

SBIRT Training – Spring 2023

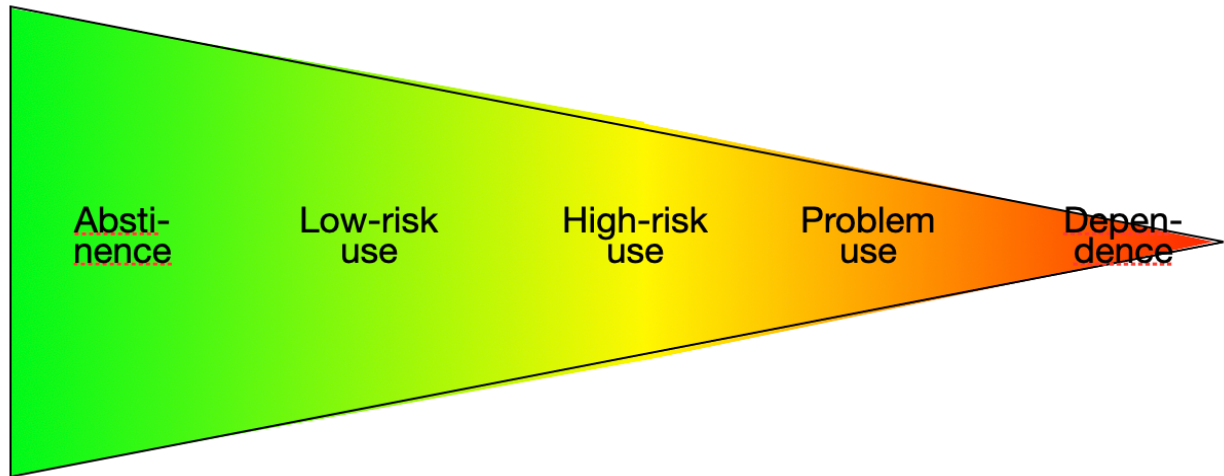
Handouts



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The Substance Use Continuum



Standard Drinks			
12 fl oz of regular beer	=	8-9 fl oz of malt liquor (shown in a 12 oz glass)	=
			
About 5% Alcohol		About 7% Alcohol	
	=	5 fl oz of table wine	=
			
		About 12% Alcohol	
	=	1.5 fl oz shot of 80-proof spirits ("hard liquor"— whiskey, gin, rum, vodka, tequila, etc.)	
			
		About 40% Alcohol	

Assessing Patients' Categories of Use

- **High-risk use?**
 - Adult men: >14 SD/week, >4 SD/occasion?
 - Adult women: >7 SD/week, >3 SD/occasion?
 - Adult drug use: Daily marijuana use? Other illicit drug use?
 - Teens: Any alcohol? Any drugs?
- **Problem use?** - Negative consequences?
 - Physical health? - Family rel.? Work/school? Financial problems?
 - Mental health? - Friends rel.? Legal problems? Religion/spirituality?
- **Dependence?** - Loss of control - unsuccessful attempts to quit or cut down?
 - Preoccupation? - Urges/cravings? - Compulsive use? Physical dependence?

AUDIT and DAST

AUDIT: In the past 12 months...	0	1	2	3	4
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?	1-2	3-4	5-6	7-9	10 or more
3. How often do you have 3 or more drinks on one occasion? <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i>	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?	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
Total score =					

DAST-10: In the past 12 months...	Yes	No
1. Have you used drugs other than those required for medical reasons?		
2. Do you use more than one drug at a time?		
3. Are you always able to stop using drugs when you want to?		
4. Have you ever had blackouts or flashbacks as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Do people in your life ever complain about your involvement with drugs?		
7. Have you neglected your family because of your use of drugs?		
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?		
Total score =		

AUDIT and DAST Interpretation

Risk Category	Score		Management
	AUDIT	DAST	
Abstinence/Low-risk use	0 to 6 - female 0 to 7 - male	0	Reinforcement
High-risk use	7 to 15 - female 8 to 15 - male	1 to 2	Brief intervention
Problem use	16 to 19	3 to 5	Brief intervention
Likely dependent	20 to 40	6 to 10	Referral

CRAFFT - Part A - Questions

During the past 12 months, on how many days did you ...

