

## Role play: Erin

### For the health professional:

Erin is a 16 year-old female 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.

### S2BI:

In the <b>PAST YEAR</b> , how many times have you used:	Never	Once or twice	Monthly	Weekly
Tobacco:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marijuana:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “Never” to all questions above, you can skip to **CRAFFT question #1** and then turn the page. Otherwise, please continue answering all questions below.

Prescription drugs that were not prescribed for you: (such as pain medication or Adderall)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal drugs: (such as cocaine or ecstasy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants: (such as nitrous oxide)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbs or synthetic drugs: (such as salvia, “K2”, or bath salts)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “Never” or “Once or twice” to all questions above, you can answer only **CRAFFT question #1** below and then turn the page. Otherwise, please continue answering all questions below.

### CRAFFT questions

	No	Yes
1. 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"/>
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or alone?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Do you ever forget things you did while using alcohol or drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. 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"/>
6. 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 female 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 S2BI screening tool, 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.

## Brief Intervention Observation Sheet

Did the clinician or behavioral health professional . . .

**Raise  
subject**

- |   |     |    |
|---|-----|----|
| 1) Ask patient for permission to discuss substance use? | Yes | No |
| 2) Ask the patient to describe substance use patterns?  | Yes | No |

**Provide  
feedback**

- |   |     |    |
|---|-----|----|
| 3) Ask patient if he/she sees a connection between his/her substance use and health concerns (if relevant)? | Yes | No |
| 4) Review the results of the screening form?  | Yes | No |
| 5) Express concern and inform patient of risks of use?  | Yes | No |

**Enhance  
motivation**

- |   |     |    |
|---|-----|----|
| 6) Ask patient to select a number on the “Readiness Ruler”? | Yes | No |
| 8) Ask patient why he/she did not pick a lower number?      | Yes | No |
| 9) Discuss patient’s pros and cons of use?                  | Yes | No |

**Negotiate  
plan**

- |  |     |    |
|--|-----|----|
| 8) Elicit a plan of behavior change by asking what steps the patient is ready to take (if patient is ready)? | Yes | No |
| 9) Re-state the recommendation not to use alcohol or drugs?  | Yes | No |

10) To what degree did the clinician or behaviorist use a guiding style of communication?

Not at all

Very much

1            2            3            4            5            6            7

