

## Role play: Jill

### For the health professional:

Jill is a 54-year old female who is being seen for a follow-up visit related to her hypertension. She did present 6 months ago with a fractured arm from a fall on her steps.

One drink equals:



12 oz.  
beer



5 oz.  
wine



1.5 oz.  
liquor  
(one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

0

1

2

3

4

I    II    III    IV

M: 0-4    5-14    15-19    20+

W: 0-3    4-12    13-19    20+

## For the patient:

You are a 54-year old female coming in for a follow-up visit related to your high blood pressure. You drink 2-3 times a week, usually consuming 5-6 glasses of wine per occasion. You did present 6 months ago with a fractured arm from a fall on your steps. You completed an AUDIT screening tool and answered positive to the following questions:

- Have you or someone else been injured because of your drinking? (*answer: yes, during the last year*)
- Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? (*answer: yes, during the last year*)

*These are some of your thoughts and feelings about your drinking, in which you may or may not disclose depending on how you are approached by the health professional:*

You recognize that your drinking has increased over the last couple of years; however you see it more related to your recent divorce and as a way to deal with your feelings of loneliness. You don't really see your drinking as a problem. You have lived in your current city for 4 months and you don't have a lot of friends. You go to a local bar/restaurant and drink after work to avoid going home. You have two grown children. Your youngest son told you he thinks you are drinking too much and has encouraged you to find some new hobbies and friends.

You do know that your fall several months ago was partly due to the fact that you have been drinking when it happened.

You might consider cutting down on your drinking but you don't really see any reason to quit. Your readiness to cut down is an 9; your readiness to stop drinking altogether is a 3.

**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) 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 low-risk limits 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 medical recommendation?  | Yes | No |

10) To what degree did the health professional use a guiding style of communication?

**Not at all**

**Very much**

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2

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4

5

6

7

*Adapted from the BI Adherence/Competence Scale, created by D'Onofrio et al. for Project ED Health.*