... drink more than a few sips of beer, wine, or any drink containing alcohol?	_____
... use any marijuana (cannabis, weed, oil, wax, or hash, by smoking, vaping, dabbing, or in edibles) or synthetic marijuana (like K2 or spice)?	_____
... use anything else to get high (like other illegal drugs, pills, prescription, or over-the-counter medications, and things you snuff, huff, vape, or inject)?	_____

"Zero" or "None" are the only negative responses. Any number greater than zero is a positive response.

CRAFFT - Part B - Questions

		Circle one:
C	Have you ridden in a C ar driven by someone (including yourself) who was high or had been using alcohol or drugs?	No Yes
R	Do you ever use alcohol or drugs to R elax, feel better about yourself, or fit in?	No Yes
A	Do you ever use alcohol or drugs while you are by yourself, or A lone?	No Yes
F	Do you ever F orget things you did while using alcohol or drugs?	No Yes
F	Do your F amily or F riends ever tell you that you should cut down on your drinking or drug use?	No Yes
T	Have you ever gotten into T rouble while you were using alcohol or drugs?	No Yes

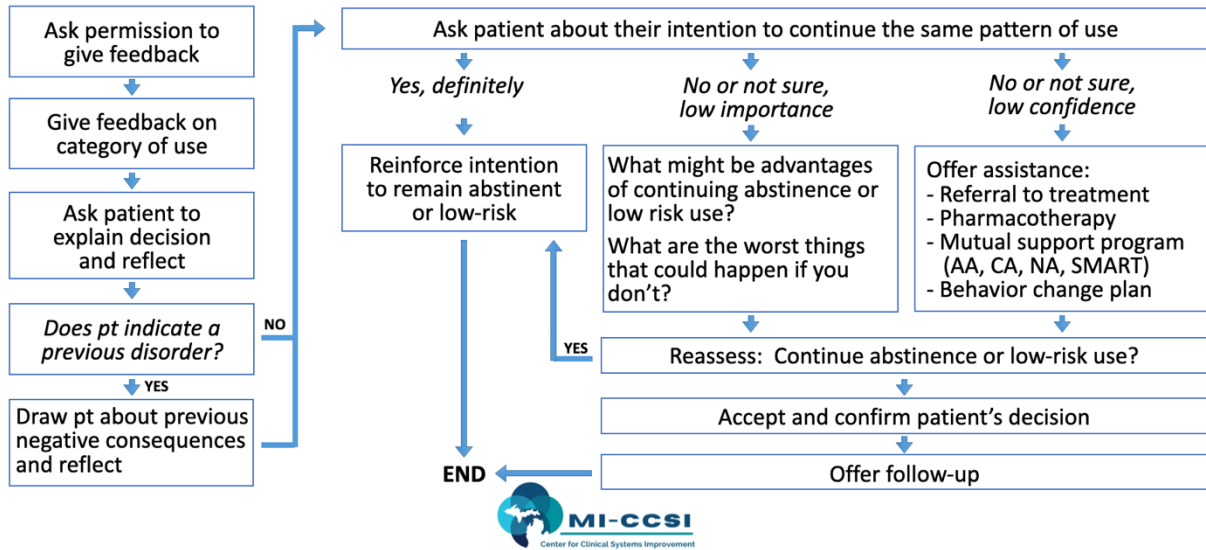
CRAFFT Interpretation

Results		Category	Management
Part A	Part B		
Negative	—	Abstinence	Reinforcement
Positive	0	} High-risk use	Brief intervention
	1		
	2	} Problem use	
	3		
	4	} Likely dependence	Referral to treatment
	5		
6			

Helpful Open Questions

- Before we focus on those questions you answered, would you please tell me how you see alcohol and drugs fitting in with your life?
- What do you like about _____?
(don't dwell on this; it elicits sustain talk)
- What are some downsides or fears you have about _____?
- What might be some advantages of
 - cutting down?
 - quitting?
 - continuing not to drink or use drugs?
- What might be the worst things that could happen if you
 - keep on _____ like you've been?
 - start drinking or using drugs?

