

Role play: Erin

For the health professional:

Erin is a 16 year-old who is being seen for a gynecological exam because she is concerned about a vaginal discharge she is experiencing. She is worried she might have a STD. Here are Erin’s answers on the CRAFFT:

| During the PAST 12 months , on how many days did you: | Number of days |
|---|----------------|
| 1. Drink more than a few sips of beer, wine, or any drink containing alcohol ? Put “0” if none. | 8 |
| 2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or “ synthetic marijuana ” (like “K2,” “Spice”)? Put “0” if none. | 0 |
| 3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put “0” if none. | 0 |
| 4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? Say “0” if none. | 0 |

If you put “0” in ALL of the boxes above, ANSWER QUESTION 5, THEN STOP.

If you put “1” or higher in ANY of the boxes above, ANSWER QUESTIONS 5-10.

| | No | Yes |
|--|-------------------------------------|-------------------------------------|
| 5. Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Do you ever use alcohol or drugs while you are by yourself, or alone? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you ever forget things you did while using alcohol or drugs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Do your family or friends ever tell you that you should cut down on your drinking or drug use? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever gotten into trouble while you were using alcohol or drugs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

For the patient:

You are a 16 year-old who is visiting the doctor because you are concerned about a vaginal discharge. You are worried you might have a STD. When you completed the questionnaire, you answered “yes” to the following questions:

- Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
- Do you ever forget things you did while using alcohol or drugs?

You only drink once or twice a month at parties, but when you do drink it’s usually 4-6 drinks/shots. You don’t really like the taste of alcohol, so you “throw back shots” when you do decide to drink. You don’t really think your drinking is much of a problem since you only drink a couple times a month, and only when you go out with friends to house parties. You actually drink less often than some of your friends. You do recognize that sometimes you drink too much, because you’ve had a few blackouts.

The last time you drank (3 weeks ago) was at a friend’s party and you ended up drinking several shots of vodka. The last thing you remember from that night is making out with a guy and then the rest of the night is a blank. You think you may have had sex with him, but you are not sure. You’ve noticed an unusual vaginal discharge and you are worried you might have ended up with an STD from that night, since you don’t really know this guy very well. You hate not being able to remember what happened that night.

Another concern you have about your drinking is that your Mom is in recovery from alcoholism and you don’t want to “turn out” like her. That is why you don’t drink very often.

You’ve vaped marijuana once or twice in the last year.

You are an 8 on the readiness ruler for making a change in your drinking.

For the observer:

Brief intervention observation sheet

Did the health professional . . .

Raise subject

- | | | |
|---|-----|----|
| 1) Ask patient for permission to discuss substance use? | Yes | No |
| 2) Define their role before beginning discussing the patient's use. | Yes | No |
| 3) Elicit the patient's own description of their substance use. | Yes | No |

Share information

- | | | |
|---|-----|----|
| 4) Explain any connection between the patient's use and their health complaint (if applicable). | Yes | No |
| 5) Share information about of risks of use, including low-risk alcohol limits (if applicable). | Yes | No |
| 6) Ask the pt what they think of the information just provided. | Yes | No |

Enhance motivation

- | | | |
|---|-----|----|
| 7) Ask the patient about their perceived pros and cons of their use, then summarize what the patient said. | Yes | No |
| 8) Ask what the pt wants to change about their use. | Yes | No |
| 9) Gauge patient's readiness/confidence to reach their goal. If using Readiness Ruler, ask, "Why not a lower number?" | Yes | No |

Identify plan

- | | | |
|---|-----|----|
| 10) If patient sounds ready, ask them to identify a plan of change. | Yes | No |
| 11) Affirm patient's readiness to change and affirm their plan. | Yes | No |
| 12) Ask to schedule follow-up. | Yes | No |

How well did the health professional use a guiding style of communication?

Not at all

Very well

1

2

3

4

5

6

7