

CSAT's
Knowledge Application Program

KAP Keys

For Clinicians

Based on TIP 24
*A Guide to Substance
Abuse Services for Primary
Care Clinicians*



KAP KEYS Based on TIP 24

A Guide to Substance Abuse Services for Primary Care Clinicians

Introduction

These KAP Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. These KAP Keys are based entirely on TIP 24 and are designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

For more information on the topics in these KAP Keys, readers are referred to TIP 24.

Other Treatment Improvement Protocols (TIPs) that are relevant to these KAP Keys:

TIP 3, *Screening and Assessment of Alcohol- and Other Drug Abusing Adolescents (1994)* **BKD108**

TIP 31, *Screening and Assessing Adolescents for Substance Use Disorders (1999)* **BKD306**

TIP 34, *Brief Interventions and Brief Therapies for Substance Abuse (1999)* **BKD342**

TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment (1999)* **BKD342**



Interview Approaches Based on the Patient's Readiness for Behavioral Change

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Precontemplation

- Express concern about the patient and substance use
- State nonjudgmentally that substance abuse is a problem
- Consider a trial of abstinence to clarify the issue
- Suggest bringing a family member to an appointment
- Explore the patient's perception of a substance use problem
- Emphasize the importance of seeing the patient again

Contemplation

- Elicit positive and negative aspects of substance use
- Ask about positive and negative aspects of past periods of abstinence
- Summarize the patient's comments on substance use and abstinence
- Make explicit discrepancies between values and action
- Consider a trial of abstinence

Determination

- Acknowledge the significance of the decision to seek treatment
- Support self-efficacy
- Affirm patient's ability to successfully seek treatment
- Help the patient decide on appropriate, achievable action
- Caution that the road ahead is tough but very important
- Explain that relapse should not disrupt the patient-clinician relationship

Action

- Be a source of encouragement and support
- Acknowledge the uncomfortable aspects of withdrawal
- Reinforce the importance of remaining in recovery

Maintenance

- Anticipate difficulties as a means of relapse prevention
- Recognize the patient's struggle
- Support the patient's resolve
- Reiterate that relapse should not disrupt the medical care approach

Relapse

- Explore what can be learned from the relapse
- Express concern and even disappointment about relapse
- Emphasize positive aspects of the effort to seek care
- Support patient's self-efficacy so that recovery seems achievable

Michigan Alcoholism Screening Test 2 (MAST)

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POINTS

	0. Do you enjoy a drink now and then?	YES	NO
(2)	1. *Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people.)	YES	NO
(2)	2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?	YES	NO
(1)	3. Does your wife, husband, a parent, or other near relative every worry or complain about your drinking?	YES	NO
(2)	4. *Can you stop drinking without a struggle after one or two drinks?	YES	NO
(1)	5. Do you ever feel guilty about your drinking?	YES	NO
(2)	6. *Do friends or relatives think you are a normal drinker?	YES	NO
(2)	7. *Are you able to stop drinking when you want to?	YES	NO
(5)	8. Have you ever attended a meeting of Alcoholics Anonymous (AA)?	YES	NO
(1)	9. Have you gotten into physical fights when drinking?	YES	NO
(2)	10. Has your drinking ever created problems between you and your wife, husband, a parent, or other relative?	YES	NO
(2)	11. Has your wife, husband (or other family member) ever gone to anyone for help about your drinking?	YES	NO
(2)	12. Have you ever lost friends because of your drinking?	YES	NO
(2)	13. Have you ever gotten into trouble at work or school because of drinking?	YES	NO
(2)	14. Have you ever lost a job because of drinking?	YES	NO
(2)	15. Have you ever neglected your obligations, your family, or your work for two more days in a row because you were drinking?	YES	NO
(1)	16. Do you drink before noon fairly often?	YES	NO
(2)	17. Have you ever been told you have liver trouble? Cirrhosis?	YES	NO

Continued on back

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POINTS

(2)	18. **After heavy drinking have you ever had Delirium Tremens (DTs) or severe shaking or heard voices or seen things that weren't really there?	YES	NO
(5)	19. Have you ever gone to anyone for help about your drinking?	YES	NO
(5)	20. Have you ever been in a hospital because of drinking?	YES	NO
(2)	21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?	YES	NO
(2)	22. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem where drinking was part of the problem?	YES	NO
(2)	23. ***Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? If YES, how many times? _____	YES	NO
(3)	24. Have you ever been arrested or taken into custody even for a few hours because of other drunk behavior? If YES, how many times? _____	YES	NO

*Alcoholic Response is negative

**5 points for each Delirium Tremens

*** 2 points for each arrest

Scoring System:

In general, five points or more would place the subject in alcoholic category. Four points would be suggestive of alcoholism, and three points or fewer would indicate the subject is not an alcoholic.

Source: Selzer, M.L. The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. American Journal of Psychiatry 127:1653-1658, 1971.

The DSM-IV defines the diagnostic criteria for substance abuse as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following occurring within a 12-month period:

- (1) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).
- (2) Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).
- (3) Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).
- (4) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).

DSM-IV Diagnostic Criteria for Substance Dependence

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The DSM-IV defines the diagnostic criteria for substance dependence as a maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three or more of the following, occurring at any time in the same 12-month period:

- (1) Tolerance, as defined by either of the following:
 - The need for markedly increased amounts of the substance to achieve intoxication or desired effects.
 - Markedly diminished effect with continued use of the same amount of the substance.
- (2) Withdrawal, as manifested by either of the following:
 - The characteristic withdrawal syndrome for the substance.
 - The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.
- (3) Taking the substance often in larger amounts or over a longer period than was intended.
- (4) A persistent desire or unsuccessful efforts to cut down or control substance use.
- (5) Spending a great deal of time in activities necessary to obtain or use the substance or to recover from its effects
- (6) Giving it up social, occupational, or recreational activities

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because of substance abuse.

- (7) Continuing the substance use with the knowledge that it is causing or exacerbating a persistent or recurrent physical or psychological problem.

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To be used with pregnant women

- T** **Tolerance:** How many drinks can you hold?
- W** Have close friends or relatives **worried** or complained about your drinking in the past year?
- E** **Eye-opener:** Do you sometimes take a drink in the morning when you first get up?
- A** **Amnesia:** Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?
- K (C)** Do you sometimes feel the need to **cut down** on your drinking?

Scoring

A 7-point scale is used to score the test. The "tolerance" question scores 2 points if a woman reports she can hold more than five drinks without falling asleep or passing out. A positive response to the "worry" question scores 2 points, and a positive response to the last three questions scores 1 point each. A total score of 2 or more indicates the woman is likely to be a risk drinker.

Source: Russell, 1994.





Ordering Information

TIP 24

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Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**.
2. Visit CSAT's Website at www.csat.samhsa.gov

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