Protocol for Abstinent/Low Risk Users



Brief Intervention Protocol

1. Introduction, including:

- Your preferred name
- Your position
- Purpose of the session
- Expected duration
- Confidentiality rules
- Patient autonomy
- Patient's preferred name
- Permission to proceed

2. Ask at least one open question on substance use, and follow with a reflection

For example: Before we talk about the questionnaire, I wonder if you could tell me how you see alcohol and drugs fitting into your life.

3. Ask permission to give feedback on responses

4. Accurately identify the patient's category of substance use

5. Give appropriate feedback on the category

Abstinence	Your lack of drinking and drug use put you in the category of abstinence – a healthy and safe category.
Low-risk use	Your moderate drinking and your lack of drug use put you in the category of low-risk use – a healthy and safe category.
High-risk use	Your drinking and/or drug use put(s) you in the category of high-risk use . This suggests that you're not suffering negative health or other consequences of drinking and drug use, but you're likely to suffer consequences in the future unless you quit or cut down.
Problem use	Your drinking and/or drug use puts you in the category of problem use. This suggests that your drinking and/or drug use is causing negative health or other consequences in your life, and the consequences will probably continue or get worse unless you quit or cut down. • This doesn't mean you have a problem. It means that your drinking and/or drug use is causing you problems in your life.
Dependence	Your responses suggest that you are in the category called dependence. This means that your drinking and/or drug use is causing significant negative health and other consequences in your life, and the consequences will probably continue or get worse unless you quit or cut down. It also means that it might be difficult for you to quit or cut down without help. • It's nobody's fault that they become dependent. Other than drinking or using drugs, the strongest risk factor is genetics, which nobody can control. Dependence happens when a part of the brain that makes people feel pleasure and want to eat and have sex is hijacked so it drives people's drinking and/or drug use.

6. Elicit response to the feedback.
7. Ask permission to make a recommendation.
8. Make an appropriate recommendation:

	Initial recommendations	Alternate recommendations
High-risk use or problem use	• Cut down to low-risk drinking levels. • Quit drug use.	• Cut down somewhat on drinking. • Cut down on drug use.
Dependence	• See a specialist for a more detailed assessment and consider their recommendation.	• Try at least 3 to 5 mutual support meetings. • Consider medications for alcohol and opioid use disorders. • Try working with me to quit or cut down.

9. Emphasize autonomy immediately before or after making the recommendation
10. Elicit the patient's response to your recommendation
11. Explore for change talk on importance, then reflect

What are some downsides or fears you have about your drinking / drug use?

What would be some advantages of quitting / cutting down?

What would be the worst things that could happen if you keep on drinking / using drugs like you've been?
12. Explore for change talk on confidence, then reflect

What difficult things have you accomplished in the past?

What strengths do have that would help you quit/cut down?

What could help you quit/cut down?
13. Summarize, emphasizing change talk, and ask a key question
14. Support the patient's decision
15. Help set a plan if appropriate

• Limits	• Environmental change	• Rewards
• Triggers & management	• Social support	• Contingency plan
• Alternate behaviors	• Medications	• Follow-up
16. Briefly summarize, set follow-up if not done already, and close

