação de liberdade: eventos estressores, uso de drogas e expectativas de futuro. *Psicologia em Revista*, 20(1), 116-137. doi: 10.5752/P.1678-9523.2014v20n1p116
- Nunes, M.C.A., Andrade, A.G.S., & Morais, N.A. (2013). Adolescentes em conflito com a lei e família: um estudo de revisão sistemática da literatura. *Contextos Clínicos*, 6(2), 144-156. Retrieved from: <http://revistas.unisinos.br/index.php/contextosclinicos/article/view/ctc.2013.62.07/3641>
- Patterson, S. W. (2015). Factors influencing the implementation of a brief alcohol screening and educational intervention in social settings not specializing in addiction services. *Social Work in Health Care*, 54(4), 345-364. doi: 10.1080/00981389.2015.1005270
- Pinho, S. R. Dunningham, W., Aguiar, W. M., Filho, A.S.A., Guimarães, K., Almeida, T.R.P., Dunningham, V.A. (2006). Morbidade psiquiátrica entre adolescentes em conflito com a lei. *Jornal Brasileiro de Psiquiatria*, 55(2), 126-130. doi: 10.1590/S0047-20852006000200006
- Rahm, A. K., Boggs, J. M., Martin, C., Price, D. W., Beck, A., Backer, T. E., & Dearing, J. W. (2015). Facilitators and barriers to implementing Screening, Brief Intervention, and Referral to Treatment

- (SBIRT) in primary care in integrated health care settings. *Substance abuse*, 36(3), 281-288. doi: 10.1080/08897077.2014.951140
- Ronzani, T. M., Castro, P. M., & Souza-Formigoni, M. L. O. (2008). Avaliação de um processo de implementação de práticas de prevenção ao uso de risco de álcool entre agentes comunitários de saúde. *HU Revista*, 34(1), 39-48. Retrieved from: <https://hurevista.ufjf.emnuvens.com.br/hurevista/article/view/66/72>
- Ronzani, T. M., Mota, D. C. B., & Souza, I. C. W. (2009). Prevenção do uso de álcool na atenção primária em municípios do estado de Minas Gerais. *Revista de Saúde Pública*, 43, 51-61. doi: 10.1590/S0034-89102009000800009
- Ronzani, T. M., Ribeiro, M. S., Amaral, M. B., & Souza-Formigoni, M.L.O. (2005). Implantação de rotinas de rastreamento do uso de risco de álcool e de uma intervenção breve na atenção primária à saúde: dificuldades a serem superadas. *Cadernos de Saúde Pública*, 21(3), 852-861. doi: 10.1590/S0102-311X2005000300019
- Sanchez-Craig, M., Neumann, B., Souza-Formigoni, M. L. O., & Rieck, L. (1991). Brief treatment for alcohol dependence: level of dependence and treatment outcome. *Alcohol and Alcoholism Supplement*, 1, 515-518. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/1845590>
- Schmidt, C.S., Schulte, B., Seo, H. N., Kuhn, S., Donnell, A., Kriston, L., Verthein, U., et al. (2015). Meta-analysis on the effectiveness of alcohol screening with brief interventions for patients in emergency care settings. *Addiction*, 111(5), 783-794. doi: 10.1111/add.13263

**Endereço para correspondência:**

André Luiz Monezi Andrade  
Centro de Ciências da Vida.  
Pontifícia Universidade Católica de Campinas  
Av. John Boyd Dunlop, s/n  
CEP: 13034-685–Jardim Ipaussurama, Campinas/SP  
E-mail: [andre.andrade@puc-campinas.edu.br](mailto:andre.andrade@puc-campinas.edu.br)

Recebido em 23/03/2017

Aceito em 10/04/2017