

SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT POCKET CARD

Screening	<p>NORMALIZE: <i>In health settings, we commonly talk with patients/clients about alcohol and drugs.</i></p> <p>ASK PERMISSION: <i>Would it be okay to spend the next few minutes talking about alcohol & drugs?</i></p>	
	ALCOHOL USE	DRUG USE
Neg Screen	<p style="text-align: center;">IF AT RISK DRINKING / DRUG USE = 0 → NEGATIVE SCREEN</p> <p>PRESCREEN: <i>Do you sometimes drink beer, wine, or other alcoholic beverages? If answer is NO, alcohol screening is complete.</i></p> <p>SCREEN: <i>How many times in the past year have you had 5 (4 for women or >65) or more standard drinks in a day? How many times in the past year have you had 14 (7 for women or >65) or more standard drinks in a week? STANDARD DRINK DESCRIPTION: 12 oz. beer, 5 oz. wine, 1.5 oz. of 80 proof liquor</i></p>	
	<p>AFFIRM "Based on your responses, your drinking / drug use falls under the recommended limits. I recommend you continue to stay within these limits, which are..."</p> <p>ADVISE <i>For healthy men < 65-no more than 4 drinks in a day & no more than 14 drinks in a week. For healthy women (and healthy men > 65), no more than 3 drinks in a day & no more than 7 drinks in a week. For Pregnant Women -no alcohol. "There are not safe limits established for drug use. I recommend you continue to refrain from using drugs for non-medical reasons."</i></p> <p>OPEN DOOR "Keep in mind that we are here and open to talking about alcohol or drug use in the future."</p>	
Assessment	<p style="text-align: center;">IF AT RISK DRINKING / DRUG USE > 0 → POSITIVE SCREEN</p> <p style="text-align: center;">Or any use for those with a chronic medical condition, medications that interact with alcohol, or pregnancy.</p> <p>ASSESS Frequency / Quantity / SUD</p> <p>ASK "Could you tell me a little bit more about your drinking / drug use patterns?" [Reflect] [If needed, follow-up with below.]</p>	
	<p><u>Frequency:</u> <i>On average, how many days a week do you have an alcoholic drink?</i></p>	<p>Which prescription medications or drugs have you used?</p>
	<p><u>Quantity:</u> <i>On a typical drinking day, how many drinks do you have?</i></p>	<p>How often? How much? First time, last time? Injection drug use?</p>
	<p style="text-align: center;">ASSESS FOR A SUBSTANCE USE DISORDER (SUD) – All Clients</p>	
	<p>DSM-5 SUD CRITERIA: <i>"Thinking about the past year, what have been some of the drawbacks of drinking/drug use, if any?"</i> [Reflect]</p> <p>[If needed] <i>Would it be ok to ask some more questions that can help us understand where people are in terms of their drinking/drug use?</i></p> <p>*Hazardous Use: <i>"In the past year, have you sometimes been under the influence of alcohol in situations where you could have caused an accident or gotten hurt?"</i></p> <p>*Exceeded Own Limits: <i>"In the past year, have there often been times when you had a lot more to drink than you intended to have?"</i></p> <p>* If positive to either → assess all DSM criteria below. If negative response to both → SUD unlikely.</p>	
	<p><input type="radio"/> Physical or psychological consequences <input type="radio"/> Tolerance <input type="radio"/> Role failure <input type="radio"/> Gave up other meaningful activities <input type="radio"/> Withdrawal</p> <p><input type="radio"/> Craving <input type="radio"/> Spent much time using, procuring, recovering <input type="radio"/> Repeated failed attempts to quit/control use <input type="radio"/> Relationship trouble</p> <p style="text-align: center;">Mild 2-3 Criteria Moderate 4-5 Criteria Severe 6+ Criteria</p>	
	<p>[Summarize] Assessment of use and consequences.</p>	
<p>ABOVE SAFE DRINKING LIMITS OR RISKY USE WITH CONSEQUENCES → BI SUBSTANCE USE DISORDER: MILD → BI : MODERATE-SEVERE → MEDICAL MANAGEMENT OR RT</p>		

BRIEF INTERVENTION

Education & Feedback	All Clients – ASK PERMISSION	<p><i>“Thanks for taking the time to talk with me about your alcohol / drug use. Would it be alright if I share some information with you about the health effects of alcohol / drug use?”</i></p>
	Risky - PROVIDE FEEDBACK	<p>ELICIT: <i>What do you know about safe drinking / drug use limits?</i> [Reflect] PROVIDE: Oral or Handout Education - Drinking limits <=14 (7) drinks per week or <= 4 (3) drinks per day / no known safe levels of drug use. Short and long term risks. ELICIT: <i>What concerns you most about this?</i> [Reflect] <i>Where does this leave you?</i> [Reflect]</p>
	SUD - PROVIDE FEEDBACK	<p>ELICIT: <i>What are your thoughts about how you might be categorized in terms of your alcohol / drug use?</i> PROVIDE: <i>Based on your responses it appears you may have what healthcare providers refer to as a Substance Use Disorder. This means alcohol / drug use is interfering with important areas of your life. It can be harder for people with substance use disorders to moderate their drinking / use. We also know that people with substance use disorders often find it helpful to talk with a counselor about their drinking/drug use.</i> ELICIT: <i>What concerns you most about this?</i> [Reflect] <i>Where does this leave you?</i> [Reflect]</p>
Build Motivation	All Clients - ASSESS READINESS FOR CHANGE	<p>LOW → ENHANCE CLIENT MOTIVATION : HIGH → MOVE TO ACTION PLANNING</p>
	All Clients ENHANCE MOTIVATION - (CHOOSE 1)	<p><i>Would it be alright if we spend a few minutes doing an activity that some people find helpful in thinking about alcohol / drug use?</i> GOALS/VALUES: <i>Tell me about what’s important to you? How does that fit in with your drinking/using [drug name]?</i> <i>What would have to happen for you to consider cutting down?</i> [REFLECT, ask follow-up questions and summarize reasons for change] ASK: <i>Where does this leave you?</i> [Reflect] RULERS: <i>On a scale from 0 to 10, how important is it that you cut back or quit? Why that number and not a (lower number)? IMPORTANCE, CONFIDENCE, READINESS?</i> ASK: <i>Where does this leave you?</i> [Reflect]</p>
Action Planning/ Referral	Risky - ACTION PLANNING CUTTING BACK	<p>ELICIT: <i>What kinds of changes are you hoping to make to your alcohol / drug use? What ideas do you have about how you might go about that?</i> [Reflect] PROVIDE: Tips for Cutting Down worksheet or other strategies as appropriate. ELICIT: <i>Which strategies stand out as ones that might be helpful?</i> [Reflect]</p>
	SUD- ACTION PLANNING REFERRAL	<p>ELICIT: <i>What do you know about resources that are available to help people who are thinking about making changes to their alcohol / drug use?</i> [Reflect] PROVIDE: List of Local Resources—<i>There are a number of different programs and medications that can help....</i> ELICIT: <i>Which resources stand out as ones that might be helpful?</i> [Reflect]</p>
	All Clients FOLLOW UP	<p>AFFIRM: <i>Thanks for taking the time today to talk about your alcohol/ drug use.</i> SUMMARIZE: <i>Restate the client’s reasons for changing and their stated plan</i> OPEN DOOR: <i>Would it be all right if we checked in about this again at our next appointment?</i></p>

This resource card was developed with support from SAMHSA Grant No. U79 T1020296 (PI Lum)

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