Brief Intervention Rubric

Element	Poor	Fair	Good	Rating	Points
Introduces session	Includes fewer than 5 of: Interviewer's name, role, session purpose, expected duration, confidentiality, autonomy, patient's preferred name, permission seeking	Includes 5 or 6 of:	Includes 7 or 8 of:	Good	4
Asks at least one initial open question on substance use and reflects	Skips this item or executes it poorly	Asks an open question, does not reflect	Asks an open question and reflects	Good	4
Asks permission to give feedback on screening and/or brief assessment responses	Skips this item or executes it poorly	Asks half-heartedly and/or does not attend to the response	Asks genuinely and attends to the response	Good	4
Accurately identifies substance use category when giving feedback*	Skips this item or does not identify the correct category	Vaguely identifies the correct category	Clearly identifies the correct category	Good	4
Gives appropriate feedback on that category*	Feedback is omitted, very vague, incomplete, or incorrect	Feedback is vague or incomplete	Feedback is clear and detailed	Good	4
Elicits response to the feedback	Skips this item or executes it poorly	Asks unclearly, fails to wait for response, or does not accept response	Clearly asks for, waits for and accepts response	Good	4
Asks permission to make a recommendation	Skips this item or executes it poorly	Asks half-heartedly and/or does not attend to the response	Asks genuinely and attends to the response	Good	4
Gives an appropriate recommendation*	Recommendation is omitted, very vague, incomplete, or incorrect	Recommendation is vague or incomplete	Recommendation is clear with appropriate detail	Good	4
Emphasizes autonomy	Skips this item or executes it poorly	Vaguely emphasizes autonomy	Clearly emphasizes autonomy	Good	4
Elicits response to the recommendation	Skips this item or executes it poorly	Asks unclearly, fails to wait for response, or does not accept response	Clearly asks for, waits for, and accepts response	Good	4
Explores for and reinforces change talk regarding importance	Does not seek change talk on importance	Seeks change talk on importance once or twice with open questions or reflections	Seeks change talk on importance at least 3 times with open questions or reflections	Good	4
Explores for and reinforces change talk regarding confidence	Does not seek change talk on confidence	Vaguely seeks change talk on confidence	Clearly seeks change talk on confidence at least once with open questions or reflections	Good	4
Summarizes and asks a key question	Skips this item or executes it poorly	Summarizes with little detail or omitting important change talk, or does not clearly ask a key question about readiness to change	Gives robust summary emphasizing change talk and clearly asks a key question about readiness to change	Good	4
Supports the decision	Skips this item or executes it poorly	Vaguely enunciates support	Clearly enunciates support	Good	4
Helps set a plan, if appropriate	Inappropriately skips this item or executes it poorly	Helps set limits	Helps set limits and offers to help with other aspects of a plan – or avoids planning if inappropriate	Good	4
Summarizes, offers follow-up and closes the session	Skips this item or includes 1 of: briefly summarize, offer follow-up, and say good-by	Includes 2 of: briefly summarize, offer follow-up, and say good-by	Includes all of: briefly summarize, offer follow-up, and say good-by	Good	4
Shows empathy and partnership and no judgment*	Shows lack of empathy or lack of partnership or judgment	Verbalizes empathy with at least 2 reflections and shows no judgment	Verbalizes empathy with at least 3 reflections and makes a statement of partnership and shows no judgment	Good	12
Avoids unwanted advice and information, warning, persuasion*	Gives unwanted advice or information, warns, or persuades twice or more	Gives unwanted advice or information, warns, or persuades once	Avoids completely	Good	12
Avoids premature planning*	Plans inappropriately with more than one question or statement	Starts to plan inappropriately with one question or statement	Avoids completely	Good	12

Protocol for Initiating Treatment for Dependence

1. Introduction, including:

- Your preferred name
- Your position
- Purpose of the session
- Expected duration
- Confidentiality rules
- Patient autonomy
- Patient's preferred name
- Permission to proceed

2. Ask at least one open question on substance use, and follow with a reflection

For example: Before we talk about the questionnaire, I wonder if you could tell me how you see alcohol and drugs fitting into your life.

3. Ask permission to give feedback on responses

4. Accurately identify the patient's category of substance use

5. Give appropriate feedback on the category

Dependence	Your responses suggest that you are in the category called dependence. This means that your drinking and/or drug use is causing significant negative health and other consequences in your life, and the consequences will probably continue or get worse unless you quit or cut down. It also means that it might be difficult for you to quit or cut down without help. • It's nobody's fault that they become dependent. Other than drinking or using drugs, the strongest risk factor is genetics, which nobody can control. Dependence happens when a part of the brain that makes people feel pleasure and want to eat and have sex is hijacked so it drives people's drinking and/or drug use.
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6. Elicit response to the feedback.

7. Ask permission to make a recommendation.

8. Make an appropriate recommendation:

	Initial recommendations	Alternate recommendations
Dependence	• See a specialist for a more detailed assessment and consider their recommendation.	• Try at least 3 to 5 mutual support meetings. • Consider medications for alcohol and opioid use disorders. • Try working with me to quit or cut down.

9. Emphasize autonomy immediately before or after making the recommendation

10. Elicit the patient's response to your recommendation

11. Explore for change talk on importance, then reflect

What are some downsides or fears you have about your drinking / drug use?

What would be some advantages of quitting / cutting down?

What would be the worst things that could happen if you keep on drinking / using drugs like you've been?

12. Explore for change talk on confidence, then reflect

What difficult things have you accomplished in the past?

What strengths do have that would help you quit/cut down?

What could help you quit/cut down?

13. Summarize, emphasizing change talk, and ask a key question

14. Support the patient's decision

15. Ask permission to describe alternatives to treatment

16. Educate the patient about alternatives to treatment

- Pharmacotherapy – 4 medications for alcohol dependence, 3 for opioid dependence
- Twelve-step programs or SMART Recovery
- Work with you using change plans

17. Explore for change talk, summarize, and ask a key question

- Which option(s) seem best to you?
- What would be advantages of getting this kind of help?
- What do you like about it/them?
- What would be the worst things that could happen if you get no help at all?
- After summarizing: Where does this leave you?

18. Help set a plan if appropriate

Treatment – Which program? By when will you make an appointment?

Pharmacotherapy – What provider? By when will you make an appointment?

Mutual support group – By when will you go to your first meeting? How many different meetings will you try before deciding whether to continue?

Work with you and change plans

- | | | |
|-------------------------|------------------------|--------------------|
| • Limits | • Environmental change | • Rewards |
| • Triggers & management | • Social support | • Contingency plan |
| • Alternate behaviors | • Medications | • Follow-up |

19. Briefly summarize, set follow-up if not done already, and close

Helpful Open Questions for Initiating Treatment

After recommending an assessment by a specialist:

- What questions do you have about treatment?
- What might be some advantages of getting treatment?
- What might be the worst things that could happen if you don't get treatment?

After educating patients about primary care-based treatment options:

- Which option seems best to you?
- What do you like about it/them?
- What would be the advantages of getting this kind of help?
- What would be the worst things that could happen if you get no help at all?

Notes on Pharmacotherapy for Opioid and Alcohol Dependence – March 27, 2023

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Medications for opioid dependence: methadone, buprenorphine, and naltrexone

Medications for alcohol dependence: naltrexone, disulfiram, acamprosate, and gabapentin

Methadone

A synthetic opioid

Commonly misused opioids, such as hydrocodone and heroin:

- Rapid onset → euphoria/high
- Short-acting

Methadone:

- Slow onset → little euphoria/high
- Long-acting - taken once a day for opioid use disorder (OUD)
- Sustains physical dependence
- Addresses other OUD symptoms: preoccupation, urges and cravings, and compulsive use
- The most thoroughly studied and the most effective treatment for any addiction

Federal government regulates closely

- May be prescribed for pain by any clinician with DEA certification
- May be prescribed for OUD only in certified Opioid Treatment Programs

Adverse effects

- Constipation (like all other opioids)
- Interference with sex hormones leading to erectile and menstrual dysfunction

Well-documented long-term benefits

- Prevents HIV/AIDS and hepatitis C and saves lives
- Reduces criminal recidivism

Opioid Treatment Programs/Methadone Programs

- Often include addictions counseling and wrap-around services
- Initial requirement: daily attendance
- Subsequent requirement: 3 times a week

Disadvantages of methadone programs

- Required frequent attendance can hinder work and child care
- Exposure to drug culture in and around the clinic
- Severe withdrawal in newborn when taken by pregnant women

Buprenorphine (Suboxone®, Subutex®)

A synthetic opioid

- Taken under the tongue twice a day
- Has a ceiling effect, which makes overdose less likely than with other opioids
- Newborn withdrawal is less severe than with methadone

Federal regulations allow prescribing in general healthcare settings

- Previous requirements for training and registration were eliminated in 2023
- Avoids stigma
- Patients can avoid exposure to others with OUD
- Improved access to OUD treatment, especially in rural areas
- Remaining concern: shortage of buprenorphine prescribers nationally

Suboxone contains buprenorphine and naloxone, an opioid blocker

- Naloxone is added to deter misuse by crushing and injecting
- When injected, naloxone enters the bloodstream and blocks buprenorphine
- When taken under the tongue, naloxone is not absorbed into the bloodstream and therefore has no effect
- Recommended for most patients

Subutex contains buprenorphine only

- Recommended for pregnant patients
- Effect of naloxone on developing newborn is unknown

Before starting buprenorphine, patients must stop opioids and be in early withdrawal

First phase of treatment is “induction”

- Patient is observed closely during first week while dose is adjusted
- Some states have a “hub and spokes” model, where hubs do induction

Subsequent phase is “maintenance”

- Visits every 1 week, then 2 weeks, then 4 weeks
- Occasional minor adjustments in dosing

Naltrexone (Revia®, Vivitrol®)

For opioid use disorder, naltrexone blocks opioids

- Opioids taken after naltrexone have little to no effect

The pleasant effects of alcohol rely on several neurochemicals

- Endorphins - natural opioids in the brain that cause runner's high
- Naltrexone blocks the effects of endorphins

- For alcohol use disorder, naltrexone

- > Dulls the euphoria of drinking
- > Blocks urges and cravings to drink

Effective for up to 1 year

Side effects - May cause constipation

Contraindications

- Severe liver disease
- Need to take opioids for pain

Drinking while on naltrexone is not harmful

Pill - once a day - Revia® - also available as a generic

Injection - every 4 weeks - Vivitrol®

- Requires regular visits to a healthcare professional
- Expensive but covered by many health plans
- Net cost savings due to reductions in admissions and ED visits

If patient develops severe pain, opioids must be given in the hospital

Disulfiram (Antabuse®)

Normal breakdown of alcohol in the liver: ethanol → acetaldehyde → acetic acid

Disulfiram blocks the breakdown of acetaldehyde to acetic acid

High levels of acetaldehyde can cause nausea, vomiting, flushing, and death

Taking disulfiram once a day deters drinking for 24 to 48 hours

Contraindications: severe liver disease, certain but not all heart diseases

Must be given with patient's consent

US experience - Poor long-term effectiveness; craving leads to non-adherence - May be effective in the short term for impulsive or highly motivated individuals

Studies in Europe suggest effectiveness similar to other medications

Especially effective if administration is supervised

Acamprosate (Campral®)

Acute alcohol withdrawal

- Agitation, tremors, nausea, vomiting, hallucinations, seizures, disorientation
- Lasts up to 7 days

Then subacute withdrawal occurs for several weeks to 12 months

- Difficulty sleeping, anxiety, restlessness
- Symptoms often trigger desire to drink

Acamprosate reduces the symptoms of subacute withdrawal

Must be taken 3 times a day

Side effects

- Sometimes causes diarrhea in the first week
- Avoid diarrhea by halving the dose for the first week
- May aggravate depression and lead to suicidality

May be taken with severe liver disease

Gabapentin (Neurontin®)

FDA-approved for partial seizures, neuropathy, and restless legs

Not FDA-approved for alcohol dependence, but several studies suggest effectiveness

- Fewer cravings
- Longer abstinence
- Less relapse to heavy drinking

Might be more effective for patients who have had severe alcohol withdrawal

Usually dosed 3 times a day

Many but usually mild side effects

- Drowsiness, dizziness, and weakness are common
- Such side effects are worse with alcohol

May increase suicidal thoughts

Rare liver toxicity - may be taken by patients with liver disease if liver function is monitored by blood tests

Guide to Educating Patients about Pharmacotherapy for Opioid Use Disorder

There are 3 medicines approved by the FDA for opioid dependence or addiction.

Opioid Medications for Opioid Use Disorder

- Opioids that get people high work quickly and wear off quickly
- Medications for opioid dependence
 - get into the bloodstream and brain slowly
 - last 12 to 24 hours
 - reduce or eliminate urges and cravings to use other opioids
 - allow people to focus on other aspects of life besides getting and taking opioids
- very effective for opioid use disorder

Methadone – an opioid

- Given only in specially licensed clinics
- Counseling and other services are usually available

Buprenorphine or Suboxone® - an opioid

- Can be prescribed by most healthcare professionals in regular offices or clinics

Naltrexone – not an opioid

- An opioid blocker
- People who are taking naltrexone will experience little to no effects if they take opioids
- A daily pill, called Revia, or a monthly injection called Vivitrol

After Delivering Brief Descriptions:

- What questions do you have about this?
- Which of these medicines sound like they might be helpful for you?
- What would you think about seeing a healthcare professional who can prescribe these medicines and tell you more about them?

Guide to Educating Patients about Pharmacotherapy for Alcohol Use Disorder

There are 3 medicines approved by the FDA for people with alcohol dependence:

Disulfiram/Antabuse®

- A pill taken once a day
- When people take Antabuse and drink: flushing, nausea, vomiting, and/or death
- When people take Antabuse, they know they can't drink.

Acamprosate/Campral®

- Helps with the agitation and sleep problems many people have for weeks or months after they stop drinking.
- Pill that's taken 3 times a day

Naltrexone/Revia®/Vivitrol®

- Reduces or eliminates urges and cravings to drink
- A daily pill, called Revia, or a monthly injection called Vivitrol

Gabapentin/Neurontin®

- Not FDA-approved for alcohol dependence
- Reduces cravings for alcohol

After Delivering Initial Education:

- What questions do you have about this?
- Which of these medicines sound like they might be helpful for you?
- What would you think about seeing a healthcare professional who can prescribe these medicines and tell you more about them?

Rubric for Initiating Treatment

Element	Poor	Fair	Good	Rating	Points
Introduces session	Includes fewer than 5 of: Interviewer's name, role, session purpose, expected duration, confidentiality, autonomy, patient's preferred name, permission seeking	Includes 5 or 6 of:	Includes 7 or 8 of:	Good	4
Asks at least one initial open question on substance use and reflects	Skips this item or executes it poorly	Asks an open question, does not reflect	Asks an open question and reflects	Good	4
Asks permission to give feedback on screening and/or brief assessment responses	Skips this item or executes it poorly	Asks half-heartedly and/or does not attend to the response	Asks genuinely and attends to the response	Good	4
Accurately identifies substance use category when giving feedback*	Skips this item or does not identify the correct category	Vaguely identifies the correct category	Clearly identifies the correct category	Good	4
Gives appropriate feedback on that category*	Feedback is omitted, very vague, incomplete, or incorrect	Feedback is vague or incomplete	Feedback is clear and detailed	Good	4
Elicits response to the feedback	Skips this item or executes it poorly	Asks unclearly, fails to wait for response, or does not accept response	Clearly asks for, waits for and accepts response	Good	4
Asks permission to make a recommendation	Skips this item or executes it poorly	Asks half-heartedly and/or does not attend to the response	Asks genuinely and attends to the response	Good	4
Gives an appropriate recommendation*	Recommendation is omitted, very vague, incomplete, or incorrect	Recommendation is vague or incomplete	Recommendation is clear with appropriate detail	Good	4
Emphasizes autonomy	Skips this item or executes it poorly	Vaguely emphasizes autonomy	Clearly emphasizes autonomy	Good	4
Elicits response to the recommendation	Skips this item or executes it poorly	Asks unclearly, fails to wait for response, or does not accept response	Clearly asks for, waits for, and accepts response	Good	4
Explores for and reinforces change talk regarding importance	Does not seek change talk on importance	Seeks change talk on importance once or twice with open questions or reflections	Seeks change talk on importance at least 3 times with open questions or reflections	Good	4
Explores for and reinforces change talk regarding confidence	Does not seek change talk on confidence	Vaguely seeks change talk on confidence	Clearly seeks change talk on confidence at least once with open questions or reflections	Good	4
Summarizes and asks a key question	Skips this item or executes it poorly	Summarizes with little detail or omitting important change talk, or does not clearly ask a key question about readiness to change	Gives robust summary emphasizing change talk and clearly asks a key question about readiness to change	Good	4
Supports the decision	Skips this item or executes it poorly	Vaguely enunciates support	Clearly enunciates support	Good	4
If patient declines treatment: • Asks permission to offer alternatives	Skips this item or executes it poorly	Asks half-heartedly and/or does not attend to the response	Asks genuinely and attends to the response	Good	4
• Educates about alternatives	Skips this item or executes it poorly	Lacking in detail or accuracy	Covers all 3 with excellent detail and accuracy	Good	4

Element	Poor	Fair	Good	Rating	Points
• Explores for and reinforces change talk, summarizes, asks key question	Skips this item or executes it poorly	Omits some actions or performs some poorly	Performs all actions well	Good	4
Helps set a plan, if appropriate	Inappropriately skips this item or executes it poorly	Helps set limits	Helps set limits and offers to help with other aspects of a plan – or avoids planning if inappropriate	Good	4
Summarizes, offers follow-up and closes the session	Skips this item or includes <3 of: briefly summarize, offer follow-up, and say good-by	Includes 3 of: briefly summarize, offer follow-up, and say good-by	Includes all of: briefly summarize, offer follow-up, advice about withdrawal and plan failure, and say good-by	Good	4
Shows empathy and partnership and no judgment*	Shows lack of empathy or lack of partnership or judgment	Verbalizes empathy with at least 2 reflections and shows no judgment	Verbalizes empathy with at least 3 reflections and makes a statement of partnership and shows no judgment	Good	8
Avoids unwanted advice and information, warning, persuasion*	Gives unwanted advice or information, warns, or persuades twice or more	Gives unwanted advice or information, warns, or persuades once	Avoids completely	Good	8
Avoids premature planning*	Plans inappropriately with more than one question or statement	Starts to plan inappropriately with one question or statement	Avoids completely	Good	8

Protocol for Follow-Up Contacts

1. Greet the patient warmly
2. Ask how the patient is doing in general
How have you been since I saw you last?
3. Ask about drinking and drug use

When we met two weeks ago, we talked quite a bit about your drinking and drug use, and you set some limits for yourself. How did that go?

4. Ask about change plan implementation

For each element:

- Attempted? *To what extent did you try/do it?*
- Effective? *How well did it work?*
- Modify? *What change would you like to make in a new plan?*

5. If the plan was not earnestly implemented, assess commitment to change

- *What's your level of commitment to quitting/cutting down?*
- *How important do you feel it is for you to quit/cut down?*
- *How confident are you that you can quit/cut down?*

6. If commitment has waned, try to strengthen it: elicit change talk, summarize, and ask a key question

- Elicit change talk on importance:
 - *What made you decide last month to cut down?*
 - *How important are those reasons now?*
 - *What would be the advantages of quitting?*
 - *What are the worst things that could happen if you don't quit/cut down?*
 - Then reflect, reflect, reflect!

Change Plans

- Limits
- Triggers
- Strategies to avoid or manage triggers
- Alternate behaviors
- Environmental change
- Social support
- Medications
- Rewards
- Contingency plan
- Follow-up

- Elicit change talk on confidence:
 - Reframe failures as partial successes:
 - Cutting down halfway was a huge change.*
 - How were you able to do that?*
 - What strengths did you have to make that happen?*
 - If you were to set out again to quit/cut down more, how could you make that happen?*
 - Then reflect, reflect, reflect!
- Summarize with emphasis on change talk and ask a key question

7. If repeated attempts to change have not succeeded, recommend referral:

When people try really hard and cannot control their drinking/drug use, that raises the possibility of dependence or addiction. Dependence is nobody's fault. It happens when regular drug use hijacks the part of the brain that makes people want to eat and have sex so it drives more drug use. You continue to want to get off the street, get your kids back, and have the kind of normal life you used to have, and it seems that working with me is not getting you where you want to be. Would it be OK if I gave you a suggestion?

I'd suggest you see a specialist, who would do a much more complete assessment than I've done, and would make some recommendations. Of course, it'll be up to you to decide what you'll do. What do you think about that?

8. If the patient has changed, what benefits have occurred?

You stopped drinking on weeknights and cut way down on weekends. What benefits are you noticing?

9. Confirm and accept patient's decisions

10. Seek follow-up